

# NATIONAL Assessment Centre Services.

[ver 1 Jan 08]

2/1/11 15/1/12

Date In: 18/1/2018 12:11	Job description	Date & Time Completed	Done by
Ref No: NPA/MIC9010360/4	SAS e-filing		
Veh No: 18M 2381U	E-mail (to John Shier, AIC Shier)		
D.O.A: 05/1/2018 08:10	I-Motor Claim Form	18/1/2018 12:34	
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: 18M 2381U	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 ( )	

( ) 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: ( )

1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )		

Injury: \_\_\_\_\_

Date/Time	Action

Driver/Owner:	1) All: Accident Reporting (\$30)	
Contact No:	2) DA: Damage Assessment (\$100) INC (\$40)	
Damaged Portion:	3) TP: Towing Fee \$40/\$45	
QC Checked by (Engt-In-Charge):	4) FT: Follow-Through Survey \$120	
	5) FT: Follow-Through Survey (Resurvey) \$30	
	6) TR: Re-inspection \$75	
	7) NI: Idao DA + SMRT Survey \$160	
	8) NTUC Additional Services:	
	ON:	
	*NS: Courtesy Car / Tpl Allowance \$3	
	*NG: Repair Co-ordination \$10	
	*NT: Post Repair Inspection \$25	
	*NB: DV / Collect Excess Coordination \$3	
	TE (Nil) : TP (Nil INC) against INC \$20	
	5) N12: Idao 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	18/11/2019 12:11
Date Of Accident	05/11/2019 08:10
Exact Location Of Accident	ALONG CLEMENTI ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBM2381U
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TANGAVELU S/O MUNIAPPAN
NRIC No	S1838503A
Email Address	THANG513@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-97522907
Alternative Phone No	OTHERS-97522907

### Vehicle Particulars

Manufacturer	HONDA
Model	CBF 190-184CC
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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 FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5103362308-01
Cover Note Number	

### Driver

Name of Driver	TANGAVELU S/O MUNIAPPAN
NRIC No	S1838503A
Date Of Birth	01/02/1966
Occupation	INDOOR
Date Of Driving Pass	11/11/1988
Driving Experience	30 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97522907
Fax Number	
Contact Number	OTHERS-97522907
EMail Address	THANG513@YAHOO.COM.SG

Address	BLK 518 JELAPANG ROAD #04-265
Postcode	670518
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
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 TO REAR
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?	YES
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	JURONG POLICE DIVISIONAL HQ ( 'J' DIVISION )
Police Station Address	ROAD: NO. 2 JURONG WEST AVENUE 5 , POSTCODE: 649482 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7910000 - FAX NO: 68965649
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT J/20191111/7027

#### 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	SKG8048T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	97309438
Address	
Postcode	
Insurance Company Name	

Nature Of Damage  
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	TANGAVELU S/O MUNIAPPAN
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FBM2381U
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	



## SKETCH PLAN

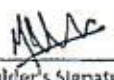
### IMPORTANT NOTICE


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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:

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

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

March 2020

SKETCH PLAN

COMMONWEALTH

A: FBM 23814

B: SK9 8048T



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER POLICE REPORT. 5/2019/111/2024

I was admitted to NG TENG FONG hospital after the accident  
I was given medical leave until 21-11-2019.

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 REPORT (NP299)**

Report No. J/20191111/7024

Police Station Of Origin  
Jurong Division HQ  
2 Jurong West Avenue 5 SINGAPORE  
649482  
Tel No:1800-7910000

Date/Time Report Made 11/11/2019 13:22	Vide Report No.	Station Diary No.		
Name Of Informant TANGAVELU S/O MUNIAPPAN	Address APT BLK 518 JELAPANG ROAD #04-265 SINGAPORE 670518			
ID Type / ID No. NRIC NO / S1838503A	Contact No. Home/Office:	Mobile: 97522907		
Nationality SINGAPORE CITIZEN	Email Address thanga531@yahoo.com.sg			
Occupation Crane operator (port)	Sex Male	Age 53	Date of Birth 01/02/1966	Race Indian
Institution/School Name	Language English			
Date/Time Of Incident 05/11/2019 08:10 - 05/11/2019 08:15	Location Of Incident APT BLK 518 JELAPANG ROAD #04-265 SINGAPORE 670518			

**Brief details.**

On mentioned date & time I was riding along Clementi Road. As I was approaching the junction of Commonwealth Ave West, the traffic light was GREEN. I proceeded to cross the junction. Whilst moving straight, traffic light turn AMBER and the vehicle (SKG8048T) ahead of me brake abruptly after crossing the WHITE STOP LINE. Due to her misjudgement my Motorcycle collided onto her vehicle in the middle of YELLOW Box,

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 11/11/2019 13:22
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp



POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. J/20191111/7024

Subjects Involved			
Victim			
Person Name	TANGAVELU S/O MUNIAPPAN		
ID Type	NRIC NO	ID No	S1838503A
Gender	Male	Age	53
Race	Indian	Language	English
Occupation	Crane operator (port)	Address Type	
Address	APT BLK 518 JELAPANG ROAD #04-265 SINGAPORE 670518	Mobile No	97522907
Is Informant A Victim?	Yes		
Person Name	TANGAVELU S/O MUNIAPPAN (Informant)		

Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

Authentication Stamp

Signature Of Informant:

The identity of the person making this  
report has been authenticated by  
SingPass. No signature is required.

Date/Time:

11/11/2019 13:22

Classification Of Case:



Email: [sm@idac.com.sg](mailto:sm@idac.com.sg) Tel no: 6555 6888

\*If no proper documents are produced, IDAC shall not file the report. Information will be discarded after one week.

### Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 05 / 11 / 2019 (dd/mm/yy) Time of Accident: 08 : 10 (24-HR-FORMAT)  
Vehicle No.: FBM 2381 U Vehicle Make & Model: HONDA FIGHT HAWK  
Exact location of Accident: ALONG CREATI CLEMENT, ROAD  
Policyholder's Name / IC No.: TANGAVELU S/O MUNIAPPAN  
Driver's Name / IC No.: \_\_\_\_\_ (As Above) ☒  
Driver's Contact No.: 9752 2907 Company Contact No (Company Veh Only): NIL  
Driver's Address: B/518 JELAPANG ROAD #04-265 (670 STG)  
Email address: thang513@yahoo.com.sg Insurance Company: NTUL

Relationship between Owner & Driver: (Please **CIRCLE** one only)

Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify: \_\_\_\_\_

What do you wish to claim? (Please **TICK** one only)

☐ Own Insurance / ☒ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)

Exact purpose for which the vehicle  
Was being used at time of accident?

☒ Private use / ☐ Work purpose

Occupation (nature of job) ☒ Indoor / ☐ Outdoor

\*No. of Passengers (Including Driver): 01

\*Passenger Name: \_\_\_\_\_

\*Passenger Name: \_\_\_\_\_

Gender: Male / Female

Gender: Male / Female

Weather condition & Road conditions? (On the day of accident)

☒ Clear & Dry / ☐ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others: \_\_\_\_\_

Was there any video captured by your Car Camera? ☐ Yes / ☒ No

Any Injuries: ☒ Yes / ☐ No (If YES) Injured Person's Name: TANGAVELU S/O MUNIAPPAN

Injuries Sustain: \_\_\_\_\_ Injured Person in Which Vehicle: \_\_\_\_\_

Police Report filed: ☒ Yes / ☐ No (If YES) Which Police Station: \_\_\_\_\_

### The Other Party(s) Details:

1. Driver's Name / IC No: \_\_\_\_\_ Vehicle No: SKG 80487

Driver's Contact No: 9730 9438 Insurance Company: \_\_\_\_\_

2. Driver's Name / IC No (If Any): \_\_\_\_\_ Vehicle No: \_\_\_\_\_

Driver's Contact No: \_\_\_\_\_ Insurance Company: \_\_\_\_\_

\*Independent Witness (If Any): \_\_\_\_\_ Contact No: \_\_\_\_\_

Preferred Workshop Name: \_\_\_\_\_ Contact No: \_\_\_\_\_

### Claim Handling

Accident MT/1070429

Policy No.	5103362308-01	Vehicle No.	FBM2381U	GST Registra
Certificate No.				
Policyholder Name	TANGAVELU S/O MUNIAPPAN			Policyholder I
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party, Fire & Theft	Loading
Contact No.(Mobile)	NA	Contact No.(Office)		Contact No. (I
Email Address		Special Remark		eCode
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	20	Private Hire

#### ▼ Accident Details

Report Date	07/11/2019 17:35	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	05/11/2019	Time of Accident hh:mm	07:55	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	ALONG CLEMENTI ROAD TOWARDS BUKIT TIMAH			

▼ **Total Excess Applicable**

Excess Type	Per Accident	Windscreen Excess	
OD Standard Excess	0.00	TP Standard Excess	0.00
YIED OD Excess		YIED TP Excess	Driver is Convicted
Additional Excess			
Total OD Excess Applicable	0.00	Total TP Excess Applicable	0.00

### Benefits

### GST Registered Information

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

#### ▼ Policyholder Mailing Address

Address 1	BLK 518 #04-265	Address 2	JELAPANG ROAD	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5103362308-01	

OI Driver Info

Driver Name	Driver Type		
Unnamed driver Name	Driver NRIC	Driver DOB	
Register Date of Driver License	Driver Age	Driving Experience	
Contact No.(Mobile)	Contact No.(Office)	Contact No.(Home)	
Address 1	Address 2	Address 3	
Address 4	Address Type	Foreign address	Post Code
Unit No.			
Does he own a Singapore Registered car?	Yes	No	
	Driver Vehicle No.	Driver Insurance	

#### Modification History

Claim 002 OD-MX

New

Claim Type *	OD-MX		Insured Name	T
Contact No.(Mobile)	97522907		Contact No. (Home)	EV
Email Address	thanga531@yahoo.com.sg		Vehicle Number	F
Claim Description	FBM2381U / SKG8048T ON 5 Nov 2019			
Preferred Workshop	Insured Liability	Not at Fault		
Repair No. Finalisation	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	18/11/2019 12:34		Claim Close Date	
Report Taken By	ROSLI WAHAB		Workshop Repairer	

Print AK letter

Save

Submit

## Attachment



Accident No.

MT/1070429

Claim No.

002

Last Doc. Received

Yes

No

Upload Date

18/11/2019 12:34

Path \*

Choose File

No file chosen

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No file chosen

Choose File

No file chosen

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No file chosen

Message Read

Category \*

Confid

Clear

Please Select

NO

Clear

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NO

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NO

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Nov 2019 12:34	NRIC/ Driving License	Y	Normal	NRIC/ Dri
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Nov 2019 12:34	NRIC/ Driving License	Y	Normal	NRIC/ Dri
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Nov 2019 12:34	NRIC/ Driving License	Y	Normal	NRIC/ Dri
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Nov 2019 12:34	NRIC/ Driving License	Y	Normal	NRIC/ Dri
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Nov 2019 12:29	SAS		Normal	:
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	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Nov 2019 12:22	Photos		Normal	PI

Video List

Uploaded By/Date	Folder Date	File Name	
<div><div>Display in New Window</div><div>Scan and uploading</div></div>			

## Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)  
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960  
ROAD TRANSPORT ACT, 1987 (MALAYSIA)  
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number : 5103362308-01

Cover : Third Party, Fire & Theft

1. Index mark and Registration Number of Vehicle
- Chassis Number
2. Name of Policyholder
3. Effective Date of Insurance
4. Expiry Date of Insurance
5. Persons or Classes of Persons entitled to drive#

: FBM2381U  
: LALPJL700H3109882  
: TANGAVELU S/O MUNIAPPAN  
: 30 Aug 2019  
: 30 Aug 2020

- (a) Named Driver(s) Only.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to Use#

- (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

This Policy does not cover

- (a) Use for hire or reward.  
(b) Use for racing, pace-making, reliability trial or speed-testing.  
(c) Use for the carriage of goods (other than samples) in connection with any trade or business.  
(d) Use for any purpose in connection with the Motor Trade.

# Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: N/A
EXCESS (SECTION 2)	: N/A
EXCESS (THEFT OUTSIDE SINGAPORE)	: PLEASE REFER OVERLEAF
INSURE WITH COE	: YES
NAMED DRIVER (1)	: TANGAVELU S/O MUNIAPPAN
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: ALBERT MOTOR SUPPLY PTE LTD
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : TENG WEI KHAI (00000602511)  
Date of Issue : 20 Aug 2019 12:44 hrs  
Reprint : 20 Aug 2019 12:44 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive