

NATIONAL Assessment Centre Services.

(part 1 Jan 2005)

Must have 92781

Date In: 28/10/2020 16:51	Job description	Date & Time Completed	Done by
Ref No: XBA/TUC001/1540/V	SAS e-illing		
Veh No: 160 51359	E-mail (by date time, A/C time)		
O.O.A: 28/10/2020 19:00	I-Motor Claims Form	28/10/2020 00:02	26/10/2020
OD: <input checked="" type="radio"/> Reporting Only	I-Motor W/O (with: OD time, TP time)		10:8
	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/Vehicle		

Preferred Wipe / INC Assign Wipe / OW: (	Tel: (	Fax: (
TP Print/Scan/ys: (	Veh No: 202 66354	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 ()	

() Walk-In Customer: Customer's information strictly Confidential & strictly NO refer of repair.
() Total Loss Case: to e-mail Insurer URGENTLY.
Drive-In () / Towed-In () ; Invoice: VRS () / NO () ; Towing Co: ()

1) Apply for Transport Allowance () / Courtesy Car ()	
2) QC Check / Post Repair Inspection ()	
3) Upload Resurvey Photo (Repair Cost > \$5000) ()	

Injury: ()

NA 2005626

Driver/Owner:	1) All Accident Reporting (330)	
Contact No:	2) DA Damage Assessment (\$100)	INC (330)
Damaged Portion:	3) TP Towing Fee	\$120
	4) PT Follow-Through Survey	\$30
	5) PT Follow-Through Survey (Resurvey)	\$30
	6) TLR Re-inspection	\$160
	7) NI New DA + EMRT Survey	
	8) NTUC Additional Services	
	9) NI: DV / Collect Vehicle Coordination	\$30
	10) NI: DV / Collect Vehicle Coordination	\$30
	11) NI: DV / Collect Vehicle Coordination	\$30
	12) NI: DV / Collect Vehicle Coordination	\$30
	13) NI: DV / Collect Vehicle Coordination	\$30
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	99) NI: DV / Collect Vehicle Coordination	\$30
	100) NI: DV / Collect Vehicle Coordination	\$30

QC Checked by (Engr-In-Charge):	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	22/10/2020 16:51
Date Of Accident	08/10/2020 19:00
Exact Location Of Accident	ALONG AYE TOWARDS TUAS
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBD5135S
Insured/Policyholder	
Name Of Registered Owner	BIJOY OLIVER
NRIC No	GXXXX234L
Email Address	BIJOYOLIVER@ME.COM
Mobile Phone No	(LOCAL) +65-98225123
Alternative Phone No	OTHERS-98225123

Vehicle Particulars

Manufacturer	BAJAJ
Model	PULSAR 200-199CC DTS-I
Exact Purpose for which vehicle was being used at time of accident	ON THE WAY BACK 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 FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5081688329-04
Cover Note Number	

Driver

Name of Driver	BIJOY OLIVER
NRIC No	GXXXX234L
Date Of Birth	02/03/1985
Occupation	INDOOR
Date Of Driving Pass	23/12/2015
Driving Experience	4 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98225123
Fax Number	
Contact Number	OTHERS 98225123

Address	BLK 162 YUNG PING ROAD #10-21
Postcode	610162
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	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?	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	CLEMENTI NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: NO. 20 CLEMENTI AVENUE 5 , POSTCODE: 129858 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8729999 - FAX NO: 67748639
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT D/20201009/7009

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	SLQ6635Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	BIJOY OLIVER
Approximate Age	
Injuries Sustain	SERIOUS INJURIES
Injured person in which vehicle?	FBD5135S
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.

 22/10/2020
17:00 hrs

Policyholder's Signature
Date & Time:

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

 22/10/2020
Name: 
NRIC/FIN No.:

SKETCH PLAN

A/R TOWARDS BUS (SHAR RHT)



A) FRD 51355

B) SLQ 66354

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT D/20201009/7009

DECLARATION

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

[Signature]

Policyholder's Signature

Date & Time: 22/10/20
17:00 hrs

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

22/10/2020

[Signature]

ACCIDENT STATEMENT

ACCIDENT DATE: (8 / 10 / 2020) (DD/MM/YYYY), TIME: (07 :00 PM) (HH:MM)

LOCATION: (Near NUH) AYE towards Tuas

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBD5135S
b) INSURANCE COMPANY: NTUC INCOME
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: BAJAJ Pulsar DTSi 200cc
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Work
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) NO
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: Bijoy Oliver (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: G64322346 CONTACT: 9822 5123
c) ADDRESS: Block 162, #10-21, Young ping Rd
Singapore 610162

* CONTINUE TO 3.1 IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: B As above (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

*d) DATE OF BIRTH: (02 / 03 / 1985) (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 Raining)

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

6. WAS ANYBODY INJURED (YES / NO)

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

IF YES, PLEASE STATE WHICH POLICE STATION: Clementi

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SLQ6635Y 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 =

VIDEO



**SINGAPORE
POLICE FORCE**



D/20201009/7009

1 of 2

POLICE REPORT (NP299)

Report No. D/20201009/7009

Police Station Of Origin
Clementi Division HQ
20 Clementi Avenue 5 SINGAPORE 129858
Tel No:1800-7740000

Date/Time Report Made 09/10/2020 11:22	Vide Report No.	Station Diary No.
Name Of Informant BIJOY OLIVER	Address	
ID Type / ID No. FIN NO / G6432234L	Contact No. Home/Office: Mobile: 98225123	
Nationality INDIAN	Email Address BIJOYOLIVER@YAHOO.COM	
Occupation Logistics officer	Sex Male	Age 35
Institution/School Name	Date of Birth 02/03/1985	Race Indian
	Language English	
Date/Time Of Incident 08/10/2020 19:00 - 08/10/2020 19:30	Location Of Incident AYER RAJAH EXPRESSWAY	

Brief details.

It was raining and the car (SLQ6635Y) in front jam break and quickly turned on the hazard light . I saw it tried to break but my bike(FBD5135S) wobbled and slipped . I fell on the road and slides on road for few meters. The bike also slides on the road for few meters and ended in rear of the car. What the driver of car told me that the car in front of her jam break and that lead her to jam break as well . She called the ambulance and I was taken to NUH.I have some bruises and swelling on my first right toe(skin tear) ,elbows and knees .

Subjects Involved	
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: 09/10/2020 11:22
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp



**SINGAPORE
POLICE FORCE**



D/20201009/7009

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. D/20201009/7009

Victim			
Person Name	BIJOY OLIVER		
ID Type	FIN NO	ID No	G6432234L
Gender	Male	Age	35
Race	Indian	Language	English
Occupation	Logistics officer	Mobile No	98225123
Is Informant A Victim?	Yes		
Person Name	BIJOY OLIVER (Informant)		

Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

Authentication Stamp

Signature Of Informant:

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

Date/Time:

09/10/2020 11:22

Classification Of Case:

Claim Handling

Accident MT/1106230

Policy No.	5081688329-04	Vehicle No.	FBD51355	GST Registration No.
Certificate No.				
Policyholder Name	BJJOY OLIVER			Policyholder NRIC
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party, Fire & Theft	Loading
Contact No.(Mobile)	NA	Contact No.(Office)		Contact No.(Home)
Email Address		Special Remark		eCode
KFK	<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(%)	20	Private Hire

▼ Accident Details

Report Date	12/10/2020 10:09	Accident Report Within 24 hrs	No	Accident Type
Date of Accident	08/10/2020	Time of Accident hh:mm	18:45	Country of Accident
Reporting Centre	administrator	Orange Force	No	ICM No.
Accident Location	ALONG AYE TOWARDS TJAS			

▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess		
OD Standard Excess	0.00	TP Standard Excess	0.00	
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?
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 162 #10-21	Address 2	YUNG PING ROAD	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5081688329-04	

▼ OI Driver Info

Driver Name	BJJOY OLIVER	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	G6432234	Driver DOB
Register Date of Driver License	23/12/2015	Driver Age	35	Driving Experience
Contact No.(Mobile)	98225123	Contact No.(Office)		Contact No.(Home)
Address 1	BLK 162 #10-21	Address 2	YUNG PING ROAD	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	10-21			
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insurer Comp.

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 002

New

Claim Type *	OD-MX	Insured Name	BJJOY OL
Contact No.(Mobile)	98225123	Contact No.(Home)	
Email Address	BJJOYOLIVER@GMAIL.COM	Vehicle Number	FBD5135
Claim Description	FBD51355 / SLQ6635Y ON # Oct 2020		
Preferred Workshop	Insured Liability	Fully at Fault	
Submit No.	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report
Finalisation	Yes	Received	
Date Registered	26/10/2020 10:16	Claim Close Date	

Save Submit

Attachment

Accident No. MT/1106230 Claim No. 002
 Last Doc. Received ☒ Yes ☐ No Upload Date 26/10/2020 10:18

Path *	Category *	Confidential
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/>
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/>
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/>
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/>
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/>
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/>
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/>

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Descr
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 26 Oct 2020 10:18	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 26 Oct 2020 10:18	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 26 Oct 2020 10:18	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 26 Oct 2020 10:18	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 26 Oct 2020 10:18	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 26 Oct 2020 10:17	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 26 Oct 2020 10:17	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 26 Oct 2020 10:17	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 26 Oct 2020 10:17	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 26 Oct 2020 10:17	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 26 Oct 2020 10:17	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 26 Oct 2020 10:16	NRIC/ Driving License	Y Normal	NRIC/ Driving Lic
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 26 Oct 2020 10:16	SAS	Normal	SAS 20

Video List

Uploaded By/Date	Folder Date	File Name
		<input type="button" value="Display in New Window"/> <input type="button" value="Scan and uploading"/>

Hello, NAC_PAYA_UBI_800601

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

Policy Query

Policy No.

Date of Accident

08/10/2020 16:55

Vehicle No.(For Motor)

FBD5135S

Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5081688329-04		BIJOY OLIVER	G6432234L	GMC	Third Party, Fire & Theft	FBD5135S	FBD5135S	26/09/2020	25/09/2021