

NATIONAL Assessment Centre Services		Date & Time Completed	Done by
Date In: 26/07/2018 15:28	Job description		
Ref No: NTA/NC/0013614/4	SAS e-filing		
Veh No: SCW 9019M	E-mail (w/Idm 8hrs, AIC 2hrs)		
D.O.A: 11/07/2018 17:30	i-Motor Claim Form	NTA/1003060-002	26/07/2018 15:41
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: SLE 2062M	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

Claimant's Particulars:-	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
		In 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) FT: Follow-Through Survey \$120		
Auditors' Comments:-	5) FT: 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: Idm 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: Idm 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	26/07/2018 15:28
Date Of Accident	11/07/2018 17:30
Exact Location Of Accident	LORONG 1 TOA PAYOH BEFORE LORONG 2 JUNCTION
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SCQ9019M
<b>Insured/Policyholder</b>	
Name Of Registered Owner	G KALIMUTHU
NRIC No	S1599652H
Email Address	G.KALIMUTHU@BOLLORE.COM
Mobile Phone No	(LOCAL) +65-98206085
Alternative Phone No	OTHERS-98206085

### Vehicle Particulars

Manufacturer	HYUNDAI
Model	TUCSON
Exact Purpose for which vehicle was being used at time of accident	DRIVING BACK HOME
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
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	5078241956-02
Cover Note Number	

### Driver

Name of Driver	G KALIMUTHU
NRIC No	S1599652H
Date Of Birth	10/12/1963
Occupation	INDOOR
Date Of Driving Pass	20/01/1997
Driving Experience	21 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98206085
Fax Number	
Contact Number	OTHERS-98206085
Email Address	G.KALIMUTHU@BOLLORE.COM



Address	BLK 236 LORONG 1 TOA PAYOH #06-50
Postcode	310236
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)	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

PLEASE REFER TO SKETCH PLAN

#### 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	SLE2062M
Vehicle Make/Model/Colour	HONDA HRV
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHAWAH SHOO
NRIC/Passport Number	S0874671J
Contact Number	98298315
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

## 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:

24/7  
0901 2725

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

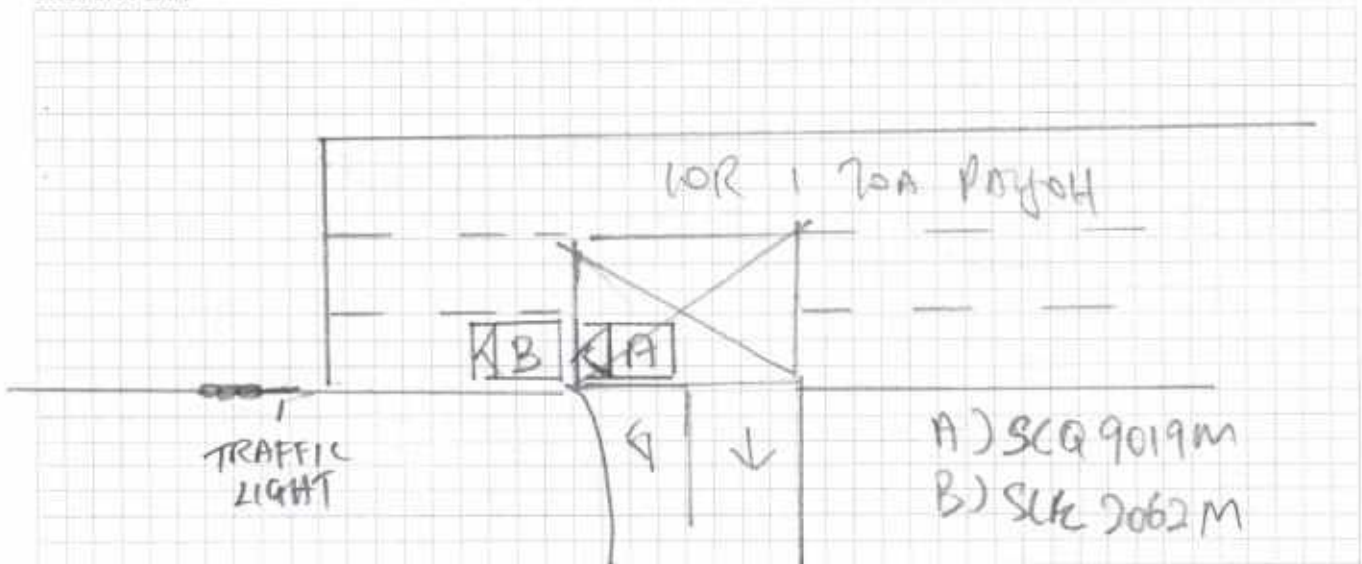
Name:

NRIC/FIN No.:

26/07/2018

Roshan K. A. A. A.

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As I was coming out of Toa Payoh MacDonalds
I was waiting as the front traffic light was
Red light.
There was this <del>HRV</del> Black in front.
My car roll over at a slow (very)
and hit rear.
I stopped & come out and saw the rear
of the car in front was hit with a very
slight dent at the back. Above the no. plate
I gave my particulars and leave from the scene.
There was no damage to my car.

## DECLARATION

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

*[Signature]*

Policyholder's Signature

Date & Time: 26/7

GAIRMC System Platform V1

Driver's Signature

(If driver is not the policyholder)

Date & Time:

*[Signature]* 26/07/2018  
 Reporting Centre Personnel's Signature  
 Name: Peshi Winters  
 NRIC/FIN No.:



## Claim Handling

• [Exit](#)

Accident MT/1003060

Policy No.	5078241956-02	Vehicle No.	SCQ9019M	GST Registration No.	
Policyholder Name	G KALIMUTHU	Cover Type	drive PREMIUM	Policyholder NRIC	S199652H
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Leading	0
Contact No.(Mobile)	NA	Special Remarks		Contact No.(Home)	
Email Address		TCA	+ No Yes	eCode	No
KPK	+ No Yes	NCD Entitlement(%)	50	eCode Reason	
NCD Protection	Yes			Private Hire	Not available

## ▼ Accident Details

Report Date	16/07/2018 11:44	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	11/07/2018	Time of Accident (H:mm)	18:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	LOR 1 TOA PAYOH B4 LOR 2 JUNCTION				

## ▼ Benefits

Coverage	Sum Insured				
Excess Waiver	99999999.99				

## ▼ Excess

Own Damage Excess	0.00	Additional Excess	0	Windscreen Excess	100.00
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 236 #06-50	Address 2	LORONG 1 TOA PAYOH	Address 3	SINGAPORE 310236
Address 4		Address Type	Singapore address	Post Code	310236
Unit No.		Related Policy Number	5078241956-02		

## ▼ O1 Driver Info

Driver Name	G KALIMUTHU	Driver Type	Main Driver	Driver DOB	18/12/1963
Unnamed driver Name		Driver NRIC	S199652H	Driving Experience	21
Register Date of Driver License	30/01/1997	Driver Age	54	Contact No.(Home)	
Contact No.(Mobile)		Contact No.(Office)		Address 3	SINGAPORE 310236
Address 1	BLK 236 #06-50	Address 2	LORONG 1 TOA PAYOH	Post Code	310236
Address 4		Address Type	Singapore address		
Unit No.					
Does he own a Singapore Registered car?	Yes + No	Driver Vehicle No.		Driver Insurer Company	

Declaration			
Breathalyzer or Blood Test Reading?	0 mg	Any injury?	Yes + No

Modification History

Claim 002 [New](#)

Claim Type *	OD-HX	Insured Name	G KALIMUTHU	Insured NRIC	S199652H
Contact No.(Mobile)	97397845	Contact No.(Home)	6334148	Contact No.(Office)	
Email Address	handini194@singnet.com.sg	OT Vehicle Number	SCQ9019M	TP Vehicle Number	SLE2063M
Claim Description	SCQ9019M / SLE2063M ON 11 Jul 2018				
Preferred Workshop Contact No.		Insured Liability *	Fully at fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	26/07/2018 15:40	Claim Close Date		Date Received	26/07/2018 00:00
Report Taken By	ROSLI WAHAB				

☐ Print AK letter

[Save](#) [Submit](#)

## Attachment

Accident No.	MT/1003060	Claim No.	002
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	26/07/2018 15:41
Path *		Category *	Confidential
Choose File	No file chosen	Urgency *	Normal
Choose File	No file chosen	Description *	
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			

[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 15:41	Photos	Normal	Photos 2018-7-26		<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 26 Jul 2018 15:41	Photos	Normal	Photos 2018-7-26		<a href="#">Edit</a>

7/26/2018

## Claim Handling( Claim Task )

	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 26 Jul 2018 15:41	Photos	Normal	Photos 2018-7-26	<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 26 Jul 2018 15:41	Photos	Normal	Photos 2018-7-26	<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 26 Jul 2018 15:41	Photos	Normal	Photos 2018-7-26	<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 26 Jul 2018 15:41	Photos	Normal	Photos 2018-7-26	<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 26 Jul 2018 15:41	Photos	Normal	Photos 2018-7-26	<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 26 Jul 2018 15:40	Photos	Normal	Photos 2018-7-26	<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 26 Jul 2018 15:40	Photos	Normal	Photos 2018-7-26	<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 26 Jul 2018 15:40	Photos	Normal	Photos 2018-7-26	<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 26 Jul 2018 15:40	SAS	Normal	SAS 2018-7-26	<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 26 Jul 2018 15:40	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-7-26	<a href="#">Edit</a>

## Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
		<a href="#">Display in New Window</a>	<a href="#">Scan and uploading</a>	

## ACCIDENT STATEMENT

ACCIDENT DATE: 11 / 07 / 2018 (DD/MM/YYYY), TIME: 17 : 30<sup>+</sup> (HH:MM)

LOCATION: LOR 1 TOA PAYOH OPP Braddell Mnt

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SC8 9019 M  
 b) INSURANCE COMPANY: NTUC  
 c) POLICY NUMBER: 507824/956-02  
 d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT  
 e) MAKE & MODEL: HYUNDAI TUCSON  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: DRIVING BACK HOME  
 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: G. KALIMUTUN (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S159965214 CONTACT: 9820 6085  
 c) ADDRESS: BLK 236 #06-50 LOR 1 TOA PAYOH

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

#### DRIVER

- a) NAME: AS ABOVE (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
 c) ADDRESS: \_\_\_\_\_

\*d) DATE OF BIRTH: 10 / 12 / 1963 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 2011 1997

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

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

6. WAS ANYBODY INJURED (YES / NO) NO  
 7. a) REPORTED TO POLICE (YES / NO) NO

IF YES, PLEASE STATE WHICH POLICE STATION: \_\_\_\_\_

### 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SE 3062 M MODEL: HONDA HRV  
 b) DRIVER'S NAME: CHAN JIA CHAN JIA SHOO  
 c) NRIC/FIN/PASSPORT: S0874671 J CONTACT: 9829 8315

### 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_  
 e) DRIVER'S NAME: \_\_\_\_\_  
 f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

Email = g. kalimutun @ bollopc . com

VIDEO =



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S1599652H



Name

G KALIMUTHU

க காளிமுத்து

Race

INDIAN

Date of birth

10-12-1963

Country/Place of birth

SINGAPORE

Sex

M

REPUBLIC OF SINGAPORE DRIVING LICENCE



License Number S1599652H

Name

G KALIMUTHU

Birth Date: 10 Dec 1963

Issue Date: 01 Feb 2005



5404130

NRIC No: S1599652H



Date of issue

29-12-2014

Address

APT BLK 236 LORONG 1 TOA PAYOH  
#06-50  
SINGAPORE 310236

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

PASS DATE

Class 3 Motor cars <= 3000 kg with <= 7 passengers,  
exclusive of the driver; and motor tractors  
/vehicles <= 2500 kg

20 Jan 1997



NP 428A

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="11/07/2018 09:09"/>						
Vehicle No.(For Motor)	<input type="text" value="SCQ9019M"/>								
<input type="button" value="Search"/>									
Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5078241956-02	G KALIMUTHU	S1599652H	GPC	drive PREMIUM	SCQ9019M	SCQ9019M	21/03/2018	20/03/2019
<input type="button" value="Continue"/>									