

NATIONAL Assessment Centre Services

(wef 1 Jan 2005)

Date In: 20/07/2018 16:31	Job description	Date & Time Completed	Done by
Ref No: NA/INC18013237/KY	SAS e-filing		
Veh No: SDE41694	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 20/07/2018 13:00	i-Motor Claim Form	MT/1003925-001	21/7/18 09:55
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/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:

Veh No:

YP3630G

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: YBS (

/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

NA1804600

Invoice Preparation Checklist

Am't (\$)

Am't (\$)

Int. Bill

Add. Bill

Claimant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:

Cal. 1:

Cal. 2/3:

1) AR: Accident Reporting (\$30);

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: Idao 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 (N'n INC) against INC \$20

9) N12: Idao 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 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	20/07/2018 16:31
Date Of Accident	20/07/2018 13:00
Exact Location Of Accident	TWDS JURONG KJE JUST BEFORE BRICKLAND EXIT
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SDE4169Y
Insured/Policyholder	
Name Of Registered Owner	R NARASIMMA BALDEVAN
NRIC No	S8926916D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93829997
Alternative Phone No	OTHERS-93829997
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	LANC 1.5MX M
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	THIRD PARTY
Fleet Policy	NO
Policy Number	5089977314-01
Cover Note Number	
Driver	
Name of Driver	R NARASIMMA BALDEVAN
NRIC No	S8926916D
Date Of Birth	06/08/1989
Occupation	INDOOR
Date Of Driving Pass	27/07/2010
Driving Experience	7 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93829997
Fax Number	
Contact Number	OTHERS-93829997
EEmail Address	NOEMAIL

Address	BLK 847 WOODLANDS STREET 82 #09-289
Postcode	730847
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 - CHANGE/CROSS LANE
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)	2
Passenger 1	
	NAME: : NITHIYALOSHNI D/O KARUNA NITHI
	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

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	YP3630G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	SAMSUDIN BIN IBRAHIM
NRIC/Passport Number	S0479374I
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	R NARASIMMA BALDEVAN
Approximate Age	
Injuries Sustain	SERIOUS
Injured person in which vehicle?	SDE4169Y
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	NITHIYALOSHNI D/O KARUNA NITHI
Approximate Age	
Injuries Sustain	SERIOUS
Injured person in which vehicle?	SDE4169Y
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	YES
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:

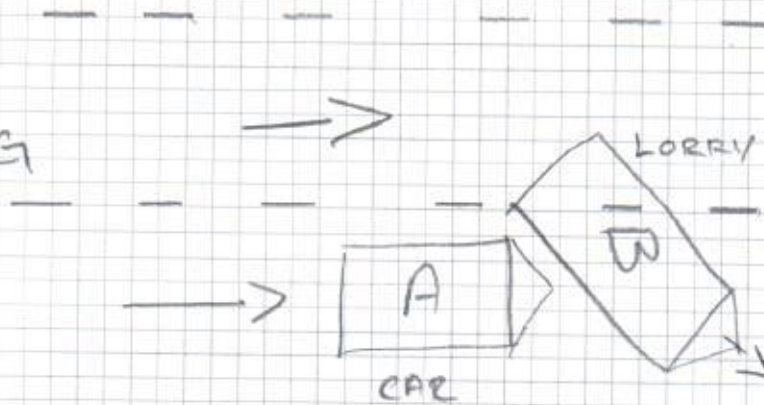
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

SKETCH PLAN

towards Jurong
KJE (Just Before backland exit)

A - SDE4169Y
B - YP3630G



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Vehicle A was driving along KJE towards Jurong. As Veh A was ~~approaching~~ on Lane 1, a Veh B, Lorry YP3630G swerved into Lane 1 from Lane 2 and crashed into Veh A. The time was around 1300 hours on 20 July 2018. Veh A had damage to both sides of the vehicle, as well as the front side.

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.:

20/7/2018


REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8926916D



Name
R NARASIMMA BALDEVAN
நரசிம்மா பாலதேவன்
Race
INDIAN
Date of birth
06-08-1989 Sex M
Country of birth
SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE



Name
R NARASIMMA BALDEVAN
Birth Date 06 Aug 1989
Issue Date 03 Aug 2009

001776310A

3601835




NRIC No. S8926916D
Date of issue
18-08-2004
Address
APT BLK 847 WOODLANDS STREET 82
#09-289
SINGAPORE 730847

DRIVING LICENCE

Class 2B Motorcycles \leq 200 CC
Class 3 Motor cars \leq 3000 kg with \leq 7 passengers, exclusive of the driver; and motor tractors/vehicles \leq 3500 kg

03 Aug 2009
27 Jul 2010

S / No. 9000129088

S8926916D

Licence No. S8926916D

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="checkbox"/>	5089977314-01	R NARASIMMA BALDEVAN	S8926916D	GPC	Third Party	SDE4169Y	SDE4169Y	11/04/2018	18/02/2019

▼ Policy Information

Policy No.	5089977314-01	Policyholder Name	R NARASIMMA BALDEVAN	Policyholder NRIC	S8926916D
Address	BLK 847 #09-289 WOODLANDS STREET 82 SINGAPORE 730847				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	06/02/2018	Effective Date	11/04/2018 00:00	Expiry Date	18/02/2019 23:59
Third Party Excess	0	Own damage Excess	0	Windscreen Excess	0
Additional Excess		OS Premium	0		
Outside Singapore OD Excess	0	Outside Singapore TP Excess	0		
Agent	AA INTERNATIONAL INSURANCE	Agent Tel.	64646022	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ Policyholder Mailing Address

Address 1	BLK 847 #09-289	Address 2	WOODLANDS STREET 82	Address 3	SINGAPORE 730847
Address 4		Address Type	Singapore address	Post Code	730847
Unit No.		Related Policy Number	5089977314-01		

► Insured Object: SDE4169Y

▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
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Continue

Cancel

Claim Handling

Accident MT/1003925

Policy No.	5089977314-01	Vehicle No.	SDE4169Y	GST Registration No.	
Policyholder Name	R NARASIMMA BALDEVAN			Policyholder NRIC	S89
Product Code	PRIVATE CAR INSURANCE	Cover Type	Third Party	Leading	0
Contact No.(Mobile)	93829997	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 checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	10	Private Hire	No

▼ Accident Details

Report Date	21/07/2018 09:50	Accident Report Within 24 hrs	Yes	Accident Type	Colli
Date of Accident	20/07/2018	Time of Accident hh:mm	13:00	Country of Accident	Sing
Reporting Centre		Orange Force		ICM No.	
Accident Location	TWDS JURONG KJE JUST BEFORE BRICKLAND EXIT				

▼ Benefits

▼ Excess

Own damage Excess	0.00	Additional Excess		Windscreen Excess	0.00
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	0.00		
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 847 #09-289	Address 2	WOODLANDS STREET 82	Address 3	SINGAPORE
Address 4		Address Type	Singapore address	Post Code	7301
Unit No.		Related Policy Number	5089977314-01		

▼ OI Driver Info

Driver Name	R NARASIMMA BALDEVAN	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S8926916D	Driver DOB	06/0
Register Date of Driver License	01/01/2010	Driver Age	28	Driving Experience	8
Contact No.(Mobile)	93829997	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 847	Address 2	WOODLANDS STREET 82	Address 3	
Address 4		Address Type	Singapore address	Post Code	7301
Unit No.	#09-289				
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 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	R NARASIMMA BALDEVAN	Insured NRIC	S89
Contact No.(Mobile)	93829997	Contact No.(Home)	NIL	Contact No.(Office)	
Email Address		OI Vehicle Number	SDE4169Y	TP Vehicle Number	YP31
Claim Description	SDE4169Y / YP3630G ON 20 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	21/07/2018 09:59	Claim Close Date		Date Received	21/0
Report Taken By	KRISHNASAMY	Workshop Repairer		Total Loss but Repaired	

☒ Print AK letter

Save Submit

Attachment



7/21/2018

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

Accident No.

MT/1003925

Claim No.

001

Last Doc. Received

* Yes No

Upload Date

21/07/2018 09:55

Path *

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Message Read



















Category *

Confidential

Urgency *

Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Descr
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Jul 2018 09:59	NRIC/ Driving License	Normal	NRIC/ Driving Lice
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Jul 2018 09:55	SAS	Normal	SAS 2018
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Jul 2018 09:55	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Jul 2018 09:55	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Jul 2018 09:54	Photos	Normal	Photos 20:
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Jul 2018 09:53	Photos	Normal	Photos 20:
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Jul 2018 09:53	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Jul 2018 09:53	Photos	Normal	Photos 20: