

NATIONAL Assessment Centre Services [ver 1 Jan 2015]

Date In: 09/07/2018 15:36	Job description	Date & Time Completed	Done by
Ref No: NA/INC 18012457/K4	SAS e-filing		
Veh No: SKC 3746R	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 07/07/2018 22:30	i-Motor Claim Form	MT/1002201-002	10/7/18 0955
OD (IP) Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksr		

Preferred Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars:	Veh No: SHC 1488J. 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

NA1804337

Claimant's Particulars :-	Invoice Preparation Checklist		Amt (\$)	Amt (\$)
			1st Bill	Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);			
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)			
Damaged Portion:	3) TF: Towing Fee \$40/\$45			
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey \$120			
Auditors' Comments :-	5) iPT: Follow-Through Survey (Resurvey) \$30			
Cat. 1:	For claiming against INC Only (wef 10 Jan 2005)			
Cat. 2/3:	6) TR: Re-inspection \$75			
	7) N1: Idac DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
	ON*			
	*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: Idac Mobile \$30			
	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 willful 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	09/07/2018 15:36
Date Of Accident	07/07/2018 22:30
Exact Location Of Accident	PIE TWDS TUAS NEAR BKE EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKC3746R
Insured/Policyholder	
Name Of Registered Owner	GAYATHIRI D/O SELVAM
NRIC No	S8510017C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83839203
Alternative Phone No	OTHERS-83839203

Vehicle Particulars

Manufacturer	HONDA
Model	FIT 1.3G A
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	5094703111
Cover Note Number	

Driver

Name of Driver	GAYATHIRI D/O SELVAM
NRIC No	S8510017C
Date Of Birth	29/03/1985
Occupation	INDOOR
Date Of Driving Pass	08/09/2008
Driving Experience	9 YEARS AND 9 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-83839203
Fax Number	
Contact Number	OTHERS-83839203
E-Mail Address	NOEMAIL

Address BLK 546B SEGAR ROAD
#14-57
Postcode 672546
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 CHAIN 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? YES
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) 3
Passenger 1
NAME: : NIL
GENDER: : FEMALE
Passenger 2
NAME: : NIL
GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police? YES
If Yes, Please state which Police Station
Police Station Name CHOA CHU KANG NEIGHBOURHOOD POLICE POST
Police Station Address ROAD: BLK 116 TECK WHYE LANE , POSTCODE: 680116 , COUNTRY: SINGAPORE
Police Station Contact TEL NO: 1800-7629999 - FAX NO: 67636615
Was notice of intended Prosecution given? NO
If Yes, against whom?

Circumstances of Accident

PLS REFER TO THE POLICE REPORT : T/20180708/2065

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 SHC1488J
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category TAXI
Name of Driver

NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SLQ3863A
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)

DETAILS OF INJURED PERSON 1

Name GAYATHIRI D/O SELVAM
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SKC3746R
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance?
Address
Postcode

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

PIE TOWARDS TUAS NEAR BKE EXIT.

- A - SKC3746R
- B - SHC1488J
- C - SLQ3863A



LANE 3

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Handwritten text in the accident description box: "Pls Refer to the Police Report T/20180708/2065"

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.:



**SINGAPORE
POLICE FORCE**



T/20180708/2065

1 of 3

Report No. T/20180708/2065

Police Station Of Origin:
Choa Chu Kang NPP
116 Teck Whye Lane #01-740 SINGAPORE
680116
Tel No: 1800-7629999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/07/2018 17:21	Vide Report No.:	Station Diary No.: 23
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Informant's Particulars

Name of Informant: GAYATHIRI D/O SELVAM			Address: APT BLK 546B SEGAR ROAD #14-57 SINGAPORE 672546		
ID Type / ID No.: NRIC NO / S8510017C			Contact No.: Home/Office:		Mobile: 83839203
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 33	Date of Birth: 29/03/1985	Type of Informant: Driver		
Race: Indian			Language: English		Institution / School Name:
Occupation: CONSTITUENCY MANAGER			Driving Licence Information: Class: 3A		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 07/07/2018 22:30	Type of Location: Straight Road
Location: Along Road 1 PAN ISLAND EXPRESSWAY towards tuas near BKE Exit				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 80 Km/h
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHC1488J	Car					0
SKC3746R	Car	HONDA	FIT 1.3G A	White	Seriously Damaged	2
SLQ3863A	Car					0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date



Police Station Of Origin:
Choa Chu Kang NPP
116 Teck Whye, Lane #01-740 SINGAPORE
680116
Tel No: 1800-7629999

Report No. T/20180708/2065

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKC3746R	NTUC Income Insurance Co-Operative Limited	5094703111	01/10/2017	30/09/2018

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	GAYATHIRI D/O SELVAM	ID No.	S8510017C
Related Vehicle	SKC3746R (Car)	Contact No.	83839203
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	07/07/2018	Date Discharge	07/07/2018
No. of Days granted Medical Leave	07	Degree of Injury	Slight

Brief Details.

On 07/07/2018 at about 2230hrs, I was travelling in my car on the 3rd lane at PIE towards Tuas near BKE exit. The traffic was heavy and I came to a complete stop in my lane. I decided to change lane and switched on my signal. When I was about to move off, I felt an impact to the rear of my car. The impact caused my car to hit another car in front of me in the lane. I stepped out of my vehicle and checked. A taxi (SHC1488J) had hit onto my car and caused my car to hit the car in front of me (SLQ3863A). We exchanged particulars and I called for a tow truck as my vehicle could not move. My car airbag was released and this caused my in car camera to be damaged. I felt pain on my head, shoulders, spine and hand.

Shortly after, Police came and I left the scene to seek medical advise. I suffered burnt abrasion on my right hand, back and neck injury as a result of the accident. I received 7 days MC. My passenger namely R Panumadi S1345245H suffered injury as well and received 6 days MC.



**SINGAPORE
POLICE FORCE**



T/20180708/2065

3 of 3

Police Station Of Origin:
Choa Chu Kang NPP
116 Teck Whye Lane #01-740 SINGAPORE
680116
Tel No: 1800-7629999

Report No. T/20180708/2065

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report: SN 120
J/
Sgt 2 MUHAMMAD ADNAN BIN MOHAMED
IBRAHIM

Signature Of Informant:

Signature Of Interpreter: Singapore Police Force
Not applicable

Date/Time:
08/07/2018 17:21

Officer In Charge Of Case:
TP / GIT /
Staff Sgt MOHAMMAD ZULKARNIAN BIN
SAMSUDIN
Contact No.: 65476429

Classification Of Case:

Authentication Stamp
NP168

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S8510017C**



Name
GAYATHIRI D/O SELVAM

Race
INDIAN

Date of birth
29-03-1985

Country/Place of birth
SINGAPORE

Sex
F



5483737



NRIC No. **S8510017C**



Date of issue
12-06-2015

Address

**APT BLK 546B SEGAR ROAD
#14-57
SINGAPORE 672546**

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: **S8510017C**

Name:

GAYATHIRI D/O SELVAM

Birth Date: **29 Mar 1985**

Issue Date: **08 Sep 2008**

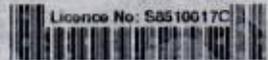


001049059H

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES

PASS DATE

Class 3A Motor cars without clutch pedals (Auto) =< 3000kg with =< 7 passengers, exclusive of the driver; and other motor vehicles without clutch pedals =< 2500kg **08 Sep 2008**



Licence No: **S8510017C**

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"/>	5094703111	GAYATHIRI D/O SELVAM	S8510017C	GPC	drivo CLASSIC	SKC3746R	SKC3746R	01/10/2017	30/09/2018

▼ Policy Information

Policy No.	5094703111	Policyholder Name	GAYATHIRI D/O SELVAM	Policyholder NRIC	S8510017C
Address	BLK 546B #14-57 SEGAR ROAD SEGAR VALE SINGAPORE 672546				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	30/09/2017	Effective Date	01/10/2017 00:00	Expiry Date	30/09/2018 23:59
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0		
Agent	DIRECT BUSINESS DEPT	Agent Tel.	NIL	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ Policyholder Mailing Address

Address 1	BLK 546B #14-57	Address 2	SEGAR ROAD	Address 3	SEGAR VALE
Address 4	SINGAPORE 672546	Address Type	Singapore address	Post Code	672546
Unit No.		Related Policy Number	5094703111		

▶ Insured Object: SKC3746R

▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
1	01/10/2017 00:00	Basic Information Endorsement	Endorsement Take Effective	MERGE ID
2	01/10/2017 00:00	NCD Endorsement	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We would like to inform you that from 01 Oct 2017, you are entitled to 50% NCD under your policy. After the NCD adjustment, the revised premium is \$636.47(inclusive of GST). 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/1002201

Policy No.	5094703111	Vehicle No.	SKC3746R	GST Registration No.	
Policyholder Name	GAYATHIRI D/O SELVAM	Cover Type	drive CLASSIC	Policyholder NRIC	S85
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	NA	Special Remark		Contact No.(Home)	
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	No
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	50	eCode Reason	
NCD Protection	No			Private Hire	Not

▼ Accident Details

Report Date	09/07/2018 15:32	Accident Report Within 24 hrs	Yes	Accident Type	Chai
Date of Accident	07/07/2018	Time of Accident hh:mm	10:50	Country of Accident	Sing
Reporting Centre		Orange Force		ICM No.	
Accident Location	PIE TOWARDS BKE EXIT				

▼ 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	BLK 546B #14-57	Address 2	SEGAR ROAD	Address 3	SEG
Address 4	SINGAPORE 672546	Address Type	Singapore address	Post Code	672
Unit No.		Related Policy Number	5094703111		

▼ OI Driver Info

Driver Name	gayathiri d/o selvam	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S8510017C	Driver DOB	29/0
Register Date of Driver License	01/01/2015	Driver Age	33	Driving Experience	3
Contact No.(Mobile)	83839203	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 546B #14-57	Address 2	SEGAR ROAD	Address 3	SEG
Address 4	SINGAPORE 672546	Address Type	Singapore address	Post Code	672
Unit No.					
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" 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
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Modification History

Claim 002 OD-MX

New

Claim Type *	OD-MX	Insured Name	GAYATHIRI D/O SELVAM	Insured NRIC	S85
Contact No.(Mobile)	83839203	Contact No.(Home)		Contact No.(Office)	
Email Address	GAYATHIRISELVAM29@GMAIL.C	OI Vehicle Number	SKC3746R	TP Vehicle Number	SHC
Claim Description	SKC3746R / SHC1488J ON 7 Jul 2018			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Partially at Fault		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Rec
Date Registered	10/07/2018 09:56	Claim Close Date		Date Received	10/0
Report Taken By	KRISHNASAMY	Workshop Repairer		Total Loss but Repaired	

 Print AK letter

Save Submit

Attachment



