

NATIONAL Assessment Centre Services. (wef 1 Jan 05) **MUA119139149**

Date In: 21/12/19 13:04	Job description	Date & Time Completed	Done by
Ref No: NA/INC 1921859/124	SAS e-filing		
Veh No: FSD 65400	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 19/12/19 14:00	i-Motor Claim Form	21/12/19 14:00	21/12/19 14:50
OD: TP Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars: Veh No: JMF 68494 INC () / Non-INC ()

Owner / Driver: () Tel: ()

Policy No: () Period: () Cover Type: ()

Confirmed by: () Date: () Time: ()

Insured/Driver Liability: () % [Note-Est. Status (WO): N: 0-20%; P: 21-79% P: 80-100%]

Year of Registration: () Warranty: YES () / NO ()

Excess: (\$) Loading: \$1,000 () / \$2,000 ()

General Remarks:

() Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer.

() Total Loss Case : to e-mail Insurer URGENTLY.

Drive-In () / Towed-In (); Invoice: YES () / NO (); Towing Co: ()

Remarks:	Date & Time Completed	Done by
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: _____

Date/Time	Actions

	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) Add Bill
Claimant's Particulars :-	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments :-	For claiming against INC Only (wef 10 Jan 2005)		
Dat. 1:	6) TR: Re-inspection \$75		
Dat. 2 / 3:	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	QD*		
	*N5: Courtesy Car / Tpl Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idac Mobile \$0		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date Of Report	21/10/2019 13:04
Date Of Accident	19/10/2019 14:00
Exact Location Of Accident	JUNC GAMBAS CRESCENT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBD6590D
Insured/Policyholder	
Name Of Registered Owner	RWARE PTE LTD
Co Reg No	201909822G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93696861
Alternative Phone No	OFFICE-93696861

Vehicle Particulars

Manufacturer	SYM
Model	GTS200
Exact Purpose for which vehicle was being used at time of accident	WORKING
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	MOTORCYCLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5108520408
Cover Note Number	

Driver

Name of Driver	SIVAKUMAR S/O RETNAM NADARAJAN PILLAI
NRIC No	S8141523D
Date Of Birth	13/12/1981
Occupation	OUTDOOR
Date Of Driving Pass	29/09/2008
Driving Experience	11 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82120245
Fax Number	
Contact Number	OFFICE-82120245
EEmail Address	NOEMAIL

Address	BLK 549 WOODLANDS DRIVE 44 #02-98
Postcode	730549
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	COLLISION - HEAD ON COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	WOODLANDS EAST N.P.C
Police Station Address	ROAD: 3 WOODLANDS DRIVE 63 , POSTCODE: 737890 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/2091019/2130.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMF4844U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SUI LUYANG
NRIC/Passport Number	S8979156A
Contact Number	82340986
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

1

DETAILS OF INJURED PERSON 1

Name SIVAKUMAR S/O RETNAM NADARAJAN PILLAI

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

FBD6590D

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

SKETCH PLAN

IMPORTANT NOTICE

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3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material facts may allow insurance companies to **repudiate policy liability**.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation**.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims. (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.



Policyholder's Signature
Date & Time:

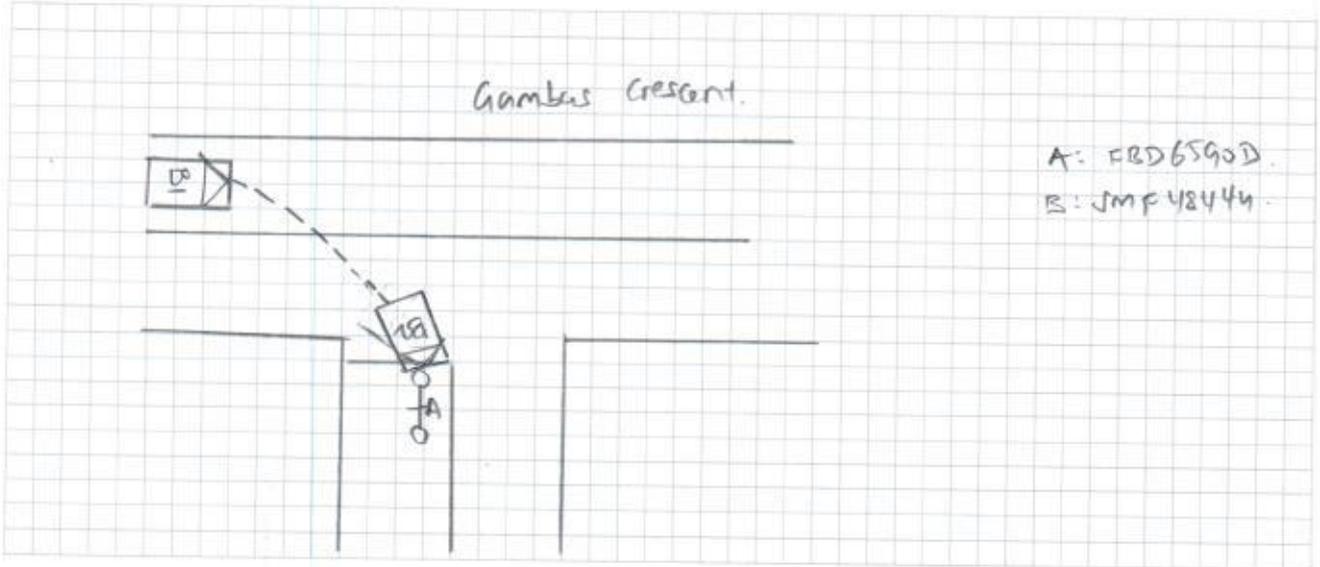
Jirakwan

Driver's Signature
(If driver is not the policyholder)
Date & Time:

[Signature]

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - T/19/1019/2130.

DECLARATION

I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:



Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

2 of 3
Report No. T/20191019/2130

CONTINUATION OF REPORT

Rider			
Name	SIVAKUMAR S/O RETNAM NADARAJAN PILLAI	ID No.	S8141523D
Related Vehicle	FBD6590D (Motorcycle)	Contact No.	82120245
Hospital/Clinic	888 PLAZA FAMILY CLINIC	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	19/10/2019	Date Discharge	19/10/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	Sui Luyang	ID No.	S8979156A
Related Vehicle	SMF4844U (Car)	Contact No.	82340986
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 19/10/2019 at about 1400hrs, I was riding my motorcycle (FBD6590D) along Sembawang Crescent. It was a T-junction and I was waiting for traffic to pass before I could ride off.

While waiting, one car (SMF4844U) turned towards my direction and hit me.

After the accident, we exchanged particulars.

Subsequently, I went to see doctor as my back felt pain and received a 3-day MC.



**SINGAPORE
POLICE FORCE**



T/20191019/2130

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

3 of 3

Report No. T/20191019/2130

CONTINUATION OF REPORT

Sketch Plan

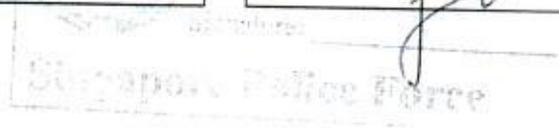
Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report: L / Sgt 2 SER WEN LIANG	
Signature Of Interpreter: Not applicable	
Officer In Charge Of Case: TP / AEIT / Sgt 2 SHARIFAH NOR FARIZAN BINTE SYED MOHD SAID Contact No.: 65476172	

Signature Of Informant:	
Date/Time: 19/10/2019 21:27	
Classification Of Case:	SN 130

Authentication Stamp
NP168



Hello, NAC_PAYA_UBI_800601

[Change Language](#)
[Change Password](#)
[Log Out](#)

[My Desktop](#)
[Notice of Loss](#)

Policy Query

Policy No.
 Date of Accident

Vehicle No. (For Motor)
 Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5108520408	5108520408-000062	RWAVE PTE. LTD.	201909822G	GFM	Third Party	FBD6590D	FBD6590D	04/06/2019	15/04/2020

▼ Policy Information

Policy No.	5108520408	Policyholder Name	RWAVE PTE. LTD.	Policyholder NRIC	201909822G
Certificate No.	5108520408-000062				
Address	50 BUKIT BATOK STREET 23 #02-03 MIDVIEW BUILDING SINGAPORE 659578				
Product Name	FLEET MASTER INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	16/04/2019	Effective Date	16/04/2019 00:00	Expiry Date	15/04/2020 23:59
Excess Type	Per Accident	All Claims Excess			
Third Party Excess	1500	Own damage Excess	0	Windscreen Excess	
Additional Excess		OS Premium	239.38		
Outside Singapore OD Excess		Outside Singapore TP Excess			Young/Inexperience Driver Excess
Agent	LOMEN INSURANCE AGENCY	Agent Tel.	NIL	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ Policyholder Mailing Address

Address 1	50 BUKIT BATOK STREET 23	Address 2	#02-03 MIDVIEW BUILDING	Address 3	SINGAPORE 659578
Address 4		Address Type	Singapore address	Post Code	659578
Unit No.	02-03	Related Policy Number	5108520408		

▶ Insured Object: 5108520408-000062

▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
1	16/04/2019 00:00	Basic Information Endorsement	000001287072438	Endorsement Take Effective	Update memo A
2	16/04/2019 00:00	Basic Information Endorsement	000001287050266	Endorsement Take Effective	Update Memo A
3	22/04/2019 00:00	Basic Information Endorsement	null	Underwriting Rejected	Thank you for giving us the opportunity to serve you. We confirm that from 22 Apr 2019, the following amendments are made to this policy;
4	12/06/2019 00:00	Basic Information Endorsement	000001287087405	Endorsement Take Effective	Int update PH address

▼ Certificate Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
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Continue Cancel

Claim Handling

The premium on this policy has not been collected.

Accident NT/1067877

Policy No.	S108520408	Vehicle No.	FBD6590D	GST Registration No.	
Certificate No.	S108520408-000062				
Policyholder Name	RWAVE PTE. LTD.			Policyholder NRJC	201909822G
Product Code	FLRST MASTER INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	93696861	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No

Accident Details

Report Date	21/10/2019 19:48	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head on collision
Date of Accident	19/10/2019	Time of Accident hh:mm	14:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	JUNC GAMBAS CRESCENT				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess		Driver is Covered?	
OD Standard Excess	0.00	TP Standard Excess	1,500.00		
YIED OD Excess	0.00	YIED TP Excess			
Additional Excess					
Total OD Excess Applicable	0.00	Total TP Excess Applicable			

Benefits

GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

Policyholder Mailing Address

Address 1	50 BUKIT BATAK STREET 23	Address 2	#02-03 MIDVIEW BUILDING	Address 3	SINGAPORE 659578
Address 4		Address Type	Singapore address	Post Code	659578
Unit No.	02-03	Related Policy Number	S108520408		

OT Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	SOVAKUMAR S/O RETNAM NADAR	Driver NRJC	S8141523D	Driver DOB	13/12/1981
Register Date of Driver License	29/09/2008	Driver Age	37	Driving Experience	11
Contact No.(Mobile)	82120245	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 549	Address 2	WOODLANDS DRIVE 44	Address 3	SINGAPORE 730549
Address 4		Address Type	Singapore address	Post Code	730549
Unit No.	02-98				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any Injury?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	RWAVE PTE. LTD.	Insured NRJC	201909822G
Contact No.(Mobile)	97733456	Contact No.(Home)		Contact No.(Office)	+
Email Address	rwavepteltd@gmail.com	OT Vehicle Number	FBD6590D	TP Vehicle Number	SMF4844U
Claimant Type Claimant Type*	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRJC *			
Claimant Address					
Claim Description	FBD6590D / SMF4844U ON 19 Oct 2019				
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	21/10/2019 19:50	Claim Close Date		Date Received	21/10/2019 00:00
Report Taken By	Jackson				

Print AK letter

Save Submit

Attachment

Accident No.	NT/1067877	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	21/10/2019 19:52

Path *	Category *	Confidential	Urgency *	Description *
Browse... Clear	Please Select	NO	Normal	
Browse... Clear	Please Select	NO	Normal	
Browse... Clear	Please Select	NO	Normal	
Browse... Clear	Please Select	NO	Normal	
Browse... Clear	Please Select	NO	Normal	

Browse... Clear Please Select N/A Normal Send Message

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 21 Oct 2019 19:52	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-10-21	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 21 Oct 2019 19:52	SAS	Normal	SAS 2019-10-21	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 21 Oct 2019 19:52	Photos	Normal	Photos 2019-10-21	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 21 Oct 2019 19:51	Photos	Normal	Photos 2019-10-21	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 21 Oct 2019 19:51	Photos	Normal	Photos 2019-10-21	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 21 Oct 2019 19:51	Photos	Normal	Photos 2019-10-21	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 21 Oct 2019 19:51	Photos	Normal	Photos 2019-10-21	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 21 Oct 2019 19:51	Photos	Normal	Photos 2019-10-21	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 21 Oct 2019 19:51	Photos	Normal	Photos 2019-10-21	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 21 Oct 2019 19:51	Photos	Normal	Photos 2019-10-21	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 21 Oct 2019 19:50	Photos	Normal	Photos 2019-10-21	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 21 Oct 2019 19:50	Photos	Normal	Photos 2019-10-21	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 21 Oct 2019 19:50	Photos	Normal	Photos 2019-10-21	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 21 Oct 2019 19:50	Photos	Normal	Photos 2019-10-21	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 21 Oct 2019 19:50	Photos	Normal	Photos 2019-10-21	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 21 Oct 2019 19:50	Photos	Normal	Photos 2019-10-21	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 21 Oct 2019 19:50	Photos	Normal	Photos 2019-10-21	

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
<input type="button" value="Display in New Window"/> <input type="button" value="Scan and uploading"/>				