

NATIONAL Assessment Centre Services

Form NA1803255

MMA 118066996

Date In	23/15/18 11:49	Job description	Date & Time Completed	Done by
Ref No	NA1803255	SAS e-filing		
Veh No	GBD 6422 G	E-mail (within 5hrs, A/C 2hrs)		
D.O.A	23/15/18 08:00	i-Motor Claim Form	MT10995622 ⁰⁰¹	23/15/18 16:53
QD / TP / Repairing Only		i-Motor W/O (Within: QD 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:	GBF 726J	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

NA1803255

Invoice Preparation Checklist		Ant (\$)	Ant (\$)
		1st Bill	Add Bill
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 / Tpt Allowance	\$5		
*N6: Repair Coordination	\$10		
*N7: Post Repair Inspection	\$25		
*N8: DV / Collect Excess Coordination	\$5		
IP (N11) - IP (Non INC) against INC	\$20		
9) N12: Idac Mobile	\$0		
Invoice dated	Fee Charged		
Invoice dated	Fee Charged		

Claimant's Particulars :-
Driver/Owner:
Contact No:
Damaged Portion:
QC Checked by (Engr-In-Charge):
Auditors' Comments :-
Sat 1:
Sat 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	23/05/2018 11:49
Date Of Accident	23/05/2018 08:00
Exact Location Of Accident	TAMPINES AVE 5 SLIP RD INTO TAMPINES AVE 1
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GBD6422G
Insured/Policyholder	
Name Of Registered Owner	WELLCOME MOTOR AGENCIES
Co Reg No	39853800W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-63444012
Vehicle Particulars	
Manufacturer	KIA
Model	K2500 6M/T
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	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	5069180637-03
Cover Note Number	-
Driver	
Name of Driver	SUNDARAMOORTHY PALANIVEL
Passport No/FIN	G5179180R
Date Of Birth	30/05/1985
Occupation	OUTDOOR
Date Of Driving Pass	21/11/2014
Driving Experience	3 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84377291
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	97A FRANKEL AVENUE
Postcode	458222
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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)	3
Passenger 1	NAME: : UNKNOWN GENDER: : MALE
Passenger 2	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

I WAS TRAVELLING ALONG TAMPINES AVE 5 AT THE SLIP RD TURNING INTO TAMPINES AVE 1. I NOTICED VEH B (BEARING NO GBF726J) WHICH WAS INFRONT OF ME STARTED TO EXITING TO THE TAMPINES AVE 1, AS SUCH I FOLLOW TO MOVE, ALL OF A SUDDEN, VEH B JAMMED BRAKE, I MANAGE MY BRAKE BUT CANNOT STOP IN TIME. AS THE RESULT, MY VEH COLLIDED ONTO THE VEH B REAR PORTION.

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	GBF726J
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:



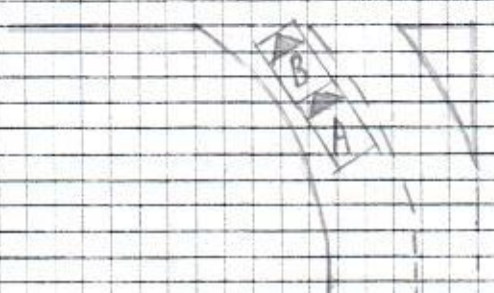

Driver's Signature
(If driver is not the policyholder)
Date & Time:


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

SKETCH PLAN

Tampines Ave 1

A = GBD 6422 G.
B = GBF 726 J



Tampines Ave 5

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to Statement

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.:

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

Employer
MEGACOOL (SINGAPORE) PTE. LTD.

Sector: **CONSTRUCTION**

Name
SUNDARAMOORTHY PALANIVEL

Occupation
AIR-CONDITIONING SUPERVISOR

S Pass No.
0 35396942

Date of Application
23-08-2017

Date of Issue
19-09-2017

Date of Expiry
19-09-2019

LB339461

REPUBLIC OF SINGAPORE DRIVING LICENCE

Portrait of SUNDARAMOORTHY PALANIVEL

Licence Number
G5179180R

Name
SUNDARAMOORTHY PALANIVEL

Birth Date
30 May 1985

Issue Date
21 Nov 2014

Valid Till
20 Nov 2019

002368215C

VISIT PASS
Immigration Regulations

Name
SUNDARAMOORTHY PALANIVEL

Portrait of SUNDARAMOORTHY PALANIVEL

Date of Birth
30-05-1985

Sex
M

Nationality
INDIAN

FIN
G5179180R

Date of Issue
19-09-2017

Date of Expiry
19-09-2019

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.

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

Class 2B Motorcycles ≤ 200 cc

Class 3 Motor Cars ≤ 3000 kg with ≤ 7 passengers, exclusive of the driver; and other motor vehicles ≤ 2500 kg

EFFECTIVE DATE
21 Nov 2014

21 Nov 2014

Licence No: **G5179180R**

NP 426A

Hello, NAC_PAYA_UBI_800601

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

Policy No. Date of Accident
Vehicle No.(For Motor)

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5069180637-03	WELLCOME MOTOR AGENCIES	39853800W	GFT	Comprehensive	GBD6422G	GBD6422G	01/01/2018	

▼ Policy Information

Policy No.	5069180637-03	Policyholder Name	WELLCOME MOTOR AGENCIES	Policyholder NRIC	39853800W
Address	68 KAKI BUKIT AVENUE 6 #02-02 ARK@KB SINGAPORE 417896				
Product Name	FLEET INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	04/01/2018	Effective Date	01/01/2018 00:00	Expiry Date	31/12/2018 23:59
Third Party Excess	0.00	Own damage Excess	2000.00	Windscreen Excess	100.00
Additional Excess		OS Premium	35819.40		
Outside Singapore OD Excess		Outside Singapore TP Excess			
Agent	NEWSTATE STENHOUSE (S) PTE	Agent Tel.	62229188	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ Policyholder Mailing Address

Address 1	68 KAKI BUKIT AVENUE 6	Address 2	#02-02 ARK@KB	Address 3	SINGAPORE 417896
Address 4		Address Type	Singapore address	Post Code	417896
Unit No.		Related Policy Number	5069188937-03		

▶ Insured Object: GBD6422G

▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
1	13/02/2018 00:00	Basic Information Endorsement	000001286755202	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover the following vehicle(s) as follows: CHASSIS NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. MMCJYKL10HH024213 13-02-2018 \$1,153.74 In view of this amendment, an additional premium of \$1,153.74 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque in favour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque. Alternatively, you could also make payment at any of our branches by cash or NETS.
2	26/02/2018 00:00	Basic Information Endorsement	000001286762912	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover the following vehicle(s) as follows: CHASSIS NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. VF77FBHYMHJ760138 26-02-2018 \$1,107.16 2. VF77FBHYMHJ754784 26-02-2018 \$1,107.16 In view of this amendment, an additional

Claim Handling

The premium on this policy has not been collected.

Accident MT/0995622

Policy No.	5069180637-03	Vehicle No.	GBD6422G	GST Registration No.	M90001228R
Policyholder Name	WELLCOME MOTOR AGENCIES			Policyholder NRIC	39853800W
Product Code	FLEET INSURANCE	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	63444012	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(%)	0	Private Hire	No

▼ Accident Details

Report Date	23/05/2018 16:43	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	23/05/2018	Time of Accident hh:mm	08:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	TAMPINES AVE 5 SLIP RD INTO TAMPINES AVE 1				

▼ Benefits

▼ Excess

Own damage Excess	2,000.00	Additional Excess		Windscreen Excess	100.00
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	18/08/1997
GST Registration No.	M90001228R	GST Status Verified	Yes
Modification History			

▼ Policyholder Mailing Address

Address 1	68 KAKI BUKIT AVENUE 6	Address 2	#02-02 ARK@KKB	Address 3	SINGAPORE 417896
Address 4		Address Type	Singapore address	Post Code	417896
Unit No.		Related Policy Number	5069188937-03		

▼ O1 Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	SUNDARAMOORTHY PALANIVEL	Driver NRIC	G5179180R	Driver DOB	30/05/1985
Register Date of Driver License	21/11/2014	Driver Age	32	Driving Experience	3
Contact No.(Mobile)	84377291	Contact No.(Office)		Contact No.(Home)	
Address 1	97 FRANKEL AVENUE	Address 2	# FRANKEL ESTATE	Address 3	SINGAPORE 458222
Address 4		Address Type	Singapore address	Post Code	458222
Unit No.					
Does he own a Singapore Registered car?	Yes <input type="radio"/> No <input type="radio"/>	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
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Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	WELLCOME MOTOR AGENCIES	Insured NRIC	39853800W
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	63444012
Email Address		O1 Vehicle Number	GBD6422G	TP Vehicle Number	GBF726J
Claim Description	GBD6422G / GBF726J ON 23 May 2018			Name of Preferred Workshop	0
Preferred Workshop Contact No.	0	Insured Liability *	Fully at Fault	GIA report	Received
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	23/05/2018 00:00
Date Registered	23/05/2018 16:53	Claim Close Date			
Report Taken By	LIEW SHAN HUI				
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

Attachment

Accident No.	MT/0995622	Claim No.	001		
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	23/05/2018 16:53		
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

ClearPlease SelectNONormal

ClearPlease SelectNONormal

ClearPlease SelectNONormal

Sen

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 May 2018 16:53	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-5-23
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 May 2018 16:53	SAS	Normal	SAS 2018-5-23
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 May 2018 16:53	Photos	Normal	Photos 2018-5-23
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 May 2018 16:53	Photos	Normal	Photos 2018-5-23
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 May 2018 16:53	Photos	Normal	Photos 2018-5-23
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 May 2018 16:53	Photos	Normal	Photos 2018-5-23
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 May 2018 16:53	Photos	Normal	Photos 2018-5-23

Video List

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