

# NATIONAL Assessment Centre Services

[Ref: 1 JAN10]

MMA118073704.

Date In: 6/6/18 17:55	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: MA11mc18010333/h4	E-mail (within Shrs, APC 2hrs)		
Veh No: 5JG 15218	i-Motor Claim Form	M7/0997616 <sup>001</sup>	7/6/18 10:54.
D.O.A: 6/6/18 13:00	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
OD / TP / Reporting Only	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / GW: (	Tel:	Fax:
TP Particulars:	Veh No: Barrier.	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

MA1803590	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);	32.00	
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: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	QH*		
QC Checked by (Engr-In-Charge):	*N5: Courtesy Car / Tpl Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
Auditors' Comments:-	IP (N11): TP (Non INC) against INC \$20		
Lat 1:	9) N12: Idac Mobile 30		
Lat 2/3:	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	06/06/2018 17:55
Date Of Accident	06/06/2018 13:00
Exact Location Of Accident	NAPIER RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJG1521B
<b>Insured/Policyholder</b>	
Name Of Registered Owner	IRVEEN KAUR DANG
NRIC No	S7335240A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96934890
Alternative Phone No	OFFICE-96934890

### Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS
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	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	5097374318
Cover Note Number	-

### Driver

Name of Driver	IRVEEN KAUR DANG
NRIC No	S7335240A
Date Of Birth	20/09/1973
Occupation	OUTDOOR
Date Of Driving Pass	06/08/1993
Driving Experience	24 YEARS AND 10 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96934890
Fax Number	
Contact Number	OFFICE-96934890
Email Address	NOEMAIL



Address	48 KEW AVE
Postcode	466344
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	NO 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)	2
Passenger 1	NAME: : PRIYANKA GENDER: : FEMALE

#### 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 ENTERING INTO BRITISH COUNCIL CARPARK ALONG NAPIER ROAD. WHEN THAT WAS A UP SLOPE, THE SECURITY STOPPED ME TO CHECK THE BOOT AND TOLD ME TO MOVE THE CAR BACK TO ALLOW THE SENSOR TO WORK AND TOLD ME TO STOP TO ALLOW PEDESTRIAN TO CROSS FIRST. WHEN I MOVE FORWARD I HIT ONTO THE BARRIER, AFTER THE INCIDENT, I MOVE MY VEH INTO THE CARPARK AND INFORM THE MANAGEMENT. THEY WILL INFORM THE MANAGER.

#### 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	BARRIER
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	GOVERNMENT
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:

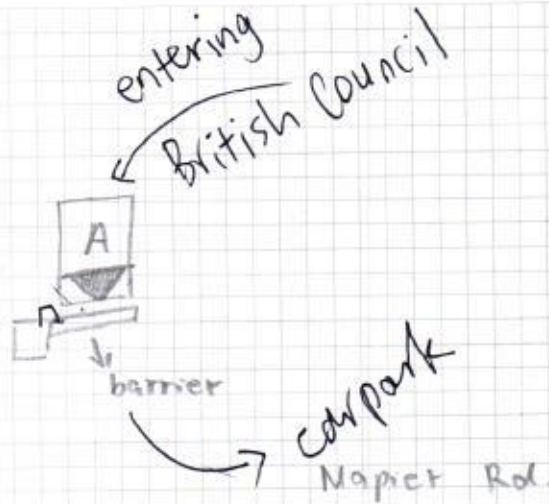
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:



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



# SKETCH PLAN



A = SJG 1521B.

## 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.:

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7335240A



Name

IRVEEN KAUR DANG  
MRS IRVEEN KAUR BAJAJ

Race

SIKH

Date of birth

20-09-1973

Country/Place of birth

SINGAPORE

Sex

F



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S7335240A

Name IRVEEN KAUR DANG

Birth Date 20 Sep 1973

Issue Date 26 Aug 2003

1000772076H

5839687



NRIC No. S7335240A



Date of issue

27-11-2017

Address

48 KEW AVENUE  
SINGAPORE 466344

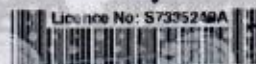
YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES/

PASS DATE

06 Aug 1993

Class 3 Motor Cars and Motor Tractors the weight of  
which untaden does not exceed 2500 kilograms

NP 428A



Licence No: S7335240A

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"/>	5097374318	IRVEEN KAUR DANG	S7335240A	GPC	drivo CLASSIC	SJG1521B	SJG1521B	13/01/2018	12/01/2019



## Claim Handling

Accident MT/0997616

Policy No.	5097374318	Vehicle No.	SJG1521B	GST Registration No.	
Policyholder Name	IRVEEN KAUH DANG			Policyholder NRIC	S7335240A
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	0
Contact No.(Mobile)	96934890	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
<b>▼ Accident Details</b>					
Report Date	07/06/2018 10:50	Accident Report Within 24 hrs	Yes	Accident Type	Others
Date of Accident	06/06/2018	Time of Accident hh:mm	13:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	NAPIER RD				
<b>▼ Benefits</b>					
<b>▼ Excess</b>					
Own damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	0.00	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	48 KEW AVENUE	Address 2	SINGAPORE 466344	Address 3	
Address 4		Address Type	Singapore address	Post Code	466344
Unit No.		Related Policy Number	5097374318		
<b>▼ OI Driver Info</b>					
Driver Name	IRVEEN KAUH DANG	Driver Type	Main Driver	Driver DOB	20/09/1973
Unnamed driver Name		Driver NRIC	S7335240A	Driving Experience	24
Register Date of Driver License	06/08/1993	Driver Age	44	Contact No.(Home)	
Contact No.(Mobile)	96934890	Contact No.(Office)		Address 3	
Address 1	48 KEW AVENUE	Address 2	SINGAPORE 466344	Post Code	466344
Address 4		Address Type	Singapore address		
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?	Yes <input type="radio"/> No <input type="radio"/>		

Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	IRVEEN KAUH DANG	Insured NRIC	S7335240A
Contact No.(Mobile)	96934890	Contact No.(Home)	64453253	Contact No.(Office)	
Email Address		OI Vehicle Number	SJG1521B	TP Vehicle Number	BARRIER
Claim Description	SJG1521B / BARRIER ON 6 Jun 2018			Name of Preferred Workshop	0
Preferred Workshop Contact No.	0	Insured Liability *	Partially at Fault	GIA report	Received
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	07/06/2018 00:00
Date Registered	07/06/2018 10:53	Claim Close Date			
Report Taken By	LIEW SHAN HUI				

☒ Print AK letter

Save Submit

## Attachment



Accident No.	MT/0997616	Claim No.	001		
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	07/06/2018 10:54		
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 07 Jun 2018 10:54	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-6-7
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Jun 2018 10:54	SAS	Normal	SAS 2018-6-7
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Jun 2018 10:54	Photos	Normal	Photos 2018-6-7
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Jun 2018 10:54	Photos	Normal	Photos 2018-6-7
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Jun 2018 10:54	Photos	Normal	Photos 2018-6-7
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Jun 2018 10:54	Photos	Normal	Photos 2018-6-7
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Jun 2018 10:54	Photos	Normal	Photos 2018-6-7
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Jun 2018 10:54	Photos	Normal	Photos 2018-6-7
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Jun 2018 10:54	Photos	Normal	Photos 2018-6-7
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Jun 2018 10:54	Photos	Normal	Photos 2018-6-7

## Video List

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

Scan and uploading