

NATIONAL Assessment Centre Services.

part 1 Jan 2007 MNA 20062174

Date In: 23/07/2020 16:08	Job Description	Date & Time Completed	Done by
Ref No: NBA/INC2000761874	SAS e-filing		
Veh No: FBE 2058X	E-mail (by John Blue, AIC Blue)		
D.O.A: 23/07/2020 05:00	I-Motor Claims Form	M71097738-001	23/07/2020 16:29
OID: TP 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/Victim		

Preferred Wksp / INC Assign Wksp / QW: ()	Tel: ()	Fax: ()
TP Particulars:	Veh No: SHA 2730M	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 Refor of repair.

() 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: ()

NAX03823 Driver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge): Vehicle: () Tel: ()	1) ARI: Accident Reporting (\$30)	
	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 claiming against INC Only (over 10 Jan 2007)	
	6) TR: Re-inspection \$75	
	7) NI: Ideal DA + EMRT Survey \$160	
	8) NTUC Additional Services:	
	ON:	
	*NS: Courtesy Car / Tpl Allowance \$3	
	*NG: Repairs Coordination \$10	
	*NT: Post Repair Inspection \$25	
	*ND: DV / Collect Excess Coordination \$3	
	TP (NI) / TP (Non INC) against BIC \$20	
	*NI: Use 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	23/07/2020 16:08
Date Of Accident	23/07/2020 05:00
Exact Location Of Accident	JUNCTION OF UBI AVENUE 2 AND UBI AVENUE 1
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBE2058X
Insured/Policyholder	
Name Of Registered Owner	KAMALANATHAN S/O MANIAM KESAVAL
NRIC No	SXXXX311E
Email Address	SOVIJASTAR6093@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91637204
Alternative Phone No	OTHERS-91637204

Vehicle Particulars

Manufacturer	SUZUKI
Model	GSX-R 1000-988CC (M)
Exact Purpose for which vehicle was being used at time of accident	GOING TO WORK PLACE
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	5107986751-01
Cover Note Number	

Driver

Name of Driver	KAMALANATHAN S/O MANIAM KESAVAL
NRIC No	SXXXX311E
Date Of Birth	28/02/1995
Occupation	OUTDOOR
Date Of Driving Pass	10/05/2018
Driving Experience	2 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91637204
Fax Number	
Contact Number	OTHERS-91637204
Email Address	SOVIJASTAR6093@GMAIL.COM

Address	BLK 334 UBI AVENUE 1 #14-799
Postcode	400334
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 - U-TURN
Weather Conditions	RAINING
Road Surface	WET

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	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20200723/7016

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	SHA2730M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	HASHIM BIN OTHMAN
NRIC/Passport Number	SXXXX758Z
Contact Number	98627021
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

KAMALANATHAN S/O MANIAM KESAVAL

Approximate Age

Injuries Sustain

SLIGHT INJURY

Injured person in which vehicle?

FBE2058X

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

NO

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.

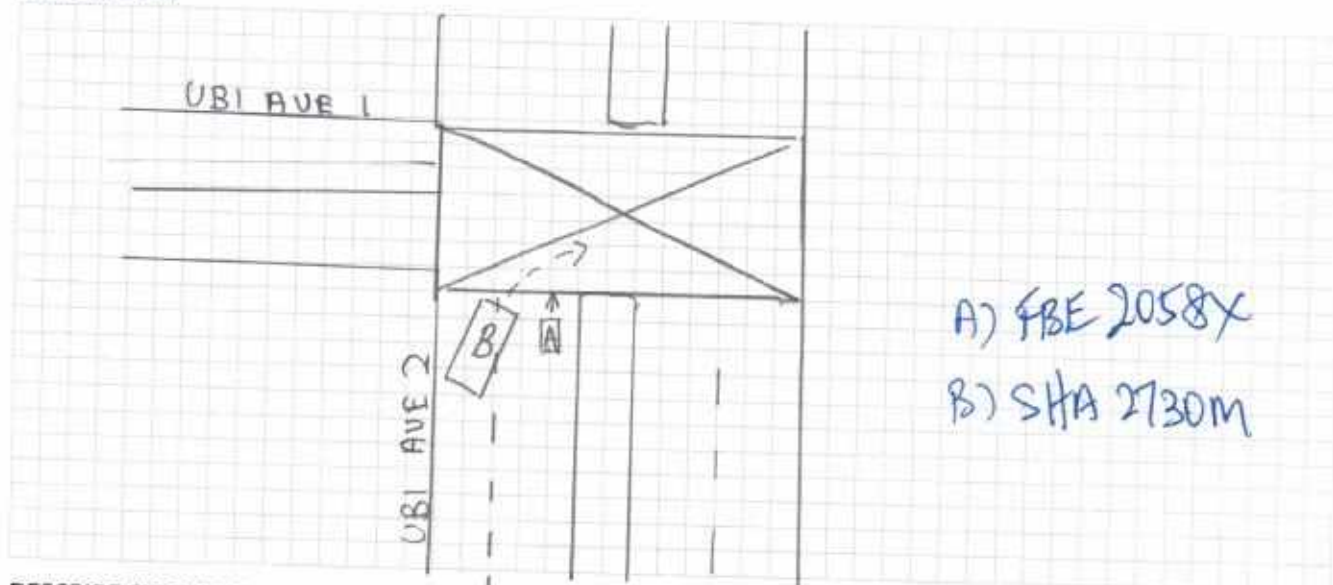
Policyholder's Signature
Date & Time:

1545

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT 7/20200723/7016

DECLARATION

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

Policyholder's Signature

Date & Time:

23/07/20
1545

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

28/07/2020

Kesdi

WMAH

ACCIDENT STATEMENT

ACCIDENT DATE: 23 / 07 / 2020 (DD/MM/YYYY), TIME: 05 : 00 (HH:MM)

LOCATION: Junction of UBI AVE 2 & UBI AVE 1

1. DETAILS OF VEHICLE

a) VEHICLE NUMBER: FBE 2058X

b) INSURANCE COMPANY: NTUC INCOME

c) POLICY NUMBER: _____

d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)

e) MAKE & MODEL: GSXR 1000 K9 SUZUKI

f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)

g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)

h) PURPOSE OF USING AT ACCIDENT TIME: TO WORKPLACE

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: Kamalanathan s/o Maniam K (MALE / FEMALE)

b) NRIC/FIN/PASSPORT: _____ CONTACT: _____

c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

a) NAME: AS ABOVE (MALE / FEMALE)

b) NRIC/FIN/PASSPORT: _____ CONTACT: _____

c) ADDRESS: _____

* d) DATE OF BIRTH: 28 / 02 / 1995 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 10 MAY 2018

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: OWNER

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: TRAFFIC POLICE

8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: CHA 2730M 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 = soujastar6093@gmail.com

VIDEO



Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No: T/20200723/7016

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/07/2020 14:39		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: KAMALANATHAN S/O MANIAM KESAVAN			Address: 334 UBI AVENUE 1 #14-799 SINGAPORE 400334		
ID Type / ID No.: NRIC NO / S9507311E			Contact No.: Home/Office: Mobile: 91637204		
Nationality: SINGAPORE CITIZEN			Email: KAMAL_MANIAM@HOTMAIL.COM		
Sex: Male	Age: 25	Date of Birth: 28/02/1995	Type of Informant: Rider		
Race: Indian			Language: English		Institution / School Name:
Occupation: Lorry driver			Driving Licence Information: Class: 2B,2A,2,3,4 Date of Expiry: 23/07/2020		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 23/07/2020 05:00	Type of Location: T-Junction
Location: Junction of Ubi Ave 2 and Ubi Ave 1				
Weather: Raining		Road Surface: Wet		Road Speed Limit: 60 Km/h
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBE2058X	Motorcycle	SUZUKI	GSXR1000	Blue	Slightly Damaged	0
SHA2730M	Car	HYUNDAI		Blue	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBE2058X	NTUC Income Insurance Co-Operative Limited			



**SINGAPORE
POLICE FORCE**



T/20200723/7016

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3

Report No. T/20200723/7016

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	KAMALANATHAN S/O MANIAM KESAVAL	ID No.	S9507311E
Related Vehicle	FBE2058X (Motorcycle)	Contact No.	91637204
Hospital/Clinic	UBI FAMILY CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3,4 Date of Expiry: 23/07/2020
Date Treatment	23/07/2020	Date Discharge	23/07/2020
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	HASHIM BIN OTHMAN	ID No.	S0201758Z
Related Vehicle	NIL	Contact No.	98627021
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:

Taxi SHA2730M made and illegal u-turn from the 2nd lane on to the path on my motorcycle FBE2058X. Causing my motorcycle to hit the right front bumper of the taxi.



Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20200723/7016

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPHQ /
JUREMAH BINTE AHMAD
Contact No.: 65476219

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

Date/Time:
23/07/2020 14:39

Classification Of Case:

Authentication Stamp

NP168

Claim Handling

Accident MT/1097738

Policy No.	5107986751-01	Vehicle No.	FBE2058X	GST Registration No.	
Certificate No.					
Policyholder Name	KAMALANATHAN S/O MANIAM KESAVAL				
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party, Fire & Theft	Policyholder NRIC	99507311E
Contact No.(Mobile)	91637204	Contact No.(Office)		Loading	0
Email Address		Special Remarks		Contact No.(Home)	
ATF	<input type="checkbox"/> No <input type="checkbox"/> Yes	TCA	<input type="checkbox"/> No <input type="checkbox"/> Yes	eCode	<input type="text" value="No"/>
NCD Protection	No	RCD Entitlement(%)	20	eCode Reason	
Private Hire		No			
Accident Details					
Report Date	23/07/2020 16:05	Accident Report Within 24 hrs	Yes	Accident Type	Collision - U-Turn
Date of Accident	23/07/2020	Time of Accident hh:mm	05:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	JUNCTION OF U8 AVENUE 2 AND U8 AVENUE 1				
Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess			
GO Standard Excess	0.00	TP Standard Excess	0.00	Driver is Covered?	Not Covered
YED GO Excess	0.00	YED TP Excess	0.00		
Additional Excess					
Total GO Excess Applicable	0.00	Total TP Excess Applicable	0.00		
Benefits					
GST Registered Information					
GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Notification History					
Policyholder Mailing Address					
Address 1	BLK 334 #14-799	Address 2	U8 AVENUE 1	Address 3	SINGAPORE 400334
Address 4		Address Type	Singapore address	Post Code	400334
Unit No.	14-799	Related Policy Number	5107986751-01		
OT Driver Info					
Driver Name	KAMALANATHAN S/O MANIAM KESAVAL	Driver Type	Main Driver	Driver DOB	26/02/1995
Uninsured driver Name		Driver NRIC	99507311E	Driving Experience	8
Register Date of Driver License	06/11/2015	Driver Age	25	Contact No.(Home)	
Contact No.(Mobile)	91637204	Contact No.(Office)		Address 2	SINGAPORE 400334
Address 1	BLK 334 #14-799	Address 2	U8 AVENUE 1	Post Code	400334
Address 4		Address Type	Singapore address		
Unit No.	14-799	Driver Vehicle No.	FBE2058X	Driver Insurer Company	NTUC
Does he own a Singapore Registered car?	Yes <input type="checkbox"/> No <input type="checkbox"/>				
Declaration					
Breathalyzer or Blood Test Reading?	0 mg	Any Injury?	Yes <input type="checkbox"/> No <input type="checkbox"/>		

Modification History

Claim 001 **New**

Claim Type *	OO-ME	Insured Name	KAMALANATHAN S/O MANIAM KESAVAL	Insured NRIC	99507311E
Contact No.(Mobile)	94285572	Contact No.(Home)	Nil	Contact No.(Office)	
Email Address	SOULJASTAR003@GMAIL.COM	Vehicle Number	FBE2058X	Vehicle Number	5NA2730H
Claim Description	FBE2058X / 5NA2730H ON 23 Jul 2020				
Preferred Workshop		Insured Liability	Not at Fault	Name of Preferred Workshop	
Reluctant Rep-Notification	Yes <input type="checkbox"/> No <input type="checkbox"/>	Repair Option	Preferred Workshop Name unknown	GTA report	Received
Date Registered				Claim Close Date	23/07/2020 16:28
Report Taken By				Date Received	23/07/2020 00:00

Print AX letter

Save Submit

Attachment					
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NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Jul 2020 16:29	Photos	Normal	Photos 2020-7-23
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NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Jul 2020 16:28	Photos	Normal	Photos 2020-7-23
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Video List

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

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Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="23/07/2020 15:39"/>
Vehicle No. (For Motor)	<input type="text" value="FBE2058X"/>	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"/>	5107986751-01		KAMALANATHAN S/O MANIAM KESAVAL	S9507311E	GMC	Third Party, Fire & Theft	FBE2058X	FBE2058X	07/03/2020	06/03/2021