

# NATIONAL Assessment Centre Services (wef 1 Jan 05) MMA 118060275

Date In: 9/5/18 10:43	Job description	Date & Time Completed	Done by
Ref No: NA114618008455164	SAS e-filing		
Veh No: SKC 2335A	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 8/5/18 13:30	i-Motor Claim Form	MT10993698	9/5/18 17:27
OD: (TP) Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (	Tel: (	Fax: (
TP Particulars:	Veh No: G8F 7210J	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

MMA1802945	Invoice Preparation Checklist	Am't (\$) 1st Bill	Am't (\$) Add Bill
Claimant's Particulars :-	1) AR: Accident Reporting (\$30);	30.00	
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	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: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	Q1:		
	*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: Idao Mobile 30		
Auditors' Comments :-	Invoice dated	Fee Charged	
Ref. 1:	Invoice dated	Fee Charged	
Ref. 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	09/05/2018 10:43
Date Of Accident	08/05/2018 13:30
Exact Location Of Accident	GEYLANG EAST CENTRAL
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKC2335A
<b>Insured/Policyholder</b>	
Name Of Registered Owner	NICOLE RUTH RUKHMANI DEVI A
Co Reg No	S1534114I
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-81233866
<b>Vehicle Particulars</b>	
Manufacturer	NISSAN
Model	SYLPHY 1.5L 4AT 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	5054996123-05
Cover Note Number	-

### Driver

Name of Driver	RASHPAL SINGH
NRIC No	G7459918X
Date Of Birth	05/05/1986
Occupation	INDOOR
Date Of Driving Pass	17/11/2016
Driving Experience	1 YEAR AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96490860
Fax Number	
Contact Number	
EMail Address	NOEMAIL



Address 100 LOR 23 GEYLANG #07-01  
 Postcode 388398  
 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 - CHANGE/CROSS LANE  
 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? YES  
 Remarks/ Reasons: WITH DRIVER  
 Was there any audio recorded? NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number GBF7210J  
 Vehicle Make/Model/Colour  
 Details Of Properties  
 Vehicle Category COMMERCIAL VEHICLE  
 Name of Driver  
 NRIC/Passport Number  
 Contact Number  
 Address  
 Postcode  
 Insurance Company Name  
 Nature Of Damage  
 No. Of Passenger (Including Driver)

## SKETCH PLAN

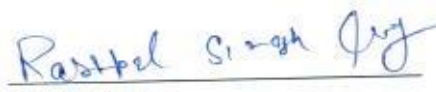
### IMPORTANT NOTICE

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 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.

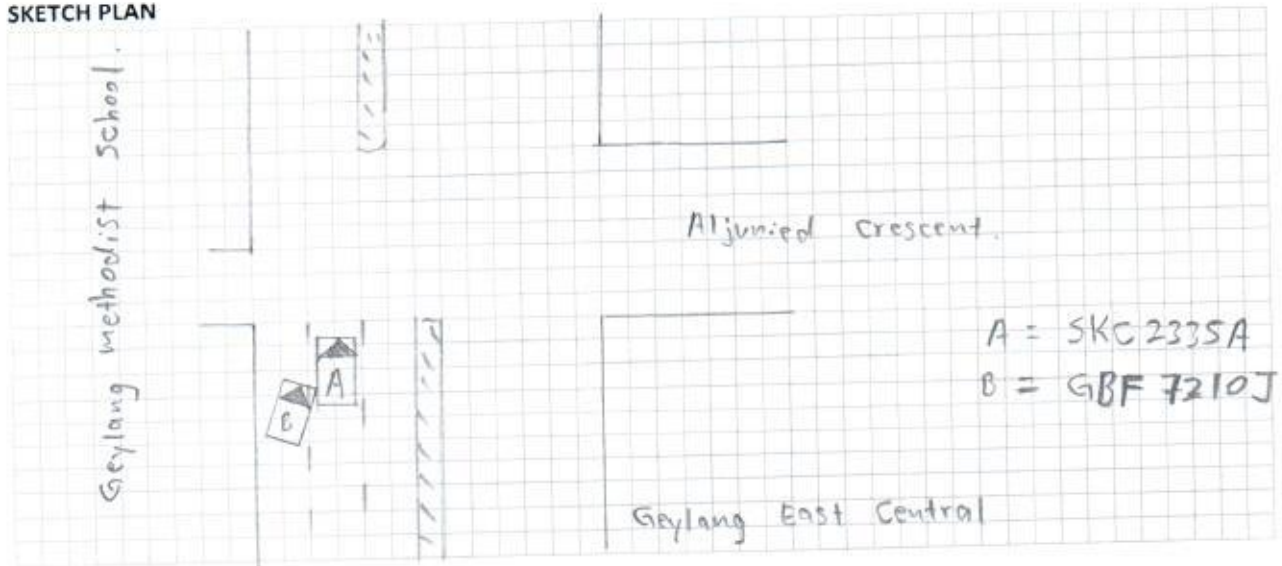
Policyholder's Signature  
Date & Time:

  
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 stated date & time, I was travelling along Geylang East Central. Suddenly, I felt an impact from the side & I realised Vehicle B hit onto my left portion.

## 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 DRIVING LICENCE**

License Number: **G7459918X**

**RASHPAL SINGH**

Birth Date: **05 May 1986**  
 Issue Date: **17 Nov 2016**  
 Valid Till: **16/11/2021**

002630031D

**S PASS**  
 Employment of Foreign Manpower Act (Chapter 91A)  
 Republic of Singapore

Employer: **BACKHO (S) PTE. LTD.**

Sector: **CONSTRUCTION**

Name: **RASHPAL SINGH**  
 Occupation: **CONSTRUCTION TECHNICIAN**

E Pass No. **0 32770924**

Date of Application: **26-06-2017**  
 Date of Issue: **29-06-2017**  
 Date of Expiry: **28-06-2018**

L8158666

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

	EFFECTIVE DATE
Class 2B Motorcycles =< 200 cc	17 Nov 2016
Class 3C Motor Cars with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver	17 Nov 2016

Licence No: G7459918X

**VISIT PASS**  
 Immigration Regulations

Name: **RASHPAL SINGH**

Date of Birth: **05-05-1986** Sex: **M** Nationality: **INDIAN**

FIN: **G7459918X** Date of Issue: **26-07-2017** Date of Expiry: **28-06-2018**

**MULTIPLE JOURNEY VISA ISSUED**

**YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.**

Hello, NAC\_PAYA\_UBI\_800601

[Change Language](#) [Change Password](#) [Log Out](#)[My Desktop](#)[Notice of Loss](#)

## Policy Query

Policy No.

Date of Accident

08/05/2018 10:38

Vehicle No.(For Motor)

SKC2335A

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5054996123-05	NICOLE RUTH RUKHMANI DEVI A	S1534114I	GPC	drive CLASSIC	SKC2335A	SKC2335A	29/07/2017	28/07/2018

## Claim Handling

Accident MT/0993698

Policy No.	5054996123-05	Vehicle No.	SKC2335A	GST Registration No.	
Policyholder Name	NICOLE RUTH RUKHMANI DEVI A	Cover Type	drive CLASSIC	Policyholder NRIC	S15341141
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	81233866	Special Remark		Contact No.(Home)	
Email Address		TCA	<input type="radio"/> No <input checked="" type="radio"/> Yes	eCode	No
KFK	<input type="radio"/> No <input checked="" type="radio"/> Yes	NCD Entitlement(%)	50	eCode Reason	
NCD Protection	No			Private Hire	No
<b>Accident Details</b>		Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross
Report Date	09/05/2018 17:17	Time of Accident hh:mm	13:30	Country of Accident	Singapore
Date of Accident	08/05/2018	Orange Force		ICM No.	
Reporting Centre					
Accident Location	GEYLANG EAST CENTRAL				
<b>Benefits</b>					
<b>Excess</b>					
Own damage Excess	600.00	Additional Excess	0.00	Windscreen Excess	100.00
Unnamed Driver Excess	500.00	Outside Singapore OD Excess	600.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		
<b>GST Registered Information</b>					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified	Yes		
Modification History					
<b>Policyholder Mailing Address</b>					
Address 1	49 HILLVIEW AVENUE	Address 2	#08-06 HILLINGTON GREEN	Address 3	SINGAPORE 669615
Address 4		Address Type	Singapore address	Post Code	669615
Unit No.	08-06	Related Policy Number	5054996123-05		
<b>O1 Driver Info</b>					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	05/05/1986
Unnamed driver Name	RASHPAL SINGH	Driver NRIC	G7459918X	Driving Experience	1
Register Date of Driver License	17/11/2016	Driver Age	32	Contact No.(Home)	
Contact No.(Mobile)	96490860	Contact No.(Office)		Address 3	SINGAPORE 388398
Address 1	108 LORONG 23 GEYLANG	Address 2	#07-01 D'CENTENNIAL	Post Code	388398
Address 4		Address Type	Singapore address		
Unit No.	07-01			Driver Insurer Company	
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.			
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	NICOLE RUTH RUKHMANI DEVI	Insured NRIC	S15341141
Contact No.(Mobile)		Contact No.(Home)	67608196	Contact No.(Office)	
Email Address	nicole@anbros.com.sg	O1 Vehicle Number	SKC2335A	TP Vehicle Number	GBF72103
Claim Description	SKC2335A / GBF72103 ON 8 May 2018				
Preferred Workshop Contact No.	0	Insured Liability *	Not at Fault	Name of Preferred Workshop	0
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	09/05/2018 17:25	Claim Close Date		Date Received	09/05/2018 00:00
Report Taken By	LIEW SHAN HUI				
<input checked="" type="checkbox"/> Print AK letter					
<div>Save</div> <div>Submit</div>					

## Attachment

Accident No.	MT/0993698	Claim No.	001		
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	09/05/2018 17:27		
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

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Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 09 May 2018 17:27	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-5-9
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 09 May 2018 17:26	SAS	Normal	SAS 2018-5-9
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 09 May 2018 17:26	Photos	Normal	Photos 2018-5-9
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 09 May 2018 17:26	Photos	Normal	Photos 2018-5-9
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 09 May 2018 17:25	Photos	Normal	Photos 2018-5-9
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 09 May 2018 17:25	Photos	Normal	Photos 2018-5-9
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 09 May 2018 17:25	Photos	Normal	Photos 2018-5-9
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 09 May 2018 17:25	Photos	Normal	Photos 2018-5-9

Video List

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