

# NATIONAL Assessment Centre Services

Date In: 09/09/20	Job description	Date & Time Completed	Done by
Ref No: NA/INC20009662/13	SAS e-filing		
Veh No: FBF25514	E-mail (within 8hrs, AD 2hrs)		
D.O.A: 08/09/20 1645	i-Motor Claim Form	MT/1102886-001	
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: UNKNOWN	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%. F: 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 hotline: 6788 6616)	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

NA 2004811	Invoice Preparation Checklist		Am't (\$) In Bill	Am't (\$) Add Bill
Claimant's Particulars:	1) AR: Accident Reporting (\$30);			
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$30)			
Contact No:	3) TP: Towing Fee \$40/\$45			
Damaged Portion:	4) FT: Follow-Through Survey \$120			
	5) FT: Follow-Through Survey (Resurvey) \$30			
	For claiming against INC Only (wef 10 Jan 2005)			
	6) TR: Re-inspection \$75			
	7) N1: Idao DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
	OD:			
	*N5: Courtesy Car / Tp Allowance \$5			
	*N6: Repair Co-ordination \$10			
	*N7: Post Repair Inspection \$25			
	*N8: DV / Collect Excess Coordination \$5			
	TP (N11): TP (Non INC) against INC \$20			
	9) N12: Idao Mobile 30			
Auditors' Comments:	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	09/09/2020 16:30
Date Of Accident	08/09/2020 16:45
Exact Location Of Accident	UPP CHANGI RD NORTH
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	FBF2521U
Insured/Policyholder	
Name Of Registered Owner	SIVARAMAN S/O SHANMUGAM
NRIC No	SXXXX386F
Email Address	SIVARAMAN8203@GMAIL.COM
Mobile Phone No	(LOCAL) +65-81880257
Alternative Phone No	OTHERS-81880257
Vehicle Particulars	
Manufacturer	YAMAHA
Model	YZF-R15
Exact Purpose for which vehicle was being used at time of accident	FROM WORK TO HOME
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	5117001050
Cover Note Number	
Driver	
Name of Driver	SIVARAMAN S/O SHANMUGAM
NRIC No	SXXXX386F
Date Of Birth	28/12/1991
Occupation	INDOOR
Date Of Driving Pass	14/05/2015
Driving Experience	5 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81880257
Fax Number	
Contact Number	OTHERS-81880257
EMail Address	SIVARAMAN8203@GMAIL.COM

Address	BLK 330 SEMBAWANG CLOSE #05-387
Postcode	750330
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	SIDE SWIPE
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?	NO
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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLS REFER TO THE ATTACHED 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	UNKNOWN
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)	

## SKETCH PLAN

### IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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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: 09/09/20

1605hrs

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

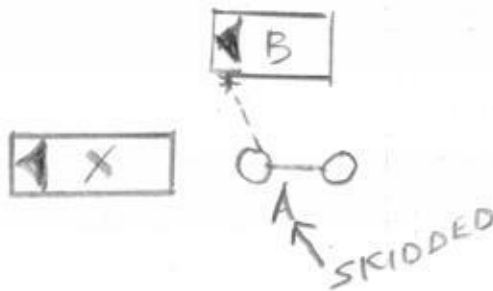
NRIC/FIN No.:

# SKETCH PLAN

UPP CHANGI RD NORTH

A - FBF2521U

B - UNKNOWN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I, Sivaraman was riding along changi upper road north at about 4.35 to 4.45pm after work. It was ~~drizz~~ drizzling & the road surface was wet. I remembering applying my front brake when the vehicle in front of me stopped suddenly. my bike skidded and I collided with the car next to me on my right. I then quickly got up and carried my bike to the side of the lane. the vehicle I collided into, stopped and <sup>a lady</sup> kindly asked if i was ok and needed an ambulance. I said no and asked if they want to exchange particulars or take photos. but the driver said no need and told me to ride safe & take care. It happened so fast I didn't take down the vehicle's details. I quietly take a quick look on the left front side of the car to see damages but nothing was found. eventually the driver drove away.

## DECLARATION

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

Policyholder's Signature

Date & Time: 09/09/2020

1605

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

2/ym 09/09/20



## ACCIDENT STATEMENT

ACCIDENT DATE: (08/09/2020) (DD/MM/YYYY), TIME: (16:45) (HH:MM)

LOCATION: Upper Changi Road North

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBF 25210  
b) INSURANCE COMPANY: NTUC  
c) POLICY NUMBER: 5117001050  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: YAMAHA YZF-R15  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: from work to home  
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: SIVARAMAN S/O SHANMUGAM (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S9143366 CONTACT: 81830257  
c) ADDRESS: BLK 330 Sembawang close #05-387  
Sipore 750330

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

### DRIVER

as above

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

\*d) DATE OF BIRTH: (22/12/1991) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 82015

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: \_\_\_\_\_

### 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: UNKNOWN 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: \_\_\_\_\_

Sivaraman2003@gmail.com

Email =

fax =

Vide =

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" value="09/09/2020 15:54"/>
Vehicle No.(For Motor)	<input type="text" value="FBF2521U"/>	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"/>	5117001050		SIVARAMAN S/O SHANMUGAM	59148386F	GMC	Third Party	FBF2521U	F8F2521U	31/03/2020	30/03/2021

## Claim Handling

## Accident MT/1102866

Policy No.	5117001050	Vehicle No.	FBF2521U	GST Registration No.	
Certificate No.					
Policyholder Name	SIVARAMAN S/O SHANMUGAM	Cover Type	Third Party	Policyholder NRJC	S9148386F
Product Code	MOTORCYCLE INSURANCE	Contact No.(Office)	0	Loading	0
Contact No.(Mobile)	81880257	Special Remark		Contact No.(Home)	0
Email Address		TCA	No Yes	eCode	No
KPK	No Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No			Private Hire	No

## Accident Details

Report Date	09/09/2020 17:05	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	08/09/2020	Time of Accident hh:mm	16:45	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	UPP CHANGI RD NORTH				

## 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 330 #05-387	Address 2	SEBBAWANG CLOSE	Address 3	SINGAPORE
Address 4		Address Type	Singapore address	Post Code	750330
Unit No.	15-27	Related Policy Number	5118797564		

## 01 Driver Info

Driver Name	Sivaraman s/o shanmugam	Driver Type	Main Driver		
Unnamed driver Name		Driver NRJC	S9148386F	Driver DOB	28/12/199
Register Date of Driver License	01/01/2018	Driver Age	28	Driving Experience	2
Contact No.(Mobile)	81880257	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 330	Address 2	SEBBAWANG CLOSE	Address 3	SINGAPORE
Address 4		Address Type	Singapore address	Post Code	750330
Unit No.	#05-387				
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.		Driver Insurer Company	

## Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes No
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## Modification History

## Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	SIVARAMAN S/O SHANMUGAM	In: NP
Contact No.(Mobile)	81880257	Contact No. (Home)	NIL	Co No (O
Email Address	SIVARAMAN8203@GMAIL.COM	Vehicle Number	FBF2521U	TP Ve Nu
Claim Description	FBF2521U / UNKNOWN ON 8 Sept 2020			

Preferred Workshop		Insured Liability	Partially at Fault		
COBALT No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered				09/09/2020 17:12	Claim Close Date
Report Taken By				ROSLINDA	Workshop Repairer

Print AK letter

Save Submit

## Attachment

Accident No.	MT/1102866	Claim No.	001
Last Doc. Received	Yes No	Upload Date	09/09/2020 00:00
Path *		Category *	Confidential Urgency *
Choose File No file chosen		Clear Please Select	NO Normal
Choose File No file chosen		Clear Please Select	NO Normal
Choose File No file chosen		Clear Please Select	NO Normal



Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Through Web

Clear

Clear

Clear

Please Select

NO

Normal

Please Select

NO

Normal

Please Select

NO

Normal

## Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Sep 2020 17:11	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-9-9
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Sep 2020 17:11	SAS		Normal	SAS 2020-9-9
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Sep 2020 17:11	Photos		Normal	Photos 2020-9-9
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Sep 2020 17:11	Photos		Normal	Photos 2020-9-9
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Sep 2020 17:11	Photos		Normal	Photos 2020-9-9
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Sep 2020 17:10	Photos		Normal	Photos 2020-9-9
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Sep 2020 17:10	Photos		Normal	Photos 2020-9-9
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Sep 2020 17:10	Photos		Normal	Photos 2020-9-9
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Sep 2020 17:10	Photos		Normal	Photos 2020-9-9
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Sep 2020 17:10	Photos		Normal	Photos 2020-9-9

## Video List

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