NATIONAL Assessment Centre Services

Date In: 09/05/2018 11:10	Job description	Date & Time Completed	Done by
Ref No: NBA/ZUC18028467/Y	SAS e-filing		
Veh No: SJG 293R	E-mail (within 3hrs, AIC 5hrs)		
D.O.A.: 15/04/2018 09:45	I-Motor Claim Form	M1/0990695-002	09/05/2018 11:46
OD / TP / Reporting Only	I-Motor W/O (within 08 hrs, TP 1hrs)		
	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Claim No: M1N0418060294

Preferred Wksp (INC Assign Wksp / OW):

TP Particulars: Veh No: SLP 5367H , INC ( ) / Non-INC ( ) Tel: Fax:)

Owner / Driver: (Tel:)

Policy No: ( ) Period: ( ) Cover Type: ( )

Confirmed by: (Date: Time:)

Insured/Driver Liability: (%) (Note: Bsc Stats (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 | Customers Information strictly Confidential & Strictly NO roles of repeller.

( ) Total Loss Case | to e-mail Insurer URGENTLY.

Drive-In ( ) / Towed-In ( ) | Invoice: YES ( ) / NO ( ) | Towing Co: ( )

Remarks: (NC 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

NB1802994

Comments/Complaints:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Additional Comments:

Invoice Proposition (Gross)		Bill	Non-Bill
1) AR: Accident Reporting ($30)			
2) DA: Damage Assessment ($100)	INC (40)		
3) TP: Towing Fee			
4) FT: Follow-Through Survey			
5) FT: Follow-Through Survey (Resurvey)			
Establishment ... INC Data ...			
6) TR: Additional Report			
7) NI: [illegible] DA + SMART Survey			
8) NTUC Additional Survey(cost)			
Others:			
(N): Courtesy Car / Tpt Allowance			
(N): Repair Coordination			
(N): Post Repair Inspection			
(N): DY / Collect Deposit Coordination			
TP (N): TP (Non INC) ... INC			
9) ...			
Invoice Date:	Not Charged		

Your NCD will be affected due to late reporting
Actual e-Filling Submission Date & Time: 09/05/2018 11:43

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	09/05/2018 11:10
Date Of Accident	15/04/2018 09:45
Exact Location Of Accident	ALEXANDRA RETAIL CTR CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJG293R

Insured/Policyholder

Name Of Registered Owner	ROSALY D/O JOSEPH PUTHUCHEARY
NRIC No	S2559053H
Email Address	ROSALYPOET@GMAIL.COM
Mobile Phone No	(LOCAL) +65-94569611
Alternative Phone No	OTHERS-94569611

Vehicle Particulars

Manufacturer	CHEVROLET
Model	SPARK-1.0
Exact Purpose for which vehicle was being used at time of accident	MARKETING
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	PRIVATE CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5083118866-01
Cover Note Number	

Driver

Name of Driver	ROSALY D/O JOSEPH PUTHUCHEARY
NRIC No	S2559053H
Date Of Birth	08/10/1936
Occupation	INDOOR
Date Of Driving Pass	27/11/1964
Driving Experience	53 YEARS AND 4 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-94569611
Fax Number	
Contact Number	OTHERS-94569611
EMail Address	ROSALYPOET@GMAIL.COM

Address	87 PASIR PANJANG HILL #03-05
Postcode	118892
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	COLLIDED INTO PARKED VEHICLE
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)	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 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	SLP5367H
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

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

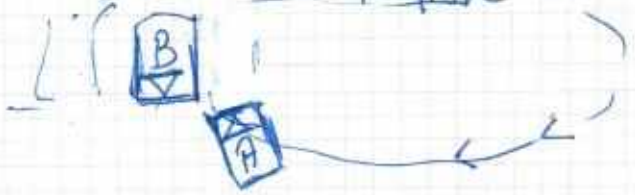
   (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time:

09/05/2018
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN ALEXANDRA RETAIL CTR CARPARK



A) SJG 293R
B) SLP5367H

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was at Alexandra Retail Car park on the 6th of April and I parked my car. I must have brushed against SLP 5367H.

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:

09/05/2018

Reporting Centre Personnel's Signature
Name: RAJA WA[illegible]3
NRIC/FIN No.:

Claim Handling

· Exit

Accident MT/0990695

Policy No.	S083118866-01	Vehicle No.	SJG293R	GST Registration No.	
Policyholder Name	ROSALY D/O JOSEPH PUTHUCHEARY			Policyholder NRIC	S2559053H
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	NA	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	Not available

Accident Details

Report Date	17/04/2018 11:27	Accident Report Within 24 hrs	Non-Reporting	Accident Type	Collided into Parked Vehicle
Date of Accident	15/04/2018	Time of Accident hh:mm	09:45	Country of Accident	Singapore
Reporting Centre	administrator	Orange Force	No	ICM No.	
Accident Location	ALEXANDRA RETAIL CENTER (CARPARK)				

Benefits

Excess

Own damage Excess	600.00	Additional Excess	0	Windscreen Excess	100
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	87 PASIR PANJANG HILL	Address 2	#03-05	Address 3	SINGAPORE 118892
Address 4		Address Type	Singapore address	Post Code	118892
Unit No.	03-05	Related Policy Number	S083118866-01		

OI Driver Info

Driver Name		Driver Type			
Unnamed driver Name		Driver NRIC		Driver DOB	
Register Date of Driver License		Driver Age		Driving Experience	
Contact No.(Mobile)		Contact No.(Office)		Contact No.(Home)	
Address 1		Address 2		Address 3	
Address 4		Address Type	Foreign address	Post Code	
Unit No.					
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.		Driver Insurer Company	

Modification History

Claim 002 | New

Claim Type *	OD-MX	Insured Name	ROSALY D/O JOSEPH PUTHUCHE	Insured NRIC	S2559053H
Contact No.(Mobile)	94568611	Contact No.(Home)	NIL	Contact No.(Office)	66875202
Email Address		OI Vehicle Number	SJG293R	TP Vehicle Number	SLP5367H
Claim Description	SJG293R / SLP5367H ON 15 Apr 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	09/05/2018 11:46	Claim Close Date		Date Received	09/05/2018 00:00
Report Taken By	ROSLI WAHAB				

Print AK letter

Save | Submit

Attachment

Accident No.	MT/0990695	Claim No.	002
Last Doc. Received	Yes No	Upload Date	09/05/2018 11:46

Path *		Category *	Confidential	Urgency *	Description *
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	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	

Message Read

Send Message | Upload

Attachment List

Attachment	Uploaded By/Date	Category	?	Urgency	Description	Msg Sent? (CO)	Action
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 09 May 2018 11:46	Photos		Normal	Photos 2018-5-9		Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 09 May 2018 11:46	Photos		Normal	Photos 2018-5-9		Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 09 May 2018 11:46	Photos		Normal	Photos 2018-5-9		Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 09 May 2018 11:46	Photos		Normal	Photos 2018-5-9		Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B	Photos		Normal	Photos 2018-5-9		Edit

	UKIT MERAH)) on 09 May 2018 11:46				
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 09 May 2018 11:46	Photos	Normal	Photos 2018-5-9	**Edit**
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 09 May 2018 11:46	Photos	Normal	Photos 2018-5-9	**Edit**
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 09 May 2018 11:46	Photos	Normal	Photos 2018-5-9	**Edit**
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 09 May 2018 11:46	SAS	Normal	SAS 2018-5-9	**Edit**
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 09 May 2018 11:46	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-5-9	**Edit**

Video List

Uploaded By/Date	Folder Date	File Name		Source	Action

Display in New Window | Scan and uploading

ACCIDENT STATEMENT

ACCIDENT DATE:(19/ 4 /2018)(DD/MM/YYYY), TIME:(09:45)(HH:MM)

LOCATION: ALEXANDRA RADIAL CTR CARPARK

1. DETAILS OF VEHICLE
   a)VEHICLE NUMBER: SJG 293 R
   b)INSURANCE COMPANY: Income
   c)POLICY NUMBER: 508311898 6 -01
   d)POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT)
   e)MAKE & MODEL: Comprehensive.
   f)TYPE:(SALOON / ~~COUPE~~ / ~~MPV~~ / VAN / ~~LORRY~~ / ~~MOTORCYCLE~~ / ~~OTHERS~~)
   g)VEHICLE CATEGORY: (PRIVATE / ~~COMMERCIAL~~ / ~~MOTORCYCLE~~)
   h)PURPOSE OF USING AT ACCIDENT TIME: Marketing
   I)ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (~~YES~~/NO)
   IF NO, PLEASE STATE (~~THIRD PARTY CLAIM~~ / REPORTING ONLY)
2. INSURED / POLICY HOLDER
   A)NAME: ROSALY D/O JOSEPH PUTHUCHEARY (~~MALE~~ / FEMALE)
   b)NRIC/FIN/PASSPORT: S2559053H CONTACT: 94569611
   c)ADDRESS: 87 Pasir Panjang Hill, Kent View Park. 03-05, Singapore 118892
   * CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

No of passenger (including driver) (__)

3. DRIVER
   a)NAME: ROSALY D/O JOSEPH PUTHUCHEARY (~~MALE~~ / FEMALE)
   b)NRIC/FIN/PASSPORT: S2559053H CONTACT: 94569611
   c)ADDRESS: 87 Pasir Panjang Hill, 03-05 Kent View Park Singapore 118892
   *d)DATE OF BIRTH: (08/10/1936)(DD/MM/YYYY)
   e)OCCUPATION: (INDOOR / ~~OUTDOOR~~)
   f)DATE OF DRIVING PASS : 27 Nov 1964
4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (~~YES~~ / NO)
   IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: ~~Same~~ owner
5. a)WEATHER CONDITION: (CLEAR / RAINING / OTHERS clear)
   b)ROAD SURFACE: (DRY / WET / OTHERS dry)
6. WAS ANYBODY INJURED (~~YES~~ / NO)
7. a)REPORTED TO POLICE (~~YES~~ / NO)
   IF YES, PLEASE STATE WHICH POLICE STATION: _____
8. THIRD PARTY VEHICLE
   a) VEHICLE NUMBER: [redacted] SLP5367H MODEL: _____
   b) DRIVER'S NAME: _____
   c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

No of passenger (including driver) (__)

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

Email = Rosalypoet@gmail.com.

fax = —

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S2559053H

Name

ROSALY D/O JOSEPH
PUTHUCHEARY

Race
INDIAN

Date of birth
08-10-1936

Sex
F

Country of birth
MALAYSIA

4310443

NRIC No. S2559053H

Date of issue
20-11-2008

Address
87 PASIR PANJANG HILL
#03-05
SINGAPORE 118892

eBaoTech GeneralClaim

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

- My Desktop
- Notice of Loss

Policy Query

Policy No. [ ] Date of Accident [ ]

Vehicle No.(For Motor) [SJG293R]

Search

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
•	5083118866-01	ROSALY D/O JOSEPH PUTHUCHEARY	S2559053H	GPC	drivo CLASSIC	SJG293R	SJG293R	22/08/2017	21/08/2018

Continue