

NATIONAL Assessment Centre Services

(Part 1 of 2)

MT/1004656-001

Date In: 26/07/2018 09:41	Job description	Date & Time Completed	Done by
Ref No: NBA/INC/1013579/4	SAS e-filing		
Veh No: SJJ 847C	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 25/07/2018 19:05	i-Motor Claim Form	MT/1004656-001	26/07/2018 10:28
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: (Tel:	Fax:
TP Particulars:	Veh No: FN 7032S	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% P: 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

Claimant's Particulars:- Driver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge): Auditors' Comments:- Cat. 1: Cat. 2/3:	Invoice Preparation Checklist		Ant (\$)	Ant (\$)
	1) AR: Accident Reporting (\$30);		Int Bill	Add Bill
	2) DA: Damage Assessment (\$100); INC (\$30)			
	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: 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 TE (N11): TP (Non INC) against INC \$20 9) N12: Idac Mobile 30				
Invoice dated Invoice dated		Fee Charged 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	26/07/2018 09:41
Date Of Accident	25/07/2018 19:05
Exact Location Of Accident	SLIP ROAD EXITING SLE INTO YIO CHU KANG ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJJ847C
Insured/Policyholder	
Name Of Registered Owner	ANANTHARAMAN RAMANI
NRIC No	S8113690D
Email Address	RAMANI145@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-96612594
Alternative Phone No	OTHERS-96612594

Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL-1.5 HYBRID (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	5082201620-02
Cover Note Number	

Driver

Name of Driver	ANANTHARAMAN RAMANI
NRIC No	S8113690D
Date Of Birth	14/05/1981
Occupation	INDOOR
Date Of Driving Pass	20/07/2001
Driving Experience	17 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96612594
Fax Number	
Contact Number	OTHERS-96612594
Email Address	RAMANI145@HOTMAIL.COM

Address	17 MUGLISTON PARK
Postcode	798531
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	2
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)	4
Passenger 1	NAME: : WIFE GENDER: : FEMALE
Passenger 2	NAME: : SON GENDER: : MALE
Passenger 3	NAME: : HELPER 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

PLEASE REFER TO SKETCH PLAN

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FN7032S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	QUEK BUFENG
NRIC/Passport Number	S8118222A
Contact Number	94350130

Address	
Postcode	
Insurance Company Name	DIRECT ASIA INSURANCE (SINGAPORE) PTE LTD
Nature Of Damage	
No. Of Passenger (Including Driver)	1


SKETCH PLAN

IMPORTANT NOTICE


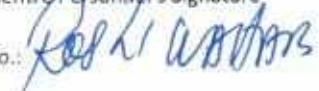
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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:

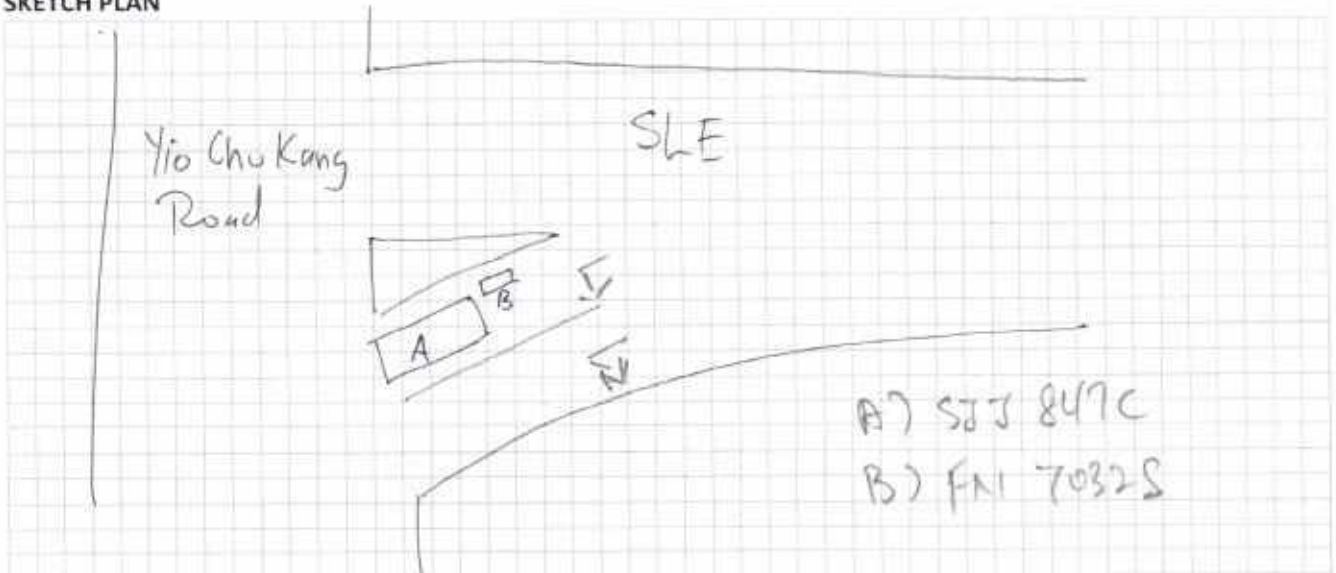
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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: 26/7/18
9:00am

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


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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving (SJJ 847C, vehicle A) and had exited SLE and was waiting to turn into Yio Chu Kang Road on 25/7/18 at 7:03pm. I had come to a stop waiting for traffic to clear along Yio Chu Kang Road. Just before moving off, I heard and felt a loud bump. I braked, stopped the car, and got out of the car and saw that a motorcycle (FNI 7032S, vehicle B) had banged into my car. I approached the rider, saw that he was not injured, and we both agreed to move our vehicles to the nearby bus stop (# 55101) so that we won't obstruct traffic. We exchanged particulars, took photos and then parted. I informed the rider that I had in-camera recording of the accident.

DECLARATION

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

[Signature]

Policyholder's Signature

Date & Time: 26/7/18

9:20am

Driver's Signature

(If driver is not the policyholder)

Date & Time:

[Signature] 26/07/2018

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

[Signature]

Claim Handling

Accident MT/1004656

Policy No.	5082201620-02	Vehicle No.	SJ2847C	GST Registration No.	
Policyholder Name	ANANTHARAMAN RAMANI			Policyholder NRIC	S8113690D
Product Code	PRIVATE CAR INSURANCE	Cover Type	Basic CLASSIC	Loading	0
Contact No.(Mobile)	96612594	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No *
WFR	+ No - Yes	TCA	+ No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	20	Private Hire	No

Accident Details

Report Date	26/07/2018 10:21	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	25/07/2018	Time of Accident hh:mm	19:05	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	SLIP ROAD EXITING SLE INTO YIO CHU KANG ROAD				

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	17 MUGLSTON PARK	Address 2	MUGLSTON HILL	Address 3	SINGAPORE 798531
Address 4		Address Type	Singapore address	Post Code	798531
Unit No.		Related Policy Number	5082201620-02		

01 Driver Info

Driver Name	ANANTHARAMAN RAMANI	Driver Type	Main Driver	Driver DOB	14/06/1981
Unnamed driver Name		Driver NRIC	S8113690D	Driving Experience	17
Register Date of Driver License	01/07/2001	Driver Age	37	Contact No.(Home)	
Contact No.(Mobile)	96612594	Contact No.(Office)		Address 3	SINGAPORE 798531
Address 1	17 MUGLSTON PARK	Address 2	MUGLSTON HILL	Post Code	798531
Address 4		Address Type	Singapore address		
Unit No.					
Does he own a Singapore Registered car?	Yes + No	Driver Vehicle No.	SJ2847C	Driver Insurer Company	NTUC

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes + No
-------------------------------------	------	-------------	----------

Modification History

Claim 001 Back

Claim Type *	OD-MX	Insured name	ANANTHARAMAN RAMANI	Insured NRIC	S8113690D
Contact No.(Mobile)	96612594	Contact No.(Home)	64841102	Contact No.(Office)	N/A
Email Address	ramani145@hotmail.com	01 Vehicle Number	SJ2847C	TP Vehicle Number	FN70325
Claim Description	SJ2847C / FN70325 ON 25 Jul 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	Received
Date Registered	26/07/2018 10:24	Claim Close Date		Date Received	26/07/2018 00:00
Report Taken By	ROSLI WAHAB				

Print As letter

Save Submit

Attachment

Accident No.	MT/1004656	Claim No.	001
Last Doc. Received	Yes No	Upload Date	26/07/2018 10:28
Path *		Category *	Confidential Urgency *
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		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
Message Read		Clear Please Select	NO Normal

Send Message Upload

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	Action
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 26 Jul 2018 10:28	Photos	Normal	Photos 2018-7-26		Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 26 Jul 2018 10:28	Photos	Normal	Photos 2018-7-26		Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 26 Jul 2018 10:28	Photos	Normal	Photos 2018-7-26		Edit

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 26 Jul 2018 10:24	Photos	Normal	Photos 2018-7-26	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 26 Jul 2018 10:26	Photos	Normal	Photos 2018-7-26	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 26 Jul 2018 10:26	Photos	Normal	Photos 2018-7-26	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 26 Jul 2018 10:26	Photos	Normal	Photos 2018-7-26	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 26 Jul 2018 10:25	Photos	Normal	Photos 2018-7-26	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 26 Jul 2018 10:25	Photos	Normal	Photos 2018-7-26	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 26 Jul 2018 10:25	Photos	Normal	Photos 2018-7-26	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 26 Jul 2018 10:25	Photos	Normal	Photos 2018-7-26	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 26 Jul 2018 10:25	Photos	Normal	Photos 2018-7-26	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 26 Jul 2018 10:24	Photos	Normal	Photos 2018-7-26	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 26 Jul 2018 10:24	Photos	Normal	Photos 2018-7-26	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 26 Jul 2018 10:24	Photos	Normal	Photos 2018-7-26	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 26 Jul 2018 10:24	Photos	Normal	Photos 2018-7-26	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 26 Jul 2018 10:24	Photos	Normal	Photos 2018-7-26	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 26 Jul 2018 10:24	SAS	Normal	SAS 2018-7-26	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 26 Jul 2018 10:24	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-7-26	Edit

Video List

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

ACCIDENT STATEMENT

ACCIDENT DATE: (25/07/2018) (DD/MM/YYYY), TIME: (19:03) (HH:MM)

LOCATION: Slip road exiting SLE rd in Chua Kang Road

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: S33847C
 b) INSURANCE COMPANY: NTUC
 c) POLICY NUMBER: _____
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: HONDA VEZEL HYBRID
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: PERSONAL
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
 IF NO, PLEASE STATE (THIRD PARTY CLAIM) / REPORTING ONLY

2. INSURED / POLICY HOLDER

- A) NAME: ANANTHARAMAN RAMANI (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S8113690D CONTACT: 96612594
 c) ADDRESS: 17 MUGLISSON PARK
S (748531)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: ASABANK (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 c) ADDRESS: _____

* d) DATE OF BIRTH: (14/05/1981) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 20/7/2008

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)
 b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)
 IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: FN7D32S MODEL: DIRAC7 ASIA

- b) DRIVER'S NAME: QUEK BUEFENG

- c) NRIC/FIN/PASSPORT: S8118222A CONTACT: 94350130

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____

- e) DRIVER'S NAME: _____

- f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

Email = ramani M5@hotmail.com

VIDEO = Yes

WIFE F
SON M
HUSBAND F

* No of passengers
(including driver)
(4)

* No of passengers
(including driver)
(1)

* No of passengers
(including driver)
(1)

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8113690D



ANANTHARAMAN RAMANI

அனந்தராமன் ரமணி

Race

INDIAN

Date of Birth

14-05-1981

Sex

M

Country of Birth

SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S8113690D

Name:

ANANTHARAMAN RAMANI

Birth Date: 14 May 1981

Issue Date: 05 Apr 2014



002290894E

3372470



NRIC No. S8113690D



Blood Group

Date of issue

21-07-2003

17 MUGLISTON PARK
SINGAPORE 798531

NRIC No: S8113690D

Date: 31/01/2012

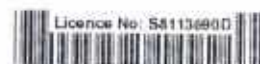
No: 8973849

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

EFFECTIVE DATE

Class 2 Motor Cars < 3000kg with < 7 passengers, exclusive of the driver; and other motor vehicles < 2500kg 20 Jul 2001

NP 428A



Licence No: S8113690D

Hello, NAC_BUKIT_MERAH_800676

• Change Language

• Change Password

• Log Out

[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="25/07/2018 09:25"/>
Vehicle No.(For Motor)	<input type="text" value="SJJB47C"/>	<input type="button" value="Search"/>	
<input type="button" value="Continue"/>			

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5082201620-02	ANANTHARAMAN RAMANI	58113690D	GPC	drive CLASSIC	SJJ847C	SJJ847C	14/07/2018	13/07/2019