

# NATIONAL Assessment Centre Services. [wet 1 Jan'09] MHA118031781

Date In: 6/3/18-12:19	Job description	Date & Time Completed	Done by
Ref No: NA/INC1804265/24	SAS e-filing		
Veh No: XD6795U	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 23/2/18-05:30	i-Motor Claim Form	M7/0984844-00	6/3/18 12:48
DD: 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: Property	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
18/1/18	Reopen file to charge damage assessment fees
19/1/18	reopen not only, 1st DOZ 9/3/18
	VAP Choe is NA

NA1801439 / NA1808201	Invoice Preparation Checklist		Am't (\$)	Am't (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$30);		Int Bill	Add Bill
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)			
Contact No:	3) TP: Towing Fee \$40/\$45			
Damaged Portion:	4) FT: Follow-Through Survey \$120			
	5) FT: Follow-Through Survey (Resurvey) \$30			
	For claiming against INC Only (wet 10 Jan 2009)			
	6) TR: Re-inspection \$75			
	7) N1: Idao DA + SMRT Survey \$160			
	8) NTUC Additional Services:			
	ON:			
	*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 (N/a INC) against INC \$20			
	9) N12: Idao Mobile 30			
Auditors' Comments:	Invoice dated	Fee Charged		
at 1:	Invoice dated	Fee Charged		
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	06/03/2018 12:19
Date Of Accident	23/02/2018 05:30
Exact Location Of Accident	ECP BEFORE TANJONG KATONG RD S EXIT
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	XD6795U
<b>Insured/Policyholder</b>	
Name Of Registered Owner	JIA XIU CONTRACTORS
Co Reg No	53311853X
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
<b>Vehicle Particulars</b>	
Manufacturer	IVECO
Model	IVECO TRAKKER AUTO ABS TURBO 28T
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?	YES
If No, Please state action to be taken	
Vehicle Category	COMMERCIAL VEHICLE
<b>Insurance Company</b>	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5087372517-01
Cover Note Number	
<b>Driver</b>	
Name of Driver	RAJAVEL KASINATHAN
Passport No/FIN	G7485904L
Date Of Birth	17/06/1974
Occupation	OUTDOOR
Date Of Driving Pass	17/08/2015
Driving Experience	2 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81228246
Fax Number	
Contact Number	OFFICE-81228246
Email Address	NOEMAIL

Address	123 SIMEI STREET 1 #01-374 HDB-TAMPINES
Postcode	520123
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?	YES
Was any injured conveyed to hospital by ambulance?	YES
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?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20180226/2172.

#### 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	PROPERTY
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	GOVERNMENT
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name	RAJAVEL KASINATHAN
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	XD6795U
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	



## 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) in complying with requirements under any regulations, laws or court orders.

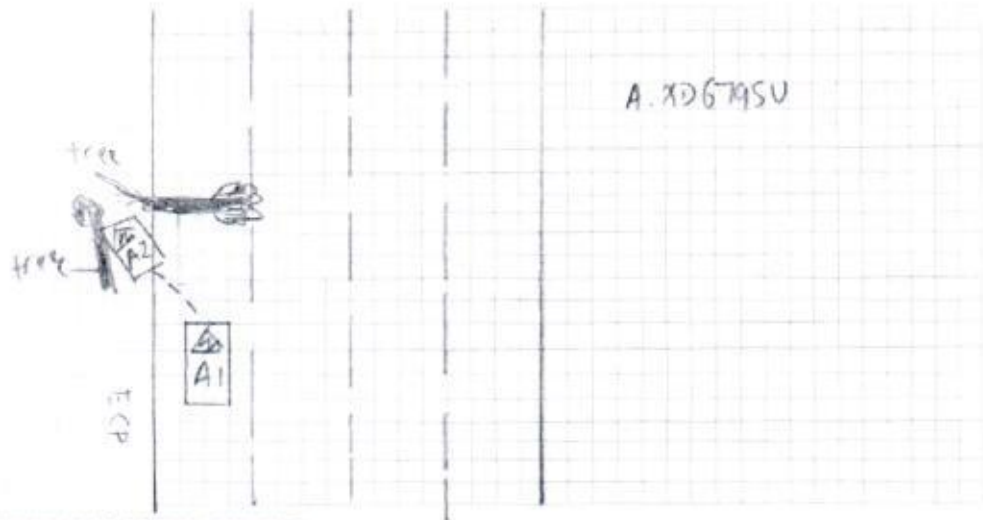


Policyholder's Signature  
Date & Time:

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

Refer to police report - 7/20180226/2172.

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.:

uploaded.

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**


Original Report No : MMA 118031381 Vehicle Registration No: XD 6795 U  
Name(as shown in NRIC) : Jia Xiu Contractor NRIC/FIN/Passport No : S3311853X  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : \_\_\_\_\_ Singapore( )  
Contact (Tel) : \_\_\_\_\_ Mobile No. : 8122 8246  
Email Address : \_\_\_\_\_  
Date of Accident : 23/2/18 Time of Accident : 05:30  
Place of Accident : ECP Before Tanjong Katong Rd S Exit.  
Insurance Company: NTUC

**(B) ADDITIONAL INFORMATION / AMENDMENTS:**

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Amend Revert from Reporting to Own Damage  
claims..

  
Policyholder/Driver's Signature  
Date: 22 MAY 2018

  
Reporting Centre Personnel's Signature  
Name: Liew Shan Hui  
NRIC/FIN No.:  
Date: 22/5/18



ASSIGNMENT (IDAC)By CSO- Nature of Accident:

- 1) Vehicle hit Vehicle: ☐ 2) Vehicle hit ?? ☐
- a) Motorcar ☐ a) Pedestrian ☐
- b) M/cycle ☐ b) Animal ☐
- c) Bicycle ☐
- 3) Vehicle hit Road Side Objects:
- a) Govn. Property ☐ b) Road Work Object ☐
- (Eg: signboard, barrier, tree etc) c) Private Property ☐
- 4) Vehicle drop into drain ☐
- 5) Damage due to Act of God:
- a) Fallen Object ☐ b) Flood ☐
- c) Other: \_\_\_\_\_
- 6) Parked & Found Damaged:
- a) Vandalism ☐ b) Hit by Moving Object ☐
- 7) Theft Case
- a) Stolen ☐ b) Damage found ☐
- when recovered.
- 8) Fire
- a) Whilst driving ☐ b) Parked ☐
- 9) Accident date more than 24hrs ☐

Remarks for Internal Information

\* Not economical to repair.  
 Est. M.V. \$100,000  
 Rebate \$29,806  
 Repair Margin \$70,194

Remarks to appear in Works Order & Assessment report

- 1) Potential Total Loss ☐
- 2) SRS Light on ☐
- 3) ABS Light on ☐

By Assessor- 1) Vehicle Information

Veh No: XD 67 95 4 Yr Regn: 11 Jan 2013  
 Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi Prime Mover ☒ MPV  
 / Truck / Trailer or

Make & Model: Iveco Trakker C.C.  
 Colour: Yellow Transmission Type: Auto / Manual

Eng/No: \_\_\_\_\_ Sp. Reading: \_\_\_\_\_

C/No: WJME2N5540C242415

Gen. Cond: Good / Fair / Poor / Burnt or

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: \_\_\_\_\_

R: \_\_\_\_\_

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /  
 TOYO / YOKO or

Front		Rear	
R/Bal. _____ mm		R/Bal. _____ mm	
L/Bal. _____ mm		L/Bal. _____ mm	

Parallel Import: Yes / No Towed-In: Yes / No

Repair Type: LS / I.B.I Towing Required: Yes / No

No of Repair Days: \_\_\_\_\_ Vehicle in Idac: Yes / No

D.O.I. \_\_\_\_\_ Time: \_\_\_\_\_

By Assessor- 2) Comments

- 1) Damages not due to recent accident.
- 2) Damages do not seem hit onto:
- a. Vehicle ☐ b. Motorcycle ☐ c. Bicycle ☐ d. Pedestrian ☐
- e. Animal ☐ f. Govn Object ☐ g. Road Work Object ☐
- h. Private Property ☐ i. Drain ☐ j. Road Kerb/Grass Verge ☐
- 3) Vehicle does not seem damaged as a result of:
- a. Fallen Object ☐ b. Flood ☐ c. Vandalism ☐ d. Fire ☐
- e. Moving Object ☐ f. Stolen ☐ g. Stolen & Recovered ☐

Time Started: \_\_\_\_\_ Time completed: \_\_\_\_\_

- 1) CSO \_\_\_\_\_
- 2) ASS \_\_\_\_\_
- 3) Entire Operation Completed Time: \_\_\_\_\_



> Back to OneMotoring

## Enquire PARF/COE Rebate for Registered Vehicle

### Vehicle Owner Particulars

Owner ID Type:	Business
Owner ID:	1853X

### Vehicle Details

Vehicle No.:	XD6795U
Vehicle to be Exported:	No
Intended De-registration Date:	22 May 2018
Vehicle Make:	IVECO
Vehicle Model:	IVECO TRAKKER AUTO ABS TURBO 28T
Primary Colour:	Yellow
Manufacturing Year:	2011
Engine No.:	176634
Chassis No.:	WJME2NSS40C242415
Maximum Power Output:	-
Open Market Value:	\$129,145.00
Original Registration Date:	11 Jan 2013
First Registration Date:	11 Jan 2013
Transfer Count:	1
Actual ARF Paid:	\$6,458.00

### Intended PARF Rebate Details

PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00

### Intended COE Rebate Details

COE Expiry Date:	10 Jan 2023
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
QP Paid:	\$63,035.00
COE Rebate Amount:	\$29,806.00
<b>Total Rebate Amount:</b>	<b>\$29,806.00</b>

The information contained herein is correct as at 22 May 2018

OK

## Claim Handling

Task Transfer Exit

## Accident MT/0984894

GCS SAL SUB

Policy No.	5087372517-01	Vehicle No.	XD6795U	GST Registration No.	
Policyholder Name	JIA XIU CONTRACTORS			Policyholder NRIC	53311853X
Product Code	FLUET INSURANCE	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	0	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	
KFK	<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	No

## Accident Details

Report Date	05/03/2018 12:45	Accident Report Within 24 hrs	No	Accident Type	Others
Date of Accident	23/02/2018	Time of Accident h:mm	05:30	Country of Accident	Singapore
Reporting Centre	NATIONAL ASSESSMENT CENTR	Orange Force	Yes	ICM No.	3367787
Accident Location	BCP BEFORE TANJONG KATONG RD S EXIT				

## Benefits

## Excess

Own damage Excess	1,500.00	Additional Excess		Windscreen Excess	100.00
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	Yes
Modification History			

## Policyholder Mailing Address

Address 1	BLK 123 #01-374	Address 2	SIMEI STREET 1	Address 3	SINGAPORE 520123
Address 4		Address Type	Singapore address	Post Code	520123
Unit No.		Related Policy Number	5090706465-01		

## 01 Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	KAJAVEL KASINATHAN	Driver NRIC	G74859D4L	Driver DOB	17/06/1974
Register Date of Driver License	17/08/2015	Driver Age	#3	Driving Experience	2
Contact No.(Mobile)	81228246	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 123	Address 2	SIMEI STREET 1	Address 3	SINGAPORE 520123
Address 4		Address Type	Singapore address	Post Code	520123
Unit No.	01-374				
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 checked="" type="radio"/> Yes <input type="radio"/> No
Modification History	07/03/2018 16:03 s01894Q Modify Accident Report Within 24 hrs(Yes-->No) 19/03/2018 11:20 s069588 Modify Orange Force(N-->Y) 19/03/2018 11:20 s069588 Modify ICM No(-->3367787)		

## Investigation

## Claim 001 OD-MD

## Claim Case Officer Zuraima Bin Mantau

GCS SAL SUB

Claim Type	OD-MD	Insured Name	JIA XIU CONTRACTORS	Insured NRIC	53311853X
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	65533468
Email Address		01 Vehicle Number	XD6795U	TP Vehicle Number	PROPERTY
Claim Description	XD6795U / PROPERTY ON 23 Feb 2018			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability	Fully at Fault		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	05/03/2018 12:52	Claim Close Date		Date Received	22/05/2018 16:50
Report Taken By	Jackson	Workshop Repairer		Total Loss but Repaired	
<input checked="" type="checkbox"/> Print AK letter				OD Excess Collected by Workshop	
Modification History	22/05/2018 16:50 s069588 Modify Claim Type(OD-MD-->OD-MD)				

## Special Claim Creation Approval

Approval	Reason
Remarks	

## damage assessment

## Attachment

## Vehicle Info

Vehicle Make	IVECO	Vehicle Model	OTHERS	Engine Capacity	16.08
Date of Registration	11/01/2013	Class No.	WIME2N5S40C242415	Parallel Import *	<input type="checkbox"/> Yes <input checked="" type="radio"/> No
Towing Required *	<input checked="" type="radio"/> Yes <input type="radio"/> No	Vehicle in IDAC *	<input type="radio"/> Yes <input checked="" type="radio"/> No	Survey Current Status	
Type of Tender *	Own Damage	Assessor Name *	SIMON		
IDAC/Workshop Name	NATIONAL ASSESSMENT CENTR	IDAC/Workshop Location	51 UBI AVENUE 1 #01-25 PAYA		
Windscreen Parts & Labour Cost		Total Loss *	<input checked="" type="radio"/> Yes <input type="radio"/> No		
Market Value(\$) *		Scrape Value(\$) *		Economical Repair Value(\$) *	



100,000.00	29,896.00	70,194.00
REMARK: NOT ECONOMICAL TO REPAIR.		

Remark \*

**Damage Listing**

Find a Part	No	Part No.	Description	Qty *	Repair Code *
<div style="display: flex; align-items: center;"> <div style="flex: 1;">                     Not Applicable                      ABS                      ABSORBER                      ACCELERATOR                      ACTUATOR                      ADVERTISEMENT STICKER                 </div> <div style="flex: 0.5; text-align: center;">                     ^                      ▢                      ▾                 </div> </div>	1	16000101	BUMPER (FRONT)	1	Replace ▾ <span style="float: right; border: 1px solid black; padding: 2px;">X</span>

Save
Submit