

NATIONAL Assessment Centre Services

NA 200 88593

Date In: 10/10/2020 10:57	Job description	Date & Time Completed	Done by
Ref No: NA/INC/200109491	SAS e-filing		
Veh No: FBK 6109A	E-mail (within 3hrs, A/C 2hrs)		
D.O.A: 18/09/2020 19:45	i-Motor Claim Form	10/10/2020	12:18
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 CAR	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 200 5375	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$30);	Inc Bill	Add Bill
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		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) NI: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (N11 INC) against INC \$20		
	9) N12: 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	10/10/2020 10:57
Date Of Accident	18/09/2020 19:45
Exact Location Of Accident	JUNCTION OF UPPER SERANGOON RD/HOUGANG AVENUE 4
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBK6109A
Insured/Policyholder	
Name Of Registered Owner	LINGESHWARAN S/O CHANDRA
NRIC No	SXXXX193C
Email Address	LINGESHWARANSTAR@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90917877
Alternative Phone No	OTHERS-90917877

Vehicle Particulars

Manufacturer	BAJAJ
Model	PULSAR NS200
Exact Purpose for which vehicle was being used at time of accident	COMMUTE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	
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	5117049685
Cover Note Number	

Driver

Name of Driver	LINGESHWARAN S/O CHANDRA
NRIC No	SXXXX193C
Date Of Birth	17/09/1992
Occupation	INDOOR
Date Of Driving Pass	15/09/2011
Driving Experience	9 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90917877
Fax Number	
Contact Number	OTHERS-90917877
Email Address	LINGESHWARANSTAR@GMAIL.COM

Address	BLK 706 HOUGANG AVENUE 2 #09-183
Postcode	530706
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	NO 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	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	569784
Police Station Address	ROAD: 51 ANG MO KIO AVENUE 9 , POSTCODE: 569784 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT F/20200922/7024

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)

DETAILS OF INJURED PERSON 1

Name	LINGESHWARAN S/O CHANDRA
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	FBK6109A
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

SKETCH PLAN

IMPORTANT NOTICE

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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:

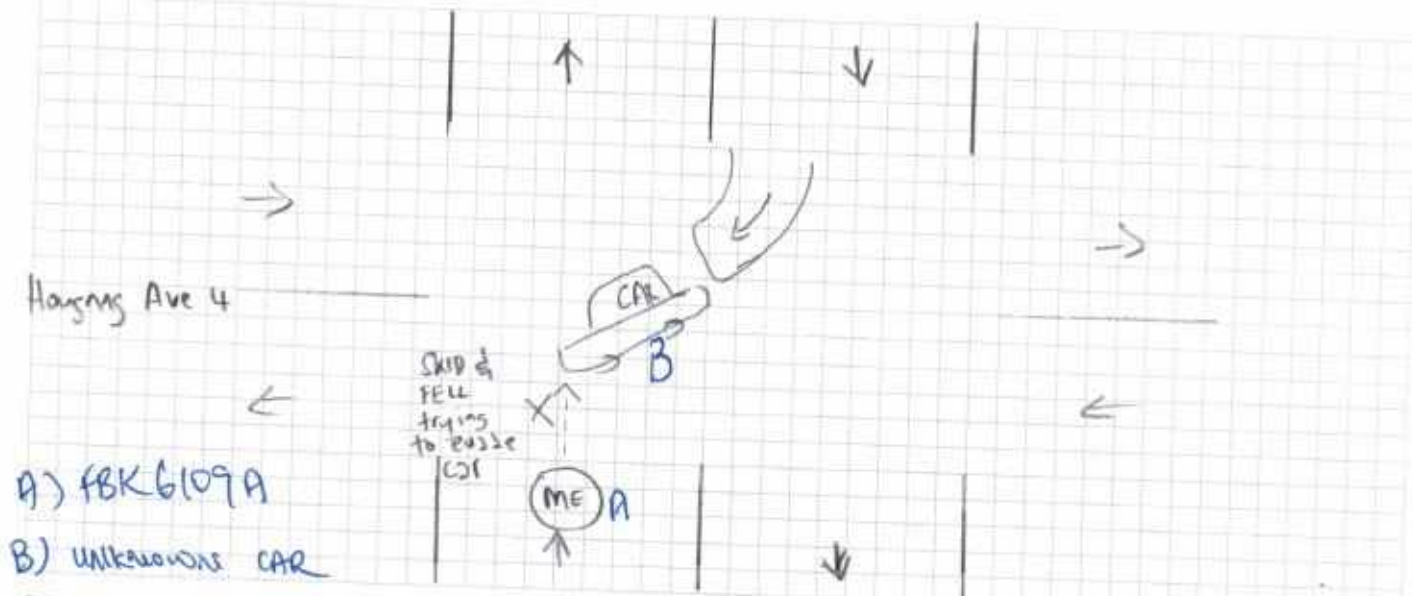
9/10/20
1646 hrs

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

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

10/10/2020
Rohit Nathoo

SKETCH PLAN



A) FBK 6109A

B) UNKNOWN CAR

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

UPPER STATION RD

REFER TO Police Report F/20200822/2024

DECLARATION

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

9/10/2020
1046 HRS

Policyholder's Signature
Date & Time:

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

10/10/2020
Name:
NRIC/FIN No.:

ACCIDENT STATEMENT

ACCIDENT DATE: (18 / 09 / 2020) (DD/MM/YYYY), TIME: (1945) (HH:MM)

LOCATION: Upper Serangoon Road Junction of Hougang Ave 4

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBK 6109 A
 b) INSURANCE COMPANY: NTUC
 c) POLICY NUMBER: 5117049685
 d) POLICY TYPE: (COMPREHENSIVE / ~~THIRD PARTY~~ / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Bajaj Pulsar NS200
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: Commute
 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: LINGESHWARAN (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S9234193C CONTACT: 90917877
 c) ADDRESS: 706 Hougang Ave 2 H09-103

* 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: (17 / 09 / 1992) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 15/09/2011

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: Ang Mo Kio

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: 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 = lingeshwaranstar@gmail.com

VIDEO



**SINGAPORE
POLICE FORCE**



F/20200922/7024

1 of 2

POLICE REPORT (NP299)

Report No. F/20200922/7024

Police Station Of Origin
Ang Mo Kio Division HQ
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No:1800-2180000

Date/Time Report Made 22/09/2020 13:15	Vide Report No.	Station Diary No.
Name Of Informant LINGESHWARAN S/O CHANDRA	Address 706 HOUGANG AVENUE 2 #09-183 SINGAPORE 530706	
ID Type / ID No. NRIC NO / S9234193C	Contact No. Home/Office: Mobile: 90917877	
Nationality SINGAPORE CITIZEN	Email Address lingeshwaranstar@gmail.com	
Occupation Motorcycle delivery man	Sex Male	Age 28
Institution/School Name	Date of Birth 17/09/1992	Race Indian
Date/Time Of Incident 18/09/2020 19:45 - 18/09/2020 19:50	Location Of Incident 706 HOUGANG AVENUE 2 #09-183 SINGAPORE 530706	

Brief details.

I am reporting a traffic accident. I am a motorcycle rider who got involved in an accident along Upper Serangoon Road junction at Hougang Ave 4. I was travelling straight towards Sengkang east with the right of way when the traffic light was green. A car travelling the opposite direction towards Serangoon was making a right turn. I honked at the driver but she did not stop and forced me to brake. While trying to evade the car I skid on my motorbike and fell to my left. There was no collision. However, if I did not jam my brakes I would have hit the car. A few passerby helped me move my motorbike and called the

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: 22/09/2020 13:15
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp



SINGAPORE
POLICE FORCE



F/20200922/7024

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20200922/7024

ambulance. The paramedics and traffic police arrived shortly. I was brought to TTSH. I have multiple abrasions and injuries mainly on my left side and lower limbs.

Subjects Involved			
Victim			
Person Name	LINGESHWARAN S/O CHANDRA		
ID Type	NRIC NO	ID No	S9234193C
Gender	Male	Age	28
Race	Indian	Language	English
Occupation	Motorcycle delivery man	Address	706 HOUGANG AVENUE 2 #09-183 SINGAPORE 530706
Mobile No	90917877	Is Informant A Victim?	Yes
Person Name	LINGESHWARAN S/O CHANDRA (Informant)		

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: 22/09/2020 13:15
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	

Claim Handling

Accident MT/1106166

Policy No.	5117049685	Vehicle No.	FBK6109A	GST Registration No.	
Certificate No.					
Policyholder Name	LINGESHWARAN S/O CHANDRA			Policyholder NRIC	S9234193C
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	90917877	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
NFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	15	Private Hire	No
▼ Accident Details					
Report Date	10/10/2020 11:20	Accident Report Within 24 hrs	Yes	Accident Type	No collision
Date of Accident	18/09/2020	Time of Accident hh:mm	19:45	Country of Accident	Singapore
Reporting Centre		Orange Force		ECM No.	
Accident Location	JUNCTION OF UPPER SERANGOON RD/HOUGANG AVENUE 4				
▼ 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 706 #09-183	Address 2	HOUGANG AVENUE 2	Address 3	SINGAPORE
Address 4		Address Type	Singapore address	Post Code	530706
Unit No.	09-183	Related Policy Number	5117049685		
▼ OI Driver Info					
Driver Name	Lingeshwaran s/o Chandra	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S9234193C	Driver DOB	17/09/1992
Register Date of Driver License	01/01/2018	Driver Age	28	Driving Experience	2
Contact No.(Mobile)	90917877	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 706 #09-183	Address 2	HOUGANG AVENUE 2	Address 3	SINGAPORE
Address 4		Address Type	Singapore address	Post Code	530706
Unit No.	09-183				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.	FBK6109A	Driver Insurer Company	NTUC
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No		

Modification history

Claim 001 New

Claim Type *	OD-MX	Insured Name	LINGESHWARAN S/O CHANDRA	Insu NRIC	
Contact No.(Mobile)	90917877	Contact No. (Home)	NIL	Contact No. (Off)	
Email Address	LINGESHWARANSTAR@GMAIL	OT Vehicle Number	FBK6109A	TP Vehi Num	
Claim Description	FBK6109A / UNKNOWN CAR ON 18 Sept 2020				
Preferred Workshop	Insured Liability	Not at Fault			
BARAK No. Finalisation	Yes	Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered				Claim Close Date	10/10/2020 12:18
Report Taken By					ROSLI WAHAB
<input type="checkbox"/> Print AK letter					
Save Submit					

Attachment

Accident No.	MT/1106166	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	10/10/2020 12:18
Path *			
Choose File	No file chosen	Clear	Category *
Choose File	No file chosen	Clear	Confidential
Choose File	No file chosen	Clear	Urgency *

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Message Recd

Clear

Please Select

NO

Normal

Clear

Please Select

NO

Normal

Clear

Please Select

NO

Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) 0 10 Oct 2020 12:18	Photos	Normal	Photos 2020-10-10
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) 0 10 Oct 2020 12:18	Photos	Normal	Photos 2020-10-10
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) 0 10 Oct 2020 12:18	Photos	Normal	Photos 2020-10-10
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) 0 10 Oct 2020 12:18	Photos	Normal	Photos 2020-10-10
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) 0 10 Oct 2020 12:18	Photos	Normal	Photos 2020-10-10
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) 0 10 Oct 2020 12:18	Photos	Normal	Photos 2020-10-10
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) 0 10 Oct 2020 12:18	NRIC/ Driving License	Normal	NRIC/ Driving License 2020-10-10
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) 0 10 Oct 2020 12:18	SAS	Normal	SAS 2020-10-10

Video List

Uploaded By/Date

Folder Date

File Name

Source

Display in New Window

Scan and uploading

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="18/09/2020 12:21"/>
Vehicle No.(For Motor)	<input type="text" value="FBK6109A"/>	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"/>	5117049685		LINGESHWARAN S/O CHANDRA	S9234193C	GMC	Third Party	FBK6109A	FBK6109A	03/04/2020	02/04/2021