

NATIONAL Assessment Centre Services [ver 1 JAN05] MNA 118057312

Date In: 215118 15:52	Job description	Date & Time Completed	Done by
Ref No: MA/INC18008005164	SAS e-filing		
Veh No: GV 9067A	E-mail (within 5hrs, AIG 2hrs)		
D.O.A: 215118 13:40-	i-Motor Claim Form	MT10992718-001	215118 19:23
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: SHB 1566Y. 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

Claimant's Particulars:-	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
		Est Bill	Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);	30.00	
Contact No:	2) DA: Damage Assessment (\$100); INC (\$30)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors' Comments:-	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:-		
	QP*		
	*N5: Courtesy Car / Tpl Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TF (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	02/05/2018 15:52
Date Of Accident	02/05/2018 13:40
Exact Location Of Accident	GEYLANG EAST CENTRAL SLIP RD INTO ALJUNIED RD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GV9067A
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ABJ PTE LTD
Co Reg No	200009785D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62555333
<b>Vehicle Particulars</b>	
Manufacturer	TOYOTA
Model	LITEACE
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?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE
<b>Insurance Company</b>	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5087239179-01
Cover Note Number	-
<b>Driver</b>	
Name of Driver	AHRAN S/O GOVINDAN
NRIC No	S6935168I
Date Of Birth	21/09/1969
Occupation	OUTDOOR
Date Of Driving Pass	10/03/2005
Driving Experience	13 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-81658102
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address BLK 986C BUANGKOK CRES #02-72  
 Postcode 533986  
 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?  
 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: : UNKNOWN  
 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 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 SHB1566Y  
 Vehicle Make/Model/Colour  
 Details Of Properties  
 Vehicle Category TAXI  
 Name of Driver WONG KUAN YEAN  
 NRIC/Passport Number S0211478Z  
 Contact Number  
 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**.
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.**
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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.

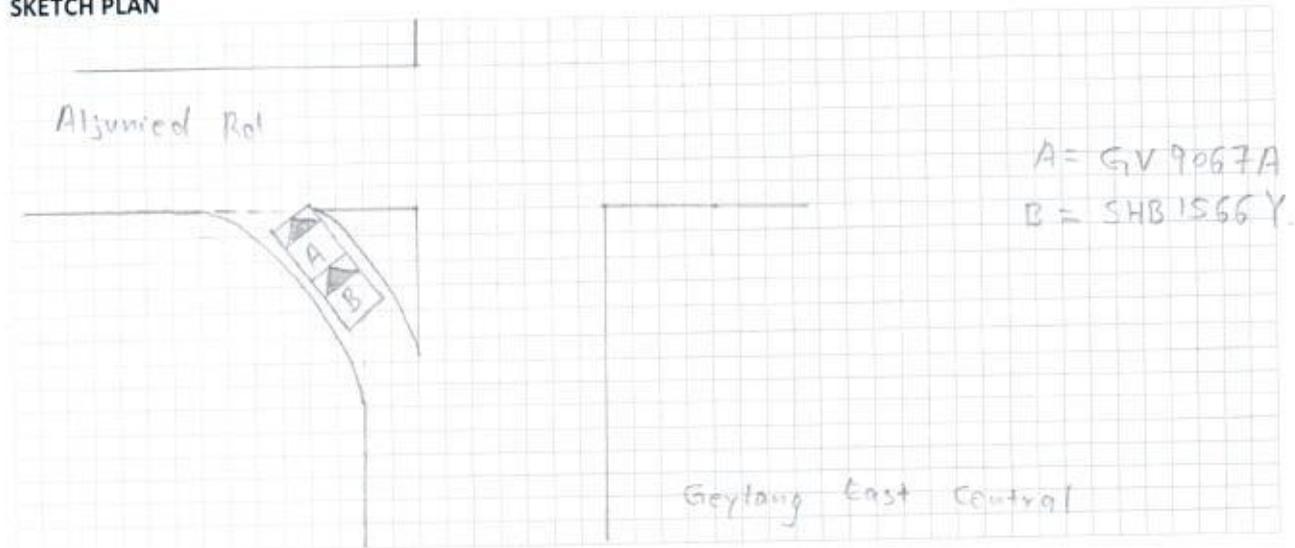


Policyholder's Signature  
Date & Time:

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

On the above mentioned date & time, I was travelling at the slip road of Geylang East towards Aljunied Road. I stop before the give-way line to await for a chance to turn out & suddenly, I felt an impact from the rear.

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.:

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. **S6935168I**




Name  
**AHRAN S/O GOVINDAN**

Race  
**INDIAN**

Date of birth  
**21-09-1969**

Country/Place of birth  
**SINGAPORE**

Sex  
**M**




REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S6935168I**  
Name: **AHRAN S/O GOVINDAN**



Birth Date: **21 Sep 1969**  
Issue Date: **11 Nov 2015**



002491930E



5526279



NRIC No. **S6935168I**



Date of issue  
**27-10-2015**

Address  
**APT BLK 986C BUANGKOK CRESCENT  
#02-72  
SINGAPORE 533986**

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

	EFFECTIVE DATE
Class 3 Motor Cars =< 3000kg with =< 7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg	10 Mar 2005
Class 4A Omnibuses	20 Nov 2006

NP 428A



Licence No: S6935168I

Hello, NAC\_PAYA\_UBI\_800601

My Desktop  
Notice of Loss

Policy Query

Policy No.

Vehicle No.(For Motor)

Date of Accident

Search

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="checkbox"/>	5087239179-01	ABJ PTE LTD	200009785D	GCV	Third Party	GV9067A	GV9067A	03/01/2018	02/01/2019

Continue

## Claim Handling

## Accident MT/0992718

Policy No.	5087239179-01	Vehicle No.	GV9067A	GST Registration No.	
Policyholder Name	ABJ PTE LTD			Policyholder NRIC	200009785D
Product Code	COMMERCIAL VEHICLE INSURAN	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	62555333	Contact No.(Office)		Contact No.(Home)	
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(%)	10	Private Hire	No
<b>Accident Details</b>					
Report Date	02/05/2018 19:18	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	02/05/2018	Time of Accident hh:mm	13:40	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	GEYLANG EAST CENTRAL SLIP RD INTO ALJUNIED RD				
<b>Benefits</b>					
<b>Excess</b>					
Own damage Excess	0.00	Additional Excess		Windscreen Excess	0.00
Unnamed Driver Excess		Outside Singapore DD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			
<b>GST Registered Information</b>					
GST Registered	No	GST Registration Date		GST Status Verified	No
GST Registration No.					
Modification History					
<b>Policyholder Mailing Address</b>					
Address 1	14 NEW INDUSTRIAL ROAD	Address 2	#02-06 HUDSON INDUSTRIAL B	Address 3	SINGAPORE 536203
Address 4		Address Type	Singapore address	Post Code	536203
Unit No.		Related Policy Number	5053091594-06		
<b>OI Driver Info</b>					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	21/09/1969
Unnamed driver Name	AHRAN S/O GOVINDAN	Driver NRIC	S69351681	Driving Experience	13
Register Date of Driver License	10/03/2005	Driver Age	48	Contact No.(Home)	
Contact No.(Mobile)	81658102	Contact No.(Office)		Address 3	BUANGKOK COURT
Address 1	BLK 986C #02-72	Address 2	BUANGKOK CRESCENT	Post Code	533986
Address 4	SINGAPORE 533986	Address Type	Singapore address		
Unit No.	02-72			Driver Insurer Company	
Does he own a Singapore Registered car?	Yes <input type="radio"/> No <input type="radio"/>	Driver Vehicle No.			
<b>Declaration</b>					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input type="radio"/> No		

## Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	ABJ PTE LTD	Insured NRIC	200009785D
Contact No.(Mobile)	NIL	Contact No.(Home)	NIL	Contact No.(Office)	62555333
Email Address	abjpest@starhub.net.sg	OI Vehicle Number	GV9067A	TP Vehicle Number	SHB1566Y
Claim Description	GV9067A / SHB1566Y ON 2 May 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	02/05/2018 00:00
Date Registered	02/05/2018 19:22	Claim Close Date			
Report Taken By	LIEW SHAN HUI				
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

## Attachment

Accident No.	MT/0992718	Claim No.	001		
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	02/05/2018 19:23		
Path *		Category *		Confidential	Urgency *
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	

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Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 02 May 2018 19:23	NRJC/ Driving License	Normal	NRJC/ Driving License 2018-5-2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 02 May 2018 19:23	SAS	Normal	SAS 2018-5-2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 02 May 2018 19:23	Photos	Normal	Photos 2018-5-2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 02 May 2018 19:23	Photos	Normal	Photos 2018-5-2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 02 May 2018 19:23	Photos	Normal	Photos 2018-5-2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 02 May 2018 19:23	Photos	Normal	Photos 2018-5-2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 02 May 2018 19:22	Photos	Normal	Photos 2018-5-2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 02 May 2018 19:22	Photos	Normal	Photos 2018-5-2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 02 May 2018 19:22	Photos	Normal	Photos 2018-5-2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 02 May 2018 19:22	Photos	Normal	Photos 2018-5-2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 02 May 2018 19:22	Photos	Normal	Photos 2018-5-2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 02 May 2018 19:22	Photos	Normal	Photos 2018-5-2

Video List

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

Scan and uploading