NATIONAL Assessment Centre Services. NAH1812032686

Date In: 08/03/2018 16:02	Job description	Date & Time Completed	Done by
Ref No: NB8/INC/18004571/N	SAS e-filing		
Veh No: GZ 5448 P	E-mail (within 3hrs, AIC 3hrs)		
D.O.A: 07/03/2018 16:15	i-Motor Claim Form	M1C985245-002	09/03/2018 10:03
OD / TP / Reporting Only	i-Motor W/O (Within OD 3hrs, TP 1hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / OW: (Tel: Fax:)

TP Particulars: Veh No: SLV 6445C , 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 0016	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	Action

NA1801557

Claimant's Particulars

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Additional Comments:

Invoice Preparation/Checklist		Bill	Used/Bill
1) AR : Accident Reporting ($30)			
2) DA : Damage Assessment ($100)	INC ($80)		
3) TF : Towing Fee	$40/$45		
4) FT : Follow-Through Survey	$130		
5) FT : Follow-Through Survey (Resurvey)	$30		
For claim ... (wef 10 Jun 2001)			
6) TR : Re-Inspection	$35		
7) N1 : (for DA + SMRT Survey	$160		
8) NTUC Additional Service(s):			
Only			
*N1: Courtesy Car / Tpt Allowance	$5		
*N6: Repair Coordination	$10		
*N7: Post Repair Inspection	$15		
*N8: DY / Collect ... Coordination	$5		
TP (N11) / TP (Non INC) ... INC	$10		
9) N9: Idea Mobile	$10		

Invoice dated / Fee Charged

Invoice no dated / Fee Charged

MNA418032686 / National Assessment Centre Services - Bukit Merah
ENTRY DATE & TIME: 08/03/2018 16:02
SUBMITTED BY: ROSLI BIN ABDUL WAHAB

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 witholding 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	08/03/2018 16:02
Date Of Accident	07/03/2018 16:15
Exact Location Of Accident	ALONG OUTRAM ROAD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GZ5448P
Insured/Policyholder	
Name Of Registered Owner	ELECTRONICS & ENGINEERING (PTE) LIMITED
Co Reg No	196700385M
Email Address	KARI@ENEPL.COM.SG
Mobile Phone No	(LOCAL) +65-98364572
Alternative Phone No	OFFICE-62235873
Vehicle Particulars	
Manufacturer	TOYOTA
Model	TOWNACE-2.2 D CR42 (M)
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5054974716-05
Cover Note Number	
Driver	
Name of Driver	ULAGANATHAN KARIKALAN
NRIC No	S7362916J
Date Of Birth	11/03/1973
Occupation	OUTDOOR
Date Of Driving Pass	13/03/2000
Driving Experience	17 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98364572
Fax Number	
Contact Number	OFFICE-62235873
EMail Address	KARI@ENEPL.COM.SG

Address	BLK 18 JOO CHIAT ROAD #03-155
Postcode	360018
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	2
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: : COLLEQUE 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

PLEASE REFER TO SKETCH PLAN

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	SLV6445C
Vehicle Make/Model/Colour	HONDA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	GOH SZE XUN MICHELLE
NRIC/Passport Number	S7534729D
Contact Number	97421074
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.
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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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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

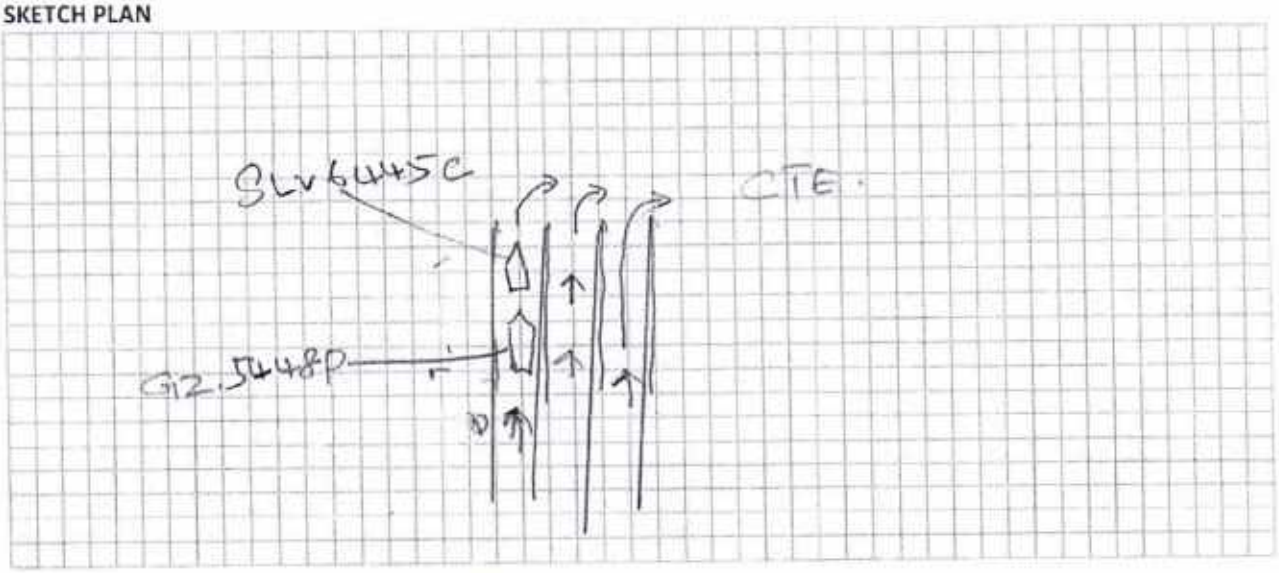
Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 8/3/18 .
2.30pm.

08/03/2018

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Driving along Outram Road before CTE Traffic light signal bank the CAR. SLV 6445C. NO ONE INJURED.

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: 8/3/18 2.30pm.

08/03/2018
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Claim Handling

Accident MT/0985245

Policy No.	5054974716-05	Vehicle No.	GZ5448P	GST Registration No.	
Policyholder Name	ELECTRONICS & ENGINEERING (PTE) LIMITED			Policyholder NRIC	
Product Code	COMMERCIAL VEHICLE INSURAI	Cover Type	Comprehensive	Loading	
Contact No.(Mobile)	NA	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	
KFK	◉ No ○ Yes	TCA	◉ No ○ Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	10	Private Hire	Not available

Accident Details

Report Date	08/03/2018 13:51	Accident Report Within 24 hrs	Yes	Accident Type	Unknown
Date of Accident	07/03/2018	Time of Accident hh:mm	16:20	Country of Accident	Singapore
Reporting Centre	administrator	Orange Force	No	ICM No.	
Accident Location	OUTRAM ROAD				

Benefits

Excess

Own damage Excess	600.00	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	Yes	GST Registration Date	01/04/1994
GST Registration No.	M200085221	GST Status Verified	Yes
Modification History	08/03/2018 18:21:36 Karthiyn Yuen changed GST Registered from No to Yes 08/03/2018 18:21:36 Karthiyn Yuen changed GST Registration No. from null to M200085221 08/03/2018 18:21:36 Karthiyn Yuen changed GST Registration Date from null to 01/04/1994		

Policyholder Mailing Address

Address 1	285 OUTRAM ROAD	Address 2	SINGAPORE 169069	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.		Related Policy Number	5068645139-03		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	ULAGANATHAN KARIKALAN	Driver NRIC	S7362916J	Driver DOB	
Register Date of Driver License	13/03/2000	Driver Age	44	Driving Experience	
Contact No.(Mobile)	98364572	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 18 #03-155	Address 2	JOO SENG ROAD	Address 3	
Address 4	SINGAPORE 360018	Address Type	Singapore address	Post Code	
Unit No.	03-155				
Does he own a Singapore Registered car?	○ Yes ◉ No	Driver Vehicle No.		Driver Insurer Company	

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	○ Yes ◉ No		

Modification History

Claim 002 **New**

Claim Type *	OD-MX	Insured Name	ELECTRONICS & ENGINEERING	Insured NRIC	
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	
Email Address		OI Vehicle Number	GZ5448P	TP Vehicle Number	
Claim Description	GZ5448P / SLV6445C ON 7 Mar 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	
Date Registered	09/03/2018 10:02	Claim Close Date		Date Received	
Report Taken By	ROSLI WAHAB				

☐ Print AK letter

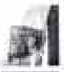
Save Submit

Attachment

Accident No.	MT/0985245	Claim No.	002			
Last Doc. Received	◉ Yes ○ No	Upload Date	09/03/2018 10:03			
Path *			Category *	Confidential	Urgency	
Browse... Clear			Please Select	NO	Normal	

Browse...	Clear	Please Select	NO	Normal
Browse...	Clear	Please Select	NO	Normal
Browse...	Clear	Please Select	NO	Normal
Browse...	Clear	Please Select	NO	Normal
Browse...	Clear	Please Select	NO	Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	De
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 09 Mar 2018 10:03	Photos	Normal	Photc
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 09 Mar 2018 10:03	Photos	Normal	Photc
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 09 Mar 2018 10:02	NRIC/ Driving License	Normal	NRIC/ Drivin

Video List

Uploaded By/Date	Folder Date	File Name	Sour

Display in New Window | Scan and uploading

Stencil

ACCIDENT STATEMENT

ACCIDENT DATE: (7 / 3 / 18) (DD/MM/YYYY), TIME: (4.15pm) (HH:MM)

LOCATION: Outram Road.

1. DETAILS OF VEHICLE
   a) VEHICLE NUMBER: GZ 5448P
   b) INSURANCE COMPANY: NTUC
   c) POLICY NUMBER: 5054997471605
   d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
   e) MAKE & MODEL: TOYOTA – VAN.
   f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
   g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
   h) PURPOSE OF USING AT ACCIDENT TIME: working.
   i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (~~YES~~ / NO) ✓ Reported
      IF NO, PLEASE STATE (~~THIRD PARTY CLAIM~~ / ~~REPORTING ONLY~~)

2. INSURED / POLICY HOLDER
   A) NAME: Electronic Engineering P/L LD. (MALE / FEMALE)
   b) NRIC/FIN/PASSPORT: _____ CONTACT: 62235823
   c) ADDRESS: 285, Outram Road – 169069.

Coverage (m)

▼ CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

No of passenger (including driver) (2)

DRIVER
   d) NAME: Kiranakan Karikalan (MALE / ~~FEMALE~~)
   b) NRIC/FIN/PASSPORT: S7362916J CONTACT: 98364572
   c) ADDRESS: Blk 285, Outram Road S-169069
   *d) DATE OF BIRTH: (1 / 08 / 1973) (DD/MM/YYYY)
   e) OCCUPATION: (INDOOR / OUTDOOR)
   f) DATE OF DRIVING PASS

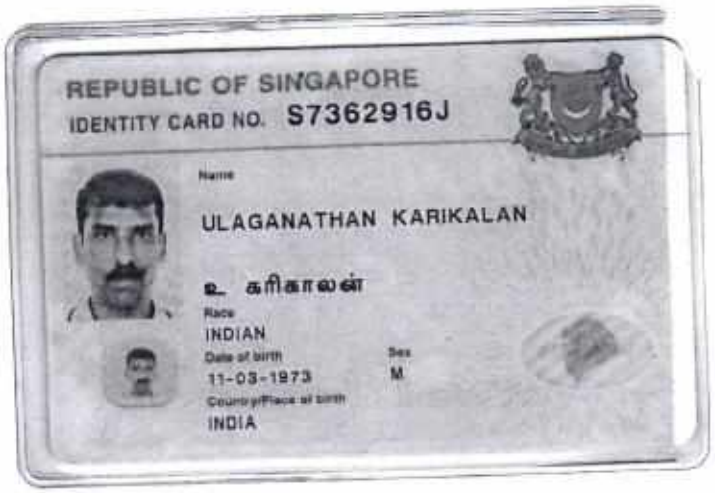
4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
   IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: employee
5. a) WEATHER CONDITION: (CLEAR / ~~RAINING~~ / OTHERS) _____
   b) ROAD SURFACE: (DRY / ~~WET~~ / OTHERS) _____
6. WAS ANYBODY INJURED (~~YES~~ / NO) ✓
7. a) REPORTED TO POLICE (~~YES~~ / NO) ✓
   IF YES, PLEASE STATE WHICH POLICE STATION: NA.
8. THIRD PARTY VEHICLE
   a) VEHICLE NUMBER: SLV6445C MODEL: HONDA.
   b) DRIVER'S NAME: GOH SZE YUN MICHELLE.
   c) NRIC/FIN/PASSPORT: S7534723D CONTACT: 97421074

No of passenger (including driver) (1)

9. THIRD PARTY VEHICLE
   a) VEHICLE NUMBER: _____ MODEL: _____
   e) DRIVER'S NAME: _____
   f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

No of passenger (including driver) (__)

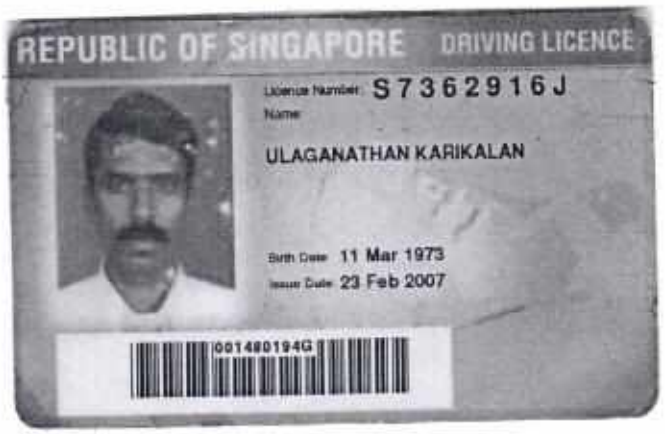
email = kari@enepl.com.sg.
fax =
Video


REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7362916J

Name
ULAGANATHAN KARIKALAN

உ. கரிகாலன்

Race
INDIAN
Date of birth
11-03-1973
Sex
M
Country/Place of birth
INDIA


REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S7362916J
Name
ULAGANATHAN KARIKALAN

Birth Date 11 Mar 1973
Issue Date 23 Feb 2007

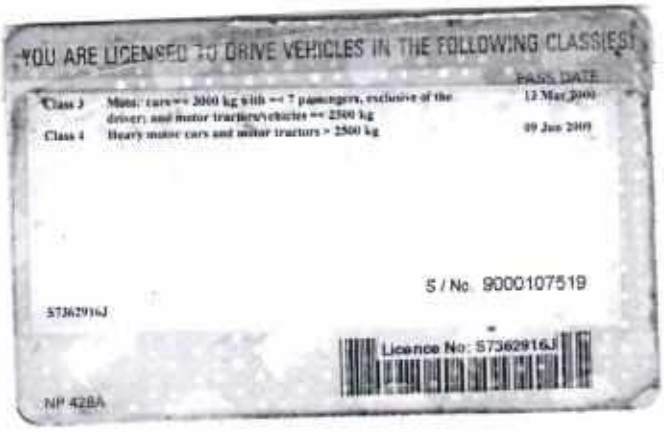
0014B0194G


9301192

NRIC No. S7362916J

Nationality
INDIAN
Date of Issue
03-07-2013

Address
APT BLK 18 JOO SENG ROAD
#03-155
SINGAPORE 360018


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

		PASS DATE
Class 3	Motor cars (< 3000 kg with <= 7 passengers, exclusive of the driver) and motor tractors/vehicles <= 2500 kg	12 Mar 2000
Class 4	Heavy motor cars and motor tractors > 2500 kg	09 Jun 2009

S / No. 9000107519

S7362916J

Licence No: S7362916J

NP 428A

eBaoTech GeneralClaim

Hello, NAC_BUKIT_MERAH_800676 · Change Language · Change Password · Log Out

My Desktop
Notice of Loss

Policy Query

Policy No.:
Vehicle No.(For Motor): GZ5448P
Date of Accident: 07/03/2018 14:59

Search

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
○	5054974716-05	ELECTRONICS & ENGINEERING (PTE) LIMITED	196700385M	GCV	Comprehensive	GZ5448P	GZ5448P	01/12/2017	30/11/2018

Continue