

# NATIONAL Assessment Centre Services

Date In: 29/01/18	Job description	Date & Time Completed	Done by
Ref No: NA/INC18001704/13	SAS e-filing		
Veh No: 5LL67214	E-mail (w/thin 8hrs, AIC 2hrs)		
D.O.A 28/01/18 2130	i-Motor Claim Form	MT/0979979	
OD TP (Reporting Only)	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:

Veh No:

SHB8747K

INC ( ) / Non-INC ( )

Tel:

Owner / Driver: (

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:-	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

NA1800626	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) 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		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:-	For claiming against INC Only (wef 10 Jan 2005)		
Cat. 1:	6) TR: Re-inspection \$75		
Cat. 2 / 3:	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 (Non INC) against INC \$20		
	9) N12: Idac Mobile 30		
	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 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	29/01/2018 14:37
Date Of Accident	28/01/2018 21:30
Exact Location Of Accident	TAMPINES AVE B4 JUNC ST 34 OUTSIDE ESSO STATION
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLL6721H
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SATWINDERJIT SINGH S/O MANGAL SINGH
NRIC No	S1578615I
Email Address	SATWINGILL@YAHOO.COM
Mobile Phone No	(LOCAL) +65-96936914
Alternative Phone No	OTHERS-96936914

### Vehicle Particulars

Manufacturer	LEXUS
Model	LEXUS
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	REPORTING ONLY
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5090765311
Cover Note Number	

### Driver

Name of Driver	SATWINDERJIT SINGH S/O MANGAL SINGH
NRIC No	S1578615I
Date Of Birth	14/06/1963
Occupation	INDOOR
Date Of Driving Pass	25/05/1983
Driving Experience	34 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96936914
Fax Number	
Contact Number	OTHERS-96936914
Email Address	SATWINGILL@YAHOO.COM

Address	BLK 353 TAMPINES ST 33 #02-514
Postcode	520353
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
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	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
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

PLS REFER TO THE ATTACHED 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	SHB8747X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	



## SKETCH PLAN

### IMPORTANT NOTICE

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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:

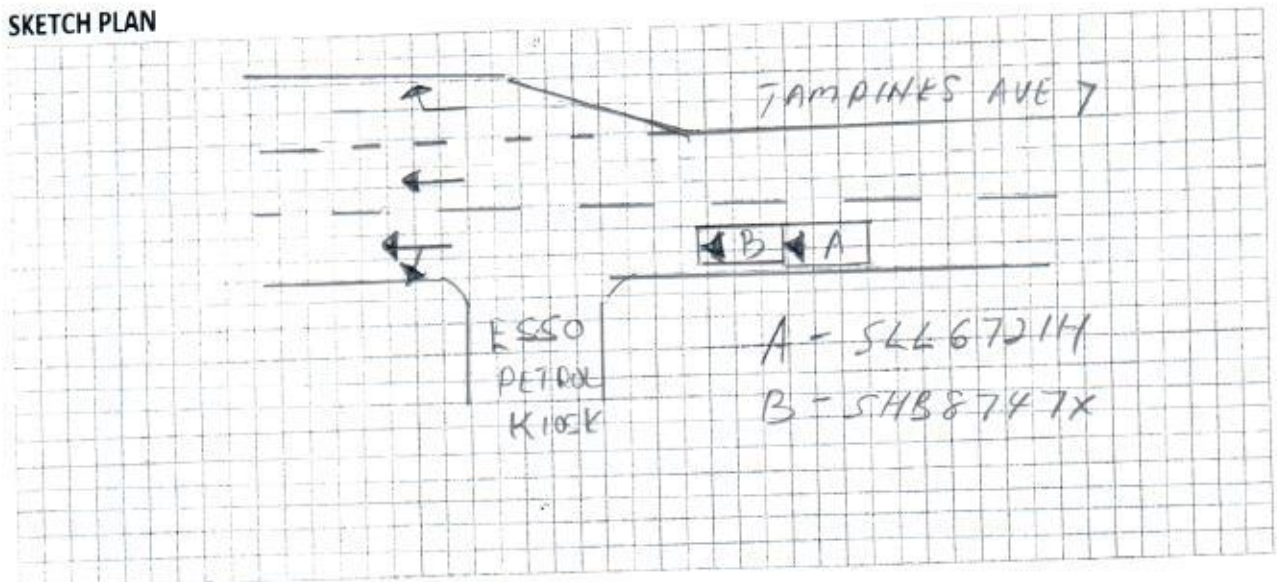
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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

P/s refer to the attached statement

## DECLARATION

I/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:

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



29 Jan 2018

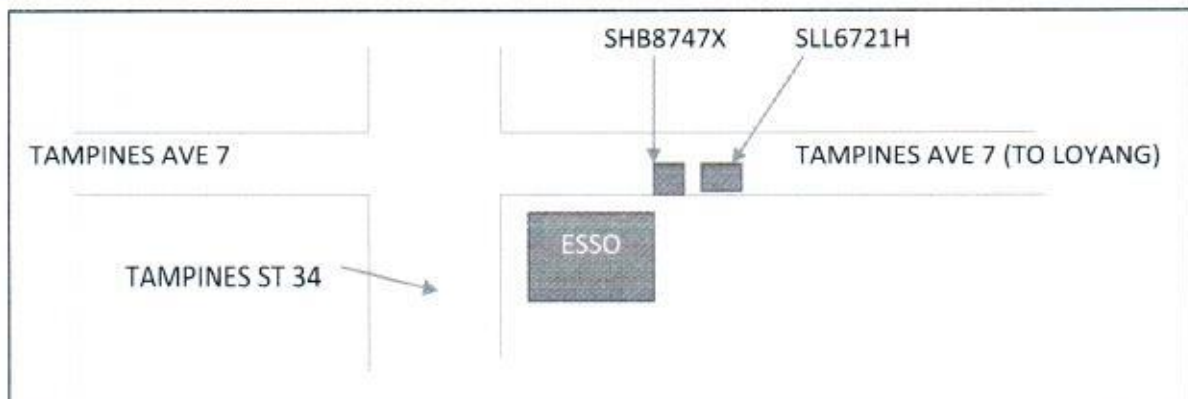
To: IDAC

On 28 Jan 2018, at around 9.30pm, I was in a traffic "red" light line in the left lane along Tampines Ave 7 (near the entrance to the Esso Station) when my car (SLL6721H) accidentally moved forward and touched the bumper of a Sivercab taxi SHB 8747 X. There was no visible damage to either my car or the taxi.

The taxi driver came out of the taxi and informed me that his taxi will need to go for repairs after I hit him for a few days and he is going to lose his income.

As there was no damage to either vehicles, I decided not to discuss any compensation with him as I assumed he was trying to take advantage of the incident and would probably be asking an exorbitant amount.


Map of Incident:



Photographs of SHB 8747 X:



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO: S15786151



Name  
**SATWINDERJIT SINGH S/O  
MANGAL SINGH**

Race  
**SIKH**

Date of Birth  
**14-06-1963**

Country of Birth  
**SINGAPORE**

Sex  
**M**



REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number **S15786151**

Name  
**SATWINDERJIT SINGH S/O  
MANGAL SINGH**

Birth Date **14 Jun 1963**

Issue Date **16 Oct 2009**

001794455K




14809Q-9



NRIC No: **S15786151**



Blood Group **B+** Date of issue **03-12-1993**

Address  
**APT BLK 353 TAMPINES STREET 33 #02-514  
SINGAPORE 520353**

NRIC No: **S15786151** Date: **16-08-1997** No: **2352411**

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS:

Class 2B	Motorcycles =< 200 cc	PASS DATE
Class 3	Motor Cars =< 3000kg with =< 7 passengers, exclusive of the driver, and other motor vehicles =< 2500kg	31 Oct 1988 25 May 1983

128A

License No: S15786151



Hello, NAC\_PAYA\_UBI\_800601

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## 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 checked="" type="radio"/>	5090765311	SATWINDERJIT SINGH S/O MANGAL SINGH	S15786151	GPC	drivo CLASSIC	SLL6721H	SLL6721H	11/05/2017	19/07/2018



## Claim Handling

Accident MT/0979979

Policy No.	5090765311	Vehicle No.	SLL6721H	GST Registration No.	
Policyholder Name	SATWINDERJIT SINGH S/O MANGAL SINGH			Policyholder NRIC	S15
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	96936914	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	No
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	No

## ▼ Accident Details

Report Date	29/01/2018 18:07	Accident Report Within 24 hrs	Yes	Accident Type	Colli
Date of Accident	28/01/2018	Time of Accident hh:mm	21:30	Country of Accident	Sing
Reporting Centre		Orange Force		ICM No.	
Accident Location	TAMPINES AVE 84 JUNC ST 34 OUTSIDE E550 STATION				

## ▼ Benefits

## ▼ Excess

Own damage Excess	600.00	Additional Excess	0.00	Windscreen Excess	
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	600.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		

## ▼ GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

## ▼ Policyholder Mailing Address

Address 1	BLK 353 #02-514	Address 2	TAMPINES STREET 33	Address 3	SINGAPORE
Address 4		Address Type	Singapore address	Post Code	520112
Unit No.		Related Policy Number	5090765311		

## ▼ OI Driver Info

Driver Name	SATWINDERJIT SINGH S/O MANGAL SINGH	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S15786151	Driver DOB	14/01/1983
Register Date of Driver License	25/05/1983	Driver Age	54	Driving Experience	34
Contact No.(Mobile)	96936914	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 353	Address 2	TAMPINES STREET 33	Address 3	SINGAPORE
Address 4		Address Type	Singapore address	Post Code	520112
Unit No.	#02-514				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

## Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No
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## Modification History

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	SATWINDERJIT SINGH S/O MAN	Insured NRIC	S15
Contact No.(Mobile)	96936914	Contact No.(Home)	62604402	Contact No.(Office)	
Email Address	satwingill@yahoo.com	OI Vehicle Number	SLL6721H	TP Vehicle Number	SHB
Claim Description	SLL6721H / SHB8747X ON 28 Jan 2018				
Preferred Workshop Contact No.		Insured Liability *	Fully at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Rec
Date Registered	29/01/2018 18:11	Claim Close Date		Date Received	29/01/2018
Report Taken By	ROSILINDA	Workshop Repairer		Total Loss but Repaired	

☒ Print AK letter

Save Submit

## Attachment

Accident No.

MT/0979979

Claim No.

001

Last Doc. Received

☒ Yes ☐ No

Upload Date

29/01/2018 00:00

Path \*

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Category \*

Confidential

Urgency \*

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## ▼ Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Descrip.
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jan 2018 18:11	NRIC/ Driving License	Normal	NRIC/ Driving License
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jan 2018 18:11	SAS	Normal	SAS 2011
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## ▼ Video List

Uploaded By/Date	Folder Date	File Name	Source
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