

NATIONAL Assessment Centre Services.

(part 1 of 2 pages)

MMA 1200 33817

Date In: 18/13/20 09:05	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NAI/INC2000.4159164	E-mail (within 3hrs, A/C 2hrs)		
Veh No: FBE 1409 Z	I-Motor Claim Form	MT/1088650 ⁰⁰¹	18/13/20 09:39
TPA: 17/13/20 17:45	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
(O) TP: Reporting Only	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/Wkspt		

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:

Veh No:

Cyclist.

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: (INC 2000.4159164) 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	Action

Particulars	Amount (\$)	Amount (\$)
1) AL: Accident Reporting -(\$30)	30.00	
2) DA: Damage Assessment (\$100); INC (\$10)		
3) TP: Towing Fee \$40/\$45		
4) PT: Follow-Through Survey \$120		
5) PT: Follow-Through Survey (Resurvey) \$30		
For claimant against INC Only (w/c 10 Jan 2003)		
6) TR: Re-inspection \$75		
7) NI: Idao DA + EMRT Survey \$160		
8) NTUC Additional Services:		
ON:		
*NS: Courtesy Car / Tpt Allowance \$5		
*NR: Repair Co-ordination \$10		
*NT: Post Repair Inspection \$25		
*NS: DV / Collect Excess Coordination \$5		
TP (NI1): TP (Non INC) against INC \$20		
9) NI2: 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	18/03/2020 09:05
Date Of Accident	17/03/2020 17:45
Exact Location Of Accident	RIVERVALE DR TURNING TO BLK 191A RIVERVALE DR
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBE1409Z
Insured/Policyholder	
Name Of Registered Owner	ANIRUDH KUMAR PANDEY S/O PARAS NATH
NRIC No	SXXXX578F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93696147
Alternative Phone No	OFFICE-93696147

Vehicle Particulars

Manufacturer	HONDA
Model	PHANTOM 200M
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	REPORTING ONLY
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	5115253789
Cover Note Number	

Driver

Name of Driver	ANIRUDH KUMAR PANDEY S/O PARAS NATH
NRIC No	SXXXX578F
Date Of Birth	05/02/1996
Occupation	INDOOR
Date Of Driving Pass	13/03/2019
Driving Experience	1 YEAR AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93696147
Fax Number	
Contact Number	OFFICE-93696147
Email Address	NOEMAIL

Address	BLK 191A RIVERVALE DR #05-916
Postcode	541191
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	COLLIDED INTO BICYCLIST
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	1
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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	SENGKANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 2 SENGKANG SQUARE #01-02 SINGAPORE , POSTCODE: 545025 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800 - 3438999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT T/20200317/2146

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	CYCLIST
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOBILE EQUIPMENT
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

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.:

Bik 181 A

cyclist

A

Rivervale Drive

Refer to Police Report T/2022 0317/ 2146

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.:



SINGAPORE POLICE FORCE



T/20200317/2146

1 of 3

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

Report No. T/20200317/2146

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/03/2020 20:29	Vide Report No.:	Station Diary No.: 135
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Informant's Particulars

Name of Informant: ANIRUDH KUMAR PANDEY S/O PARAS NATH			Address: APT BLK 191A RIVERVALE DRIVE #05-916 SINGAPORE 541191		
ID Type / ID No.: NRIC NO / S9604578F			Contact No.: Home/Office: Mobile: 93696147		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 24	Date of Birth: 05/02/1996	Type of Informant: Rider		
Race: Indian			Language:		Institution / School Name:
Occupation: Student			Driving Licence Information: Class: 2B,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Pedestrian / Cyclist	Drink Drive: No	Date/Time of Accident: 17/03/2020 17:45	Type of Location: Straight Road
Location: Along Road 1 RIVERVALE DRIVE				
Turning towards Blk 191A Rivervale Drive				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision:				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No:	Type	Make	Model	Color	Condition	No of Passenger
FBE1409Z	Motorcycle	HONDA	PHANTOM 200 M	Black	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBE1409Z	NTUC Income Insurance Co-Operative Limited	5115253789	31/12/2019	10/12/2020



**SINGAPORE
POLICE FORCE**



T/20200317/2146

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

2 of 3

Report No. T/20200317/2146

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	ANIRUDH KUMAR PANDEY S/O PARAS NATH	ID No.	S9604578F
Related Vehicle	FBE1409Z (Motorcycle)	Contact No.	93696147
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 17/03/2020 at about 1745hrs, I was travelling home when I met with a accident with a bicycle. I was riding motorcycle bearing FBE1409Z and I was turning into Blk 191A Rivervale Drive when a bicycle ride from the direction of Rivervale Primary and wanted to cross the road. At the point in time, there was no zebra crossing and I have the right of way as to riding into Blk 191A Rivervale Drive.

However, the bicycle just cycle towards the other direction. I stopped my motorcycle just in time and did not knocked onto the bicycle. I was flung out from the motorcycle, fortunately, I did not sustain any injuries and my rear left signal light was damaged. I manage to get the contact number of the cyclist, 90919443. There was no injuries sustain for both me and the cyclist.

There are no traffic police or ambulance at scene.

That is all.



**SINGAPORE
POLICE FORCE**



T/20200317/2146

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

3 of 3

Report No. T/20200317/2146

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:
F /
Sgt 2 TAN BING REN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
SI ANG YI TING, STEPHANIE
Contact No.: 65476414

Signature Of Informant:

Date/Time:
17/03/2020 20:29

Classification Of Case:

SN 085

Authentication Stamp
NP168

Hello, NAC_PAYA_UBI_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text"/>
Vehicle No. (For Motor)	<input type="text" value="FBE1409Z"/>	Certificate Number	<input type="text"/>
<input type="button" value="Search"/>			

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5115253789		ANIRUDH KUMAR PANDEY S/O PARAS NATH	S9604578F	GMC	Third Party	FBE1409Z	FBE1409Z	31/12/2019	10/12/2020

Claim Handling

Accident MT/1088650

Policy No.	5115253789	Vehicle No.	FBE1409Z	GST Registration No.	
Certificate No.					
Policyholder Name	ANIRUDH KUMAR PANDEY S/O PARAS NATH	Cover Type	Third Party	Policyholder NRIC	S9604578F
Product Code	MOTORCYCLE INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	93696147	Special Remark		Contact No.(Home)	
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	No
KPK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No			Private Hire	No

▼ Accident Details

Report Date	18/03/2020 09:37	Accident Report Within 24 hrs	Yes	Accident Type	Collided into Cyclist
Date of Accident	17/03/2020	Time of Accident hh:mm	17:45	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	RIVERVALE DR TURNING TO BLK 191A RIVERVALE DR				

▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess			
OD Standard Excess	0.00	TP Standard Excess	0.00	Driver is Covered?	Not Covered
YIED OD Excess	0.00	YIED TP Excess	0.00		
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 191A #05-916	Address 2	RIVERVALE DRIVE	Address 3	SINGAPORE 541191
Address 4		Address Type	Singapore address	Post Code	541191
Unit No.	05-916	Related Policy Number	5115253789		

▼ OI Driver Info

Driver Name	ANIRUDH KUMAR PANDEY S/O PARAS NATH	Driver Type	Main Driver	Driver DOB	05/02/1996
Unnamed driver Name		Driver NRIC	S9604578F	Driving Experience	1
Register Date of Driver License	13/03/2019	Driver Age	24	Contact No.(Home)	
Contact No.(Mobile)	93696147	Contact No.(Office)		Address 3	SINGAPORE 541191
Address 1	BLK 191A #05-916	Address 2	RIVERVALE DRIVE	Post Code	541191
Address 4		Address Type	Singapore address		
Unit No.	05-916				
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 type="radio"/> Yes <input checked="" type="radio"/> No
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Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	ANIRUDH KUMAR PANDEY S/O PARAS NATH	Insured NRIC	S9604578F
Contact No.(Mobile)	93696147	Contact No.(Home)		Contact No.(Office)	
Email Address	ANIRUDH745@GMAIL.COM	CI	FBE1409Z	TP	CYCLIST
Claim Description	FBE1409Z / CYCLIST ON 17 Mar 2020			Name of Preferred Workshop	
Preferred Workshop		Insured Liability	Not at Fault		
Workshop No.		Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	18/03/2020 09:38	Claim Close Date		Date Received	18/03/2020
Report Taken By	LIEW SHAN HUI				




☒ Print AK letter

Save Submit

Attachment

Accident No.	MT/1088650	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	18/03/2020 09:39
Path *		Category *	
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		Clear	Please Select

▼ Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description	M
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 18 Mar 2020 09:39	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-3-18	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 18 Mar 2020 09:39	SAS		Normal	SAS 2020-3-18	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 18 Mar 2020 09:39	Photos		Normal	Photos 2020-3-18	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 18 Mar 2020 09:39	Photos		Normal	Photos 2020-3-18	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 18 Mar 2020 09:39	Photos		Normal	Photos 2020-3-18	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 18 Mar 2020 09:39	Photos		Normal	Photos 2020-3-18	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 18 Mar 2020 09:39	Photos		Normal	Photos 2020-3-18	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 18 Mar 2020 09:39	Photos		Normal	Photos 2020-3-18	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 18 Mar 2020 09:39	Photos		Normal	Photos 2020-3-18	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 18 Mar 2020 09:39	Photos		Normal	Photos 2020-3-18	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 18 Mar 2020 09:39	Photos		Normal	Photos 2020-3-18	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 18 Mar 2020 09:39	Photos		Normal	Photos 2020-3-18	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 18 Mar 2020 09:39	Photos		Normal	Photos 2020-3-18	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 18 Mar 2020 09:39	Photos		Normal	Photos 2020-3-18	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 18 Mar 2020 09:39	Photos		Normal	Photos 2020-3-18	
 Video List						
Uploaded By/Date	Folder Date	File Name		Source		
<div>Display in New Window</div> <div>Scan and uploading</div>						