

NATIONAL Assessment Centre Services

(wef 1 Jan 05)

MNA 118041305

Date In: 27/13/18 13:50	Job description	Date & Time Completed	Done by
Ref No: MA/118018005659/64	SAS e-filing		
Veh No: SKE 2472 B	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 26/13/18 19:45	i-Motor Claim Form	MT/0987909	27/13/18 16:34
OD <input checked="" type="checkbox"/> 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:

SLA 3659 H

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

Invoice Preparation Checklist

Am't (\$)

Am't (\$)

1st Bill

Add Bill

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Ref. 1:

Ref. 2 / 3:

1) AR: Accident Reporting (\$30);

30.00

2) DA: Damage Assessment (\$100), INC (\$80)

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:-

QD:

*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 \$0

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	27/03/2018 13:50
Date Of Accident	26/03/2018 18:45
Exact Location Of Accident	KPE TWDS TPE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKE2472B
Insured/Policyholder	
Name Of Registered Owner	LALITHA D/O KRISHNAN
NRIC No	S6908089H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96686833
Alternative Phone No	OFFICE-96686833

Vehicle Particulars

Manufacturer	KIA
Model	CERATO FORTE 1.6 SX 6AT ABS D/AB 2WD 4DR
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5087510428-01
Cover Note Number	-

Driver

Name of Driver	VARATHARAJOO NAIDU S/O RAGAVAN
NRIC No	S1677043D
Date Of Birth	30/03/1964
Occupation	OUTDOOR
Date Of Driving Pass	16/03/1985
Driving Experience	33 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96686833
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 286 CHOA CHU KANG AVE 3 #05-320
Postcode	680286
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	CHAIN COLLISION
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?	
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

PLEASE REFER TO 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	SLA3659H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	KOH TIAN LIANG
NRIC/Passport Number	
Contact Number	82683204
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SKF391J
Vehicle Make/Model/Colour	

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

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) 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



DOA: 20/3/15

A: SKE 2472 B

B: SLA 3659 H

C: SKF 3915

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

stopped my vehicle stationary
I was about to change to lane 2, suddenly vehicle B wanted to stop on brake but instead he tap on accelerator & hit my rear veh. Due to the impact my car move & hit the vehicle C.

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.:

Personal Particulars

Date of Accident: 26/3/18 Time of Accident: 6.45 pm
 Exact Location of Accident: KPE towards TPE
 Owner's Name: Lalitha S/o Krishnan NRIC No: S6908089H HP No:
 Driver's Name: Varatharajoo Naidu s/o Raghavan NRIC No: S1677043D HP No: 9686833
 Date of Birth: 30/3/1964 Driving Licence Passing Date: 16/3/1985 Occupation: Indoor / Outdoor
 Address: BK 286 Chua Chu Kang Ave 3 # 05-320 (680286)
 Relationship of Driver with Insured: Spouse Email Address:
 Vehicle No: SKE 2472B Make & Model: Kia
 Insurance Co: NTUC Coverage: Comprehensive Policy No: 5087510428-01

- *Purpose of Reporting? ☒ Own Damage Claim / ☒ 3rd Party Claim / ☐ Not Claiming, Just Reporting Only
 *Exact Purpose of The Vehicle Was Being Used At Time Of Accident: ☒ Private Use / ☐ Work
 *Weather Condition? ☒ Clear / ☐ Raining / Others: Wet / ☒ Dry / Others:
 *Any passenger inside vehicle involved? (Yes / No) If yes, Vehicle No & How many pax:
 A: 1+0 B: 1+0 C: 1+0 D:
 *Was Anybody Injured? (Yes / ☒ No) If yes,

Name / NRIC / In Vehicle:

*Was The Accident Reported To The Police?

☒ No ☐ Yes, Which Police Station?

*Does the Driver Own Any Other Vehicle?

☒ No ☐ Yes, Vehicle Registration No: Insurer:

*Was any foreign vehicle involved? (Yes / No) ☒ Yes, Vehicle No & Category:

*Was there any video captured by Car Camera? (Yes/☒ No)


Third Party Driver's Particulars

Vehicle B No: SLA 3659H Make & Model:
 Driver's Name: Koh Tian Long NRIC No: S7703479Z HP No: 82683204
 Vehicle C No: Make & Model:
 Driver's Name: NRIC No: HP No:

Witness Particulars

Name: NRIC No: HP No:

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1677043D



Name
VARATHARAJOO NAIDU S/O
RAGAVAN


Race
INDIAN

Date of Birth
30-03-1964

Sex
M

Country of Birth
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S1677043D

Name
VARATHARAJOO NAIDU S/O
RAGAVAN

Valid Date: 30 Mar 1964

Issue Date: 25 Jul 2003

Barcode: 000685483E

APT BLK 286 CHUA CHU KANG AVENUE 3 #05-320
SINGAPORE 680286

NRIC No: S1677043D

Date: 13/04/2009

No: 6214631

Barcode: S1677043D

2941322

Biographical Data: Date of Birth: 18-03-1964

AB+

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

Class 3
Motor Cars and Motor Tractor's the weight of which unladen does not exceed 2500 kilograms

Class 4
Heavy Motor Cars and Motor Tractor's the weight of which unladen exceeds 2500 kilograms

PASS DATE
16 Mar 1965

01 Oct 1967

Licence No: S1677043D

Barcode: S1677043D

NP 4295

Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
 MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960
 ROAD TRANSPORT ACT, 1987 (MALAYSIA)
 MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5087510428-01

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle : **SKE2472B**
 Chassis Number : KNAFW411MC5578371
2. Name of Policyholder : LALITHA D/O KRISHNAN
3. Effective Date of Insurance : 20 Feb 2018
4. Expiry Date of Insurance : 19 Feb 2019
5. Persons or Classes of Persons entitled to drive#
 (a) The Policyholder.
 (b) Any other person who is driving on the Policyholder's order or with his/her permission.
 Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.
6. Limitations as to Use#
 (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) Use for any purpose in connection with the Motor Trade.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: S\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: YES (FREE)
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: VARATHARAJOO NAIDU S/O RAGAVAN
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: DBS BANK LTD
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : META AGENCY PTE. LTD. (00000573430)
 Date of Issue : 19 Jan 2018 15:18 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

Claim Handling

Accident MT/0987909

Policy No.	5087510428-01	Vehicle No.	SKE2472B	GST Registration No.	
Policyholder Name	LALITHA D/O KRISHNAN	Cover Type	drive CLASSIC	Policyholder NRIC	56908089H
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	96686833	Special Remark		Contact No.(Home)	
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	No ▼
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCB Entitlement(%)	50	eCode Reason	
NCD Protection	Yes			Private Hire	No
▼ Accident Details					
Report Date	27/03/2018 16:09	Accident Report Within 24 hrs	Yes	Accident Type	Chain Collision
Date of Accident	26/03/2018	Time of Accident hh:mm	18:45	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	KPE TWDS TPE				
▼ Benefits					
▼ Excess					
Own damage Excess	600.00	Additional Excess	0.00	Windscreen Excess	1
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	600.00		
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	BLK 286 #05-320	Address 2	CHOA CHU KANG AVE 3	Address 3	SINGAPORE 680286
Address 4		Address Type	Singapore address	Post Code	680286
Unit No.		Related Policy Number	5087510428-01		
▼ OI Driver Info					
Driver Name	VARATHARAJOO NAIDU S/O RAGAVAN	Driver Type	Main Driver	Driver DOB	30/03/1964
Unnamed driver Name		Driver NRIC	S1677043D	Driving Experience	33
Register Date of Driver License	16/03/1985	Driver Age	33	Contact No.(Home)	
Contact No.(Mobile)	96686833	Contact No.(Office)		Address 3	SINGAPORE 680286
Address 1	BLK 286 #05-320	Address 2	CHOA CHU KANG AVENUE 3	Post Code	680286
Address 4		Address Type	Singapore address		
Unit No.	05-320				
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

New

Claim Type *	OD-MX ▼	Insured Name	LALITHA D/O KRISHNAN	Insured NRIC	56908089H
Contact No.(Mobile)	92376588	Contact No.(Home)	67668615	Contact No.(Office)	
Email Address		OI Vehicle Number	SKE2472B	TP Vehicle Number	SLA3659H
Claim Description	SKE2472B / SLA3659H ON 26 Mar 2018			Name of Preferred Workshop	0
Preferred Workshop Contact No.	0	Insured Liability *	Not at Fault ▼	GIA report	Received
Require Finalisation	Yes ▼	Preferred Repair Option	Preferred Workshop, Name unknown ▼	Date Received	27/03/2018 00:00
Date Registered	27/03/2018 16:13	Claim Close Date			
Report Taken By	LIEW SHAN HUI				
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

Attachment

Accident No.	MT/0987909	Claim No.	001		
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	27/03/2018 16:14		
Path *		Category *	Confidential	Urgency *	Descr
Choose File	No file chosen	Clear	Please Select ▼	NO ▼	Normal ▼
Choose File	No file chosen	Clear	Please Select ▼	NO ▼	Normal ▼
Choose File	No file chosen	Clear	Please Select ▼	NO ▼	Normal ▼

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Message Read

Clear	Please Select	NO	Normal	
Clear	Please Select	NO	Normal	
Clear	Please Select	NO	Normal	

Sen

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Mar 2018 16:14	NRJC/ Driving License	Normal	NRJC/ Driving License 2018-3-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Mar 2018 16:14	SAS	Normal	SAS 2018-3-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Mar 2018 16:14	Photos	Normal	Photos 2018-3-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Mar 2018 16:14	Photos	Normal	Photos 2018-3-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Mar 2018 16:13	Photos	Normal	Photos 2018-3-27
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Mar 2018 16:13	Photos	Normal	Photos 2018-3-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Mar 2018 16:13	Photos	Normal	Photos 2018-3-27

Video List

Uploaded By/Date	Folder Date	File Name	Source
		Display in New Window	Scan and uploading