

# NATIONAL Assessment Centre Services

Date In: 11/02/2022 17:51	Job description	Date & Time Completed	Done by
Ref No: NA/EQI22001354/m4	SAS e-filing		
Veh No: FBK 144L	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 10/02/2022 15:45	i-Motor Claim Form		
OD <input checked="" type="radio"/> TP Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: ( ) Tel: ( ) Fax: ( )

TP Particulars: Vch No: Smm 6923A 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 ( )

General Remarks:-

( ) 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. ( )

Remarks:- (INC hotline: 6788 6616)	Date & Time Completed	Done by
1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )		

Injury: ( )

Date/Time	Actions

Claimant's Particulars :-	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
	4) FT: Follow-Through Survey \$120		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (N-on INC) against INC \$20		
	9) N12: Idac Mobile 30		

QC Checked by (Engr-In-Charge):

Auditors' Comments :-

Cal 1: Invoice dated Fee Charged

Cal 2 / 3: 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	11/02/2022 17:51 (SGT)
Date of Accident	10/02/2022 15:45 (SGT)
Exact Location of Accident	Kaki Bukit Ave 6, Singapore
Additional Location Information	AUTOBAY ENTRANCE
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBK144L
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	NANDA KUMAR KARTHIKEYAN
NRIC No	SXXXX797D
Email Address	ttom101010@yahoo.com.sg
Mobile Phone No	(Phone) +65-96809722
Alternative Phone No	+65-96809722

#### VEHICLE PARTICULARS

Manufacturer	Honda
Model	Cb400
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	Motorcycle
Transmission	Manual
CC	399

#### INSURANCE COMPANY

Name of Insurance Company	EQ Insurance Company Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMMPHQ22-000172
Cover Note Number	-

#### DRIVER

Name of Driver	NANDA KUMAR KARTHIKEYAN
NRIC No	SXXXX797D

Date Of Birth	14/01/1980
Occupation	Indoor
Date Of Driving Pass	02/12/2019
Driving experience	2 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96809722
Alt. Phone Number	+65-96809722
Email Address	ttom101010@yahoo.com.sg
Address	BLK 180D RIVERVALE CRESCENT
Address complement	#14-385
Postcode	544180
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	Side Swipe
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle 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	Geylang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18008486999
Alt. Police Station Phone No	(Fax) +65-68486799
Police Station Address	1 Cassia Link Singapore 397618
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE ATTACHED STATEMENT AND POLICE REPORT : T/20220211/2037

#### 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	SMM6923A
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car



Name of Driver	PETER
Contact Number	(Phone) +65-92727087
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	NANDA KUMAR KARTHIKEYAN
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BRUISES ON RIGHT WRIST, RIGHT RIBCAGE AND BOTH KNEES
Injured person in which vehicle?	FBK144L
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' 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

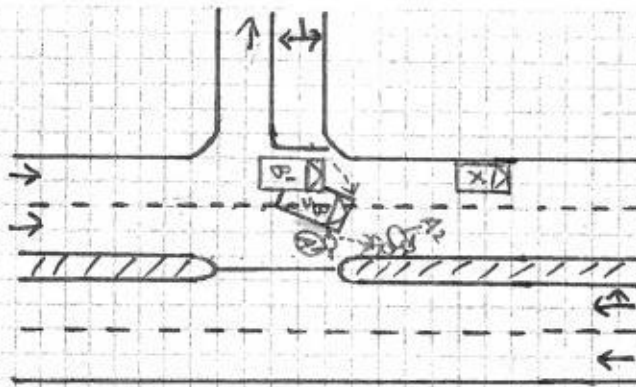
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

*K. N. N. L.*  
Policyholder's Signature / Date & Time

*K. N. N. L.* 11/02/2022  
Driver's Signature (If driver is not the policyholder) / Date & Time

*R. N.* 11/02/22  
Witnessed by Reporting Centre Personnel

### Sketch Plan



(A) FBK 1442

(B) SMM 6923A

Along Kaki Bukit Area  
(outside of AutoBay)



### Describe Circumstances of the Accident


On 10/02/22 at about 15:45hrs, I was riding my bike (FBK 144L) along Kaki Bukit Ave 6 in the right lane. Suddenly a white car (SMM 6923A) which was parked along the road side on the left was dash out to the right lane without check and give way to the oncoming traffic from his right hand side and caused my bike have to apply emergency brake however it is not enough time and my bike skidded and then collided with the white car. Due to the collision, my bike and I was flung off and then lay on the side of road divider. After the accident I went to visit doctor for my injured portion and was given 5 days of rest. I will follow up my medical treatment if any necessary. Hence, I hereto lodge this report to claim against the white car's (SMM 6923A) insurance for my accident damages.


— Refer to the police report : T/20220211/2037. —

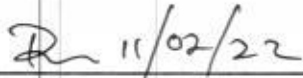
### Declaration

We declare the foregoing particulars are true in every respect.

If you wish to claim against your own policy, please be advised that your insurer may have a fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence. Kindly check with your insurer for more details.

  
Policyholder's Signature / Date & Time

 11.02.2022  
Driver's Signature (If driver is not the policyholder) / Date & Time

 11/02/22  
Witnessed by Reporting Centre Personnel



# SINGAPORE POLICE FORCE



T/20220211/2037

Police Station Of Origin:  
Geylang N.P.C  
1 Cassia Link SINGAPORE 397618  
Tel No: 1800-8486999

1 of 4

Report No. T/20220211/2037

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 11/02/2022 13:37		Vide Report No.:		Station Diary No.: 29	
<b>Informant's Particulars</b>					
Name of Informant: NANDA KUMAR KARTHIKEYAN			Address: APT BLK 180D RIVERVALE CRESCENT #14-385 SINGAPORE 544180		
ID Type / ID No.: NRIC NO / S8068797D			Contact No.: Home/Office: Mobile: 96809722		
Nationality: SINGAPORE CITIZEN			Email: ttom101010@yahoo.com.sg		
Sex: Male	Age: 42	Date of Birth: 14/01/1980	Type of Informant: Rider		
Race: Indian			Language:		Institution / School Name:
Occupation: AVIATION TECHNICIAN			Driving Licence Information: Class: 2B,2A,3,4 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 10/02/2022 15:45	Type of Location: Straight Road
Location:  KAKI BUKIT AVENUE 6				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control:		Traffic Volume:
Type of Collision: SKIDDED WHILE BRAKING				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBK144L	Motorcycle	HONDA	CB400 SUPER FOUR M	Blue	Slightly Damaged	0
SMM6923A	Car				Slightly Damaged	0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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# SINGAPORE POLICE FORCE



T/20220211/2037

2 of 4

Police Station Of Origin:  
Geylang N.P.C  
1 Cassia Link SINGAPORE 397618  
Tel No: 1800-8486999

Report No. T/20220211/2037

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBK144L	EQ INSURANCE COMPANY LTD.	DMMPHQ22-000172	05/02/2022	04/02/2023

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Rider				
Name	NANDA KUMAR KARTHIKEYAN		ID No.	S8068797D
Related Vehicle	FBK144L (Motorcycle)		Contact No.	96809722
Hospital/Clinic	BOK FAMILY CLINIC PTE LTD		Class of Driving Licence & Expiry Date	Class: 2B,2A,3,4 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	05		Degree of Injury	NIL
Driver				
Name	PETER		ID No.	NIL
Related Vehicle	SMM6923A (Car)		Contact No.	92727087
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 10/02/2022 at around 1545hrs, I was riding my motorcycle, registration number: FBK144L, along Kaki Bukit Avenue 6 on the right lane. Suddenly, there was a white car, registration number: SMM6923A, which was parked along the roadside on the left had dashed out from the right side without checking or giving way to oncoming traffic. This caused me to apply emergency brake which made my motorcycle skid cause me to collide with the white car.

Due to the collision, my motorcycle and I was flung off and I laid down on the side of the road divider. I then stood up and the other driver helped me to push my motorcycle to the other side of the road. I then exchanged particulars and went for a medical check-up. The doctor informed me that I suffered bruises on my right wrist, right ribcage and both knees. He then gave me 5 days medical leave.

I brought my motorcycle to my workshop and mechanic advised me to lodge a police report on the accident.





**SINGAPORE  
POLICE FORCE**



T/20220211/2037

Police Station Of Origin:  
Geylang N.P.C  
1 Cassia Link SINGAPORE 397618  
Tel No: 1800-8486999

3 of 4

Report No. T/20220211/2037

**CONTINUATION OF REPORT**

The damages to my vehicle is as listed below:

- 1.) Engine slider
- 2.) Front headlight cover
- 3.) Exhaust damage
- 4.) Back break level
- 5.) Front brake level
- 6.) Speedometer
- 7.) Rear ferring
- 8.) Right side mirror



**SINGAPORE  
POLICE FORCE**



T/20220211/2037

4 of 4

Report No. T/20220211/2037

Police Station Of Origin:  
Geylang N.P.C  
1 Cassia Link SINGAPORE 397618  
Tel No: 1800-8486999

**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:  
G / SR STAFF SGT MUHAMMAD  
HAZWAN BIN ADNAN

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
11/02/2022 13:37

Officer In Charge Of Case:  
TP / AEIT /  
INSP (1) BOON YEN KIAN  
Contact No.: 65476172

Classification Of Case:

NP168

VEHICLE NO: FBK 144L

MAKE &amp; MODEL: Honda CB400

AUTO (MANUAL)

DATE OF ACCIDENT	10 / 02 / 2022	C.C. 399cc
TIME OF ACCIDENT	15:45 AM / PM	
LOCATION OF ACCIDENT	1 Kaki Bukit Ave 6 (Auto Bay) Entrance	
EXACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT / <u>PRIVATE USE</u> / PRIVATE HIRE	
NAME OF OWNER	Nanda Kumar Karthikeyan Email: <u>ttom101010@yahoo.com.sg</u>	
TELP NO	Mobile: 9680 9722	Office: Home:
NRIC	S8068797D	
CLAIM TYPE	OD / <u>THIRD PARTY</u> / REPORTING ONLY	
FLEET POLICY	YES / NO ?	
INSURANCE CO.	Eg Insurance Co. Ltd.	
TYPE OF COVERAGE	<u>Comprehensive</u> / Third Party / Third Party Fire & Theft	
POLICY NO.	DMMPH Q22 - 000192	
NAME OF DRIVER	<u>AS ABOVE</u> / IF NO:	
NRIC	S8068797D	
DATE OF BIRTH	14 / 01 / 1980	
ANY PASSENGER	YES / NO :	
NAME OF PASSENGER		
GENDER OF PASSENGER	MALE / FEMALE	
OCCUPATION	Outdoor / <u>Indoor</u>	
DATE OF DRIVING PASS	02 / 12 / 2019	
GENDER	<u>Male</u> / Female	
CONTACT NO.	Mobile: 9680 9722	Office: Home:
EMAIL	ttom101010@yahoo.com.sg	
ADDRESS	Apt B1K 180D Rivervale Crescent #14-385 S (544180)	
DOES DRIVER OWN OTHER VEHICLES?	NO / If yes, Reg No.	INSURER.
RELATIONSHIP	Employee / If No. <u>(Owner)</u>	
WEATHER CONDITION	Clear / <u>Raining</u> / Other:	
ROAD SURFACE	Dry / <u>Wet</u> / Other:	
ANY INJURIES	No / If yes: <b>Who?</b> Nanda Kumar Karthikeyan	
CONTACT NO.	9680 9722	
POLICE REPORT	No / If yes, Where?	
NOTICE OF INTENDED PROSECUTION GIVEN?	NO/IF YES, WHO?	
VEHICLE B NO.	SMM 6923 A	Any Passenger:
NAME		
CONTACT NO.		
VEHICLE C NO.	Any Passenger:	
VEHICLE D NO.	Any Passenger:	
VEHICLE E NO.	Any Passenger:	
VEHICLE F NO.	Any Passenger:	
ANY WITNESS		
WITNESS CONTACT NO.		
WAS THERE ANY VIDEO CAPTURE?	YES / <u>NO</u>	
WAS THERE ANY AUDIO RECORDED?	YES / <u>NO</u>	
SCENE ACCIDENT PHOTOS TAKEN?	YES / <u>NO</u>	
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES / <u>NO</u>	

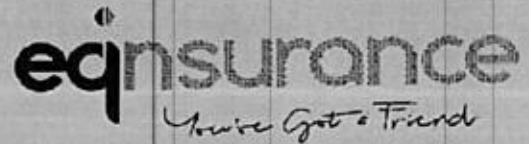
SME 02-15

25. Jan. 2022 14:38

No. 8765 P. 1/2

**EQ Insurance Company Limited**

5 Maxwell Road #17-00 Tower Block MND Complex Singapore 069110  
tel 65 6223 9433 | fax 65 6224 3903 | www.eqinsurance.com.sg  
reg no. 1978-00490-N



**CERTIFICATE OF INSURANCE**

ROAD TRANSPORT ACT 1987 (MALAYSIA)

THE MOTOR VEHICLES (THIRD-PARTY RISKS) RULES 1959 (FEDERATION OF MALAYSIA)

THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CAP.189 OF THE REVISED EDITION)  
(REPUBLIC OF SINGAPORE)

THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES 1996 EDITION (REPUBLIC OF SINGAPORE)  
OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF

**MOTORCYCLE-PTE USE**

**Comprehensive**

**Certificate No. : DMMPHQ22-000172**

**1. Index Mark and Registration Number of Vehicles**  
FBK144L

**2. Name of Policyholder**  
NANDA KUMAR KARTHIKEYAN

**3. Effective Date of the Commencement of Insurance for the purpose of the Act**  
05/02/2022

**4. Date of Expiry of Insurance**  
04/02/2023

**5. Person or Classes of persons entitled to drive\***  
Restricted to Named Drivers Only

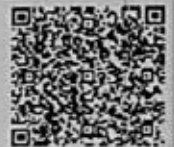
- 1) The Policyholder / Insured
- 2) Person's whose Name is specified in the Policy.

Form: MY1  
Excess:  
Named Driver:

S\$500.00

EQI Motor Accident  
Hotline

**6311 3211**



\* Provided that the person driving is permitted in accordance with the licensing or other laws or regulation to drive the Motor Vehicle or has been permitted and is not disqualified by order of Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle. And provided further that the Motor Vehicle is registered under the Road Traffic Act has not been cancelled at the time of accident loss or damage.

**6. Limitation as to use\***  
**LIMITATIONS AS TO USE**

Use only for social domestic and pleasure purposes and in connection with the Policyholder's business or profession

**THE POLICY DOES NOT COVER**


- (1) Use for hire or reward
- (2) Use for racing pace-making reliability trial or speed-testing trade or business
- (4) Use for any purpose in connection with the Motor Trade

\*Limitations rendered inoperative by Section 8 of the Motor vehicles (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.

I/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) or and Amendment, Act or Acts passed in substitution thereof.

Hire Purchase : Bike Production Pte Ltd

A000338/Ban Hock Hin Co. Pte Ltd  
Date of Issue : 25/01/2022 14:48

  
Authorised Signatory  
EQ Insurance Company Limited

Exp No. : DMMPHQ21-000150