

NATIONAL Assessment Centre Services

Date In: 14/02/2018 12:51	Job description	Date & Time Completed	Done by
Ref No: NA/INC18002998/ky	SAS e-filing		
Veh No: GX 6712E	E-mail (within 8hrs, AIC 2hrs)		
DQA: 13/02/2018 08:45	i-Motor Claim Form	MT/0982520	15/2/18 09:25
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: SGJ9559K	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

NA1801098	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$30);	1st Bill	Add Bill
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$30)		
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	14/02/2018 12:51
Date Of Accident	13/02/2018 08:45
Exact Location Of Accident	TAXI STAND / BUKIT TIMAH ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GX6712E
Insured/Policyholder	
Name Of Registered Owner	SKR ELECTRICAL ENGINEERING PTE. LTD.
Co Reg No	200919626N
Email Address	SKRELECTRICALPL@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96403226
Alternative Phone No	OFFICE-96403226

Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA 150 D
Exact Purpose for which vehicle was being used at time of accident	WORK
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 FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5041673728-08
Cover Note Number	

Driver

Name of Driver	SUBBU BALAKRISHNAN
NRIC No	S7364727D
Date Of Birth	08/05/1973
Occupation	OUTDOOR
Date Of Driving Pass	24/12/2001
Driving Experience	16 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96403226
Fax Number	
Contact Number	OTHERS-96403226
Email Address	SKRELECTRICALPL@GMAIL.COM

Address	BLK 541 HOUGANG AVE 8 #10-1219
Postcode	530541
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	
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	SGJ9559K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LEE MEI LING (LI MEILING)
NRIC/Passport Number	S7535557B
Contact Number	98779559
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.
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.



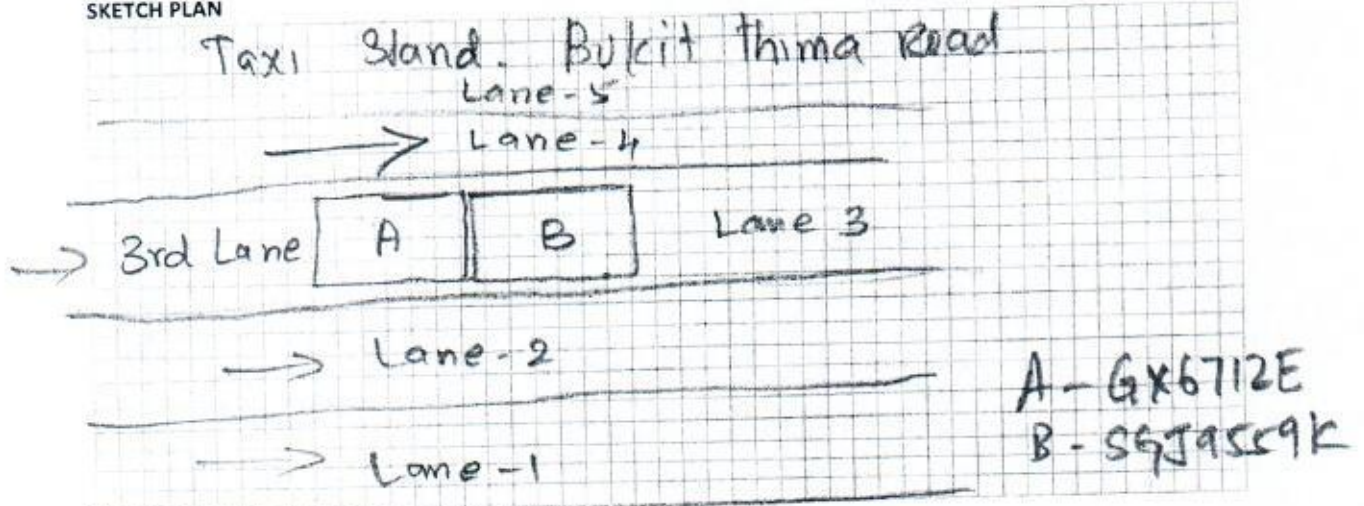
X
Policyholder's Signature
Date & Time:


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


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

14/2/2018

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Vehicle A was along drive Bukit Thima Road near Tekka market Taxi Stand. Vehicle B sudden break then Vehicle A slow down accidentally heat on Rear portion of vehicle B.

DECLARATION

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

X

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.:

14/2/2018

Reported on 13/12/2018
@ 1245hrs

ACCIDENT STATEMENT

ACCIDENT DATE: (13/02/2018) (DD/MM/YYYY), TIME: (08:45 AM) (HH:MM)

LOCATION: Taxi stand Bukit Timah Road

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GIX 6712E
b) INSURANCE COMPANY: _____
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: _____
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: _____
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 96403226
c) ADDRESS: _____

* d) DATE OF BIRTH: (____/____/____) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: _____

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)
b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SGJ9559K MODEL: _____
b) DRIVER'S NAME: LEE WEI LING (LI WEILING)
c) NRIC/FIN/PASSPORT: S7535557B CONTACT: 98779559

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
e) DRIVER'S NAME: _____
f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

Email = skrelectricalpl@gmail.com

Fax = skrelectricalpl@gmail.com ✓

Waiting for Company Chop?

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7364727D



Name

SUBBU BALAKRISHNAN

சு பால கிருஷ்ணன்

Race

INDIAN

Date of birth

08-05-1973

Sex

M

Country/Place of birth

INDIA



5690503



NRIC No. S7364727D



Date of issue

17-01-2017

Address

APT BLK 541 HOUGANG AVENUE 8
#10-1219
SINGAPORE 530541

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S7364727D

Name

SUBBU BALAKRISHNAN

Birth Date: 08 May 1973

Issue Date: 30 Nov 2007



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

PASS DATE

Class 3 - Motor Cycles < 2000kg with < 7 passengers, exclusive of the driver; and other motor vehicles < 2500kg 24 Dec 2001



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"/>	5041673728-08	SKR ELECTRICAL ENGINEERING PTE. LTD.	200919626N	GCV	Third Party, Fire & Theft	GX6712E	GX6712E	12/02/2018	11/02/2019

▼ Policy Information

Policy No.	5041673728-08	Policyholder Name	SKR ELECTRICAL ENGINEERING	Policyholder NRIC	200919626N
Address	284 LAVENDER STREET SINGAPORE 338802				
Product Name	COMMERCIAL VEHICLE INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	19/01/2018	Effective Date	12/02/2018 00:00	Expiry Date	11/02/2019 23:59
Third Party Excess	0	Own damage Excess	0	Windscreen Excess	0
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess			
Agent	HON BROTHERS MOTOR	Agent Tel.	68446450	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ Policyholder Mailing Address

Address 1	284 LAVENDER STREET	Address 2	SINGAPORE 338802	Address 3	
Address 4		Address Type	Singapore address	Post Code	338802
Unit No.		Related Policy Number	5041673728-08		

▶ Insured Object: GX6712E

▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
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Continue

Cancel

Claim Handling

Accident MT/0982520

Policy No.	5041673728-08	Vehicle No.	GX6712E	GST Registration No.	
Policyholder Name	SKR ELECTRICAL ENGINEERING PTE. LTD.			Policyholder NRIC	2004
Product Code	COMMERCIAL VEHICLE INSURANCE	Cover Type	Third Party, Fire & Theft	Loading	0
Contact No.(Mobile)	96403226	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	No	NCD Entitlement(%)	20	Private Hire	No

▼ Accident Details

Report Date	15/02/2018 09:19	Accident Report Within 24 hrs	Yes	Accident Type	Collision
Date of Accident	13/02/2018	Time of Accident hh:mm	08:45	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	TAXI STAND / BUKIT TIMAH ROAD				

▼ 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 Registration No.		GST Status Verified	No
Modification History			

▼ Policyholder Mailing Address

Address 1	284 LAVENDER STREET	Address 2	SINGAPORE 338802	Address 3	
Address 4		Address Type	Singapore address	Post Code	3388
Unit No.		Related Policy Number	5041673728-08		

▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	08/01/1988
Unnamed driver Name	SUBBU BALAKRISHNAN	Driver NRIC	S7364727D	Driving Experience	16
Register Date of Driver License	24/12/2001	Driver Age	44	Contact No.(Home)	0
Contact No.(Mobile)	96403226	Contact No.(Office)	0	Address 3	
Address 1	BLK 541	Address 2	HOUGANG AVENUE 8	Post Code	5301
Address 4		Address Type	Singapore address		
Unit No.	#10-1219				
Does he own a Singapore Registered car?	<input 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
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Modification History

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	SKR ELECTRICAL ENGINEERING	Insured NRIC	2004
Contact No.(Mobile)	96403226	Contact No.(Home)		Contact No.(Office)	
Email Address		OI Vehicle Number	GX6712E	TP Vehicle Number	SGJ
Claim Description	GX6712E / SGJ9559K ON 13 Feb 2018				
Preferred Workshop Contact No.		Insured Liability *	Partially at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Rec
Date Registered	15/02/2018 09:27	Claim Close Date		Date Received	15/02/2018
Report Taken By	KRISHNASAMY	Workshop Repairer		Total Loss but Repaired	
<input checked="" type="checkbox"/> Print AK letter					
<input type="button" value="Save"/> <input type="button" value="Submit"/>					

Attachment

2/15/2018

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

Accident No.

MT/0982520

Claim No.

001

Last Doc. Received

☒ Yes ☐ No

Upload Date

15/02/2018 09:25

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 *

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
Clear	Please Select	NO	Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Feb 2018 09:27	NRIC/ Driving License	Normal	NRIC/ Driving License
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Feb 2018 09:26	SAS	Normal	SAS 2018
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Feb 2018 09:25	Photos	Normal	Photos 20: "
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Feb 2018 09:25	Photos	Normal	Photos 20: "
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Feb 2018 09:25	Photos	Normal	Photos 20: "
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Feb 2018 09:25	Photos	Normal	Photos 20: "
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Feb 2018 09:25	Photos	Normal	Photos 20: "
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Feb 2018 09:25	Photos	Normal	Photos 20: "

Video List

Uploaded By/Date	Folder Date	File Name	Source
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