

NATIONAL Assessment Centre Services

(wef 1 Jan 2005)

Date In: 20/08/18	Job description	Date & Time Completed	Done by
Ref No: NA/INC18015061/13	SAS e-filing		
Veh No: SCR25295	E-mail (within 8hrs, A/C 2hrs)		
D.O.A: 19/08/18 0905	i-Motor Claim Form	MT/1007846-	001
OD: (IP) 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: (**Twincor**) Tel: Fax:)

TP Particulars: Veh No: **SRB8783L** 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

NA180530	Invoice Preparation Checklist		Amt (\$) 1st Bill	Amt (\$) Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);			
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)			
Contact No:	3) TP: Towing Fee \$40/\$45			
Uninsured Portion:	4) FT: Follow-Through Survey \$120			
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30			
Auditors' Comments:-	For claiming against INC Only (wef 10 Jan 2005)			
	6) TR: Re-inspection \$75			
	7) NI: 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 (N'm INC) against INC \$20			
	9) N12: Idao Mobile 30			
it 2/3:	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	20/08/2018 10:23
Date Of Accident	19/08/2018 09:05
Exact Location Of Accident	TAMPINES AVE 5 SLIP RD INTO PIE(CHANGI)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLR2529S
Insured/Policyholder	
Name Of Registered Owner	VIVEKANANDAN SUNIL
NRIC No	S6869194Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98395719
Alternative Phone No	OTHERS-98395719

Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL
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	5093803523
Cover Note Number	

Driver

Name of Driver	SUNIL BOBBY
NRIC No	S7388232Z
Date Of Birth	05/11/1973
Occupation	INDOOR
Date Of Driving Pass	07/02/2013
Driving Experience	5 YEARS AND 6 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-81836985
Fax Number	
Contact Number	
EEmail Address	BOBBIES180@GMAIL.COM

Address	34 FLORA DRIVE #03-18
Postcode	506893
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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?	YES
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

I WAS DRIVING ALONG TAMPINES AVE 5 SLIP RD INTO PIE(CHANGI) ON THE LEFT LANE OF A2-LANES RD.B4 THE ZEBRA PEDESTRIAN CROSSING,I SLOWED DOWN AND STOPPED AS TO GIVE WAY TO PEDESTRIAN WHO WERE CROSSING THE ROAD.OUT OF THE SUDDEN,VEH(B) CAME FROM THE REAR AND COLLIDED DIRECTLY ONTO THE REAR PORTION OF MY VEH.

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	SKB8738L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	SUNIL BOBBY
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	SLR2529S
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	


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:

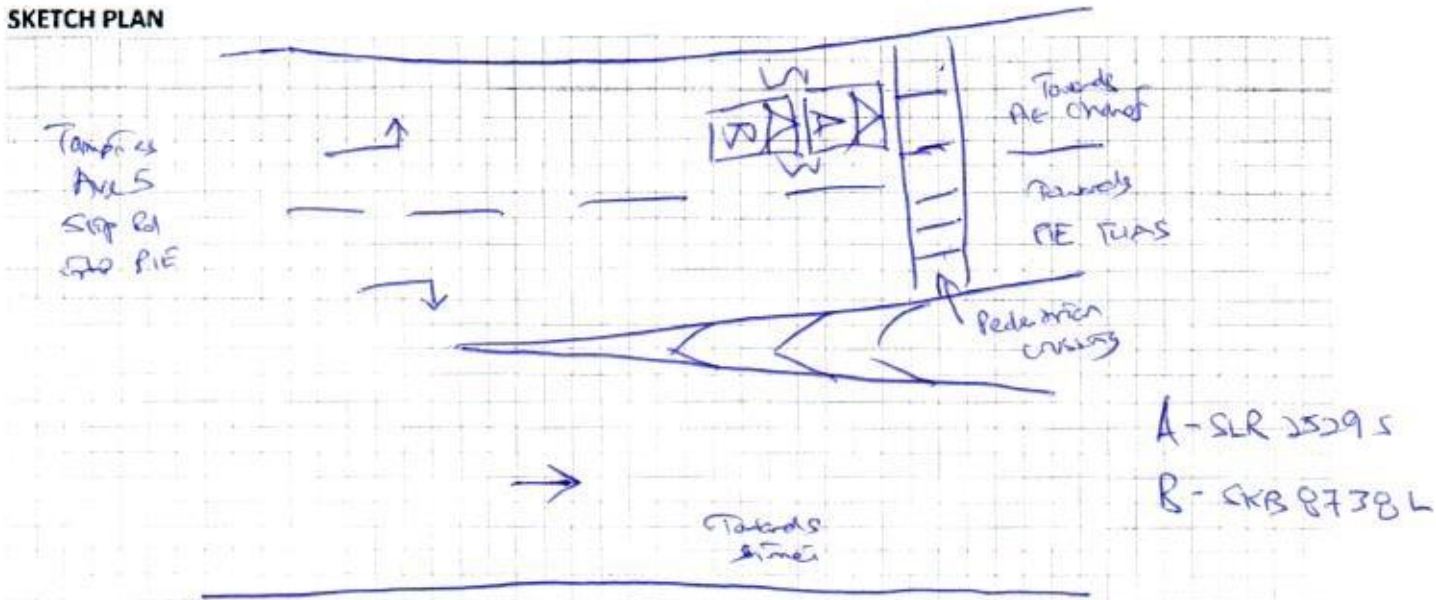
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this {form} and any other personal information provided by me or possessed by my insurer (collectively the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

 20/08/18
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along Tampines Ave S Stop road into RTAS (Change) on the left lane of a 2-lanes road. Before the zebra Pedestrian crossing, I slowed down and stopped as to give way to pedestrian who were crossing the road. Out of the sudden, Van (B) came from the rear and collided directly onto the rear portion of my vehicle.

A-SLR 25295

B-SKB 8738L

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] 20/08/18

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

Vehicle No.	SLR 25295		Model / Make	Honda Vezel
Date of Accident	11/8/18			
Time of Accident	9.05am		IRS	
Location of Accident	Tanjong Aras 5 Simp. Rd into PE (Change)			
Exact purpose use during accident	P2C use			
Name of Owner	Vivekanandan Sini			
Telephone No.	H/P: 98395719	Home :	Office :	
NRIC	S6869184Z			
Address	34, Flong Drive, #05-18, # (506893)			
Claim type	OD (THIRD PARTY) REPORTING ONLY			
Insurance Company	NTUC			
Type of Coverage	<input checked="" type="checkbox"/> Comprehensive	<input type="checkbox"/> Third Party	<input type="checkbox"/> Third Party / Fire / Theft	
Policy No.	5093805523-01			
Name of Driver	As Above If No, Sini Bobby			
NRIC	S7309282Z	Any Passengers : Nil		
Date of birth	09/11/1975			
Occupation	Outdoor / (Indoor) Housewife			
Driving License Pass Date	07/2/2013			
Gender	Male / (Female)			
Contact No.	H/P: 81836985	Home :	Office :	
Address	As above			
Driver have any own vehicle	No, If yes, Reg No.			
Relationship	Employee, If (no) state Spouse			
Weather condition	<input checked="" type="checkbox"/> Clear <input type="checkbox"/> Raining <input type="checkbox"/> Other			
Road Surface	<input checked="" type="checkbox"/> Dry <input type="checkbox"/> Wet <input type="checkbox"/> Other			
Any Injuries	<input checked="" type="checkbox"/> No, <input type="checkbox"/> If Yes, Who?			
Name And Contact No.	Sini Bobby			
Name And Contact No.				
Police Report	No, If Yes, Where?			
Vehicle B No.	SKB 8738L	Any Passengers : Nil		
Name of Driver	Neo Ark Shin	Contact No. : 98568258		
Vehicle C No.		Any Passengers :		
Vehicle D No.		Any Passengers :		
Vehicle E no.		Any Passengers :		
Vehicle F No.		Any Passengers :		
Vehicle G No.		Any Passengers :		
Witness Name	Witness Contact :			
Accident Portion	Rear Portion			
Camera Recorder	Yes / <input checked="" type="checkbox"/> No			
Email Address	bobbies180@gmail.com			
HAVE YOU BEEN APPROACH BY UNKNOWN PERSON SOLICITING / OFFERING ACCIDENT CLAIMS ASSISTANCE?				
				Yes / <input checked="" type="checkbox"/> No
PARTICULAR WORKSHOP	Tanjong Aras 5 Simp. Rd			
CONTACT NO.	6842 0051 / 6744 0510			
CONTACT PERSON	Hui			
FAX NO	6741 0510			
WORKSHOP EMAIL ADDRESS	sales@n51.com.sg			

OWNER

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S6869194Z



Name

VIVEKANANDAN SUNIL

Race

INDIAN

Date of birth

31-01-1968

Sex

M

Country of birth

INDIA

SSS69194Z



NRIC No. S6869194Z



Nationality

INDIAN

Date of issue

01-02-2013

34 FLORA DRIVE #03-18
SINGAPORE 506893

NRIC No. S6869194Z

Date: 16/08/2015

REPUBLIC OF SINGAPORE DRIVING LICENCE

Portrait photo of a man.

Licence Number: S6869194Z

Name: VIVEKANANDAN SUNIL

Birth Date: 31 Jan 1968

Issue Date: 07 Feb 2013

Barcode: 0021491148

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

EFFECTIVE DATE 07 Feb 2013

Class 3 Motor Cars \leq 3000kg with \leq 7 passengers, exclusive of the driver; and other motor vehicles \leq 2500kg

NP 428A

Licence No: S6869194Z

REPUBLIC OF SINGAPORE DRIVING LICENCE

002149112J

SUNIL BOBBY

Birth Date: 05 Nov 1973
Issue Date: 07 Feb 2013

002149112J

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S7388232Z**



Name
SUNIL BOBBY

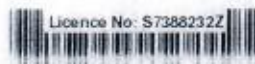
Race
INDIAN
Date of birth
05-11-1973
Country of birth
INDIA

S7388232Z

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 07 Feb 2013



NP 428A



9189950

NRIC No. **S7388232Z**



Nationality
INDIAN
Date of issue
01-02-2013

**34 FLORA DRIVE #03-18
SINGAPORE 506893**

NRIC No: **S7388232Z**

Date: **30/08/2015**

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="19/08/2018 09:05"/>
Vehicle No. (For Motor)	<input type="text" value="SLR2529S"/>	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"/>	S093803523		VIVEKANANDAN SUNIL	S6869194Z	GPC	drive CLASSIC	SLR2529S	SLR2529S	28/08/2017	27/08/2018

Claim Handling

Accident MT/1007846

Policy No.	5093803523	Vehicle No.	SLR2529S	GST Registrat
Certificate No.				
Policyholder Name	VIVEKANANDAN SUNIL			Policyholder f
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading
Contact No.(Mobile)	98395719	Contact No.(Office)	0	Contact No.(P
Email Address		Special Remark		eCode
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reaso
NCD Protection	No	NCD Entitlement(%)	40	Private Hire

▼ Accident Details

Report Date	20/08/2018 10:39	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	19/08/2018	Time of Accident hh:mm	09:05	Country of Ac
Reporting Centre		Orange Force		ICM No.
Accident Location	TAMPINES AVE 5 SLIP RD INTO PIE(CHANGI)			

▼ Benefits

▼ Excess

Own damage Excess	600.00	Additional Excess	0	Windscreen E
Unnamed Driver Excess	500.00	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	34 FLORA DRIVE	Address 2	#03-18 PALM ISLES	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	03-18	Related Policy Number	5093803523-01	

▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	SUNIL BOBBY	Driver NRIC	S7388232Z	Driver DOB
Register Date of Driver License	07/02/2013	Driver Age	44	Driving Expe
Contact No.(Mobile)	81836985	Contact No.(Office)	0	Contact No.(f
Address 1	34 FLORA DRIVE	Address 2	PALM ISLES	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	#03-18			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insure

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input type="radio"/> No
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Modification History

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	
Contact No.(Mobile)		Contact No. (Home)	
Email Address		OI Vehicle Number	
Claim Description	SLR2529S / SKB8738L ON 19 Aug 2018		
Preferred Workshop		Insured Liability	Not at Fault
Contact No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop (refer below)
Date Registered		GIA report	Received
Report Taken By		Claim Close Date	20/08/2018 11:22
		Workshop Repairer	ROSINDA

Print AK letter

Save Submit

Attachment

Accident No.	MT/1007B46	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	20/08/2018 00:00
Path *		Category *	Confid
Choose File	No file chosen	Clear	Please Select ▼ NO
Choose File	No file chosen	Clear	Please Select ▼ NO
Choose File	No file chosen	Clear	Please Select ▼ NO
Choose File	No file chosen	Clear	Please Select ▼ NO
Choose File	No file chosen	Clear	Please Select ▼ NO
Choose File	No file chosen	Clear	Please Select ▼ NO
Message Read		Clear	Please Select ▼ NO

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Aug 2018 11:22	NRIC/ Driving License	Normal	NRIC/ Di
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Aug 2018 11:22	SAS	Normal	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Aug 2018 11:22	Photos	Normal	P
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Aug 2018 11:20	Photos	Normal	P
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Aug 2018 11:20	Photos	Normal	P
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Aug 2018 11:20	Photos	Normal	P
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Aug 2018 11:20	Photos	Normal	P
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Aug 2018 11:20	Photos	Normal	P
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Aug 2018 11:20	Photos	Normal	P

Video List

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