

# NATIONAL Assessment Centre Services.

part 1 Jan 2007

SA/6820060001

Date In: 14/12/2020 10:48	Job description	Date & Time Completed	Done by
Ref No: XBA/INC000137617	SAS e-filing		
Veh No: FBH 1995X	E-mail (Vehicle 3hrs, A/C 2hrs)		
D.O.A: 10/12/2020 12:25	I-Motor Claims Form	m1/1113535-001	14/12/2020 15:38
OD: TP Reporting Only	I-Motor W/O (With/Out OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Vikan		

Preferred Wkep / INC Assign Wkep / QW: (	Tel:	Fax:
TP Particulars:	Veh No: SFF9AM	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 repairer.

( ) 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:	

NA2006446

Driver/Owner:	1) ALT: Accident Reporting (\$30)	
Contact No:	2) DA: Damage Assessment (\$100) INC (\$10)	
Damaged Portion:	3) TP: Towing Fee \$40/45	
	4) PT: Follow-Through Survey \$120	
	5) PT: Follow-Through Survey (Resurvey) \$30	
	For claiming against INC Only (var 10 Jan 2007)	
	6) TR: Re-inspection \$75	
	7) NI: Ideas DA + SMRT Survey \$160	
	8) NIUC Additional Services:	
	OD:	
	* NS: Courtesy Car / Tpl Allowance \$5	
	* NS: Repairs Coordination \$10	
	* NS: Post Repair Inspection \$25	
	* NS: DV / Collect Excess Coordination \$5	
	* NS: DV / Collect Excess Coordination \$10	
	TP (NI) / TP (Non INC) against INC \$30	
	2) NI: Ideas Mobile	

QC Checked by (Engr-In-Charge): \_\_\_\_\_

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 Submission	14/12/2020 10:45 (SGT)
Date of Accident	10/12/2020 12:25 (SGT)
Exact Location of Accident	Rangoon Rd, Singapore
Additional Location Information	TESSENSOHN ROAD
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBH8995K
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	UTHIRAPATHY MURUGESAN
Passport No/FIN	FXXXX002Q
Email Address	dynamicmurugesan@yahoo.com.sg
Mobile Phone No	(Phone) +65-90061545
Alternative Phone No	+65-90061545

### VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	Fz16
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Motorcycle

### INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	ThirdParty
Fleet Policy	No
Policy Number	5119279396
Cover Note Number	-

### DRIVER

Name of Driver	UTHIRAPATHY MURUGESAN
Passport No/FIN	FXXXX002Q

Date Of Driving Pass	06/08/2008
Driving experience	12 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90061545
Alt. Phone Number	+65-90061545
Email Address	dynamicmurugesan@yahoo.com.sg
Address	61 DICKSON ROAD
Address complement	-
Postcode	209528
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Head to Rear
Weather Conditions	Clear
Road Surface	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Queenstown Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004719999
Alt. Police Station Phone No	(Fax) +65-64715299
Police Station Address	No. 3 Queensway #01-03 Singapore 149073
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20201210/2056

#### 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	SFF99M
Vehicle Manufacturer	Volvo
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	

Contact Number	(Phone) +65-973881344
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person	UTHIRAPATHY MURUGESAN
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	FBH8995K
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No



## 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 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.
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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

*[Signature]* 10/12/2020  
Policyholder's Signature / Date & Time

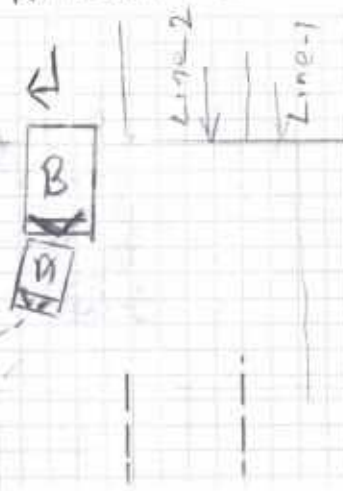
*[Signature]*  
Driver's Signature (If driver is not the policyholder) / Date & Time

*[Signature]* 14/12/2020  
Witnessed by Reporting Centre Personnel

### Sketch Plan

RANCOON ROAD

Tessensohn Rd




A) FRH 87751C  
B) SFF 99M

**Describe Circumstances of the Accident**

REFER TO POLICE REPORT 7/201210/2056

**Declaration**

We declare the foregoing particulars are true in every respect.

 10/12/2020

 14/12/2020



## ACCIDENT STATEMENT

ACCIDENT DATE: (10/12/2020) (DD/MM/YYYY), TIME: (12:23) (HH:MM)

LOCATION: AT Rangoon Rd & Tessensohn Road Junction

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBH 8995 k  
b) INSURANCE COMPANY: NTUC  
c) POLICY NUMBER: 5119279345  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: YAMAHA  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: working  
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: LITHIRAPATHY MURUGESAN (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: F 82800022 CONTACT: 90061545  
c) ADDRESS: 61 Dickson Road,  
SINGAPORE - 209528.

\* 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: (09/06/1972) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: Class 2b

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:

Queenstown

### 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SFF 99 M MODEL: VOLVO  
b) DRIVER'S NAME: CHAN KAH MUN  
c) NRIC/FIN/PASSPORT: S7806378E CONTACT: 93881344

### 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: SFF 99 M MODEL: VOLVO  
e) DRIVER'S NAME: CHAN KAH MUN  
f) NRIC/FIN/PASSPORT: S7806378E CONTACT: 93881344

Email = dynamicmurugesan@yahoo.com.sg

VIDEO



# SINGAPORE POLICE FORCE



T/20201210/2056

1 of 3

Report No. T/20201210/2056

Police Station Of Origin:  
Queenstown N.P.C  
3 Queensway #01-03 SINGAPORE 149073  
Tel No: 1800-4719999

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/12/2020 16:36		Vide Report No.:		Station Diary No.: 39	
<b>Informant's Particulars</b>					
Name of Informant: UTHIRAPATHY MURUGESAN			Address: APT BLK 61 DICKSON ROAD #02-01 PIONEER CENTRE SINGAPORE 209528		
ID Type / ID No.: FIN NO / F8280002Q			Contact No.: Home/Office: Mobile: 90061545		
Nationality: INDIAN			Email:		
Sex: Male	Age: 48	Date of Birth: 09/06/1972	Type of Informant: Rider		
Race: Indian			Language:		Institution / School Name:
Occupation: Electrical engineer (general)			Driving Licence Information: Class: 2B,3C Date of Expiry: 29/08/2023		

## General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 10/12/2020 12:25	Type of Location: T-Junction
Location:  RANGOON ROAD				
Weather: Sunny		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBH8995K	Motorcycle	YAMAHA	FZ 16	Black	Seriously Damaged	0
SFF99M	Car	VOLVO		Grey	Slightly Damaged	1

## Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBH8995K	NTUC Income Insurance Co-Operative Limited	5119279396	30/09/2020	29/09/2021





Police Station Of Origin:  
Queenstown N.P.C  
3 Queensway #01-03 SINGAPORE 149073  
Tel No: 1800-4719999

Report No. T/20201210/2056

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Rider</b>			
Name	UTHIRAPATHY MURUGESAN	ID No.	F8280002Q
Related Vehicle	FBH8995K (Motorcycle)	Contact No.	90061545
Hospital/Clinic	SHALOM CLINIC SURGERY	Class of Driving Licence & Expiry Date	Class: 2B,3C Date of Expiry: 29/08/2023
Date Treatment	10/12/2020	Date Discharge	10/12/2020
No. of Days granted Medical Leave	05	Degree of Injury	Slight
<b>Driver</b>			
Name	CHAN KAH MUN	ID No.	S7806378E
Related Vehicle	SFF99M (Car)	Contact No.	93881344
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 1223hrs, I was riding my motorcycle (FBH8995K), travelling along Rangoon Road and stop at the traffic light outside Farrer Park Hospital. It was a green light but there was oncoming traffic from the opposite direction and the right turn arrow was red. I was the first vehicle in line and behind me was one grey car (SFF99M) who was also in the white box to turn right to Tessensohn road. Suddenly, I felt a bang from my rear and I fell down on my left. I looked up and saw a female driver came out of the grey car (SFF99M) who approached me. She apologized and told me to send my motorcycle to workshop for insurance claim. We exchanged particulars and she left. My motorcycle was not able to move as the left side of the motorcycle body was dented, engine oil spilled, and the left light indicator (front and back) was damaged. The motorcycle number plate was also slightly dented. The damaged to the car was (SFF99M) was dented in the front centre of the car and the number plate is slightly dented. However, as I was proceeding to my work place, I felt pain to my back and seek treatment at the nearest clinic as mentioned. I was given 5 days MC.

I do not have an in vehicle camera.



**SINGAPORE  
POLICE FORCE**



T/20201210/2056

3 of 3

Report No. T/20201210/2056

Police Station Of Origin:

Queenstown N.P.C

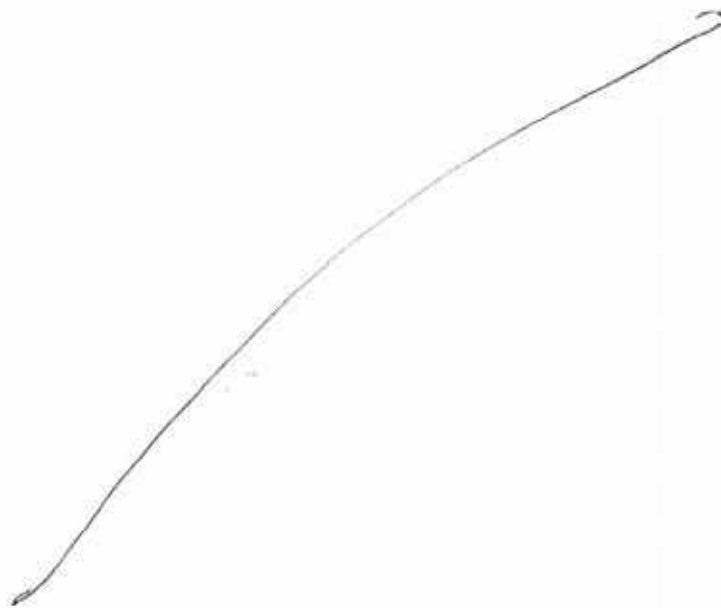
3 Queensway #01-03 SINGAPORE 149073

Tel No: 1800-4719999

**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:

D /

Sr Staff Sgt NUR ZAFIRAH BINTE MOHD  
NOOR

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

Sr Staff Sgt SYED ZAYID MUHAMMAD BIN  
SYED ABDUL WAHID ALHINDUAN

Contact No.: 65476404

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

10/12/2020 16:36

Classification Of Case:



## Claim Handling

Accident MT/1113535

Policy No.	5119279396	Vehicle No.	FBH8995K	GST Registration No.
Certificate No.				
Policyholder Name	UTHIRAPATHY MURUGESAN			Policyholder NRIC
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party	Loading
Contact No.(Mobile)	90061545	Contact No.(Office)		Contact No.(Home)
Email Address		Special Remark		eCode
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	0	Private Hire

## ▼ Accident Details

Report Date	14/12/2020 15:34	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	10/12/2020	Time of Accident hh:mm	12:25	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	ALONG RANGOON ROAD			

## ▼ 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 1008 #01-10	Address 2	BUKIT MERAH LANE 3	Address 3
Address 4	SINGAPORE 159722	Address Type	Singapore address	Post Code
Unit No.	01-10	Related Policy Number	5119279396	

## ▼ OI Driver Info

Driver Name	UTHIRAPATHY MURUGESAN	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	F63B002Q	Driver DOB
Register Date of Driver License	06/08/2008	Driver Age	48	Driving Experience
Contact No.(Mobile)	90061545	Contact No.(Office)		Contact No.(Home)
Address 1	BLK 1008 #01-10	Address 2	BUKIT MERAH LANE 3	Address 3
Address 4	SINGAPORE 159722	Address Type	Singapore address	Post Code
Unit No.	01-10			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.	FBH8995K	Driver Insurer Comp

## 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

New

Claim Type *	OD-MX	Insured Name	UTHIRAP
Contact No.(Mobile)	90061545	Contact No. (Home)	
Email Address		Vehicle Number	FBH8995
Claim Description	FBH8995K / 5FF99M ON 10 Dec 2020		
Preferred Workshop		Insured Liability	Not at Fault
Service No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered	14/12/2020 15:36	GIA report	Received
		Claim Close Date	

Report Taken By

ROSLI WAHAB

☐ Print AK letter

Save Submit

## Attachment

Accident No. MT/1113535 Claim No. 001  
 Last Doc. Received ☒ Yes ☐ No Upload Date 14/12/2020 15:38

Path \*

Choose File No file chosen  
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Category \*

Confidential

Please Select NO  
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 Please Select NO  
 Please Select NO

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Descr
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o n 14 Dec 2020 15:38	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o n 14 Dec 2020 15:38	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o n 14 Dec 2020 15:38	Photos	Normal	Photos 20
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o n 14 Dec 2020 15:36	NRIC/ Driving License	Y Normal	NRIC/ Driving Lic
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o n 14 Dec 2020 15:36	SAS	Normal	SAS 20

## Video List

Uploaded By/Date

Folder Date

File Name

Display in New Window

Scan and uploading



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="10/12/2020 16:53"/>
Vehicle No.(For Motor)	<input type="text" value="FBH8995K"/>	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"/>	5119279396		UTHIRAPATHY MURUGESAN	F8280002Q	GMC	Third Party	FBH8995K	FBH8995K	30/09/2020	29/09/2021