

# NATIONAL Assessment Centre Services.

Date In: 14/04/2020 17:45	Job description	Date & Time Completed	Done by
Ref No: NBS/INC200052354	SAS e-filing		
Veh No: FBL1611X	E-trail (Update Shop, AIC 2hrs)		
Q.O. 05/04/2020 12:35	1-Motor Claim Form	14/04/2020	17:26
(ID) TP Reporting Only	1-Motor W/O (Within OD 2hrs, TP 4hrs)		
TP Insurer:	1-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/Whan		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: SMIC 5463X	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 repson.		
( ) 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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Driver/Owner:	1) AIC: Accident Reporting (\$30)	
Contact No:	2) DA: Damage Assessment (\$100)	INC (\$10)
Damaged Portion:	3) TP: Towing Fee	\$40/\$45
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey	\$120
	5) PT: Follow-Through Survey (Resurvey)	\$30
	6) TR: Re-inspection	\$75
	7) NI: Idea DA + SMRT Survey	\$160
	8) NTUC Additional Services:	
	ON:	
	*N5: Courtesy Car / Trip Allowance	\$3
	*N6: Repair Coordination	\$10
	*N7: Post Repair Inspection	\$25
	*N8: DV / Collect Excess Coordination	\$3
	TE (N1) TP (N2) INC (N3) against INC	\$30
	*N12: Idea Mobile	
	Invoice dated	
	Invoice dated	
	Fee Charged	
	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	14/04/2020 17:49
Date Of Accident	05/04/2020 12:35
Exact Location Of Accident	60 QUAYSIDE TOWARDS 18 MARINA BOULEVARD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBL1611T
<b>Insured/Policyholder</b>	
Name Of Registered Owner	KAJAKAMAL KIYATHUL NASAR
NRIC No	SXXXX323F
Email Address	JNASAR15@YAHOO.CO.IN
Mobile Phone No	(LOCAL) +65-91698569
Alternative Phone No	OTHERS-91698569

### Vehicle Particulars

Manufacturer	YAMAHA
Model	FZN150-153CC
Exact Purpose for which vehicle was being used at time of accident	FOOD DELIVERY

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	5111122041
Cover Note Number	

### Driver

Name of Driver	KAJAKAMAL KIYATHUL NASAR
NRIC No	SXXXX323F
Date Of Birth	22/01/1978
Occupation	OUTDOOR
Date Of Driving Pass	22/01/2010
Driving Experience	10 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91698569
Fax Number	
Contact Number	OTHERS-91698569
Email Address	JNASAR15@YAHOO.CO.IN

Address	BLK 10 JALAN KUKOH #08-59
Postcode	162010
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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	CENTRAL POLICE DIVISIONAL HQ (A DIVISION)
Police Station Address	ROAD: 391 NEW BRIDGE ROAD #03-112 POLICE CANTONMENT COMPLEX BLOCK A , POSTCODE: 088762 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2240000 - FAX NO: 62200877
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT A/20200406/7018

#### 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	
Vehicle Make/Model/Colour	
Details Of Properties	UNKNOWN
Vehicle Category	NA/UNKNOWN
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	KAJAKAMAL KIYATHUL NASAR
Approximate Age	
Injuries Sustain	SERIOUS INJURY
Injured person in which vehicle?	FBL1611T
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
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.

*Handwritten Signature* 14/04/2020

Policyholder's Signature  
Date & Time:

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

*Handwritten Signature* 15/04/2020  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

*Handwritten Signature* Resdi WAHAB



SKETCH PLAN

UNKNOWN RIDER WORN  
UNCONSCIOUS.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER to Police Report A/20200406/7018

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:

 15/04/2020  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

## ACCIDENT STATEMENT

ACCIDENT DATE: 05/04/2020 (DD/MM/YYYY), TIME: 12:35 (HH:MM)

LOCATION: MARINA BOULEVARD ROAD NEAR SAIL BUILDING

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBL1611T  
b) INSURANCE COMPANY: NTUC  
c) POLICY NUMBER: 511122091  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: 2016 & FZN150I YAMAHA  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: Food delivery  
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)  
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

### 2. INSURED / POLICY HOLDER

- A) NAME: KAJAKAMAL Kiyathul Najar (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S7868333 F CONTACT: 91698569  
c) ADDRESS: Blk 10 JALAN KUKOH, #08-59  
CS 162010

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

### DRIVER

- a) NAME: \_\_\_\_\_ (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
c) ADDRESS: \_\_\_\_\_

\* d) DATE OF BIRTH: (\_\_\_\_/\_\_\_\_/\_\_\_\_) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: ELECTRONIC POLICE CENTRE

### 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SMG 5403X MODEL: \_\_\_\_\_  
b) DRIVER'S NAME: \_\_\_\_\_  
c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

### 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_  
e) DRIVER'S NAME: \_\_\_\_\_  
f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

email = jnasa815@yahoo.co.in

VIDEO



**SINGAPORE  
POLICE FORCE**



A/20200406/7018

1 of 1

**POLICE REPORT (NP299)**

Police Station Of Origin  
Central Division HQ  
A 391 New Bridge Road #03-112 Police  
Cantonment Complex SINGAPORE 088762  
Tel No:1800-2240000

Report No. A/20200406/7018

Date/Time Report Made 06/04/2020 13:01	Vide Report No.	Station Diary No.
Name Of Informant KAJAKAMAL KIYATHUL NASAR	Address APT BLK 10 JALAN KUKOH #08-59 SINGAPORE 162010	
ID Type / ID No. NRIC NO / S7868323F	Contact No. Home/Office: Mobile: 91698569	
Nationality INDIAN	Email Address inasar15@yahoo.co.in	
Occupation Despatch worker	Sex Male	Age 41
Institution/School Name	Date of Birth 27/05/1978	Race Indian
Date/Time Of Incident 05/04/2020 12:25 - 05/04/2020 13:00	Location Of Incident APT BLK 10 JALAN KUKOH #08-59 SINGAPORE 162010	

**Brief details.**

Dear sir,

When i was deliver the food from 60 quayside to 18 marina boulevard inbetween on the way happening in this accident. when i was going on marina boulevard road happening in this accident. i really cannot remember what's happening and where is the exact location because i unconsciously. after ambulance coming to admit the hospital . Kindly investigate for the accident what's happening to this.

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: 06/04/2020 13:01
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp



### Claim Handling

Accident NT/1091408

• **Exit**

Policy No.	S111122040	Vehicle No.	FSL161JF	SET Registration No.	
Certificate No.					
Policyholder Name	KAJAKAMAL KTYATHUJ NASAR			Policyholder MISC	3789432 JF
Product Code	MOTOBIKCLE INSURANCE	Cover Type	Third Party	Loading	0
Contact No. (Mobile)	9449944444	Group(Cl.No./Company)		Contact No.(Contractor)	
Email Address		Special Remarks		eCase	No +
NRE	- No Yes	TCA	- No Yes	eCode Reason	
BCE Production	No	RCD Entitlement(%)	0	Private Usage	No
<b>Accident Details</b>					

### Account Details

Report Date	13/04/2020 12:48	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	05/04/2020	Time of Accident (h:mm)	12:30	Country of Accident	Singapore
Reporting Carve		Orange Force		ICN No.	
Accident Location	MARINE BOULEVARD TURNING INTO POMP TOWER				

## Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess			
OD Standard Excess	£.00	TP Standard Excess	0.00		
TECH OD Excess		TECH TP Excess		Driver is Covered*	Not Applicable
Additional Excess					
Total OD Excess Applicable	£.00	Total TP Excess Applicable	£.00		

**Benefit**

USF Registered Information

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

**Polycytlidar Mailing Address**

Address 1	BLK 10 PUS-08	Address 2	JALAN KUDUS	Address 3	SINGAPORE 152110
Address 4		Address Type	Singapore address	Post Code	150013
Ref No.		Related Policy Number	011122004		

Q1 Driver Info

Driver Name	Driver Type	
Unlicensed Driver Name	Driver NRIC	Driver DOB
Registration 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	Post Code
Useful	Foreign address	
Does he own a Singapore Registered car?	Yes / - No	
	Driver vehicle no.	Driver Insured Company

#### Modifications History

Claim 221  New

Claims Type \*

Contact No. (MSDR)	CP-MX	Insured Name	MADANMAL KOTHALA, MADAR	Insured NIC	27868173F
Email Address	8149856	Contact No. (Home)		Contact No. (Office)	
Claim Description	2548AR1574HOD CO IN	Vehicle Number	FBL1611T	TP	SMQ21536
		Vehicle Number	FBL1611T / SMQ21536 ON 3 Apr 2020	Name of Preferred Workshop	
Preferred Workshop		Insured Category	Not at Fault	GA	Received
Report No. F01652016	Yes	Report Option	Preferred Workshop, Name unknown	GA	Received
Date Registered		Claim Date	19/04/2020 17:21	Date Received	15/04/2020 00:00
Report Taken By		Reported By	ROSLI RAMAS		

Print &amp; ePage

Save | Submit

Attachment

Accident No.: HT/102408 Last Doc. Received: * Yes No		Claim No.: 012 Upload Date: 15/04/2020 17:26			
Page: 1		Category: Confidential Urgency:			
Choose File: No file chosen Choose File: No file chosen Choose File: No file chosen Choose File: No file chosen Choose File: No file chosen Choose File: No file chosen Choose File: No file chosen Choose File: No file chosen Choose File: No file chosen Choose File: No file chosen Choose File: No file chosen	Clear Clear Clear Clear Clear Clear Clear Clear Clear Clear	Please Select * Please Select * Please Select * Please Select * Please Select * Please Select * Please Select * Please Select * Please Select * Please Select *	MD * MD * MD * MD * MD * MD * MD * MD * MD * MD *	Normal * Normal * Normal * Normal * Normal * Normal * Normal * Normal * Normal * Normal *	Description:

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Prog. Sent? (CO)	Action
	NAC_BUKIT_MERAH_800676/ NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 13 Apr 2020 17:26	Photos	Normal	Photos 2020-4-13		<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800676/ NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 13 Apr 2020 17:26	Photos	Normal	Photos 2020-4-13		<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800676/ NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 13 Apr 2020 17:26	Photos	Normal	Photos 2020-4-13		<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800676/ NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 13 Apr 2020 17:26	Photos	Normal	Photos 2020-4-13		<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800676/ NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 13 Apr 2020 17:26	Photos	Normal	Photos 2020-4-13		<a href="#">Edit</a>

Uploaded By/Date	Folder Date	File Name	Source	Action
		<a href="#">Display in New Window</a> <a href="#">Start and uploading</a>		

Hello, NAC\_BUKIT\_MERAH\_800676

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

## Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="05/04/2020 17:23"/>
Vehicle No. (For Motor)	<input type="text" value="FBL1611T"/>	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 type="radio"/>	5111122041		KAJAKAMAL KUYATHUL NASAR	S7668323F	GMC	Third Party	FBL1611T	FBL1611T	15/07/2019	14/07/2020