

NATIONAL ASSESSMENT CENTRE SERVICES

Date/Time: 08/06/2018 12:37	Job Description	Date & Time Completed	Done by
Ref No: NA/INC18010475/K4	Gas filling		
Veh No: GW 4479Y	E-mail (Vehicle Reg, LIC, etc)		
DOA: 06/06/2018 19:20	Motor Claim Form	MT/0997894-001	8/6/18 16:55
OD: TP / Reporting Only	Motor W/O (Vehicle Reg, LIC, etc)		
TP Insure:	Photo Uploaded		
	Assessment/Survey Report		
	Liability Report by FAX/Hand to Owner/Whse		

Preferred Wksp / INC Assign Wksp / OW:	Tel:	Fax:
TP Particulars	Yell No: SDQ9889G, INC, / Non-INC	
Owner / Driver:	Tel:	
Policy No:	Period:	Cover Type:
Confirmed by:	Date:	Time:
Insured/Driver Liability:	% (Note: BIL, SUBV (WO): NI 0.79%; P: 21.79%; P: 30.100%)	
Year of Registration:	Warranty: YES / NO	
Excess (\$):	Loading: \$1,000 / \$2,000	

General Remarks:

() Work-In-Progress / Customer's Information strictly Confidential & strictly NO color of repair.

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

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

Remarks:	Date/Time Completed	Done by
1) Apply for Transition Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Recovery Photo (Repair Cost > \$3000) ()		

Injury:

Date/Time	Action

NAI803610	Invoice / Preparation Checklist
Vehicle's Bodywork:	1) ARI Accident Report (300)
Driver/Owner:	2) DAID Injury Allowance (300) INC (40)
Police No:	3) TP / Towing Fee 1110
Assigned Police:	4) PT / Follow Through Survey 1110
	5) PT / Follow Through Survey (Recovery) 1110
	6) TR / Bill of Materials 1110
	7) TR / Bill of Materials + SMRT Survey 1110
	8) NTUC Additional Survey 1110
	9) NTUC Additional Survey 1110
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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	08/06/2018 12:37
Date Of Accident	06/06/2018 19:20
Exact Location Of Accident	BOUNDARY RD TWDS YIO CHU KANG RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GW4479Y
Insured/Policyholder	
Name Of Registered Owner	REFRIGERATION & APPLIANCE SERVICE
Co Reg No	52986124X
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83373106
Alternative Phone No	OFFICE-83373106

Vehicle Particulars

Manufacturer	TOYOTA
Model	LITEACE 5DR
Exact Purpose for which vehicle was being used at time of accident	WORK
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

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5087708320
Cover Note Number	

Driver

Name of Driver	DHARMA RAO
NRIC No	S2017962G
Date Of Birth	15/12/1951
Occupation	OUTDOOR
Date Of Driving Pass	23/08/1996
Driving Experience	21 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83373106
Fax Number	
Contact Number	OTHERS-83373106
EMail Address	NOEMAIL

Address	BLK 227 SERANGOON AVE 4 #07-09
Postcode	550227
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - FREE LANCE SELFEMPLOYEE
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?	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

PLS REFER TO THE 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	SDQ9889G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LEO LEE YIN MRS. SALLE BRUNO GERARD MARIE
NRIC/Passport Number	S1419194A
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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.

REFRIGERATION & APPLIANCE SERVICE

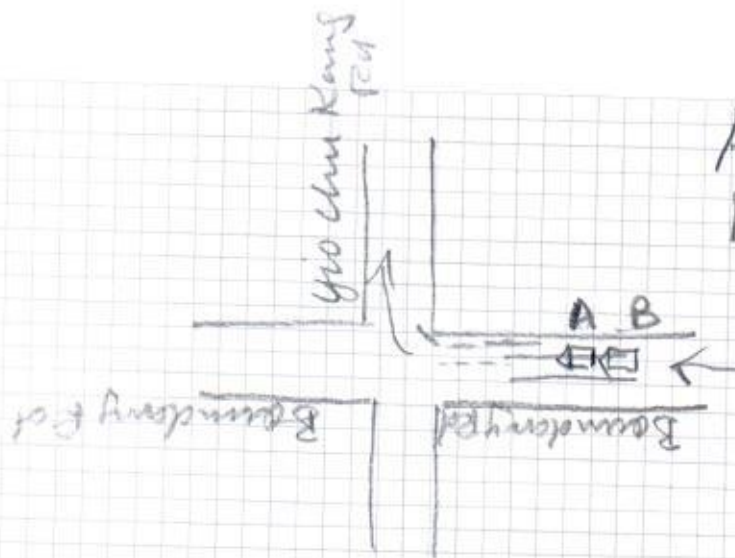


Policyholder's Signature
Date & Time:

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

8/6/2018
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN



A - GW4479Y
B - SDQ9889G

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Car A was driving along towards Boundary Rd to turn to Yio Chua Kang Rd. Traffic light was change to Red. Waiting for the traffic light to change green. Suddenly Car B came and hit on rear of Car A. I get down of the Car A and Car B also came out and exchanges Driving Licence. Ask her how you ^{are} wants to settle and she ~~say~~ said small matter and then ~~she~~ I said, to her I'd you ~~that~~ settle with me I will call the traffic police. and then waited for a while than I start calling for traffic police than they said ask to wait at the location where the ~~the~~ accident happen. After 40 mins they arrived and Car B Driver ~~let~~ ask to wait but did not wait she Left and than traffic police came down they took all the particular of both party.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

REFRIGERATION & APPLIANCE SERVICE

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.:

8/6/2018

INDEX AGENCY PTE LTD

210 TURF CLUB ROAD LOT B73 TURF CLUB AUTO EMPORIUM, SINGAPORE 287995
TEL : 64620777 / 63562988 FAX : 62583593 / 64621526

admin@indexagency.com.sg
Co. Regn : 2005/05175R

5-Jan-2018

REFRIGERATION & APPLIANCE SERVICE
227 SERANGOON AVENUE 4
#07-09
SINGAPORE 550227

DEBIT NOTE

GD2018-00055

Please remit for the following:

Description	Particulars	Description	Premium
Vehicle Number	GW4479Y	Basic	\$389.84
Insurance Co.	NTUC 508 7708320	GST % 7.00	\$27.29
Cover Type	T.P.FIRE & THEFT	Total Due	\$417.13
Period of Cover	03/02/2018 to 30/06/2018	Discount	\$0.00
		Nett Due	\$417.13

This is not a Tax Invoice. The insurance company's tax invoice is attached or will be sent to you shortly.

Please make cheque payable to INDEX AGENCY PTE LTD

Kindly indicate vehicle number behind the cheque.


Thank you for your prompt payment.

Yours truly,



Accounts Dept.


REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S2017962G



Name
DHARMA RAO

தரும ராவ்
Race
INDIAN

Date of Birth: 15-12-1951 Sex: M
Country of Birth: INDIA



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S2017962G



DHARMA RAO

Birth Date: 15 Dec 1951
Issue Date: 29 Nov 2016

002633668G

2726626



NRIC No. S2017962G



Blood Group: O+ Date of issue: 30-10-1995

NRIC No. Date: No. 2126080

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

	EFFECTIVE DATE
Class 3 Motor cars with unladen weight $\leq 3000\text{kg}$ with ≤ 7 passengers, exclusive of driver; and other motor vehicles with unladen weight $\leq 2500\text{kg}$	23 Aug 1996

NP 428A



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"/>	5087708320	REFRIGERATION & APPLIANCE SERVICE	S2966124X	GCV	Third Party, Fire & Theft	GW4479Y	GW4479Y	03/02/2017	30/06/2018

▼ Policy Information

Policy No.	5087708320	Policyholder Name	REFRIGERATION & APPLIANCE S	Policyholder NRIC	52986124X
Address	BLK 227 #07-09 SERANGOON AVENUE 4 SINGAPORE 550227				
Product Name	COMMERCIAL VEHICLE INSURANCE Plan			Group Policy Flag	N
Policy issue Date	26/01/2017	Effective Date	03/02/2017 00:00	Expiry Date	30/06/2018 23:59
Third Party Excess	0	Own damage Excess	0	Windscreen Excess	0
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess			
Agent	INDEX AGENCY PTE LTD	Agent Tel.		GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ Policyholder Mailing Address

Address 1	BLK 227 #07-09	Address 2	SERANGOON AVENUE 4	Address 3	BOUNDARY VILLE
Address 4	SINGAPORE 550227	Address Type	Singapore address	Post Code	550227
Unit No.	07-09	Related Policy Number	5087708320		

▶ Insured Object: GW4479Y

▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
1	05/01/2018 00:00	POI Extension/Shorten	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that the Period of Insurance of this policy is amended as follows: PERIOD OF INSURANCE: 03 Feb 2017 TO 30 Jun 2018 In view of this amendment, an additional premium of \$417.13 (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, credit card or NETS.

Continue

Cancel

Claim Handling

Accident MT/0997894

Policy No.	5087708320	Vehicle No.	GW4479Y	GST Registration No.	
Policyholder Name	REFRIGERATION & APPLIANCE SERVICE			Policyholder NRIC	5291
Product Code	COMMERCIAL VEHICLE INSURAT	Cover Type	Third Party, Fire & Theft	Loading	0
Contact No.(Mobile)	83373106	Contact No.(Office)	0	Contact No.(Home)	0
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	08/06/2018 16:46	Accident Report Within 24 hrs	Yes	Accident Type	Colli
Date of Accident	06/06/2018	Time of Accident hh:mm	19:20	Country of Accident	Sing
Reporting Centre		Orange Force		ICM No.	
Accident Location	BOUNDARY RD TWDS YIO CHU KANG RD.				
▼ Benefits					
▼ Excess					
Own damage Excess	0.00	Additional Excess		Windscreen Excess	0.00
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			
▼ GST Registered Information					
GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History					
▼ Policyholder Mailing Address					
Address 1	BLK 227 #07-09	Address 2	SERANGOON AVENUE 4	Address 3	BOU
Address 4	SINGAPORE 550227	Address Type	Singapore address	Post Code	5501
Unit No.	07-09	Related Policy Number	5087708320		
▼ OI Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	DHARMA RAO	Driver NRIC	S2017962G	Driver DOB	15/1
Register Date of Driver License	23/08/1996	Driver Age	66	Driving Experience	21
Contact No.(Mobile)	83373106	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 227	Address 2	SERANGOON AVENUE 4	Address 3	
Address 4		Address Type	Singapore address	Post Code	5501
Unit No.	#07-09				
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	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		

Modification History

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	REFRIGERATION & APPLIANCE S	Insured NRIC	5291
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	
Email Address		OI Vehicle Number	GW4479Y	TP Vehicle Number	SDQ
Claim Description	GW4479Y / SDQ9889G ON 6 Jun 2018				
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Rec
Date Registered	08/06/2018 16:56	Claim Close Date		Date Received	08/6
Report Taken By	KRISHNASAMY	Workshop Repairer		Total Loss but Repaired	
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

Attachment

6/8/2018

Claim Handling(accident reporting Claim Task 001 OD-MX)

Accident No.

MT/0997894

Claim No.

001

Last Doc. Received

☒ Yes
 ☐ No

Upload Date

08/06/2018 16:55

Path *

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

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Choose File No file chosen

Message Read

Category *

Confidential

Urgency *

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Clear	Please Select	NO	Normal
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Clear	Please Select	NO	Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Jun 2018 16:56	NRIC/ Driving License	Normal	NRIC/ Driving Lic
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Jun 2018 16:54	SAS	Normal	SAS 201
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Jun 2018 16:54	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Jun 2018 16:54	Photos	Normal	Photos 20
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Jun 2018 16:52	Photos	Normal	Photos 20