

# NATIONAL Assessment Centre Services (wef 1 Jan'06)

Date In: <b>06/07/2023</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NA/SM023006874/d4</b>	SAS e-filing		
Veh No: <b>FB U 8102 C</b>	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: <b>02/07/2023 14:00</b>	i-Motor Claim Form		
<b>OD / TP / Reporting Only</b>	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:

Veh No: **iony**

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 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

**NA2302044**

Invoice Preparation Checklist

Ant (\$)

A

1st Bill

A

Claimant's Particulars:

1) AR: Accident Reporting (\$30);

2) DA: Damage Assessment (\$100); INC (\$80)

Driver/Owner:

3) TF: Towing Fee \$40/\$45

4) FT: Follow-Through Survey \$120

Contact No:

5) FT: Follow-Through Survey (Resurvey) \$30

For claiming against INC Only (wef 10 Jan 2005)

Damaged Portion:

6) TR: Re-inspection \$75

7) N1: Idao DA + SMRT Survey \$160

QC Checked by (Engr-In-Charge):

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

Auditors Comments:

TP (N11): TP (Non INC) against INC \$20

Cat. 1:

9) N12: Idao Mobile \$10

Cat. 2 / 3:

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 Actual 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	06/07/2023 17:02 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	02/07/2023 14:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	LORONG CHUAN
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBU8102C
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### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	HARI KUMAR S/O MANOGARAN
NRIC No	SXXXX563Z
Email Address	hariseetha2603@yahoo.com
Mobile Phone No	(Phone) +65-87521665
Alternative Phone No	-

### VEHICLE PARTICULARS

Manufacturer	Suzuki
Model	Gsx1300
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	1340

### INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	D23MTMC01001930

### DRIVER

Name of Driver	HARI KUMAR S/O MANOGARAN
NRIC No	SXXXX563Z
Date Of Birth	03/07/1989
Occupation	Outdoor

Date Of Driving Pass	12/10/2009
Driving experience	13 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87521665
Alt. Phone Number	-
Email Address	hariseetha2603@yahoo.com
Address	APT BLK 223A SERANGOON AVENUE 4
Address complement	# 05-219
Postcode	551223
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	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?	Yes
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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Hougang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004890999
Alt. Police Station Phone No	(Fax) +65-63128989
Police Station Address	60 Hougang Ave 9 Singapore 538775
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO THE ATTACHED POLICE REPORT - T/20230703/2109

#### ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	LORRY
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-



Vehicle Colour	-
Vehicle Category	Commercial vehicle
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	HARI KUMAR S/O MANOGARAN
Gender	Male
Phone No	(Phone) +65-87521665
Address	APT BLK 223A SERANGOON AVENUE 4
Address Complement	# 05-219
Post Code	551223
Approximate Age Years Old	-
Injuries Sustained	SWELLING ON THE RIGHT SIDE OF BACK, HIP, RIGHT KNEE AND RIGHT LEG- GIVEN 5 DAYS OF MC
Injured person in which vehicle?	FBU8102C
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	Yes

## 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 willful 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

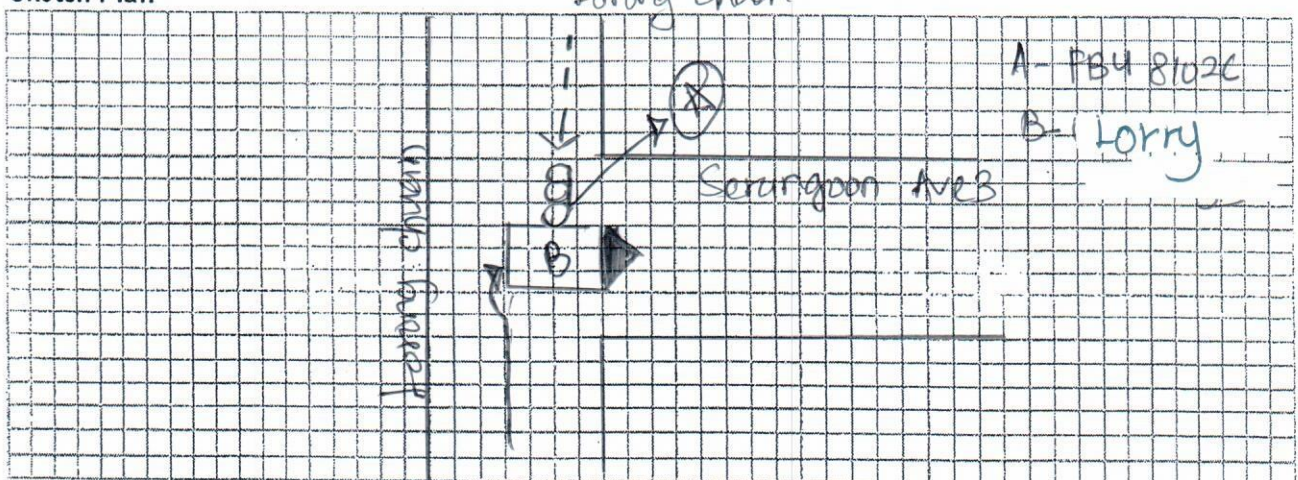
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

### Sketch Plan






Describe Circumstance of the Accident

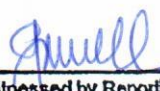
Please Refer to the attached  
police Report - 7/20230703/2109.

**Declaration**

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

 6/7/2023  
Policyholder's Signature / Date & Time

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

 6/7/23  
Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)



# SINGAPORE POLICE FORCE



T/20230703/2109

Police Station Of Origin:  
Hougang N.P.C  
60 Hougang Avenue 9 SINGAPORE 538775  
Tel No: 1800-4890999

1 of 3

Report No. T/20230703/2109

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 03/07/2023 23:56	Vide Report No.:	Station Diary No.: 202
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**Informant's Particulars**

Name of Informant: HARI KUMAR S/O MANOGARAN			Address: APT BLK 223A SERANGOON AVENUE 4 #05-219 SINGAPORE 551223		
ID Type / ID No.: NRIC NO / S8924563Z			Contact No.: Home/Office: Mobile: 87521665		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 34	Date of Birth: 03/07/1989	Type of Informant: Rider		
Race: Indian			Language:		
Occupation: GRAB FOOD RIDER			Driving Licence Information: Class: 2B,2A,2 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 02/07/2023 14:00	Type of Location: T-Junction
Location:  LORONG CHUAN				
Weather: Clear		Road Surface: Dry		
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBU8102C	Motorcycle	SUZUKI	GSX1300R HAYABUSA	Black	Seriously Damaged	0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBU8102C	TENET SOMPO INSURANCE PTE. LTD.	D23MTMC0100193 0	29/04/2023	28/04/2024





# SINGAPORE POLICE FORCE



T/20230703/2109

Police Station Of Origin:  
Hougang N.P.C  
60 Hougang Avenue 9 SINGAPORE 538775  
Tel No: 1800-4890999

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Report No. T/20230703/2109

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	HARI KUMAR S/O MANOGARAN	ID No.	S8924563Z
Related Vehicle	FBU8102C (Motorcycle)	Contact No.	87521665
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2 Date of Expiry: NIL
Date Treatment	02/07/2023	Date Discharge	03/07/2023
No. of Days granted Medical Leave	05	Degree of Injury	Serious

### Brief Details.

I am the rider of FBU8102C.

On 02/07/2023, at about 1400hrs to 1410hrs, I was riding along the middle lane of Lorong Chuan towards CTE.

While I was approaching the junction between Lorong Chuan and Serangoon Ave 3, the traffic light was green, as such I continue riding forward.

Suddenly, a lorry from the opposite direction made a right turn towards Serangoon Ave 3. I applied brakes but I was unable to stop in time. As such, the front of my motorcycle collided into the left side of the lorry.

I flung forward, hit the side of the lorry, and flung towards to the front of the lorry. I landed on the right side of my body. I tried to stand up, but it will too painful, as such I lie back down.

Subsequently, the driver and 3 passerby assisted me to side of the road.

Shortly after, Traffic Police and Ambulance arrived.

I was conveyed and admitted to TTSH.

I was discharged today and was given 5-days MC.

I suffered swelling on the right side of my back, right knee, and my right ankle.

I was feeling giddy, as such I rested before coming to lodge a police report.





**SINGAPORE  
POLICE FORCE**



T/20230703/2109

Police Station Of Origin:  
Hougang N.P.C  
60 Hougang Avenue 9 SINGAPORE 538775  
Tel No: 1800-4890999

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Report No. T/20230703/2109

**CONTINUATION OF REPORT**

Signature of Officer Recording The Report:

F /

SGT 2 LIM JING JING JOANNE

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

03/07/2023 23:56

Officer In Charge Of Case:

TP / GIT /

SI CHONG GUAN FATT

Contact No.: 65472077

Classification Of Case:

NP168



## IDAC ACCIDENT STATEMENT

DATE OF ACCIDENT : 02/07/2023	TIME OF ACCIDENT : 14:00 pm
VEHICLE NO : FBV 81022	TRANSMISSION : AUTO / MANUAL
MAKE & MODEL : Suzuki G8x1300R	LOCATION : Lorong Chuan
EXACT PURPOSE USE DURING ACCIDENT: EMPLOYMENT / PRIVATE USE / PRIVATE HIRE	CLAIM TYPE: OD / THIRD PARTY / REPORTING ONLY
INSURANCE COMPANY : Sompo	POLICY NO : D23MTMC 01001930
TYPE OF COVERAGE :	VEHICLE TYPE :
COMPREHENSIVE / THIRD PARTY / THIRD PARTY & THEFT	( SALOON / COUPE/MPV/VAN/LORRY/MOTORCYCLE)
NAME OF OWNER : Hari Kumar S/O Manogaran	NRIC : S89245632
ADDRESS : Apt B1K 223A Serangoon Ave 4 # 05-219, S551223	CONTACT NO : 87521665
EMAIL ADDRESS : hariaseetha2603@yahoo.com	VIDEO RECORDING: YES / NO with tp officer
NAME OF DRIVER : AS ABOVE / IF NO :	NRIC : _____ CONTACT NO : _____
DRIVER OWNER RELATIONSHIP: owner	PASSENGER: 0 MALE ( ) FEMALE ( )
DATE OF BIRTH : 03 / 07 / 1989	DRIVING PASSING DATE : 12 / 10 / 2009
OCCUPATION: INDOOR / OUTDOOR	ADDRESS : _____
ANY INJURIES: NO, IF YES: Back hip, right leg, right knee	POLICE REPORT : NO / IF YES WHERE ? Hanging
WEATHER CONDITION: CLEAR / RAINING / OTHERS:	ROAD SURFACE: DRY / WET / OTHERS
VEHICLE B REG NO : unknown (Jomy)	VEHICLE C REG NO : _____
DRIVER NAME : _____	DRIVER NAME : _____
NRIC : _____	NRIC : _____
CONTACT : _____	CONTACT : _____
VEHICLE D REG NO : _____	ANY WITNESS ? NO, IF YES :
DRIVER NAME : _____	NAME : _____
NRIC : _____	CONTACT : _____
CONTACT : _____	
WAS NOTICE OF PROSECUTION GIVEN? ( YES / NO ) IF YES, AGAINST WHOM :	WERE SEAT BELTS WORN ? : YES / NO
	WERE INJURY CONVEYED BY AMBULANCE : YES / NO
DOES THE ACTUAL DRIVER OWN OTHER VEHICLES: YES / NO	
VEHICLE NUMBER: FBN 8757A	HANDLING INSURER: ANDA



**Certificate of Insurance****ROAD TRAFFIC ACT (CHAPTER 276) (REPUBLIC OF SINGAPORE)  
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)  
ROAD TRANSPORT ACT 1987 (MALAYSIA)  
ROAD TRANSPORT (AMENDMENT) ACT 2019 (MALAYSIA)  
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES 1959 (MALAYSIA)**

Cert No./Policy No. : D23MTMC01001930  
Insured : HARI KUMAR S/O MANOGARAN  
Motor Vehicle (Regn No.) : FBU8102C  
Cover : Comprehensive  
Policy Commencement Date : 02 MAY 2023 00:00  
Policy Expiry Date : 01 MAY 2024 23:59  
Maximum Liability (Section I) : Market value at time of loss  
Excess\* : S\$1500 - Section I  
Named Driver 1 : HARI KUMAR S/O MANOGARAN  
HIRE PURCHASE OWNER : JACK CARS ENTERPRISE PTE LTD

\* Subject to GST wherever applicable

Persons or Classes of Persons entitled to drive\*  
HARI KUMAR S/O MANOGARAN

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. And provided further that the Motor Vehicle is registered under the Road Traffic Act (Chapter 276) and its registration under the Road Traffic Act (Chapter 276) has not been cancelled at the time of the accident, loss or damage.

**Limitations As To Use**

Use only for social, domestic and pleasure purposes and

- (a) by the Insured in person in connection with his business or profession or
- (b) in connection with the Insured's business or profession

The Policy does not cover

- (i) Use for hire or reward
- (ii) Use for racing pacemaking, reliability trial or speed-testing
- (iii) Use for the carriage of goods (other than samples) in connection with any trade or business
- (iv) Use for any purpose in connection with the Motor Trade

**Accident Reporting**

It is a condition precedent to liability that the Insured shall call at the Company's Accident Reporting Center with the Motor Vehicle within 24 hours of the accident or by the next working day thereof.

For list of Accident Reporting Centres, please visit our website at [www.sompo.com.sg](http://www.sompo.com.sg) or call our Emergency Hotline: (65) 6461 6555.

We hereby certify that the Policy to which this Certificate relates is issued in accordance with (1) the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Transport Act, 1987 (Malaysia); and (2) the policy terms, conditions and exceptions of the Motorcycle Policy (Ref:MCY-MTMC.05)

**Sompo Insurance Singapore Pte. Ltd.**



\_\_\_\_\_  
Authorised Signatory

Date/Time of Issue : 29 APRIL 2023 10:37

**IMPORTANT NOTICE**

- o Keep the Certificate in your Motor Vehicle;
- o Under the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189), it shall be unlawful for any person to use or cause to permit any other person to use a motor vehicle without a valid policy of insurance under the Act;
- o On the sale of the Motor Vehicle or if for any reason the Insurance is terminated during its currency, the Insured must surrender the Certificate of Insurance and the Policy to the insurance company. If the Certificate of Insurance has been lost or destroyed, a statutory declaration to that effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189);
- o This Policy will cease to be valid once the Motor Vehicle has been sold to another person. The Policy is not transferable to the new owner of the Motor Vehicle.

Intermediary Name / Code : ENSURE PTE. LTD. (MOTORCYCLE) / 11E07901 CI Code: MY3\_F\_F6DMZB4\_Y2BMEA