

NATIONAL Assessment Centre Services (wef 1 Jan'05) **NA/180/9901**

Date In: 9/2/18 - 10:29	Job description	Date & Time Completed	Done by
Ref No: NA/INC18002651/24	SAS e-filing		
Veh No: SG28334P	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 8/2/18 - 14:46	i-Motor Claim Form	NT/0981677	9/2/18 11:57
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: 574610D	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

NA/180/879	Invoice Preparation Checklist	Am't (\$) In Bill	Am't (\$) 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: Idao 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	

Auditors' Comments:-

Sat. 1:

Sat. 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	09/02/2018 10:29
Date Of Accident	08/02/2018 14:40
Exact Location Of Accident	ALONG HOUGANG AVE 3 BEFORE JUNC TAMPINES RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGZ8334P
Insured/Policyholder	
Name Of Registered Owner	RELIABLE RIDES PTE LTD
Co Reg No	201611527N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999

Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH 1.8 A
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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 HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5095964878
Cover Note Number	

Driver

Name of Driver	RANJENDRAN S/O G SELAMUTHU
NRIC No	S1354093D
Date Of Birth	18/02/1959
Occupation	OUTDOOR
Date Of Driving Pass	27/04/1992
Driving Experience	25 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93731765
Fax Number	
Contact Number	OFFICE-93731765
Email Address	NOEMAIL

Address	BLK 328 UBI AVENUE 1 #03-607
Postcode	400328
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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

ON STATED DATE AND TIME, I WAS TRAVELLING ALONG HOUGANG AVENUE 3 AND IT WAS CONGESTED. SUDDENLY VEHICLE B E-BRAKE OF HIS VEHICLE. I COULDN'T BRAKE IN TIME OF MY VEHICLE AND HIT ONTO VEHICLE B REAR PORTION.

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	SJH610D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	FARIZAH BINTI SHAHARI
NRIC/Passport Number	S1482631I
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

Hanging Ave 2

A: SG28334P

B: SJH610D

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to 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.:

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: **S1354093D**

Name: **RANJENDRAN S/O G SELAMUTHU**

Birth Date: **18 Feb 1959**

Issue Date: **28 Feb 2004**

001141798K

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S1354093D**

Name: **RANJENDRAN S/O G SELAMUTHU**

செளமுது ராஜேந்திரன்

Race: **INDIAN**

Date of birth: **18-02-1959**

Country of birth: **SINGAPORE**

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

Class	Description	Valid Until
Class 2B	Motorcycles not exceeding 200 cc	14 Mar 1990
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	27 Apr 1992

IP 428A

License No: **S1354093D**

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S1354093D**

APT BLK 328 UBI AVENUE 1 #03-807

SINGAPORE 400328

S1354093D

25/02/2014

322100

eBaoTech

GeneralClaim

Hello, NAC_PAYA_UBI_800601

Change Language

Change Password

Log Out

My Desktop

Notice of Loss

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="08/02/2018 14:40"/>						
Vehicle No.(For Motor)	<input type="text" value="SGZ8334P"/>								
<input type="button" value="Search"/>									
Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5095964878	RELIABLE RIDES PTE LTD	201611527N	GPC	drivo CLASSIC	SGZ8334P	SGZ8334P	16/11/2017	18/11/2018
<input type="button" value="Continue"/>									

▼ Policy Information

Policy No.	5095964878	Policyholder Name	RELIABLE RIDES PTE LTD	Policyholder NRIC	201611527N
Address	8 KAKI BUKIT AVENUE 4 #05-50 PREMIER @ KAKI BUKIT SINGAPORE 415875				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	16/11/2017	Effective Date	16/11/2017 00:00	Expiry Date	18/11/2018 23:59
Third Party Excess	1500	Own damage Excess	1000	Windscreen Excess	100
Additional Excess	0	OS Premium	1411.51		
Outside Singapore OD Excess	3000	Outside Singapore TP Excess	3000		
Agent	TAN INSURANCE BROKERS PTE	Agent Tel.	NIL	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ Policyholder Mailing Address

Address 1	8 KAKI BUKIT AVENUE 4	Address 2	#05-50 PREMIER @ KAKI BUKIT	Address 3	SINGAPORE 415875
Address 4		Address Type	Singapore address	Post Code	415875
Unit No.	05-50	Related Policy Number	5097501986		

► Insured Object: SGZ8334P

▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
----------	---------------------	------------------	--------------------	---------------------

Continue

Cancel

Claim Handling

- Exit

The premium on this policy has not been collected.

Accident MT/0981677

Policy No.	5095964878	Vehicle No.	SG28334P	GST Registration No.	
Policyholder Name	RELIABLE RIDES PTE LTD			Policyholder NRIC	201611527N
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Leading	0
Contact No. (Mobile)	0	Contact No. (Office)	0	Contact No. (Home)	0
Email Address		Special Remark		eCode	[...]
KPK	<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	Yes

Accident Details

Report Date	09/02/2018 11:54	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	08/02/2018	Time of Accident hh:mm	14:40	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG HOUGANG AVE 3 BEFORE JUNG TAMPINES RD				

Benefits

Excess

Own damage Excess	1,000.00	Additional Excess	0.00	Windscreen Excess	100.00
Unnamed Driver Excess		Outside Singapore OD Excess	3,000.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	3,000.00		

GST Registered Information

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

Policyholder Mailing Address

Address 1	8 KAKI BUKIT AVENUE 4	Address 2	#05-50 PREMIER @ KAKI BUKIT	Address 3	SINGAPORE 415875
Address 4		Address Type	Singapore address	Post Code	415875
Unit No.	05-50	Related Policy Number	5097501986		

OT Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	18/02/1959
Unnamed driver name	RANJENDRAN S/O G SELAMUTH	Driver NRIC	S1254093D	Driving Experience	25
Register Date of Driver License	27/04/1992	Driver Age	58	Contact No. (Office)	0
Contact No. (Mobile)	93731765	Contact No. (Office)	0	Contact No. (Home)	0
Address 1	BLK 328	Address 2	UBI AVENUE 1	Address 3	KAMPUNG UBI ESTATE
Address 4	SINGAPORE 400328	Address Type	Singapore address	Post Code	400328
Unit No.	03-607				
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
-------------------------------------	------	-------------	---

Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	RELIABLE RIDES PTE LTD	Insured NRIC	201611527N
Contact No. (Mobile)		Contact No. (Home)		Contact No. (Office)	66351820
Email Address		OT Vehicle Number	SG28334P	TP Vehicle Number	5JH610D
Claim Description	SG28334P / 5JH610D ON 8 Feb 2018			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Full at Fault		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	09/02/2018 11:52	Claim Close Date		Date Received	09/02/2018 00:00
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

Attachment

Accident No.	MT/0981677	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	09/02/2018 11:59

Path *	Category *	Confidential	Urgency *	Description *
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Insurance/Other

☐ Send Message Upload

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? Action (CO)
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Feb 2018 11:59	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-2-9	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Feb 2018 11:59	SAS	Normal	SAS 2018-2-9	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Feb 2018 11:58	Photos	Normal	Photos 2018-2-9	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Feb 2018 11:58	Photos	Normal	Photos 2018-2-9	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Feb 2018 11:58	Photos	Normal	Photos 2018-2-9	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Feb 2018 11:58	Photos	Normal	Photos 2018-2-9	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Feb 2018 11:58	Photos	Normal	Photos 2018-2-9	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Feb 2018 11:58	Photos	Normal	Photos 2018-2-9	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Feb 2018 11:58	Photos	Normal	Photos 2018-2-9	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Feb 2018 11:58	Photos	Normal	Photos 2018-2-9	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Feb 2018 11:58	Photos	Normal	Photos 2018-2-9	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Feb 2018 11:58	Photos	Normal	Photos 2018-2-9	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Feb 2018 11:57	Photos	Normal	Photos 2018-2-9	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Feb 2018 11:57	Photos	Normal	Photos 2018-2-9	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Feb 2018 11:57	Photos	Normal	Photos 2018-2-9	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Feb 2018 11:57	Photos	Normal	Photos 2018-2-9	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Feb 2018 11:57	Photos	Normal	Photos 2018-2-9	Edit

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
------------------	-------------	-----------	--------	--------

[Display in New window](#)
[Scan and uploading](#)