

NATIONAL Assessment Centre Services.

Part 1 (3/1/2021)

SN 09211 5000H

Date In: 28/01/2021 17:41	Job description	Date & Time Completed	Done by
Ref No NA/JNC21001370/h4	SAS e-tiling		
Veh No 330 2947R	E-mail (within 3hrs, AIC 2hrs)		
DDA 28/01/2021 22:30	I-Motor Claim Form	MT/119149-001	28/01/2021 17:54
OD: TP: Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whse		

Preferred Wksp / INC Assign Wksp / QW: (Tel: (Fax: (
TP Particulars:	Veh No: FBQ 9325R.	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 ()	

General Remarks:	
() Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repolier.	
() 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/Time/Location:	

NA2101196	1) All: Accident Reporting (\$30);	30
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$40)	
Contact No:	3) TP: Towing Fee \$40/\$45	
Damaged Portion:	4) FT: Follow-Through Survey \$120	
QC Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey) \$30	
	For claimant against INC Only (we F10 Jan 2021)	
	6) TR: Re-inspection \$75	
	7) NI: Idao DA + EMRT Survey \$160	
	8) NTUC Additional Services:-	
	QD:	
	*NS: Courtesy Car / Tpl Allowance \$3	
	*NG: Repair Co-ordination \$10	
	*NJ: Post Repair Inspection \$25	
	*NI: DV / Collect Excess Coordination \$5	
	TP (NI1) : TP (NI-n INC) against INC \$20	
	9) NI2: 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 Submission	28/01/2021 17:41 (SGT)
Date of Accident	27/01/2021 22:30 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	TOWARDS CHANGI BEFORE ENG NEO ENTRANCE EXIT 22
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJD2947R
-----------------------------	----------

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	R. SRIMITHA
NRIC No	SXXXX487A
Email Address	SHAKTH177@GMAIL.COM
Mobile Phone No	(Phone) +65-88589644
Alternative Phone No	+65-88589644

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Vios
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire

INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5116779291
Cover Note Number	-

DRIVER

Name of Driver	SREETHARAN SHANKER
NRIC No	SXXXX114E
Date Of Birth	06/01/1977
Occupation	Outdoor

Date Of Driving Pass	14/03/2018
Driving experience	2 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-86254824
Alt. Phone Number	-
Email Address	SHAKTH177@GMAIL.COM
Address	BLK 116 LORONG 2 TOA PAYOH #13-154
Address complement	-
Postcode	310116
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT T20210128/7019

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 VEHICLE PROPERTY 1

Vehicle Registration Number	FBQ9325R
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	-
Contact Number	-

Address -
Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	SREETHARAN SHANKER
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	NECK AND BACK
Injured person in which vehicle?	SJD2947R
Were seat belts worn?	Yes
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' 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.

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 diagram showing a grid with numbers 1 to 6 along the top and bottom edges. A dashed rectangle is drawn in the center, labeled 'A' and 'B'. To the left of the grid, the text 'PIE towards changi' and 'Eng neo 6-11 22' is written vertically. To the right of the grid, the text 'Veh A : SJD 2947R' and 'Veh B : FBQ 9365R' is written.

Describe Circumstances of the Accident

Refer to police report T/20210128 / 7019

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



SINGAPORE POLICE FORCE



T/20210128/7019

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20210128/7019

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/01/2021 15:32		Vide Report No.:		Station Diary No.:
Informant's Particulars				
Name of Informant: SREETHARAN SHANKER		Address: 116 LORONG 2 TOA PAYOH #13-154 SINGAPORE 310116		
ID Type / ID No.: NRIC NO / S7701114E		Contact No.: Home/Office: Mobile: 86254824		
Nationality: SINGAPORE CITIZEN		Email: SHAKTHI77@GMAIL.COM		
Sex: Male	Age: 44	Date of Birth: 06/01/1977	Type of Informant: Driver	
Race: Indian		Language: English	Institution / School Name:	
Occupation: GRAB DRIVER		Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 27/01/2021 22:30	Type of Location: Straight Road
Location: PAN ISLAND EXPRESSWAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 80 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
FBQ9325R	Motorcycle					0
SJD2947R	Car					0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20210128/7019

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3

Report No. T/20210128/7019

CONTINUATION OF REPORT

Driver			
Name	SREETHARAN SHANKER	ID No.	S7701114E
Related Vehicle	SJD2947R (Car)	Contact No.	86254824
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	28/01/2021	Date	28/01/2021
No. of Days granted Medical Leave	05	Degree of	Slight

Brief Details.

On 27/01/2021 at about 2230hrs, i was involved in an accident with a motorcycle along Pan-Island expressway (PIE) at eng neo Avenue beside exit 22. I was driving my Vehicle (SJD2947R) along PIE on 3rd lane behind a trailer when a motorcycle (FBQ9325R) hit the back of my car. my car moved forward due to impact and i stopped my vehicle to check on the rider who sustained injuries to his forehead and left toe. the rider was conscious when i engaged him. i informed the rider not to move as i called for ambulance.

Traffic police (TP) arrived and seized my dash camera SD card as case exhibit. ambulance arrived at scene and rider was conveyed by shortly due to his injury. hence particulars were not exchanged. necessary checks were made by TP on both vehicles before both vehicles were shifted to grand stand. this morning i wake up i felt pain at my back and neck area so i went to toa payoh unihealth clinic to consult a doctor and received 5 days MC .



**SINGAPORE
POLICE FORCE**



T/20210128/7019

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20210128/7019

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
MUHAMMAD ZICKIE BIN AHMAD SUYUTI
Contact No.: 65476904

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

Date/Time:
28/01/2021 15:32

Classification Of Case:

Authentication Stamp

NP168

Hello, NAC_PAYA_UBI_800601

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

Policy No.

Date of Accident

Vehicle No.(For Motor)

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"/>	5116779291		R. SRIMITHA	S7705487A	GPC	drivo CLASSIC	SJD2947R	SJD2947R	25/03/2020	16/03/2021

Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1980

ROAD TRANSPORT ACT, 1987 (MALAYSIA)

ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)

MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1989 (MALAYSIA)

Certificate Number: 2216270791

Cover: L-Drive CLASSIC

1. Index Mark and Registration Number of Vehicle

SD29475

Chassis Number

M1003145005041443

2. Name of Policyholder

R. SRIMITHA

3. Effective Date of Insurance

15 Mar 2020

4. Expiry Date of Insurance

18 Mar 2021

5. Persons or Classes of Persons entitled to drive

(a) The Policyholder

(b) Any other person who is driving on the Policyholder's order or with his/her permission

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle

6. Limitations as to Use

(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's or hirer's business

This Policy does not cover

(a) Use for racing, pace-making, reliability trial or speed testing

(b) Use for the carriage of goods (other than samples) in connection with any trade or business

(c) Use for any purpose in connection with the Motor Trade

* Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation)

Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings

EXCESS (SECTION 1)

\$52,000

EXCESS (SECTION 2)

\$51,500

WINDSCREEN EXCESS

\$5100

ADDITIONAL EXCESS

N/A

UNNAMED DRIVER EXCESS

PLEASE REFER OVERLEAF

REPAIR AT OWNER'S PREFERRED WORKSHOP

NO

INSURE WITH COE

YES

NCD PROTECTION

YES

TRANSPORT ALLOWANCE

NO

EXCESS WAIVER

NO

PRIMARY DRIVER

R. SRIMITHA

NAMED DRIVER (1)

N/A

NAMED DRIVER (2)

N/A

HIRE PURCHASE COMPANY

KENSO LEASING PTE LTD

SUM INSURED

MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

(We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia))

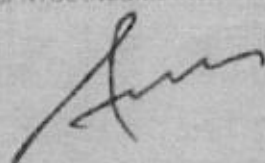
Agency

SONA INSURANCE AGENCIES PTE. LTD. (00000575866)

Date of Issue

16 Mar 2020 12:10 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive

Date of Accident : 27/01/2021 Accident Time: 2230 (24-HR-Format)
 Accident Place : PIE toward chung; Before Eng neo entrance exit 22
 Vehicle No. (Car Plate No.) : SSD2947R Make/Model: Toyota vios
 Insurance Company : NTHL Policy No: 5116779241
 Owner or Company Name /IC No. : R. SRIMITHA (S1705487A)
 Owner or Company Contact No. : 88589644 Owner's Hp _____ Company Tel _____
 DRIVER'S Name / IC No. : SReentharam shan Ker (S1701114E)
 DRIVER'S Date Of Birth : 05/01/1977 DRIVER'S License Pass Date 14/03/2018
 Relationship of Owner & Driver : Spouse \ Parent \ Children \ Sibling \ Employee \ Others: _____
 DRIVER'S Address : BLK 116 lorong 2 Tan payoh #13-154 s310116
 DRIVER'S Contact No./ Alt No. : 1) 86254824 2) _____
 DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
 Email Address : SHAKTHI77@gmail.com
 Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
 Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance
 Number of Passengers (Including Driver): 01

Was there any video Captured by car camera: YES \ NO SD card not TP
 Exact purpose for which vehicle was being used at time of accident: Private use \ Work Purpose
 Any Injury (If YES, Pls state): Neck & back

Other Party Driver's Particular (if any)

Vehicle. No: <u>FBQ 9325R</u>	Vehicle. No: _____
Vehicle Make \Model: _____	Vehicle Make \Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver/Contact: _____	IC No. Driver/Contact: _____

* **NEW – Passenger's name & gender:**