

NATIONAL Assessment Centre Services

Date In: 15/08/2018 15:53	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NA/INC18014864/K4	E-mail (within 8hrs, AIC 2hrs):		
Veh No: SLK 9531A	i-Motor Claim Form: MT/1007392-001	16/8/18 09:55	
OD: TP Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by <u>Pax / Hand</u> to <u>Owner/Wksp</u>		

Preferred Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars: Veh No: SLF6328S, INC () / Non-INC () Tel: ()

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:	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

NA1805113	Invoice Preparation Charge List	Amnt (\$) In Bill	Amnt (\$) Add Bill
Claimant's Particulars:	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$30)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey) \$30 For claiming against INC Only (wef 10 Jan 2005)		
Auditor's Comments:	6) TR: Re-inspection \$75		
	7) NI: Idau DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	* 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: Idau 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	15/08/2018 15:53
Date Of Accident	15/08/2018 14:10
Exact Location Of Accident	MERCHANT ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLK9531A
Insured/Policyholder	
Name Of Registered Owner	SAXENA SACHIN KUMAR PRADEEP
NRIC No	S8069213G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92480340
Alternative Phone No	OTHERS-92480340

Vehicle Particulars

Manufacturer	HYUNDAI
Model	DM SANTA FE 2.4 GLS AT 4WD SR
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	5088070478-01
Cover Note Number	

Driver

Name of Driver	SAXENA SACHIN KUMAR PRADEEP
NRIC No	S8069213G
Date Of Birth	01/02/1980
Occupation	INDOOR
Date Of Driving Pass	22/10/2011
Driving Experience	6 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92480340
Fax Number	
Contact Number	OTHERS-92480340
EMail Address	NOEMAIL

Address	76 BAYSHORE ROAD #07-20
Postcode	469990
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	
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

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	SLF6328S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	AZMAN BIN ADOM
NRIC/Passport Number	S1822260D
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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:

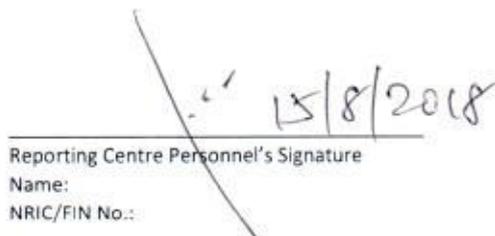
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

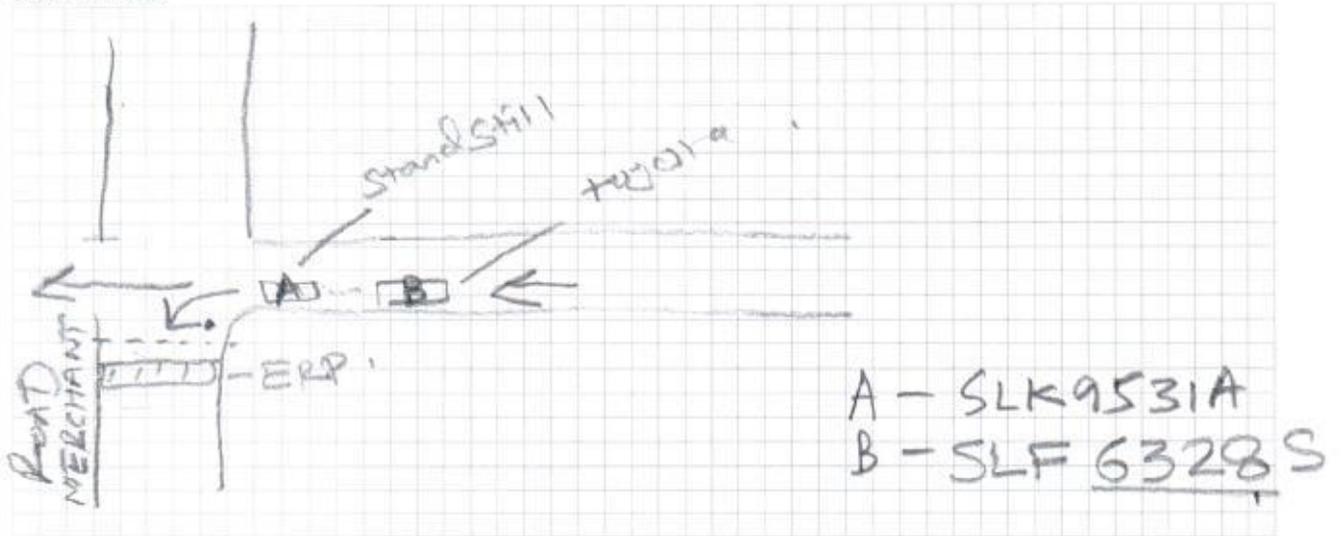


Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

VEHICLE A WAS AT MERCHANT ROAD / TURNING NEAR THE ERP SIGNAL WAITING TO TURN AND WAS STAND STILL. SUDDENLY TOYOTA PRIUS - CRAB NO. SLF 6328S (VEHICLE B) CAME FROM BEHIND IN A SPEED 2 COLLIDED WITH A BANG INTO STATIONARY VEHICLE (A).

DAMAGE

- BACK BUMPER / SENSOR / SCRATCHES
- ALSO CAR HAS STARTED MAKING NOISE AFTER THAT.
- DRIVING IS NOT SMOOTH.
- POSSIBLE INTERNAL DAMAGE SUSTAINED TO OTHER PARTS ~~ETC~~.

DECLARATION

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

[Signature]

Policyholder's Signature
Date & Time:

[Signature]

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

[Signature] 15/8/2018

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

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8069213G



Name

SAXENA SACHIN KUMAR PRADEEP

Race

INDIAN

Date of birth

01-02-1980

Sex

M

Country/Place of birth

INDIA



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S8069213G

Name

SAXENA SACHIN KUMAR PRADEEP

Birth Date: 01 Feb 1980

Issue Date: 14 Jun 2017



002693717E

9297943



NRIC No. S8069213G



Nationality

INDIAN

Date of issue

30-05-2013

76 BAYSHORE ROAD #07-20
SINGAPORE 469990

NRIC No: S8069213G

Date: 13/07/2015

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

EFFECTIVE DATE

Class 3 Motor cars with unladen weight \leq 3000kg with \leq 7 passengers, exclusive of driver; and other motor vehicles with unladen weight \leq 2500kg 22 Oct 2011



Licence No: S8069213G

NP 428A

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:

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5088070478-01		SAXENA SACHIN KUMAR PRADEEP	S8069213G	GPC	drive PREMIUM	SLK9531A	SLK9531A	08/02/2018	07/02/2019

Continue

Policy Information

Policy No.	5088070478-01	Policyholder Name	SAXENA SACHIN KUMAR PRADE	Policyholder NRIC	S8069213G
Certificate No.					
Address	76 BAYSHORE ROAD #07-20 COSTA DEL SOL SINGAPORE 469990				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	06/02/2018	Effective Date	08/02/2018 00:00	Expiry Date	07/02/2019 23:59
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0		
Agent	KOMOCO TRADING PTE LTD	Agent Tel.	96312463	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	76 BAYSHORE ROAD	Address 2	#07-20 COSTA DEL SOL	Address 3	SINGAPORE 469990
Address 4		Address Type	Singapore address	Post Code	469990
Unit No.		Related Policy Number	5088070478-01		

Insured Object: SLK9531A

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
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Claim Handling

Accident MT/1007392

Policy No.	5088070478-01	Vehicle No.	SLK9531A	GST Registration No.	
Certificate No.					
Policyholder Name	SAXENA SACHIN KUMAR PRADEEP			Policyholder NRIC	S806
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive PREMIUM	Loading	0
Contact No.(Mobile)	92480340	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	No N
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(%)	10	Private Hire	No

Accident Details

Report Date	16/08/2018 09:48	Accident Report Within 24 hrs	Yes	Accident Type	Collis
Date of Accident	15/08/2018	Time of Accident hh:mm	14:10	Country of Accident	Singa
Reporting Centre		Orange Force		ICM No.	
Accident Location	MERCHANT 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	76 BAYSHORE ROAD	Address 2	#07-20 COSTA DEL SOL	Address 3	SING
Address 4		Address Type	Singapore address	Post Code	4699
Unit No.		Related Policy Number	5088070478-01		

OI Driver Info

Driver Name	Saxena Sachin Kumar Pradeep	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S8069213G	Driver DOB	01/0
Register Date of Driver License	22/10/2011	Driver Age	38	Driving Experience	6
Contact No.(Mobile)	92480340	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	76 BAYSHORE ROAD	Address 2		Address 3	
Address 4		Address Type	Singapore address	Post Code	4699
Unit No.	#07-20				
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	SAXENA SACHIN KUMAR PRADEEP	Insured NRIC	S806
Contact No.(Mobile)	92480340	Contact No.(Home)		Contact No.(Office)	
Email Address	saxenaskp@gmail.com	OI Vehicle Number	SLK9531A	TP Vehicle Number	SLF6
Claim Description	SLK9531A / SLF63285 ON 15 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	Rece
Date Registered	16/08/2018 09:56	Claim Close Date		Date Received	16/0
Report Taken By	KRISHNASAMY	Workshop Repairer		Total Loss but Repaired	

Print AK letter

Attachment

Accident No.	MT/1007392	Claim No.	001
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Last Doc. Received

Yes No

Upload Date

16/08/2018 09:55

Path *	Category *	Confidential	Urgency *
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/> Please Select	NO	Normal
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/> Please Select	NO	Normal
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/> Please Select	NO	Normal
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/> Please Select	NO	Normal
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/> Please Select	NO	Normal
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/> Please Select	NO	Normal

Message Read

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 16 Aug 2018 09:55	NRJC/ Driving License	Normal	NRJC/ Driving License 2018-8-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 16 Aug 2018 09:54	SAS	Normal	SAS 2018-8-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 16 Aug 2018 09:54	Photos	Normal	Photos 2018-8-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 16 Aug 2018 09:54	Photos	Normal	Photos 2018-8-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 16 Aug 2018 09:54	Photos	Normal	Photos 2018-8-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 16 Aug 2018 09:53	Photos	Normal	Photos 2018-8-16
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 16 Aug 2018 09:53	Photos	Normal	Photos 2018-8-16
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 16 Aug 2018 09:52	Photos	Normal	Photos 2018-8-16