

NATIONAL Assessment Centre Services

Part 1 of 2

MNA 118100005

Date In: 218/118 16:42	Job description	Date & Time Completed	Done by
Ref No: NA/INC18014089164	SAS e-filing		
Veh No: G8F 3209R	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 16/7/18 14:45	i-Motor Claim Form	MT/1005755-001	218/18 17:27
OD / <input checked="" type="radio"/> 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: JMQ 1267	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

WA1804858

Invoice Preparation Checklist		Amt (\$)	Amt (\$)
		1st Bill	Add Bill
1) AR: Accident Reporting (\$30);		30.00	
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: 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	\$0		
Invoice dated	Fee Charged		
Invoice dated	Fee Charged		

Claimant's Particulars :-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments :-

Pat 1:

Pat 2 / 3:

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	02/08/2018 16:42
Date Of Accident	16/07/2018 14:45
Exact Location Of Accident	ENG NEO AVE
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GBF3209R
Insured/Policyholder	
Name Of Registered Owner	KWOI HENG RENOVATION CONTRACTOR
Co Reg No	52913323K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-67439198
Vehicle Particulars	
Manufacturer	TOYOTA
Model	DYNA
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5093438419
Cover Note Number	-
Driver	
Name of Driver	GANAPATHY SELVARASU
Passport No/FIN	G6795552N
Date Of Birth	05/05/1990
Occupation	OUTDOOR
Date Of Driving Pass	29/03/2012
Driving Experience	6 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92377813
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	75 GEYLANG BAHRU #01-2892
Postcode	339683
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - CROSS JUNCTION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	YES
Foreign Vehicle Registration Number	JMQ1267 (MOTORCYCLE)
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408665 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	JMQ1267
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

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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

Please Refer to Sketch

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to Police Report

DECLARATION

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



Policyholder's Signature
Date & Time:

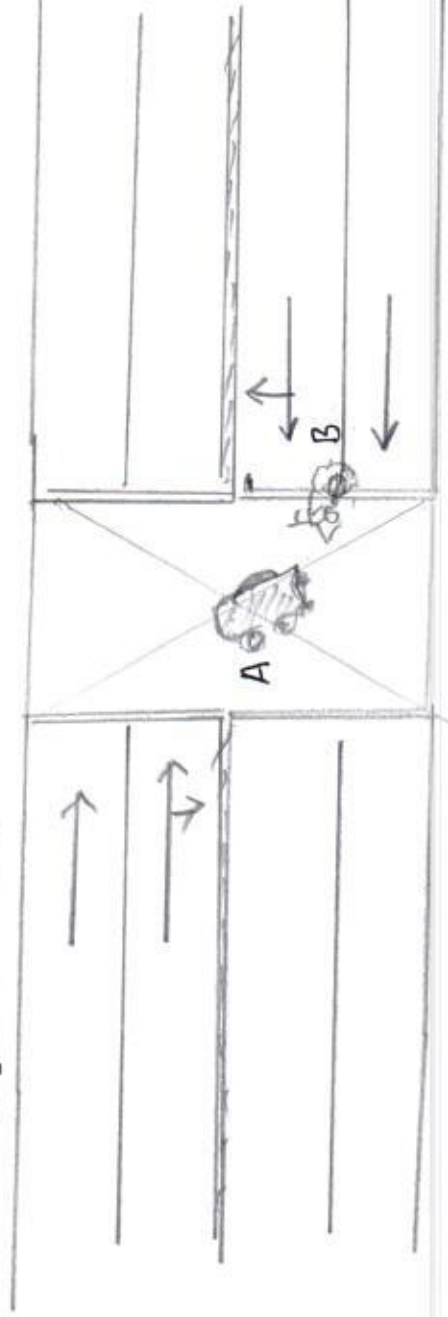
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

A = GBF 3209 R

B = JMQ 1267.

Eng Neo Ave.





SINGAPORE POLICE FORCE



T/20180717/2045

1 of 3

Report No. T/20180717/2045

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/07/2018 11:33		Vide Report No.: E/20180716/0118		Station Diary No.:	
Informant's Particulars					
Name of Informant: GANAPATHY SELVARASU		Address: 75 GEYLANG BAHRU #01-2892 SINGAPORE			
ID Type / ID No.: FIN NO / G6795552N		Contact No.: Home/Office: Mobile: 92377813			
Nationality: INDIAN		Email:			
Sex:	Age: 28	Date of Birth: 05/05/1990	Type of Informant: Driver		
Race: Indian		Language:		Institution / School Name:	
Occupation: DRIVER		Driving Licence Information: Class:		Date of Expiry:	

General Information of the Accident

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 16/07/2018 14:45	Type of Location:
Location: Along Road 1 ENG NEO AVENUE X VANDA LINK				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBF3209R	Lorry	TOYOTA	TOYOTA DYNAL 150 MANUAL		Slightly Damaged	0
JMQ1267	Motorcycle					0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20180717/2045

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3

Report No. T/20180717/2045

CONTINUATION OF REPORT

Driver			
Name	GANAPATHY SELVARASU	ID No.	G6795552N
Related Vehicle	GBF3209R (Lorry)	Contact No.	92377813
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

ON 16/07/2018 AT ABOUT 1445HRS AT SAID LOCATION,
I WAS AT THE EXTREME RIGHT OF 3 LANE ABOUT TO MAKE A RIGHT TURN WITH THE TRAFFIC
LIGHT IN MY FAVOUR. I CHECK FOR ANY INCOMING VEHICLE BEFORE MAKING THE TURN. JUST
WHEN I MOVED OFF ABOUT TO MAKE THE TURN, A MOTORCYCLE FROM THE OPPOSITE
DIRECTION SELF SKIDDED AND COLLIDED ONTO MY FRONT PORTION OF MY VEHICLE. SOME
OF THE PASSER BY CALLED FOR THE AMBULANCE AND RESOURCE CAME SOON AFTER.



**SINGAPORE
POLICE FORCE**



T/20180717/2045

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20180717/2045

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:
TP /
MOHAMED ANWAR BIN MOHAMED IBRAHIM

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
Staff Sgt MOHAMED SUFIAN BIN SUDIN
Contact No.: 65476367

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
17/07/2018 11:33

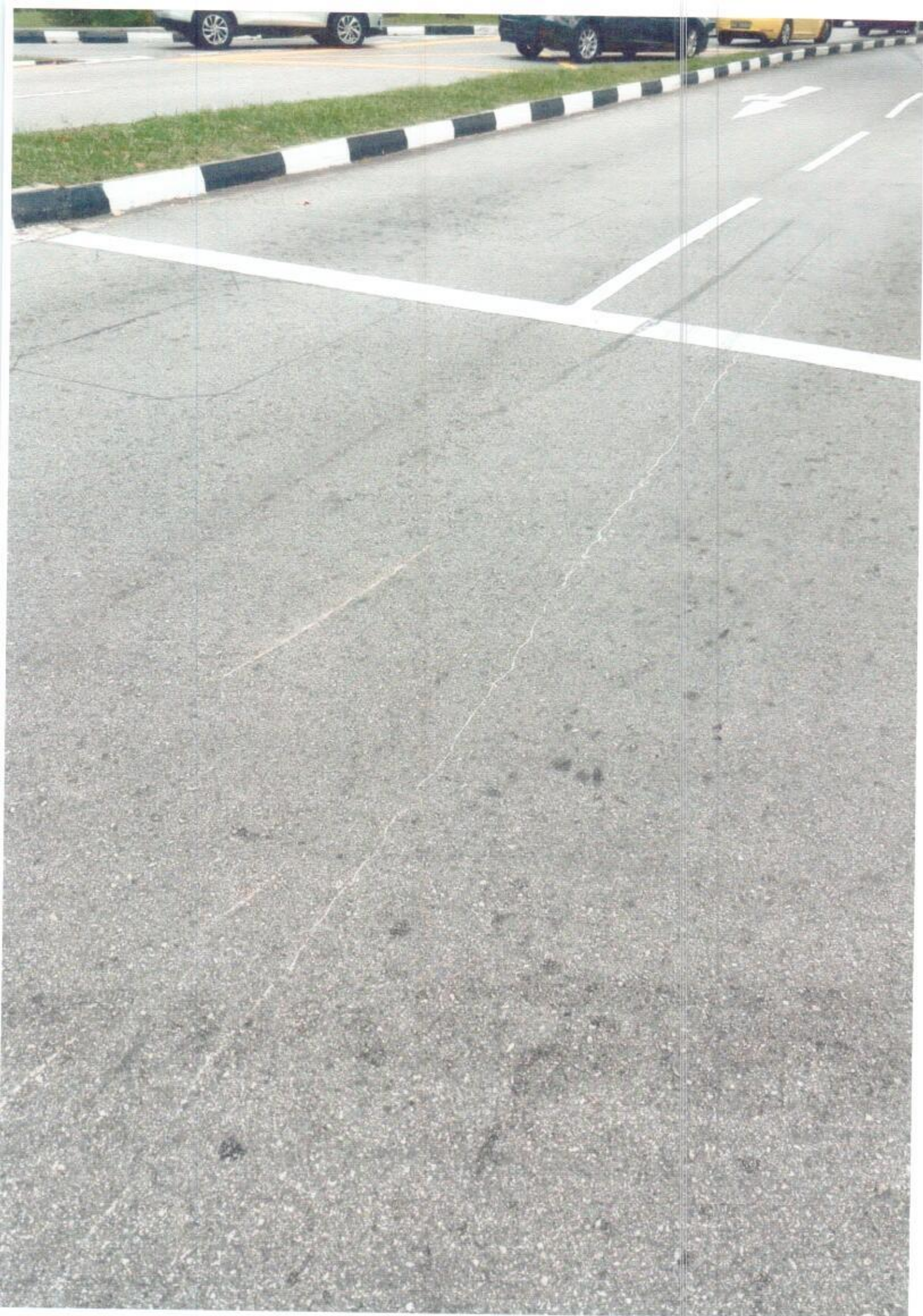
Classification Of Case:

Signature












S PASS
Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore

Employer
KWOI MENG RENOVATION CONTRACTOR

Name
GANAPATHY SELVARASU

S Pass No.
0 35134506

Sector
CONSTRUCTION

 **K0624753**

VISIT PASS
Immigration Regulations

Name
GANAPATHY SELVARASU

FIN
05795552N

Date of Birth
05-05-1990

Sex
M

Nationality
INDIAN


MULTIPLE JOURNEY VISA ISSUED

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.



S Pass Expiry on: 1/8/19

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: **G6795552N**
 Name: **GANAPATHY SELVARASU**
 Birth Date: **05 May 1990**
 Issue Date: **24 Mar 2017**
 Valid Till: **28/03/2022**

002668848J

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

		EFFECTIVE DATE
Class 2B	Motorcycles ≤ 200 cc	29 Mar 2012
Class 3	Motor cars with unladen weight ≤ 3000 kg with ≤ 7 passengers, exclusive of driver; and other motor vehicles with unladen weight ≤ 2500 kg	29 Mar 2012
Class 4	Motor vehicles which are constructed to carry load or passengers and the unladen weight > 2500 kg	26 Jul 2016
	Motor vehicles which are not constructed to carry load or passengers and the unladen weight ≤ 7250 kg	

NP 428A



Hello, NAC_PAYA_UBI_800601

[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="16/07/2018 16:38"/>
Vehicle No.(For Motor)	<input type="text" value="GBF3209R"/>	Certificate Number	<input type="text"/>
<input type="button" value="Search"/>			

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5093438419		KWOI HENG RENOVATION CONTRACTOR	52913323K	GCV	Comprehensive	GBF3209R	GBF3209R	31/08/2017	30/08/2018

Claim Handling

Accident MT/1005755

Policy No.	5093438419	Vehicle No.	GBF3209R	GST Registration No.	
Certificate No.					
Policyholder Name	KWOI HENG RENOVATION CONTRACTOR			Policyholder NRIC	52913
Product Code	COMMERCIAL VEHICLE INSURAN	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	67439198	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	15	Private Hire	No
Accident Details					
Report Date	02/08/2018 17:16	Accident Report Within 24 hrs	Yes	Accident Type	Collisio
Date of Accident	16/07/2018	Time of Accident hh:mm	14:45	Country of Accident	Singap
Reporting Centre		Orange Force		ICM No.	
Accident Location	ENG NEO AVE				
Benefits					
Excess					
Own damage Excess	600.00	Additional Excess		Windscreen Excess	100.00
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			
GST Registered Information					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified		No	
Modification History					
Policyholder Mailing Address					
Address 1	BLK 75 #01-2892	Address 2	GEYLANG BAHRU	Address 3	GEYLA
Address 4	SINGAPORE 339683	Address Type	Singapore address	Post Code	33968
Unit No.		Related Policy Number	5093438419-01		
OI Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	05/05/
Unnamed driver Name	GANAPATHY SELVARASU	Driver NRIC	G6795552N	Driving Experience	6
Register Date of Driver License	29/03/2012	Driver Age	28	Contact No.(Home)	
Contact No.(Mobile)	92377813	Contact No.(Office)		Address 3	GEYLA
Address 1	BLK 75 #01-2892	Address 2	GEYLANG BAHRU	Post Code	33968
Address 4	SINGAPORE 339683	Address Type	Singapore address		
Unit No.	01-2892				
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.		Driver Insurer Company	
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any Injury?	Yes No		

Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	KWOI HENG RENOVATION COM
Contact No.(Mobile)		Contact No. (Home)	
Email Address		OI Vehicle Number	GBF3209R
Claim Description	GBF3209R / JMQ1257 ON 16 Jul 2018		
Preferred Workshop	Insured Liability	Not at Fault	
Contact No. Finalisation	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report
Date Registered	Received		
Report Taken By	02/08/2018 17:25	Claim Close Date	
	LIEW SHAN HUI		
<input checked="" type="checkbox"/> Print AK letter			

Save Submit

Attachment

Accident No. MT/1005755

Claim No. 001

Last Doc. Received

Yes No

Upload Date

02/08/2018 17:27

Path *

Category *

Confidential

Urgency *

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

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	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Aug 2018 17:27	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-8-2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Aug 2018 17:27	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-8-2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Aug 2018 17:26	SAS	Normal	SAS 2018-8-2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Aug 2018 17:26	Photos	Normal	Photos 2018-8-2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Aug 2018 17:26	Photos	Normal	Photos 2018-8-2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Aug 2018 17:26	Photos	Normal	Photos 2018-8-2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Aug 2018 17:26	Photos	Normal	Photos 2018-8-2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Aug 2018 17:26	Photos	Normal	Photos 2018-8-2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Aug 2018 17:25	Photos	Normal	Photos 2018-8-2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Aug 2018 17:25	Photos	Normal	Photos 2018-8-2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Aug 2018 17:25	Photos	Normal	Photos 2018-8-2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Aug 2018 17:25	Photos	Normal	Photos 2018-8-2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Aug 2018 17:25	Photos	Normal	Photos 2018-8-2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Aug 2018 17:25	Photos	Normal	Photos 2018-8-2

Video List

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