

NATIONAL Assessment Centre Services

(wef 1 Jan'05)

NA1810927

Date In: 6/8/18-09:23	Job description	Date & Time Completed	Done by
Ref No: NA/INC1804313/24	SAS e-filing		
Veh No: 6BD9350A	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 4/8/18-07:00	i-Motor Claim Form	MT/120 6185-021	6/8/18 18:24
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:	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

NA1804912	Invoice Preparation Checklist	Am't (\$) Inc Bill	Am't (\$) Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	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:-		
	OD:		
	*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: Idao Mobile 30		
Auditors' Comments:-	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	06/08/2018 09:23
Date Of Accident	04/08/2018 07:00
Exact Location Of Accident	8 SELETAR NORTH LINK OPEN SPACE CARPARK
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GBD9550A
Insured/Policyholder	
Name Of Registered Owner	AHC ENTERPRISES PTE LTD
Co Reg No	198304581Z
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-67489929
Vehicle Particulars	
Manufacturer	TOYOTA
Model	DYNA 3.0 DIESEL TURBO M/T 2WD
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	REPORTING ONLY
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	5072878646-03
Cover Note Number	
Driver	
Name of Driver	KARUPPIAH JAI SANKAR
Passport No/FIN	F8230792M
Date Of Birth	05/02/1978
Occupation	OUTDOOR
Date Of Driving Pass	08/06/2005
Driving Experience	13 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-84819557
Fax Number	
Contact Number	OFFICE-84819557
Email Address	NOEMAIL

Address	67 UBI CRESCENT #04-10 TECHNIQUES CENTRE
Postcode	408560
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	NO COLLISION
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?	NO
Was any injured conveyed to hospital by ambulance?	
Was any other material or property damaged?	NO
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

ON STATED DATE AND TIME, I REVERSED MY VEHICLE FROM 8 SELETAR NORTH LINK. VEHICLE REGISTRATION NUMBER: GY4275H CLAIMED THAT MY VEHICLE HAS HIT ONTO HIS VEHICLE. THERE WERE NO DENTS ON MY VEHICLE.

Attachment(s)

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

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.:

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to statement.

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



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

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

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

Employer:
AHC ENTERPRISES PTE LTD

Sector: **CONSTRUCTION**

Name:
KARUPPIAH JAI SANKAR

Occupation:
SENIOR ELECTRICAL ENGINEERING TECHNICIAN (GENERAL)

S Pass No:
0 3188621-

Date of Application:
02-06-2017

Date of Issue:
16-06-2017

Date of Expiry:
18-06-2019

 **L8045391**

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **F8230792M**

Name:
KARUPPIAH JAI SANKAR

Birth Date: **05 Feb 1978**

Issue Date: **03 Jun 2015**

Valid Till: **07/06/2020**

 **002434255F**

SG 50

VISIT PASS
Immigration Regulations

Name:
KARUPPIAH JAI SANKAR



Date of Birth: **05-02-1978** Sex: **M** Nationality: **INDIAN**

FIN: **F8230792M** Date of Issue: **16-06-2017** Date of Expiry: **18-06-2019**

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.



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

	EFFECTIVE DATE
Class 3 Motor Cars =< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg	08 Jun 2005
Class 4 *Motor vehicles which are constructed to carry load or passengers and the unladen weight > 2500kg	22 Jul 2013
Class 5 Motor vehicles not constructed to carry any load and the unladen weight > 7250kg	22 Oct 2013

Licence No: **F8230792M**

NP 4.8A

eBaoTech

GeneralClaim

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) Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5072878646-03		AHC ENTERPRISES PTE LTD	198304581Z	GCV	Comprehensive	GBD9550A	GBD9550A	03/08/2018	02/08/2019

Policy Information

Policy No.	5072878646-03	Policyholder Name	AHC ENTERPRISES PTE LTD	Policyholder NRIC	198304581Z
Certificate No.					
Address	67 UBI CRESCENT #04-10 TECHNIQUES CENTRE SINGAPORE 408560				
Product Name	COMMERCIAL VEHICLE INSURANCE Plan	Group Policy Flag	N		
Policy Issue Date	30/07/2018	Effective Date	03/08/2018 00:00	Expiry Date	02/08/2019 23:59
Excess Type	All Claims Excess				
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess	OS Premium	0			
Outside Singapore OD Excess	Outside Singapore TP Excess	<div>Young/Inexperience Driver Excess</div>			
Agent	THINK ONE AUTOMOBILE & TRAF	Agent Tel.	65433303	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	67 UBI CRESCENT	Address 2	#04-10 TECHNIQUES CENTRE	Address 3	SINGAPORE 408560
Address 4		Address Type	Singapore address	Post Code	408560
Unit No.		Related Policy Number	5072878646-03		

Insured Object: GBD9550A

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
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Continue

Cancel

Claim Handling

Exit

Accident MT/1006185

Policy No.	5072878646-03	Vehicle No.	G8D9550A	GST Registration No.	
Certificate No.					
Policyholder Name	AHC ENTERPRISES PTE LTD			Policyholder NRIC	1983045812
Product Code	COMMERCIAL VEHICLE INSURANCE	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	0	Contact No.(Office)	67489929	Contact No.(Home)	0
Email Address		Special Remark		eCode	
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	20	Private Hire	No

Accident Details

Report Date	05/08/2018 18:22	Accident Report Within 24 hrs	Yes	Accident Type	No collision
Date of Accident	04/08/2018	Time of Accident (hh:mm)	07:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	8 SELETAR NORTH LINK OPEN SPACE CARPARK				

Benefits

Excess

Own damage Excess	500.00	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	67 UBI CRESCENT	Address 2	#04-10 TECHNIQUES CENTRE	Address 3	SINGAPORE 408560
Address 4		Address Type	Singapore address	Post Code	408560
Unit No.		Related Policy Number	5072878646-03		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	KARUPPIAH JAI SANKAR	Driver NRIC	F8230792H	Driver DOB	05/02/1978
Register Date of Driver License	08/06/2005	Driver Age	40	Driving Experience	13
Contact No.(Mobile)	84819557	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	67 UBI CRESCENT	Address 2	TECHNIQUES CENTRE	Address 3	SINGAPORE 408560
Address 4		Address Type	Singapore address	Post Code	408560
Unit No.	04-10				
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 New

Claim Type *	OD-MX	Insured Name	AHC ENTERPRISES PTE LTD	Insured NRIC	1983045812
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	67489929
Email Address		OI Vehicle Number	G8D9550A	TP Vehicle Number	
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claim Description	G8D9550A ON 4 Aug 2018			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	06/08/2018 18:24	Claim Close Date		Date Received	06/08/2018 00:00
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

Attachment

Accident No.	MT/1006185	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	06/08/2018 18:25

Path *	Category *	Confidential	Urgency *	Description *
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Browse...

Browse...

Clear

Please Select

%

Normal

☐ Send Message

Upload

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	Action
	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 06 Aug 2018 18:25	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-8-6		Edit
	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 06 Aug 2018 18:25	SAS	Normal	SAS 2018-8-6		Edit
	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 06 Aug 2018 18:25	Photos	Normal	Photos 2018-8-6		Edit
	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 06 Aug 2018 18:25	Photos	Normal	Photos 2018-8-6		Edit
	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 06 Aug 2018 18:25	Photos	Normal	Photos 2018-8-6		Edit
	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 06 Aug 2018 18:25	Photos	Normal	Photos 2018-8-6		Edit
	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 06 Aug 2018 18:25	Photos	Normal	Photos 2018-8-6		Edit
	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 06 Aug 2018 18:25	Photos	Normal	Photos 2018-8-6		Edit
	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 06 Aug 2018 18:25	Photos	Normal	Photos 2018-8-6		Edit
	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 06 Aug 2018 18:25	Photos	Normal	Photos 2018-8-6		Edit
	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 06 Aug 2018 18:25	Photos	Normal	Photos 2018-8-6		Edit

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
<div style="display: flex; justify-content: center; gap: 10px;"> <div style="border: 1px solid #ccc; padding: 2px 5px;">Display in New Window</div> <div style="border: 1px solid #ccc; padding: 2px 5px;">Scan and uploading</div> </div>				