

NATIONAL Assessment Centre Services

Date In: 10/02/2018 10:42	Job description	Date & Time Completed	Done by
Ref No: NA/INC18002723/K4	SAS e-filing		
Veh No: SFQ 47634	E-mail (within 8hrs, AIC 2hrs)		
DOA: 09/02/2018 17:30	i-Motor Claim Form	MT/0982026	12/2/18 17:33
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: SFD6901T	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

NA1801063

Claimant's Particulars :-	Invoice Preparation Checklist	Am't (\$) 1st Bill	Am't (\$) Add Bill
Driver/Owner:	1) AR : Accident Reporting (\$30);		
Contact No:	2) DA : Damage Assessment (\$100); INC (\$50)		
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:-		
	OD*		
	*N5: Courtesy Car / Tpl 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		
QC Checked by (Engr-In-Charge):	Invoice dated	Fee Charged	
Auditors' Comments :-	Invoice dated	Fee Charged	
at 1:			
at 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	10/02/2018 10:42
Date Of Accident	09/02/2018 17:30
Exact Location Of Accident	PIE TWDS CHANGI AIRPORT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFQ4763U
Insured/Policyholder	
Name Of Registered Owner	AMANDEEP SINGH BAJAJ
NRIC No	S6914825E
Email Address	AMANBAJAJ0202@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97769144
Alternative Phone No	OTHERS-97769144

Vehicle Particulars

Manufacturer	TOYOTA
Model	PICNIC AUTO
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	PRIVATE CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5018177846-11
Cover Note Number	

Driver

Name of Driver	AMANDEEP SINGH BAJAJ
NRIC No	S6914825E
Date Of Birth	11/02/1969
Occupation	INDOOR
Date Of Driving Pass	20/06/1987
Driving Experience	30 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97769144
Fax Number	
Contact Number	OTHERS-97769144
Email Address	AMANBAJAJ0202@GMAIL.COM

Address	48 KEW AVENUE
Postcode	466344
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)	2
Passenger 1	NAME: : HARSH SINGH BAJAJ GENDER: : MALE

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	SFD6901T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ARIELE NG SUI SHEN
NRIC/Passport Number	S9538053J
Contact Number	81860362
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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**.
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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:

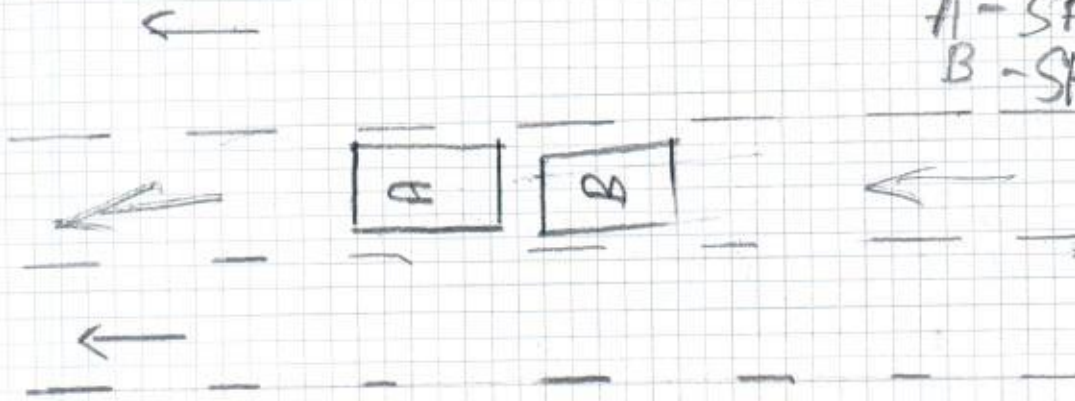
Driver's Signature
(if driver is not the policyholder)
Date & Time:

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

SKETCH PLAN

Pie towards Changi Airport

A - SFO 4763U
B - SFD 6901T



Eunos
Exit

Bedok

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Rese-
arch
on
EXIT

While I was driving along Pie (Vehicle A) towards Changi Airport between the Eunos and Bedok Reservoir exit Car B had hit the rear of my Car while trying to filter to the left lane at speed.

As it was in the middle of highway we moved our cars to the shoulder and exchanged particulars and photos. As Car B driver was a Provisional driver, we waited for her father Mr Noel Ng at a side road in Bedok North Road.

They apologised and requested me to make a claim against their insurance AIG.

The weather was clear and roads were dry.

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.:

10/2/2018

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S6914825E**




Name
AMANDEEP SINGH BAJAJ

Race
SIKH

Date of birth
11-02-1969

Sex
M

Country of birth
SINGAPORE



5050592





Family No. **S6914825E**

Date of issue
19-06-2012

Address
**48 KEW AVENUE
SINGAPORE 466344**

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number **S6914825E**

Name
AMANDEEP SINGH BAJAJ

Birth Date **11 Feb 1969**

Issue Date **21 Jun 2012**




YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

EFFECTIVE DATE
20 Jun 1987

Class 3 Motor Cars $\leq 3000\text{kg}$ with ≤ 7 passengers, exclusive of the driver; and other motor vehicles $\leq 2500\text{kg}$

Licence No: **S6914825E**



NP 428A

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="radio"/>	5018177846-11	AMANDEEP SINGH BAJAJ	S6914825E	GPC	Third Party, Fire & Theft	SFQ4763U	SFQ4763U	03/01/2018	02/01/2019

▼ Policy Information

Policy No.	5018177846-11	Policyholder Name	AMANDEEP SINGH BAJAJ	Policyholder NRIC	S6914825E
Address	48 KEW AVENUE SINGAPORE 466344				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	28/12/2017	Effective Date	03/01/2018 00:00	Expiry Date	02/01/2019 23:59
Third Party Excess	0	Own damage Excess	0	Windscreen Excess	0
Additional Excess		OS Premium	0		
Outside Singapore OD Excess	0	Outside Singapore TP Excess	0		
Agent	FAR EASTERN INSURANCE AGEN	Agent Tel.	NIL	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ Policyholder Mailing Address

Address 1	48 KEW AVENUE	Address 2	SINGAPORE 466344	Address 3	
Address 4		Address Type	Singapore address	Post Code	466344
Unit No.		Related Policy Number	5018177846-11		

► Insured Object: SFQ4763U

▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
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Continue

Cancel

Claim Handling

Accident MT/0982026

Policy No.	5018177846-11	Vehicle No.	SFQ4763U	GST Registration No.	
Policyholder Name	AMANDEEP SINGH BAJAJ	Cover Type	Third Party, Fire & Theft	Policyholder NRIC	S69
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)	0	Loading	0
Contact No.(Mobile)	97769144	Special Remark		Contact No.(Home)	0
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(%)	20	eCode Reason	
NCD Protection	No			Private Hire	No
▼ Accident Details					
Report Date	12/02/2018 17:25	Accident Report Within 24 hrs	Yes	Accident Type	Coll
Date of Accident	09/02/2018	Time of Accident hh:mm	17:30	Country of Accident	Sing
Reporting Centre		Orange Force		ICM No.	
Accident Location	PIE TWDS CHANGI AIRPORT				
▼ Benefits					
▼ Excess					
Own damage Excess	0.00	Additional Excess		Windscreen Excess	
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	0.00		
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	48 KEW AVENUE	Address 2	SINGAPORE 466344	Address 3	
Address 4		Address Type	Singapore address	Post Code	466
Unit No.		Related Policy Number	5018177846-11		
▼ OI Driver Info					
Driver Name	AMANDEEP SINGH BAJAJ	Driver Type	Main Driver	Driver DOB	11/0
Unnamed driver Name		Driver NRIC	S6914825E	Driving Experience	30
Register Date of Driver License	20/06/1987	Driver Age	48	Contact No.(Home)	0
Contact No.(Mobile)	97769144	Contact No.(Office)	0	Address 3	
Address 1	48 KEW AVENUE	Address 2		Post Code	466
Address 4		Address Type	Singapore address		
Unit No.					
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input 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 OD-MX

New

Claim Type *	OD-MX	Insured Name	AMANDEEP SINGH BAJAJ	Insured NRIC	S69
Contact No.(Mobile)	97769144	Contact No.(Home)	63443144	Contact No.(Office)	
Email Address	amanbajaj0202@gmail.com	OI Vehicle Number	SFQ4763U	TP Vehicle Number	SFD
Claim Description	SFQ4763U / SFD6901T ON 9 Feb 2018			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	GIA report	Rec
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	12/0
Date Registered	12/02/2018 18:16	Claim Close Date		Total Loss but Repaired	
Report Taken By	KRISHNASAMY	Workshop Repairer			
<input checked="" type="checkbox"/> Print AK letter					
<div>Save</div> <div>Submit</div>					

Attachment

2/12/2018

Claim Handling(accident reporting Claim Task 001 OD-MX)

Accident No.

MT/0982026

Claim No.

001

Last Doc. Received

☒ Yes
 ☐ No

Upload Date

12/02/2018 17:33

Path *

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















Category *

Confidential

Urgency *

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Clear	Please Select	NO	Normal
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Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Feb 2018 18:16	NRIC/ Driving License	Normal	NRIC/ Driving License
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Feb 2018 18:15	SAS	Normal	SAS 2011
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Feb 2018 17:33	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Feb 2018 17:33	Photos	Normal	Photos 20:
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