

NATIONAL Assessment Centre Services

[wef 1 Jan'05] MNA117170259

Date In: 28/12/17-10:51	Job description	Date & Time Completed	Done by
Ref No: NA/INC170259/24	SAS e-filing		
Veh No: XD8061R	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 27/12/17-2050	i-Motor Claim Form	MT/0975433	28/12/17 11:18
OD: 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:	Veh No: XD6194	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

NA1708712	Invoice Preparation Checklist	Ant (\$)	Ant (\$)
		In Bill	Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	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:-		
QC Checked by (Engr-In-Charge):	QD*		
	*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		
Lat. 1:	9) N12: Idac Mobile 30		
Lat. 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 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 ability.
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 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 Report	28/12/2017 10:51
Date Of Accident	27/12/2017 20:50
Exact Location Of Accident	TANAH MERAH COAST RD TWDS ECP (CHANGI AIRPORT)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	XD8061R
Insured/Policyholder	
Name Of Registered Owner	ARSU CONTRACTOR SERVICES PTE LTD
Co Reg No	201108963W
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-85719262
Alternative Phone No	OFFICE-85719262

Vehicle Particulars

Manufacturer	VOLVO
Model	FMX370 64R SLEEPER CAB
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
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5089516179
Cover Note Number	

Driver

Name of Driver	VIRUDHACHALAM SELVARAJAN
Passport No/FIN	F7829804U
Date Of Birth	16/04/1969
Occupation	OUTDOOR
Date Of Driving Pass	12/05/1998
Driving Experience	19 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83769440
Fax Number	
Contact Number	OFFICE-83769440
Email Address	NOEMAIL

Address	BLK 1015 GEYLANG EAST AVENUE 3 #03-107 GEYLANG EAST INDUSTRIAL ESTATE
Postcode	389730
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

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 this accident?	NO
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If 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?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	XD6152A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
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 **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 lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

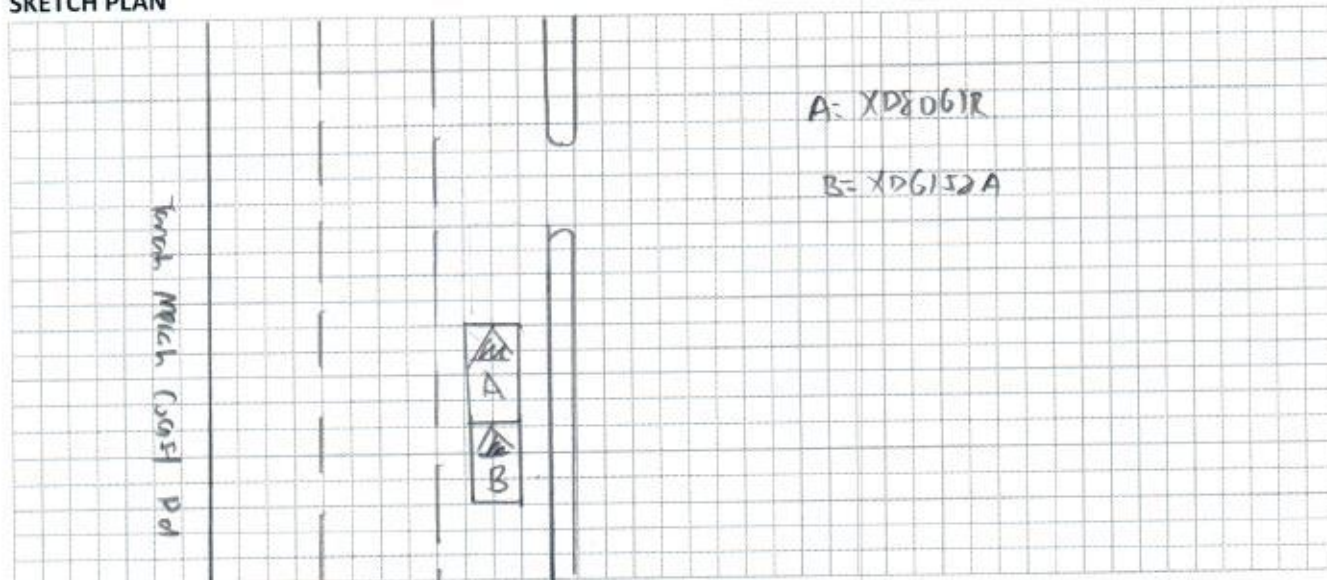


Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 27/12/17 20:50 I was travelling along Tanah merah coast Rd
towards ECP (Changi) airport. lane 1. Suddenly a taxi was intent of my
vehicle intend to make a u-turn which is not suppose to u-turn so
I attached my brace in my vehicle. Suddenly vehicle B collided onto
my vehicle rear portion.

DECLARATION

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



Policyholder's Signature
Date & Time:

Rehman

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

[Signature]

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number **F7829804U**

Name **VIRUDHACHALAM SELVARAJAN**

Birth Date **16 Apr 1969**
 Issue Date **22 May 2013**
 Valid Till **22 Jun 2018**

002182918D



S PASS
 Employment of Foreign Manpower Act (Chapter 91A)
 Republic of Singapore

Employer **ARSU CONTRACTOR SERVICES PTE. LTD.**

Sector: **CONSTRUCTION**

Name **VIRUDHACHALAM SELVARAJAN**
 Occupation **DRIVER**

S Pass No. **O 31173876**
 Date of Application **11-04-2017**
 Date of Issue **09-05-2017**
 Date of Expiry **09-05-2018**




L7910471

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

		EFFECTIVE DATE
Class 3	Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver, and other motor vehicles <= 2500kg	12 Jun 1996
Class 4	*Motor vehicles which are constructed to carry load or passengers and the unladen weight > 2500kg *Motor vehicles which are not constructed to carry load and the unladen weight < 7250kg	12 May 1998

Licence No: **F7829804U**



NP 428A

VISIT PASS
 Immigration Regulations

Name **VIRUDHACHALAM SELVARAJAN**

Date of Birth **16-04-1969** Sex **M** Nationality **INDIAN**
 FIN **F7829804U** Date of Issue **09-05-2017** Date of Expiry **09-05-2018**

MULTIPLE JOURNEY VISA ISSUED

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.



eBaoTech

GeneralClaim

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)

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="checkbox"/>	5089516179	ARSU CONTRACTOR SERVICES PTE LTD	201108963W	GCV	Comprehensive	XD8061R	XD8061R	13/04/2017	12/04/2018

▼ Policy Information

Policy No.	5089516179	Policyholder Name	ARSU CONTRACTOR SERVICES	Policyholder NRIC	201108963W
Address	BLK 1015 #03-107 GEYLANG EAST AVENUE 3 GEYLANG EAST INDUSTRIAL ESTATE SINGAPORE 389730				
Product Name	COMMERCIAL VEHICLE INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	13/04/2017	Effective Date	13/04/2017 00:00	Expiry Date	12/04/2018 23:59
Third Party Excess	0	Own damage Excess	1500	Windscreen Excess	500
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess			
Agent	THINK ONE AUTOMOBILE & TRADING	Agent Tel.	65433303	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info Certificate Info					

▼ Policyholder Mailing Address

Address 1	BLK 1015 #03-107	Address 2	GEYLANG EAST AVENUE 3	Address 3	GEYLANG EAST INDUSTRIAL ESTATE
Address 4	SINGAPORE 389730	Address Type	Singapore address	Post Code	389730
Unit No.		Related Policy Number	5094875989		

► Insured Object: XD8061R

▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
1	13/04/2017 00:00	Basic Information Endorsement	Entry Rejected	Thank you for giving us the opportunity to serve you. We confirm that from 13 Apr 2017, the following amendment(s) is/are made to this policy:

Continue

Cancel

Claim Handling

Accident MT/0975433

Policy No.	5089516179	Vehicle No.	XD8061R	GST Registration No.	
Policyholder Name	ARSU CONTRACTOR SERVICES PTE LTD			Policyholder NRIC	
Product Code	COMMERCIAL VEHICLE INSURAI	Cover Type	Comprehensive	Loading	
Contact No.(Mobile)	85719262	Contact No.(Office)	0	Contact No.(Home)	
Email Address		Special Remark		eCode	
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No
Accident Details					
Report Date	28/12/2017 11:16	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head
Date of Accident	27/12/2017	Time of Accident hh:mm	20:50	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	TANAH MERAH COAST RD TWDS ECP (CHANGI AIRPORT)				
Benefits					
Excess					
Own damage Excess	1,500.00	Additional Excess		Windscreen Excess	
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			
GST Registered Information					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified	No		
Modification History					
Policyholder Mailing Address					
Address 1	BLK 1015 #03-107	Address 2	GEYLANG EAST AVENUE 3	Address 3	
Address 4	SINGAPORE 389730	Address Type	Singapore address	Post Code	
Unit No.		Related Policy Number	5094875989		
OI Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	
Unnamed driver Name	VIRUDHACHALAM SELVARAJAN	Driver NRIC	F7829804U	Driving Experience	
Register Date of Driver License	12/05/1998	Driver Age	48	Contact No.(Home)	
Contact No.(Mobile)	83769440	Contact No.(Office)	0	Address 3	
Address 1	BLK 1015	Address 2	GEYLANG EAST AVENUE 3	Post Code	
Address 4	SINGAPORE 389730	Address Type	Singapore address		
Unit No.	03-107	Driver Vehicle No.		Driver Insurer Company	
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No				
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No		

Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	ARSU CONTRACTOR SERVICES	Insured NRIC	
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	
Email Address		OI Vehicle Number	XD8061R	TP Vehicle Number	
Claim Description	XD8061R / XD6152A ON 27 Dec 2017				Name of Preferred Workshop
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	GIA report	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	
Date Registered	28/12/2017 11:18	Claim Close Date			
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					











Save Submit

Attachment

Accident No.	MT/0975433	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	28/12/2017 11:19
Path *	Category * Confidential Urgency		
<input type="button" value="Browse"/>	<input type="button" value="Clear"/>	Please Select	NO Normal

<input type="text"/>	<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	NO	Normal
<input type="text"/>	<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	NO	Normal
<input type="text"/>	<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	NO	Normal
<input type="text"/>	<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	NO	Normal
<input type="text"/>	<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	NO	Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	De
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Dec 2017 11:19		NRIC/ Driving License	Normal	NRIC/ Driving
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Dec 2017 11:19		SAS	Normal	SAS :
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Dec 2017 11:18		Photos	Normal	Photos
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Dec 2017 11:18		Photos	Normal	Photos
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Dec 2017 11:18		Photos	Normal	Photos
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Dec 2017 11:18		Photos	Normal	Photos
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Dec 2017 11:18		Photos	Normal	Photos
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Dec 2017 11:18		Photos	Normal	Photos
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Dec 2017 11:18		Photos	Normal	Photos
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Dec 2017 11:18		Photos	Normal	Photos

Video List

Uploaded By/Date	Folder Date	File Name	Source
<div> <input type="button" value="Display in New Window"/> <input type="button" value="Scan and uploading"/> </div>			