NATIONAL Assessment Cent	tre Services. 14	1 Jan'05] SN:	Mosokin 60	·	
Date In:4) 11 N-16:43	Jeb description		Date & Time Complete	Don	e pi.
Ref No: 49/14/1600093/14	SAS e-filing			:	
Veh No: Judio68 u	E-mail (within Sh	rs, AIC 2hrs)			•
D.O.A: 3/1/N-12:50	i-Motor Claim	Form	m7 1113992001	41/4/	677
	i-Motor W/O	Within: OD 2hrs.			
OD : TP : Reporting Only	i-Photo Upload	ded			
	Assessment/Sur	vey Report			
TP Insurer:	Ass't Report by	Fax / Hand to	Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:	
TP Particulars: Veh No: JHA	1207 EM	. INC()/Non-INC()		
Owner / Driver: (Tel:)	
Policy No: ()	Period: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%)	[Note-Est. Status (W	O): N: 0-20	%; P: 21-79%. P: 80)-100%]	
Year of Registration: ()	Warranty: YES ()/NO()		
Excess: (\$) Loading: \$1	,000()/\$2,000()			
General Remarks:-					·
() Walk-In Customer : Customer's in	formation strictly Conf	idential & Str	ictly NO refer of repaire	er.	
() Total Loss Case : to e-mail Insu			No. 10 10 10		
	ce: YES () / NO) () : To	owing Co: ()
Enve-in ()/ / owed-in (); invol	cc. 125 () / 110	/(/,		0423 A.	Wilk in the
Remarks:- (INC hotline: 6788 6616)			Date&Time Completed	Don	e by
1) Apply for Transport Allowance ()/	Courtesy Car ()				
2) QC Check / Post Repair Inspection	()				
3) Upload Resurvey Photo [Repair Cost >	\$3000] ()	- 1			
Injury:	·				
Date/Time Actions				100 E	, 10 , 10 , 10 , 10 , 10 , 10 , 10 , 10
Date/Time Actions				8788785303515A.746.7.5.1	
554				Anit (S)	Amt (3)
M20338	8	44.)	aration Checklist	fst Bill	Add Bil
aimant's Particulars:		1) AR : Accident	Reporting (\$30); Assessment (\$100); INC	(\$80)	
		3) TF : Towing Fo	:0	\$40/\$45	
iver/Owner:		FT : Follow-Th	nrough Survey nrough Survey (Resurvey)	\$120 \$30	
ntact No:		For claiming at	gainst INC Only (wef 10 Jan 2		1
maged Portion:		6) TR: Re-inspec	tion	\$75	
magou i ordon.		7) N1 : Idac DA + 8) NTUC Additio	SIVIKI SUIVEY	\$160	
		OD.			
Checked by (Engr-In-Charge):		*N5: Courtesy *N6: Repair Co	Car / Tpt Allowance	\$5 \$10	
SEVER SOME EXPLICACION CONTRACTOR AND		*N7: Fost Rep	nir Inspection	\$25	ļ
iditors' Comments::		+N8: DV / Col	lect Excess Coordination	\$5 \$20	
.1:		TP (N11): TP 9) N12: Idac Mol	(Non INC) against INC	30	
2/3:		Invoice dated	Fee Charg	MARKED VICE	Carrier To
-		Invoice dated	Fee Charg	ed and	X

1 1 port of 1 1000

SN092114000N / National Assessment Centre Services [408933] ENTRY DATE & TIME: 04/01/2021 16:47 (SGT) SUBMITTED BY: Celine Fong Wai Li VERSION: 1 (04/01/2021 16:47 (SGT))



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 witholding of material facts may allow insurance companies to repudiate
- 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.

- Any false reporting may be referred to the Police for investigation.
 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 04/01/2021 16:47 (SGT) Date of Accident 03/01/2021 12:50 (SGT) Exact Location of Accident Ang Mo Kio Ave 3, Singapore Additional Location Information twds yio chu kang exit Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SGD1068U

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner PATHMA JOTHEE KESAVA KUMARAN S/O GOVINDASAMY

Private use

NRIC No SXXXX574I Email Address k7pjk10@gmail.com

(Phone) +65-96487981 Alternative Phone No

VEHICLE PARTICULARS

Mobile Phone No

Manufacturer Honda Model Vezel

Variant

Exact purpose for which vehicle was being used at time of accident

Are you claiming under your own insurance policy for repair to

No - Reporting only your vehicle?

Vehicle Category Private car

INSURANCE COMPANY

NTUC Name of Insurance Company

Type of Coverage Comprehensive

Fleet Policy

5107459820-01 Policy Number

Cover Note Number

DRIVER

Date Of Birth

PATHMA JOTHEE KESAVA KUMARAN S/O GOVINDASAMY Name of Driver

SXXXX574I NRIC No

> 10/04/1952 Indoor

Occupation

Date Of Driving Pass	22/01/1980
Driving experience	41 YEARS
Gender	Male
Mobile Number	(Phone) +65-96487981
Alt. Phone Number	+
Email Address	k7pjk10@gmail.com
Address	29 JALAN KETUMBIT
Address complement	•
Postcode	808882
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 - Change/cross lane
Weather Conditions	Raining
Road Surface	Wet
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?	No
Was any injured conveyed to hospital by ambulance?	-
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?	Ma
Was notice of intended Prosecution given?	No No
If yes, against whom?	No
ii yes, against whom?	•
CIRCUMSTANCES OF ACCIDENT	
REFER TO STATEMENT.	
ATTACHMENT(S)	
Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No
DETAILS OF OTHER	R VEHICLE PROPERTY 1
Vehicle Registration Number	SHA2026M
Vehicle Manufacturer	=
Vehicle Model	-
Vehicle Variant	
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	ONG KIM BENG
NRIC No	SXXXX622G
Contact Number	=
Address	1.
Address complement	
Postcode	

Postcode

Insurance Company Name Nature Of Damage Details of property damaged in accident No. Of Passenger (Including Driver) 1

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 <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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)

Lunderstand, 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.

Unwa.		MA
Policyholder's Signature / Date & Time	Driver's Signature (If driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel
Sketch Plan		•

Sketch Plan

A: Sciolo68U

B: CH AD 92 6M

,
Describe Circumstances of the Accident
I was travelling along AMIC Ave 3. As I wanted filter onto extreme left lone.
9 0
I turn on my rehicle indicator light and check my blindspot. As it was cleared . I
stowly title ont extreme left line. any of endder, I tell in impact of my
vehicle and realised that vehicle B travelling upon extreme left lone. He
was very for from behind. Front left postion of my vehicle side swipe onto
rear right if vehicle B.
That was as well the so

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

ACCIDENT STATEMENT

ACCIDENT DATE: (3 / 1 / 2))(DD/MM/YYYY), TIME:(<u> }:54.</u>)(HH:MM
IVVI IC FIVE	
LOCATION: Prangoon Horah	"Rd turds you chy long exit.
1. DETAILS OF VEHICLE	
a) VEHICLE NUMBER:	CO 10/2/1
b)INSURANCE COMPANY:	NTOC
C)POLICY NUMBER:	
d)POLICY TYPE: (COMPREHENS	IVE / THIRD PARTY / THIRD PARTY FIRE &THEFT)
ejmake & MODEL:	
f)TYPE:(SALOON / COUPE / MP)	V/VAN/LORRY/MOTORCYCLE/OTHERS)
9/ VEHICLE CATEGORY: [PRIVATE	E / COMMERCIAL / MOTOPOVOLES
h)PURPOSE OF USING AT ACCIE	DENT TIME
IJ ARE YOU CLAIMING UNDER YO	DUP OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PAI	RTY CLAIM / REPORTING ONLY)
2. INSURED / POLICY HOLDER	W. CEMMY RELIGIONING CHEFT
A)NAME:	(MALE / FEMALE)
b)NRIC/FIN/PASSPORT:	CONTACT: 9648798)
c)ADDRESS:	CONTACT: 46487487.
* CONTINUE TO 3.d IF DRIVER ALS	SO BOLICY HOLDED
Alo of passengs. DRIVER ALS	30 FOLICT HOLDER
(Including driver) a)NAME:	// / / / = / == / · · · · · ·
b) NRIC/FIN/PASSPORT	(MALE / FEMALE) CONTACT:
C) ADDRESS:	CONTACT:
*d)DATE OF BIRTH: (1/DD/MM (WWW)
e)OCCUPATION: (INDOOR / OUT	DOOR)
f) YEARS OF DRIVING EXPRERIENCE	E:
4. WAS DRIVER AN EMPLOYEE OF	THE INSURED'S COMPANY? (YES / 10)
IF NO, RELATIONSHIP OF THE	PRIVER WITH INSURED: 0 WNOT
5. a) WEATHER CONDITION: (CLEAR)	PANING (OTHERS
b)ROAD SURFACE: (DRY / WE) / C	THERE
6. WAS ANYBODY INJURED (YES / NO	JITEKS
7. a) REPORTED TO POLICE (YES / NO)
IF YES, PLEASE STATE WHICH POLI	ICE STATIONI
	CESTATION:
We of passenger a) VEHICLE NUMBER:	SHADO 60MODEL:
Including driver) b) DRIVER'S NAME:	Ici no Rida
() NRIC/FIN/PASSPORT: SI3 466	
() NRIC/FIN/PASSPORT: SIZ 466 9. THIRD PARTY VEHICLE	CONTACT:
No of passenger d) VEHICLE NUMBER:	MODEL:
Induding driver) A NDIC ITHIS SERVER	
Induding driver) f) DRIVER'S NAME: [NRIC/FIN/PASSPORT:	CONTACT:

email = k7pjk10@ gmail.com fax =

eBao Tech						GeneralCla					alClaim
Hello, NAC_PAYA_UBI_80	0601	College Ave.					• Chang	e Language	• → Chan	ge Password	Log Out
My Desktop	Poli	cy Query									
Notice of Loss	Policy N	١٥.					Date of Accident		03/01/2021 12:50		
	Vehicle	No.(For Motor)	SGD10)68U		Certif	icate Number				
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5107459820- 01		PATHMA JOTHEE KESAVA KUMARAN S/O GOVINDASAMY	S2014574I	GPC	drivo CLASSIC	SGD1068U	SGD1068U	19/02/2020	18/02/2021
						Continue					

Sequen	ce Date of Endorsement		Endorsemer	nt Type	Endorsement	Status	Endorsement Content
▼ Endors	ements				100 001 F		
▶ Insure	l Object: SGD1068U			8			
Jnit No.		Relat Numb	ed Policy per	5107459820-01			
Address 4		Addre	ess Type	Singapore address		Post Code	808882
Address 1	29 JALAN KETUMBIT	Addre	ess 2	SINGAPORE 808882	2	Address 3	
▼ Policyh	older Mailing Address						
nfo							
Policy Info Certificate							
Open							
Co- nsurance Flag	No						
Agent	PRIME MOTOR & LEASING PTE L	Agent Tel.	67419292		GST Flag	Y	
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0			Young/	Inexperience Driver Excess
Additional	0	OS Premium	0				
xcess	0	damage Excess	600		Excess	100	
Third Party		Own			Windscreen		
xcess	Per Accident	All Claims Excess					
Policy ssue Date	13/02/2020	Effective Date	19/02/202	0 00:00	Expiry Date	18/02/2021 23	:59
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Address	29 JALAN KETUMBIT SINGAPORE	808882					
Certificate No.							
Policy No.	5107459820-01	Policyholder Name	PATHMA J	OTHEE KESAVA KUMA	Policyholder NRIC	S2014574I	

Continue Cancel

ccident MT/1115992					
olicy No.	5107459820-01	Vehicle No.	SGD1068U	GST Registration No.	
ertificate No.					
olicyholder Name	PATHMA JOTHEE KESAVA KUMARAN S/O GOVI	NDASAMY		Policyholder NRIC	S2014574I
roduct Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	0
ontact No.(Mobile)	96487981	Contact No.(Office)	0	Contact No.(Home)	0
mail Address		Special Remark		eCode	Nc 🗸
FK	No ○ Yes	TCA	No ○Yes	eCode Reason	
CD Protection	No	NCD Entitlement(%)	50	Private Hire	No
Accident Details		The Children (10)		Private Time	110
			NAME OF THE PARTY	Name and Administration of the Control of the Contr	
eport Date	04/01/2021 16:52	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross lane
ate of Accident	03/01/2021	Time of Accident hh:mm	12:50	Country of Accident	Singapore
eporting Centre		Orange Force		ICM No.	
ccident Location	Ang Mo Kio Ave 3				
Total Excess Applicable					
cess Type	Per Accident	Windscreen Excess	100.00		
D Standard Excess	600.00	TP Standard Excess	0.00		
ED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Covered
dditional Excess	Mathille of Act and Market Dec.				
tal OD Excess Applicable	600.00	Total TP Excess Applicable	0.00		
7 Benefits					
GST Registered Informa	itlon				
T Registered	No		GST Registration Date		
T Registration No.			GST Status Verified	Yes	
odification History					
Policyholder Mailing Ad	dress				
ddress 1	29 JALAN KETUMBIT	Address 2	SINGAPORE 808882	Address 3	
ddress 4		Address Type	Singapore address	Post Code	808882
				Post Code	000002
nit No.		Related Policy Number	5107459820-01		
OI Driver Info	DATIMA JOTHEE VECAVA VIIMADAN CO				
iver Name	PATHMA JOTHEE KESAVA KUMARAN S/O GOVINDASAMY	Driver Type	Main Driver		
nnamed driver Name		Driver NRIC	S2014574I	Driver DOB	10/04/1952
egister Date of Driver License	22/01/1980	Driver Age	68	Driving Experience	40
ontact No.(Mobile)	96487981	Contact No.(Office)	0	Contact No.(Home)	0
Idress 1					CANADA SECTION AND AND ADDRESS OF THE PARTY
	29 JALAN KETUMBIT	Address 2	SINGAPORE 808882	Address 3	
idress 4		Address Type	Singapore address	Post Code	808882
nit No.					
oes he own a Singapore egistered car?	○ Yes No	Driver Vehicle No.		Driver Insurer Company	
eclaration					
reathalyser or Blood Test eading?	0 mg	Any injury?	○ Yes ● No		
odification History					
Claim 001 New					
70000 8000					
aim Type *	OD-MX	Insured Name	PATHMA JOTHEE KESAVA KUMA	Insured NRIC	S2014574I
entact No.(Mobile)	96487981	Contact No.(Home)	64846229	Contact No.(Office)	
nail Address	k7pjk10@gmail.com	OI Vehicle Number	SGD1068U	TP Vehicle Number	SHA2026M
aimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
aimant Name *	>>	Claimant NRIC *			
aimant Address					
aim Description	SGD1068U / SHA2026M ON 3 Jan 2021			Name of Preferred Workshop	
eferred Workshop Contact	3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	FG - 200000000 00			
i.		Insured Liability *	Not at Fault		7
quire Finalisation	Yes	Preferered Repair Option	Preferred Workshop, Name unknown	GIA report	Received
ite Registered	04/01/2021 16:55	Claim Close Date	Province Control of the Control of t	Date Received	04/01/2021 00:00
port Taken By	Jackson				
Print AK letter					
			Save Submit		
the state of the s					
Attachment					
Attachment					
808	**************************************				
•	MT/1115992	Claim No.	001		
cident No.	MT/1115992 ③ Yes ○ No	Claim No. Upload Date	001 04/01/2021 16:57		
z Cident No.	● Yes ○ No		04/01/2021 16:57	Confidential	CV • Decoding
z Cident No.		Upload Date	04/01/2021 16:57 Category •	Confidential Urgen	
cident No.	● Yes ○ No	Upload Date Browse	04/01/2021 16:57 Category • Clear Please Select	Normal Normal	<u> </u>
cident No.	● Yes ○ No	Upload Date Browse Browse	04/01/2021 16:57 Category • Clear Please Select Clear Please Select	NO V Normal	V
cident No.	● Yes ○ No	Upload Date Browse	04/01/2021 16:57 Category • Clear Please Select Clear Please Select	Normal Normal	<u> </u>
Attachment ccident No. sst Doc. Received	● Yes ○ No	Upload Date Browse Browse	04/01/2021 16:57 Category * Clear Please Select Clear Please Select Clear Please Select	NO V Normal	V

