

# NATIONAL Assessment Centre Services

[ver 1 Jan'05]

MMA 119167523

Date In: 20/12/19 15:28	Job description	Date & Time Completed	Done by
Ref No: NA/INC19022391/64	SAS e-filing		
Veh No: FBK 87712	E-mail (within 3hrs, AIC 2hrs)		
UO A: 19/12/19 18:25	i-Motor Claim Form	MT/1076621-001	20/12/19 16:24
OP: <input checked="" type="radio"/> Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/WKSP		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: SMA 4974 D.	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 repalter.

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

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

Remarks:	INC/Non-INC	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

Claimant's Particulars:	NA1909457
Driver/Owner:	
Contact No:	
Damaged Portion:	
QC Checked by (Engr-In-Charge):	
Auditors' Comments:	
Attn:	

Invoice Itemization Checklist		Am (\$)	Am (\$)
1) AR: Accident Reporting (\$30);	INC (\$30)	30.00	
2) DA: Damage Assessment (\$100);			
3) TP: Towing Fee	\$40/\$45		
4) FT: Follow-Through Survey	\$120		
5) PT: Follow-Through Survey (Resurvey)	\$30		
For claiming against INC Only (ver 10 Jan 2003)			
6) TR: Re-Inspection	\$75		
7) NI: Idno DA + SMRT Survey	\$160		
8) NTUC Additional Services:			
Q1)*			
*N5: Courtesy Car / Tpt Allowance	\$3		
*N6: Repair Co-ordination	\$10		
*N7: Post Repair Inspection	\$25		
*N8: DV / Collect Excess Coordination	\$3		
TP (Nil): TP (Non INC) against INC	\$20		
9) N12: Idno 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	20/12/2019 15:28
Date Of Accident	19/12/2019 18:25
Exact Location Of Accident	TOH GUAN RD SLIP RD INTO TOH GUAN RD EAST
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBK8771Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SUBBIAH SENTHIL
NRIC No	SXXXX757G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96639233
Alternative Phone No	OFFICE-96639233

### Vehicle Particulars

Manufacturer	SYM
Model	JOYRIDE 200
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5078208791-03
Cover Note Number	

### Driver

Name of Driver	SUBBIAH SENTHIL
NRIC No	SXXXX757G
Date Of Birth	27/03/1981
Occupation	OUTDOOR
Date Of Driving Pass	19/09/2015
Driving Experience	4 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96639233
Fax Number	
Contact Number	OFFICE-96639233
Email Address	NOEMAIL

Address	BLK 307 CHOA CHU KANG AVE 4 #03-701
Postcode	680307
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	CHAIN 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	3
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)	2
Passenger 1	NAME: : RAJU ANBAZHAGAN GENDER: : MALE

#### Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO STATEMENT.

#### 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	SMA4974D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

**DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number	SMP6406K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

**DETAILS OF INJURED PERSON 1**

Name	SUBBAIAH SENTHIL
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	FBK8771Z
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	

**DETAILS OF INJURED PERSON 2**

Name	RAJU ANBAZHAGAN
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	FBK8771Z
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	



## SKETCH PLAN


### 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. 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:

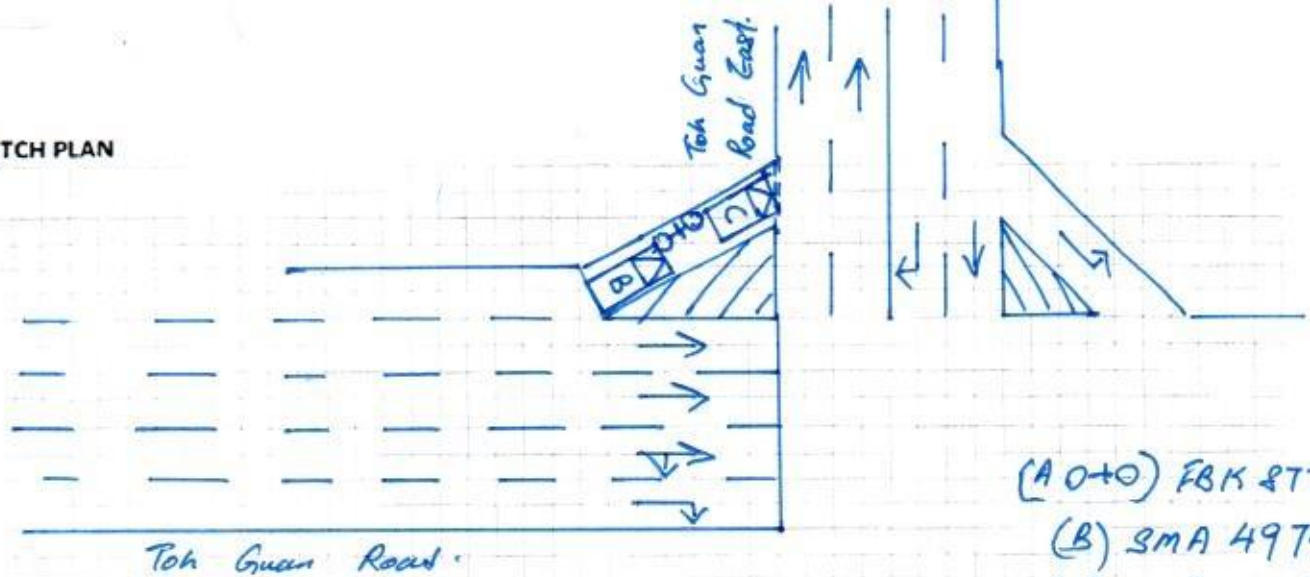
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:

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

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

# SKETCH PLAN



(A 0+0) FBK 8771Z  
(B) SMA 4974D  
(C) SMP 6406K


## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 19/12/19 at @ 1825 hrs, I stopped my motorcycle (FBK 8771Z) behind of vehicle (SMP 6406K) along Toh Guan Road, slip road into Toh Guan Road East, to give way to the traffic on the main road. Suddenly, a car (SMA 4974D) from behind collided onto the rear portion of my motorcycle and caused my bike to collide onto the vehicle (SMP 6406K) ahead of me.

## 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.:



<b>Vehicle No.</b>	FBK 8771Z		Model / Make	SYM Joyride IEV0200
<b>Date of Accident</b>	19/12/19.			
<b>Time of Accident</b>	1825 HRS			
<b>Location of Accident</b>	Toh Guan Road slip road into Toh Guan Road East			
<b>Exact purpose use during accident</b>	Private Used			
<b>Name of Owner</b>	Subbaiah Senthil.			
<b>Telephone No.</b>	H/P : 9663 9233	Home :	Office :	
<b>NRIC</b>	S 8164 757 G.			
<b>Address</b>	BLK 307 Choa Chu Kang Ave 4 #03-701 (S) 680307			
<b>Claim type</b>	OD	THIRD PARTY	REPORTING ONLY	
<b>Insurance Company</b>	NTUC.			
<b>Type of Coverage</b>	Comprehensive	Third Party	Third Party / Fire / Theft	
<b>Policy No.</b>	5078208791-03			
<b>Name of Driver</b>	As Above If No,			
<b>NRIC</b>			Any Passengers :	01 (M).
<b>Date of birth</b>	27/03/1981			
<b>Occupation</b>	Outdoor	/	Indoor	
<b>Driving License Pass Date</b>	19/09/2015.			
<b>Gender</b>	Male	/	Female	
<b>Contact No.</b>	H/P :	Home :	Office :	
<b>Address</b>				
<b>Driver have any own vehicle</b>	No,	If yes, Reg No.		
<b>Relationship</b>	Employee,	If no, state <u>owner</u> .		
<b>Weather condition</b>	Clear	Raining	Other	
<b>Road Surface</b>	Dry	Wet	Other	
<b>Any Injuries</b>	No,	If Yes, Who?		
<b>Name And Contact No.</b>	Subbaiah Senthil		(H/P: 9663 9233)	
<b>Name And Contact No.</b>	Raju Ambazhagan		(H/P: 8186 6394)	
<b>Police Report</b>	No,	If Yes, Where?		
<b>Vehicle B No.</b>	SMA A974D.		Any Passengers :	01 (M).
<b>Name of Driver</b>			Contact No. :	
<b>Vehicle C No.</b>	SMP 6406 K.		Any Passengers :	N-A
<b>Vehicle D No.</b>			Any Passengers :	
<b>Vehicle E no.</b>			Any Passengers :	
<b>Vehicle F No.</b>			Any Passengers :	
<b>Vehicle G No.</b>			Any Passengers :	
<b>Witness Name</b>	N-A.		Witness Contact :	N-A.
<b>Accident Portion</b>	Front and Rear portion.			
<b>Camera Recorder</b>	Yes / No			
<b>Email Address</b>				
<b>PARTICULAR WORKSHOP</b>	MOTO 51			
<b>CONTACT NO.</b>	6842 0051 / 6744 0510			
<b>CONTACT PERSON</b>	Jackie			
<b>FAX NO</b>	6741 0510			
<b>WORKSHOP EMAIL ADDRESS</b>	sales@n51.com.sg			

## THE SCHEDULE

### Motorcycle Insurance Policy

This Policy sets out the terms of a contract between NTUC Income Insurance Co-operative Limited (INCOME) and you (the Insured named in the schedule to this Policy).

The statements, information and declaration provided by you at the time of proposal shall form the basis of this contract. We (INCOME) will provide the insurance set out in this Policy in respect of events occurring during the Period of Insurance shown in the Schedule and any further period for which we may accept a renewal premium.

The provision of this insurance is subject to:

1. any Endorsement specified as operative in the Schedule
2. the Conditions and General Exclusions of this Policy, and
3. the payment of the premium specified in the Schedule.

This Policy, the Schedule and the Certificate of Insurance are to be read together as one document.

GST Reg No. M4-0003030-8

Policy Number : 5078208791-03  
The Policyholder : SUBBIAH SENTHIL  
BLK 414 #03-332  
CHOA CHU KANG AVENUE 4  
SINGAPORE 680414

Period of Insurance : 08 Mar 2019 To 07 Mar 2020  
Sum Insured : Market Value of Insured Vehicle at Time of Loss  
Premium (inclusive GST) : S\$356.14

#### Interest Insured

Cover Type	: Comprehensive		
Named Driver (1)	: SUBBIAH SENTHIL		
Named Driver (2)	: SHANMUGAM ARUNPRAKASH		
Make/Model	: SYM/JOYRIDE 200		
Capacity	: 170cc	Number of Seater	: 2
Registration Number	: FBK8771Z	Registration Year	: 2016
Chassis Number	: RFGLF18WYGS700389	Insure with COE	: YES
Excess (Section 1)	: S\$300	NCD Entitlement	: 20%
Excess (Section 2)	: N/A	Loyalty Discount	: 5%
Hire Purchase Company	: N/A		

Memo A : N/A

Endorsement Operative : N/A

Agency : COMMERCIAL AGENCY PTE LTD (00000614425)  
Date of Issue : 16 Feb 2019 12:57 hrs

#### DUTY OF DISCLOSURE

We would remind you that you must disclose to us, fully and faithfully, the facts you know or ought to know, otherwise you may not receive any benefit from your Policy.

Signed in Singapore by order of the Board of Directors



Chief Executive



## Claim Handling

Accident MT/1076621

Policy No.	5078208791-03	Vehicle No.	FBK8771Z	GST Registration No.	
Certificate No.					
Policyholder Name	SUBBAIAH SETHIL	Cover Type	Comprehensive	Policyholder NRIC	S8164757G
Product Code	MOTORCYCLE INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	96639233	Special Remark		Contact No.(Home)	
Email Address		TCA	= No Yes	eCode	No
KFK	= No Yes	NCB Entitlement(%)	20	eCode Reason	
NCD Protection	No			Private Hire	No
<b>Accident Details</b>					
Report Date	20/12/2019 16:21	Accident Report Within 24 hrs	Yes	Accident Type	Chain Collision
Date of Accident	19/12/2019	Time of Accident hh:mm	18:25	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	TOH GUAN RD SLIP RD INTO TOH GUAN RD EAST				
<b>Excess</b>					
Own damage Excess	300.00	Additional Excess		Windscreen Excess	
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			
<b>Benefits</b>					
<b>GST Registered Information</b>					
GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History					
<b>Policyholder Mailing Address</b>					
Address 1	BLK 414 #03-332	Address 2	CHOA CHU KANG AVENUE 4	Address 3	SINGAPORE 680414
Address 4		Address Type	Singapore address	Post Code	680414
Unit No.	02-241	Related Policy Number	5078208791-03		
<b>01 Driver Info</b>					
Driver Name	SUBBAIAH SETHIL	Driver Type	Main Driver	Driver DOB	27/03/1981
Unnamed driver Name		Driver NRIC	S8164757G	Driving Experience	10
Register Date of Driver License	13/11/2009	Driver Age	38	Contact No.(Home)	
Contact No.(Mobile)	96639233	Contact No.(Office)		Address 3	SINGAPORE 680414
Address 3	BLK 414 #03-332	Address 2	CHOA CHU KANG AVENUE 4	Post Code	680414
Address 4		Address Type	Singapore address		
Unit No.	02-241				
Does he own a Singapore Registered car?	Yes = No	Driver Vehicle No.		Driver Insurer Company	
<b>Declaration</b>					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	= Yes No		

Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	SUBBAIAH SETHIL	Insured NRIC	S8164757G	
Contact No.(Mobile)	96639233	Contact No.(Home)		Contact No.(Office)		
Email Address	sendesign2004@gmail.com	OT	FBK8771Z	TP	SMA49	
Claim Description	FBK8771Z / SMA4974D ON 19 Dec 2019				Name of Preferred Workshop	0
Preferred Workshop	0	Insured Liability	Not at Fault			
Report No.	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received	
Date Registered				20/12/2019 16:24	Claim Close Date	
Report Taken By				LIEW SHAN HUI	Date Received	20/12/2019
Print AK letter						
Save Submit						

## Attachment

Accident No.	MT/1076621	Claim No.	001	
Last Doc. Received	Yes No	Upload Date	20/12/2019 16:24	
Path *				
Choose File	No file chosen	Clear	Please Select	
Choose File	No file chosen	Clear	Please Select	
Choose File	No file chosen	Clear	Please Select	
Choose File	No file chosen	Clear	Please Select	
Choose File	No file chosen	Clear	Please Select	
Choose File	No file chosen	Clear	Please Select	
Choose File	No file chosen	Clear	Please Select	
Message Read				
<b>Attachment List</b>				
Attachment	Uploaded By/Date	Category	Urgency	Description
NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) @	20 Dec 2019 16:24	NRIC/ Driving License	Y	NRIC/ Driving License 2019-12-20



Video List

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

NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o  
20 Dec 2019 16:24

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Normal

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