

NATIONAL Assessment Centre Services.

Ref: 1 Jan 2000. **NBA/ACC200/2271/4**

Date In: 09/11/2020 16:52	Job description	Date & Time Completed	Done by
Ref No: NBA/ACC200/2271/4	SAS e-filing		
Veh No: GY 5764G	E-mail (by date sheet, A/C sheet)		
D.O.A: 08/11/2020 06:30	I-Motor Claims Form	m110954600	09/11/2020 18:07
OD: TP / Reporting Only	I-Motor W/O (with/od 3hrs, TP 4hrs)		
	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/Whse		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Indemnity:	Veh No: FBJ 8457L	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 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: _____

Driver/Owner:	1) AIR: Accident Reporting (\$30)	
Contact No:	2) DA: Damage Assessment (\$100)	INC (\$10)
Damage Portion:	3) TP: Towing Fee	\$120
QC Checked by (Engr-In-Charge):	4) PF: Follow-Through Survey	\$30
	5) PF: Follow-Through Survey (Resurvey)	\$30
	6) TR: Re-inspection	\$160
	7) NI: Idea DA + SMRT Survey	
	8) NTUC Additional Services	
	OR:	
	*NS: Courtesy Car / Tpl Allowance	\$3
	*NR: Repair Coordination	\$23
	*PR: Post Repair Inspection	\$3
	*RD: DV / Collect License Coordination	\$30
	TE (NI) / TP (NI) / INC ()	\$30
	2) NI: Idea Mobile	
	Invoice dated	
	Invoice dated	

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	09/11/2020 16:52
Date Of Accident	08/11/2020 06:30
Exact Location Of Accident	NEAR BLK 175 YISHUN AVENUE 7 CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GY5764G
Insured/Policyholder	
Name Of Registered Owner	GUSTO ENTERPRISE
Co Reg No	5XXXX446C
Email Address	SAYRAZKHAN@LIVE.COM
Mobile Phone No	(LOCAL) +65-84648400
Alternative Phone No	OFFICE-84648400

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE
Exact Purpose for which vehicle was being used at time of accident	ATTENDING FUNERAL
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5115002951
Cover Note Number	

Driver

Name of Driver	SIVAN MUTHU KUMARAN S/O NADARAJAH
NRIC No	SXXXX934H
Date Of Birth	08/11/1981
Occupation	OUTDOOR
Date Of Driving Pass	19/11/2013
Driving Experience	6 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84648400
Fax Number	
Contact Number	OTHERS-84648400

Address	BLK 209 BISHAN STREET 23 #01-373
Postcode	570209
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
Insurance Company of Driver's Own Vehicle	-

General Information of the Accident

Type Of Accident	COLLIDED INTO PARKED VEHICLE
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?	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)	3
Passenger 1	NAME: : SON GENDER: : MALE
Passenger 2	NAME: : DAUGHTER GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	ROCHOR N.P.C. 11 KAMPONG KAPOR ROAD, SINGAPORE 208678
Police Station Address	ROAD: 11 KAMPONG KAPOR ROAD , POSTCODE: 208678 , 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 T/20201109/2022

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	FBJ8457L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE

- NRIC/Passport Number
- Contact Number
- Address
- Postcode
- Insurance Company Name
- Nature Of Damage
- No. Of Passenger (Including Driver)


SKETCH PLAN

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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: 03/11/20

15:13 HRS



Driver's Signature

(If driver is not the policyholder)

Reporting Centre Personnel's Signature

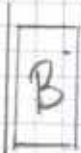
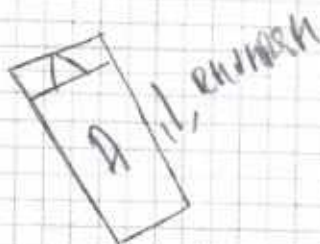
Name: 
Kell

SKETCH PLAN

HEAR BIK 175 YOSHINO AVE 7.

A) GY 8457L

B) FBJ8457L



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Motor lot

Refer to Police Report T/20201109/2022

DECLARATION

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

8



09/11/2020
Rash. Limtas



Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapar Road SINGAPORE
208678
Tel No: 1800-2949999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/11/2020 11:41		Vide Report No.: L/20201108/0194	Station Diary No.: 34
Informant's Particulars			
Name of Informant: SIVAN MUTHU KUMARAN S/O NADARAJAH		Address: APT BLK 209 BISHAN STREET 23 #01-373 SINGAPORE 570209	
ID Type / ID No.: NRIC NO / S8136934H		Contact No.: Home/Office: Mobile: 84648400	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 39	Date of Birth: 08/11/1981	Type of Informant: Driver
Race: Indian		Language:	Institution / School Name:
Occupation: UNEMPLOYED		Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 08/11/2020 06:30	Type of Location: Car Park
Location: YISHUN AVENUE 7				
Weather: Drizzling		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control:	Traffic Volume: Light	
Type of Collision: Moving Vehicle Against - Parked Vehicle			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBJ8457L	Motorcycle					0
GY5764G	Van					2

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999

CONTINUATION OF REPORT

Driver			
Name	SIVAN MUTHU KUMARAN S/O NADARAJAH		ID No. S8136934H
Related Vehicle	NIL		Contact No. 84648400
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.

On 08/11/2020, I was attending a funeral at 175 Yishun Ave 7. I was driving my van (GY5764G) in the carpark nearby. As I was performing a 3-point turn to exit the area, I reversed into a Motorcycle Lot as there was no other space to go.

However, I was unable to see a motorcycle covered in a white-coloured canvas that was parked there. I reversed my van slowly into the lot until I felt my van bump into the motorcycle. I saw the motorcycle fall onto the ground, so I exited my vehicle to prop it back up. As the roads were congested and I was at the end of the road, I stayed there for about 15 minutes.

As the casket vehicle left the area, I followed behind it. I felt uncomfortable with taking the canvas off to check the motorcycle for any damage or to see the license plate number.

Earlier today, SIO Jey from Traffic Police instructed me to make a police report.



Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

A /

Sgt 1 MOHAMAD FARIZUAN AMIR BIN
MOHAMAD ROZAIMI

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIA /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151

Signature Of Informant:

Date/Time:

09/11/2020 11:41

Classification Of Case:

Authentication Stamp

NP168



Claim Handling

Accident MT/1109546

Policy No.	5115002951	Vehicle No.	GY5764G	GST Registration No.
Certificate No.				
Policyholder Name	GUSTO ENTERPRISE			
Product Code	COMMERCIAL VEHICLE INSURANCE	Cover Type	Comprehensive	Policyholder NRIC
Contact No.(Mobile)	84648400	Contact No.(Office)		Loading
Email Address		Special Remark		Contact No.(Home)
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode
NCD Protection	No	NCD Entitlement(%)	0	eCode Reason
				Private Hire

▼ Accident Details

Report Date	09/11/2020 17:45	Accident Report Within 24 hrs.	Yes	Accident Type
Date of Accident	08/11/2020	Time of Accident hh:mm	06:30	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	NEAR BLK 175 YISHUN AVENUE 7 CARPARK			

▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00	
OD Standard Excess	600.00	TP Standard Excess	0.00	
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?
Additional Excess				
Total OD Excess Applicable	600.00	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	09/11/2020 17:48:54 System changed GST Status Verified from No to Yes		

▼ Policyholder Mailing Address

Address 1	25 KAKI BUKIT ROAD 4	Address 2	#06-32 SYNERGY @ KB	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	06-32	Related Policy Number	5118630886	

▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	SIVAN MUTHU KUMARAN S/O K	Driver NRIC	58136934H	Driver DOB
Register Date of Driver License	19/11/2013	Driver Age	39	Driving Experience
Contact No.(Mobile)	84648400	Contact No.(Office)		Contact No.(Home)
Address 1	BLK 209 #01-373	Address 2	BISHAN STREET 23	Address 3
Address 4		Address Type	Foreign address	Post Code
Unit No.	01-373	Driver Vehicle No.	GY5764G	Driver Insurer Com
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input type="radio"/> No			

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input type="radio"/> No
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Modification History

Claim 001 OD-MX

New

Claim Type *

Contact No.(Mobile)

Email Address:

Claim Description

Preferred Workshop	<input type="text"/>	Insured Liability	Partially at Fault	
Repair Option	<input type="text"/>	Preferred Workshop, Name unknown		GIA report
Date Registered	<input type="text"/>			Received

OD-MX	Insured Name	GUSTO
93371048	Contact No. (Home)	
	Vehicle Number	GY5764G
GY5764G / FB38457L ON 8 Nov 2020		

09/11/2020 17:50	Claim Close Date	
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Report Taken By

ROSLI WAHAB

Workshop
Repairer☐ Print AK letter

Attachment

Accident No.	MT/1109546	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	09/11/2020 18:07
Path *		Category *	
<input type="button" value="Choose File"/> No file chosen		<input type="button" value="Clear"/>	<input type="button" value="Please Select"/> NO
<input type="button" value="Choose File"/> No file chosen		<input type="button" value="Clear"/>	<input type="button" value="Please Select"/> NO
<input type="button" value="Choose File"/> No file chosen		<input type="button" value="Clear"/>	<input type="button" value="Please Select"/> NO
<input type="button" value="Choose File"/> No file chosen		<input type="button" value="Clear"/>	<input type="button" value="Please Select"/> NO
<input type="button" value="Choose File"/> No file chosen		<input type="button" value="Clear"/>	<input type="button" value="Please Select"/> NO
<input type="button" value="Choose File"/> No file chosen		<input type="button" value="Clear"/>	<input type="button" value="Please Select"/> NO
<input type="button" value="Message Read"/>		<input type="button" value="Clear"/>	<input type="button" value="Please Select"/> NO

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Des
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 09 Nov 2020 18:07	NRIC/ Driving License	Y Normal	NRIC/ Driving 1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 09 Nov 2020 18:07	SAS	Normal	SAS 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 09 Nov 2020 17:51	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 09 Nov 2020 17:51	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 09 Nov 2020 17:51	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 09 Nov 2020 17:51	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 09 Nov 2020 17:50	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 09 Nov 2020 17:50	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 09 Nov 2020 17:50	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 09 Nov 2020 17:50	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 09 Nov 2020 17:50	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 09 Nov 2020 17:50	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 09 Nov 2020 17:50	Photos	Normal	Photos

Video List

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

Policy Query

Policy No.

Vehicle No.(For Motor)

Date of Accident

Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5115002951		GUSTO ENTERPRISE	53346446C	GCV	Comprehensive	GY5764G	GY5764G	18/12/2019	02/01/2021

Continue