

NATIONAL Assessment Centre Services

(wef 1 Jan 05)

MMA 118015380

Date In: 31/1/18 15:28	Job description	Date & Time Completed	Done by
Ref No: NA/INC 18001918/64	SAS e-filing		
Veh No: XB 7290M	E-mail (within 3hrs, AIC 3hrs)		
D.O.A: 31/1/18 14:30	i-Motor Claim Form	MT10980358	31/1/18 17:39
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		

Preferrd Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars: Veh No: 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	Ant (\$)	Ant (\$)
Driver/Owner:	1) AR: Accident Reporting (\$30);	30.00	
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:-		
	Q1:		
	*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 \$0		
QC Checked by (Engr-In-Charge):	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	
Auditors' Comments:-			
Pat 1:			
Pat 2 / 3:			

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 31/01/2018 15:28
 Date Of Accident 31/01/2018 14:30
 Exact Location Of Accident TOA PAYOH RISE CONSTRUCTION SITE
 Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number XB7290M
Insured/Policyholder
 Name Of Registered Owner CHC CONSTRUCTION PTE LTD
 Co Reg No 200509356R
 Email Address NOEMAIL
 Mobile Phone No
 Alternative Phone No OFFICE-67520886

Vehicle Particulars

Manufacturer NISSAN
 Model CWB45ALMN2
 Exact Purpose for which vehicle was being used at time of accident WORKING
 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 COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD
 Type Of Coverage THIRD PARTY
 Fleet Policy NO
 Policy Number 5070636319-02
 Cover Note Number -

Driver

Name of Driver RAMAIYAN DESINGU
 Passport No/FIN F7965737U
 Date Of Birth 18/10/1966
 Occupation OUTDOOR
 Date Of Driving Pass 20/02/1998
 Driving Experience 19 YEARS AND 11 MONTHS
 Gender MALE
 Mobile Number (LOCAL) +65-98109052
 Fax Number
 Contact Number
 EMail Address NOEMAIL

Address 52,UBI AVE 3 #01-38
 Postcode 408867
 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 HIT BY FALLEN TREE / OTHER OBJECTS
 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?
 Was any other material or property damaged? NO
 I have been approached by unknown person(s) soliciting/offering accident claims assistance. NO
 Number of Passengers (Including Driver) 0

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

MY LORRY WAS PARKED INSIDE THE CONSTRUCTION SITE AT TOA PAYOH RISE, EVERYTHING WAS INTACT. SUDDENLY ONE OF THE METAL POLE FALL DOWN AND HIT ONTO MY LORRY FRONT WINDSCREEN. PLEASE REFER TO SCENE PHOTO.

Attachment(s)

Are accident photos available for attachment? YES
 Was there any video captured by Car Camera? NO
 Was there any audio recorded? 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 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



A = XB 7290 M

Tan Payoh Rise construction site

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to Statement

DECLARATION

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

Policyholder's Signature
Date & Time:

GIA/PMC SketchPlanForm_V3

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

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

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

Employer:
CHC CONSTRUCTION PTE. LTD.

Sector: **CONSTRUCTION**

Name:
RAMAIYAN DESINGU

Occupation:
LOGISTICS SUPERVISOR

S Pass No.
0 31381711

Date of Application
11-08-2016

Date of Issue
18-10-2016

Date of Expiry
21-10-2018

L7321112

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number **F7965737U**

Name:
RAMAIYAN DESINGU

Birth Date: **18 Oct 1966**

Issue Date: **19 Mar 2013**

Valid Till **02 Apr 2018**

002162108K

VISIT PASS
Immigration Regulations

Name:
RAMAIYAN DESINGU

Date of Birth: **18-10-1966** Sex: **M** Nationality: **INDIAN**

Pin: **F7965737U** Date of Issue: **18-10-2016** Date of Expiry: **21-10-2018**

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.

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(IES)

EFFECTIVE DATE

Class 3	Motor Cars < 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles < 2500kg	04 Apr 1997
Class 4	Motor vehicles which are constructed to carry load or passengers and the unladen weight > 2500kg	20 Feb 1998
Class 5	Motor vehicles which are not constructed to carry load and the unladen weight < 7250kg	02 Oct 1998
	Motor vehicles not constructed to carry any load and the unladen weight > 7250kg	

Licence No: **F7965737U**

NP 428A

eBaoTech

Change Language

Change Password

Log Out

Hello, NAC_PAYA_UBT_800601

My Desktop

Notice of Loss

Policy Query

Policy No.

Vehicle No.(For Motor)

Date of Accident

30/01/2018 15:16

XB7290M

Search

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5070636319-02	CHC CONSTRUCTION PTE LTD	200509356R	GFT	Third Party	XB7290M	XB7290M	18/02/2017	

Continue

▼ Policy Information

Policy No.	5070636319-02	Policyholder Name	CHC CONSTRUCTION PTE LTD	Policyholder NRIC	200509356R
Address	52 UBI AVENUE 3 #01-38 FRONTIER SINGAPORE 408867	Plan		Group Policy Flag	N
Product Name	FLEET INSURANCE	Effective Date	18/02/2017 00:00	Expiry Date	17/02/2018 23:59
Policy issue Date	14/02/2017	Own damage Excess	0.0	Windscreen Excess	0.0
Third Party Excess	0.0	OS Premium	0		
Additional Excess		Outside Singapore TP Excess			
Outside Singapore OD Excess				GST Flag	Y
Agent	AWG INSURANCE BROKERS PTE	Agent Tel.	62946688		
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ Policyholder Mailing Address

Address 1	52 UBI AVENUE 3	Address 2	#01-38 FRONTIER	Address 3	SINGAPORE 408867
Address 4		Address Type	Singapore address	Post Code	408867
Unit No.		Related Policy Number	5077622831-01		

► Insured Object: XB7290M

▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
1	31/03/2017 00:00	Basic Information Endorsement	000001286530936	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that the following 1 vehicle have been deleted from this policy: VEHICLE NUMBER CANCELLATION DATE REFUND PREMIUM (INCL GST) 1. XB5372Z 28-03-2017 \$1,151.51 In view of this amendment, a refund of \$1,151.51 (inclusive of GST) will be adjusted against the outstanding premium.

Continue

Cancel

Claim Handling

Accident MT/0980358

Policy No.	5070636319-02	Vehicle No.	XB7290M	GST Registration No.	
Policyholder Name	CHC CONSTRUCTION PTE LTD	Cover Type	Third Party	Policyholder NRIC	2001
Product Code	FLEET INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	67520886	Special Remark		Contact No.(Home)	
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	No
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No			Private Hire	No
Accident Details					
Report Date	31/01/2018 17:35	Accident Report Within 24 hrs	Yes	Accident Type	Other
Date of Accident	31/01/2018	Time of Accident hh:mm	14:30	Country of Accident	Sing
Reporting Centre		Orange Force		ICM No.	
Accident Location	TOA PAYOH RISE CONSTRUCTION SITE				
Benefits					
Excess					
Own damage Excess	0.00	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 Status Verified	No
GST Registration No.					
Modification History					
Policyholder Mailing Address					
Address 1	52 UBI AVENUE 3	Address 2	#01-38 FRONTIER	Address 3	SINGAPORE
Address 4		Address Type	Singapore address	Post Code	4081
Unit No.		Related Policy Number	5077622831-01		
OI Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	18/1
Unnamed driver Name	RAMAIVAN DESINGU	Driver NRIC	F7965737U	Driving Experience	19
Register Date of Driver License	20/02/1998	Driver Age	51	Contact No.(Home)	
Contact No.(Mobile)	98109052	Contact No.(Office)		Address 3	SINGAPORE
Address 1	52 UBI AVENUE 3	Address 2	#01-38 FRONTIER	Post Code	4081
Address 4		Address Type	Singapore address		
Unit No.	01-38			Driver Insurer Company	
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle 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	CHC CONSTRUCTION PTE LTD	Insured NRIC	2001
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	67520886
Email Address		OI Vehicle Number	XB7290M	TP Vehicle Number	
Claim Description	XB7290M ON 31 Jan 2018			Name of Preferred Workshop	0
Preferred Workshop Contact No.	0	Insured Liability *	Not at Fault	GIA report	Rec
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	31/01/2018
Date Registered	31/01/2018 17:38	Claim Close Date			
Report Taken By	LIEW SHAN HUI				
<input checked="" type="checkbox"/> Print AK letter					
<input type="button" value="Save"/> <input type="button" value="Submit"/>					

Attachment

1/31/2018

Claim Handling(accident reporting Claim Task)

Accident No.

MT/0980358

Claim No.

001

Last Doc. Received

☒ Yes
 ☐ No

Upload Date

31/01/2018 17:39

Path *

Category *

Confidential

Urgency *

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Message Read

Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Descr
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 31 Jan 2018 17:39	NRIC/ Driving License	Normal	NRIC/ Driving License
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 31 Jan 2018 17:39	SAS	Normal	SAS 2018
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 31 Jan 2018 17:39	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 31 Jan 2018 17:39	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 31 Jan 2018 17:39	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 31 Jan 2018 17:38	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 31 Jan 2018 17:38	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 31 Jan 2018 17:38	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 31 Jan 2018 17:38	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 31 Jan 2018 17:38	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 31 Jan 2018 17:38	Photos	Normal	Photos 2018

Video List

Uploaded By/Date	Folder Date	File Name	Source
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Display in New Window

Scan and uploading