

NATIONAL Assessment Centre Services

Date In: 16/07/18	Job description	Date & Time Completed	Done by
Ref No: NA/INC18012819/13	SAS e-filing		
Veh No: 5LL342H	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 14/07/18 1330	i-Motor Claim Form	MT/1003224-001	
OD: TP 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/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (N-51 Tel: Fax:)

TP Particulars: Veh No: GBL2978B 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

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	16/07/2018 09:10
Date Of Accident	14/07/2018 13:30
Exact Location Of Accident	PIE TWDS CHANGI EXIT SIMS AVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLL342H
Insured/Policyholder	
Name Of Registered Owner	ADITYA SHARMA
NRIC No	S8890239D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-85000751
Alternative Phone No	OTHERS-85000751

Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL
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	5087930322-01
Cover Note Number	

Driver

Name of Driver	ADITYA SHARMA
NRIC No	S8890239D
Date Of Birth	04/11/1988
Occupation	INDOOR
Date Of Driving Pass	19/11/2015
Driving Experience	2 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-85000751
Fax Number	
Contact Number	OTHERS-85000751
Email Address	NOEMAIL

Address	BLK 511 JELAPANG ROAD #11-46
Postcode	670511
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	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?	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)	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?	YES
Remarks/ Reasons:	WITH WORKSHOP
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBC2978B
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)	

DETAILS OF INJURED PERSON 1

Name	ADITYA SHARMA
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	SLL342H
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	

SKETCH PLAN

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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:

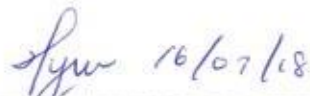
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:



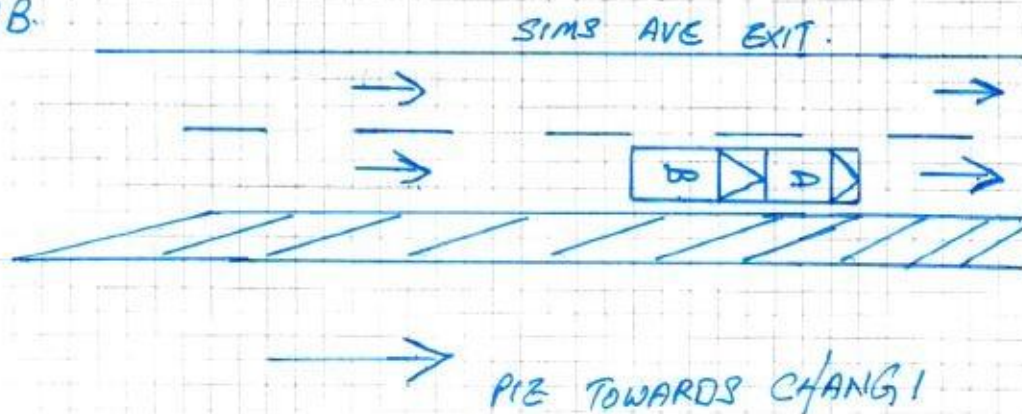
Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

SKETCH PLAN

(A) SLL 342 H.
(B) GBC 2978 B.




DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 14/07/18 at @ 1330hrs, I was travelling in my vehicle (SLL 342 H) along PIE towards Changi exit into Sims Ave exit on the right lane. The traffic was very heavy and the vehicle in front of me stopped. I slow down and before I come to a stop, a lorry (GBC 2978 B) from behind collided onto the rear portion of my vehicle.

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:

 16/07/18
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Vehicle No.	SLL 342 H.	Model / Make	Honda Vezel.
Date of Accident	14/07/18.		
Time of Accident	1330 HRS		
Location of Accident	PIE towards Changi exit Sing Ave.		
Exact purpose use during accident	Private Used.		
Name of Owner	Aditya Sharma.		
Telephone No.	H/P : 8500 0751	Home :	Office :
NRIC	S 88902390		
Address	BLK 511, Jelapang Road #11-46 (S) 670511		
Claim type	OD <u>THIRD PARTY</u> REPORTING ONLY		
Insurance Company	NJUC.		
Type of Coverage	<u>Comprehensive</u> Third Party Third Party / Fire / Theft		
Policy No.	5087930322-01.		
Name of Driver	<u>As Above If No,</u>		
NRIC		Any Passengers :	N.A.
Date of birth	04/11/1988.		
Occupation	Outdoor / <u>Indoor</u>		
Driving License Pass Date	19/11/2015		
Gender	<u>Male</u> / Female		
Contact No.	H/P :	Home :	Office :
Address			
Driver have any own vehicle	No, If yes, Reg No. <u>Owned</u>		
Relationship	Employee, If no, state		
Weather condition	<u>Clear</u> Raining Other		
Road Surface	<u>Dry</u> Wet Other		
Any Injuries	No, <u>If Yes, Who?</u>		
Name And Contact No.	Aditya Sharma (H/P : 8500 0751).		
Name And Contact No.			
Police Report	<u>No,</u> If Yes, Where?		
Vehicle B No.	GBC 2978 B.	Any Passengers :	N.A.
Name of Driver	Mohamed Hair Bin Shabdin	Contact No. :	
Vehicle C No.		Any Passengers :	
Vehicle D No.		Any Passengers :	
Vehicle E no.		Any Passengers :	
Vehicle F No.		Any Passengers :	
Vehicle G No.		Any Passengers :	
Witness Name	N.A.	Witness Contact :	
Accident Portion	<u>Rear Portion</u>		
Camera Recorder	<u>Yes</u> / No		
Email Address	aditoo7@hotmail.com.		
HAVE YOU BEEN APPROACH BY UNKNOWN PERSON SOLICITING / OFFERING ACCIDENT CLAIMS ASSISTANCE?	Yes / <u>No</u>		
PARTICULAR WORKSHOP	N-51		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	Huixin.		
FAX NO	6741 0510		
WORKSHOP EMAIL ADDRESS	Sales @ n51.com.sg		


REPUBLIC OF SINGAPORE DRIVING LICENCE


 Licence Number: **S8890239D**
 Name: **ADITYA SHARMA**
 Birth Date: **04 Nov 1988**
 Issue Date: **19 Nov 2015**

002494689F

SG 50

SINGAPORE ARMED FORCES IDENTITY CARD


 Name: **ADITYA SHARMA**
 NRIC No: **S8890239D**

This card is the property of the Singapore Armed Forces. Any person finding this card is requested to forward it without delay to Central Manpower Base or any Police Station.

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

Class 3 **EFFECTIVE DATE**
 Motor Cars =< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg **19 Nov 2015**

NP 428A



GEAULT06SPV104552A0013

00000050170

NRIC No / Colour: **S8890239D/ PINK**
 Race: **INDIAN**
 Date Of Birth: **04/11/1988**
 Service Status: **REGULAR**
 Address: **Blk 511 JELAPANG ROAD**
#11-46 SINGAPORE 670511

Blood Group: **O (+)**
 Country Of Birth: **INDIA**
 Military Rank Status: **OFFICER**

Sex: **M**






Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5087930322-01 **Cover:** 1 @drive CLASSIC

1. Index mark and Registration Number of Vehicle : **SL1342H**
Chassis Number : RU11205094

2. Name of Policyholder : ADITYA SHARMA

3. Effective Date of Insurance : 10 Feb 2018

4. Expiry Date of Insurance : 09 Feb 2019

5. Persons or Classes of Persons entitled to drive#
(a) The Policyholder.
(b) Any other person who is driving on the Policyholder's order or with his/her permission.
Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to Use#
(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

This Policy does not cover

- (a) Use for hire or reward.
(b) Use for racing, pace-making, reliability trial or speed-testing.
(c) Use for the carriage of goods (other than samples) in connection with any trade or business.
(d) Use for any purpose in connection with the Motor Trade.
Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: \$5600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: \$5100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: ADITYA SHARMA
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: KENSO LEASING PTE LTD
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : KENSO LEASING PTE LTD (00000573553)
Date of Issue : 02 Feb 2018 17:51 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

Claim Handling

Accident MT/1003224

Policy No.	S087930322-01	Vehicle No.	SLL342H	GST Registration No.	
Policyholder Name	ADITYA SHARMA			Policyholder NRIC	S8890239D
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	85000751	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(%)	50	Private Hire	No
▼ Accident Details					
Report Date	16/07/2018 18:19	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	14/07/2018	Time of Accident hh:mm	13:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	PIE TWOS CHANGI EXIT SIMS AVE				
▼ Benefits					
▼ Excess					
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		
▼ GST Registered Information					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified	Yes		
Modification History					
▼ Policyholder Mailing Address					
Address 1	BLK 511 #11-46	Address 2	JELAPANG ROAD	Address 3	SINGAPORE 670511
Address 4		Address Type	Singapore address	Post Code	670511
Unit No.	11-46	Related Policy Number	S087930322-01		
▼ OI Driver Info					
Driver Name	ADITYA SHARMA	Driver Type	Main Driver	Driver DOB	04/11/1988
Unnamed driver Name		Driver NRIC	S8890239D	Driving Experience	2
Register Date of Driver License	19/11/2015	Driver Age	29	Contact No.(Home)	0
Contact No.(Mobile)	85000751	Contact No.(Office)	0	Address 3	SINGAPORE 670511
Address 1	BLK 511	Address 2	JELAPANG ROAD	Post Code	670511
Address 4		Address Type	Singapore address		
Unit No.	#11-46				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input checked="" type="radio"/> Yes <input type="radio"/> No		

Modification History

Claim 001 OD-MX New

Claim Type *	OD-MX	Insured Name	ADITYA SHARMA	Insured NRIC	S8890239D
Contact No.(Mobile)	85000751	Contact No.(Home)	67641654	Contact No.(Office)	67777183
Email Address		OT Vehicle Number	SLL342H	TP Vehicle Number	GBC2978B
Claim Description	SLL342H / GBC2978B ON 14 Jul 2018			Name of Preferred Workshop	N51
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	GIA report	Received
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop (refer below)	Date Received	16/07/2018 00:00
Date Registered	16/07/2018 18:22	Claim Close Date		Total Loss but Repaired	
Report Taken By	ROSLINDA	Workshop Repairer			
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

Attachment					
▼					
Accident No.	MT/1003224	Claim No.	001		
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	16/07/2018 00:00		
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 16 Jul 2018 18:22	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-7-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Jul 2018 18:22	SAS	Normal	SAS 2018-7-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Jul 2018 18:22	Photos	Normal	Photos 2018-7-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Jul 2018 18:22	Photos	Normal	Photos 2018-7-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Jul 2018 18:22	Photos	Normal	Photos 2018-7-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Jul 2018 18:22	Photos	Normal	Photos 2018-7-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Jul 2018 18:22	Photos	Normal	Photos 2018-7-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Jul 2018 18:22	Photos	Normal	Photos 2018-7-16

Video List

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