

NATIONAL Assessment Centre Services

(Ref: JA-102)

MAA4811/989

Date In: 29/08/2018 14:35	Job description	Date & Time Completed	Done by
Ref No: NPA/INC/8015768/Y	SAS e-filing		
Veh No: YM 1902 B	E-mail (within 3hrs, A/C 2hrs)		
D.O.A: 05/06/2018 10:55	i-Motor Claim Form	MT/1005351-002	29/08/2018
OD: TP (Reporting Only)	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		16:36
	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%; 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		Am't (\$)	Am't (\$)
			In Bill	Add Bill
	1) AR: Accident Reporting (\$30);			
	2) DA: Damage Assessment (\$100);	INC (\$80)		
	3) TP: 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		
Driver/Owner:	8) NTUC Additional Services:-			
	ON*			
	*N5: Courtesy Car / Tpl 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: Idac Mobile	\$0		
	Invoice dated		Fee Charged	
	Invoice dated		Fee Charged	

Auditors' Comments:-

Cal 1:

Cal 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	29/08/2018 14:35
Date Of Accident	05/06/2018 10:55
Exact Location Of Accident	AT 988 TOA PAYOH NORTH
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YM1902B
Insured/Policyholder	
Name Of Registered Owner	AMMAN SERVICES
Co Reg No	53175999K
Email Address	AMMANSERVICES7075@YAHOO.COM
Mobile Phone No	(LOCAL) +65-93844370
Alternative Phone No	OFFICE-93844370

Vehicle Particulars

Manufacturer	ISUZU
Model	FRR33P-8.2 D (M)
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5074830573-02
Cover Note Number	

Driver

Name of Driver	VIJAKUMAR S/O NAVASIVAYAM
NRIC No	S7043988C
Date Of Birth	02/12/1970
Occupation	OUTDOOR
Date Of Driving Pass	21/01/1991
Driving Experience	27 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93844370
Fax Number	
Contact Number	OTHERS-93844370
EMail Address	AMMANSERVICES7075@YAHOO.COM

Address	BLK 12 CANTONMENT CLOSE #02-13
Postcode	080012
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	1
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
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

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

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.:

UNKNOWN

I do not know about any accident only
After I receive a letter from NTUC
date 10 Aug 2018

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: Robert Watson
NRIC/FIN No.: 9801 10100

Claim Handling

Accident HT/1005351

Policy No.	5074830573-02	Vehicle No.	VM1902B	GST Registration No.	
Certificate No.				Policyholder NRIC	83175899K
Policyholder Name	AMMAN SERVICES	Cover Type	Third Party, Fire & Theft	Leading	0
Product Code	COMMERCIAL VEHICLE INSURAN	Contact No.(Office)		Contact No.(Home)	
Contact No.(Mobile)	NA	Special Remarks		eCode	No
Email Address		TCA	- No Yes	eCode Reason	
KTC	- No Yes	NCD Entitlement(%)	0	Private Hire	No
NCD Protection	No				

Accident Details

Report Date	31/07/2018 13:53	Accident Report Within 24 Hrs	Yes	Accident Type	Collided into Property
Date of Accident	05/06/2018	Time of Accident h:mm	10:54	Country of Accident	Singapore
Reporting Centre		Orange Force		SCN No.	
Accident Location	388 TDA PAYOH NORTH				

Excess

Own damage Excess	0.00	Additional Excess		Windscreen Excess	0.00
Uninsured Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			

Benefits

GST Registered Information

GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History	31/07/2018 14:39:19 Carol Wan changed GST Status Verified from No to Yes				

Policyholder Mailing Address

Address 1	BLK 11 #02-13	Address 2	CANTONMENT CLOSE	Address 3	SINGAPORE 080012
Address 4		Address Type	Singapore address	Post Code	080012
Unit No.	03-296	Related Policy Number	5074830573-02		

OT Driver Info

Driver Name		Driver Type		Driver DOB	
Unnamed driver Name		Driver NRIC		Driving Experience	
Register Date of Driver License		Driver Age		Contact No.(Home)	
Contact No.(Mobile)		Contact No.(Office)		Address 3	
Address 1		Address 2		Post Code	
Address 4		Address Type	Foreign address		
Unit No.					
Does he own a Singapore Registered car?	na - No	Driver Vehicle No.		Driver Insurer Company	

Modification History

Claim 002 New

Claim Type *	OB-MX	Insured Name	AMMAN SERVICES	Insured NRIC	53175899K
Contact No.(Mobile)	83547379	Contact No.(Home)		Contact No.(Office)	
Email Address		OT Vehicle Number	VM1902B	TP Vehicle Number	
Claim Description	VM1902B / - On 3 Jun 2018			Name of Preferred Workshop	
Preferred Workshop		Insured Liability	Fully at Fault		
Carriage No.	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GSA report	Received
Date Registered	29/06/2018 16:31	Claim Close Date		Date Received	29/08/2018
Report Taken By	BOSLI WAHAB				

Print AK letter

Save Submit

Attachment

Accident No.	HT/1005351	Claim No.	002	Confidential	Urgency *	Desc
Last Doc. Received	Yes No	Upload Date	29/06/2018 16:36			
Path *		Category *				
Choose File	No file chosen	Clear	Please Select	No	Normal	
Choose File	No file chosen	Clear	Please Select	No	Normal	
Choose File	No file chosen	Clear	Please Select	No	Normal	
Choose File	No file chosen	Clear	Please Select	No	Normal	
Choose File	No file chosen	Clear	Please Select	No	Normal	
Choose File	No file chosen	Clear	Please Select	No	Normal	
Message Read		Clear	Please Select	No	Normal	

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	H
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Aug 2018 16:36	SAS	Normal	SAS 2018-8-29	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Aug 2018 16:36	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-8-29	

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Aug 2018 16:36	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-8-29
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Aug 2018 16:36	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-8-29
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Aug 2018 16:31	Photos	Normal	Photos 2018-8-29
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Aug 2018 16:31	Photos	Normal	Photos 2018-8-29
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Aug 2018 16:31	Photos	Normal	Photos 2018-8-29
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Aug 2018 16:33	Photos	Normal	Photos 2018-8-29
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Aug 2018 16:31	Photos	Normal	Photos 2018-8-29
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Aug 2018 16:31	Photos	Normal	Photos 2018-8-29
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Aug 2018 16:31	Photos	Normal	Photos 2018-8-29

Video List

Uploaded By/Date	Folder Date	File Name	Source
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[Display in New Window](#)
[Scan and uploading](#)

Our Ref: MT/CA/TP/020/1005351-001/DP/NHF

10 Aug 2018

**CERTIFICATE OF POSTING
REMINDER**

AMMAN SERVICES
BLK 12 #02-13
CANTONMENT CLOSE
SINGAPORE 080012

Dear Policyholder

CLAIM NUMBER: MT/1005351-001
ACCIDENT INVOLVING YM1902B / PROPERTY on 5 Jun 2018

We refer to our letter of 31 Jul 2018.

We have yet to receive your report on the accident. We would like to inform you that under your motor insurance policy, you have to report within 24 hours or the next working day after the accident, even if there is no damage to your vehicle. If you have not done so, please report the accident to any of our reporting centres immediately. Otherwise, we may not be able to handle the claim on your behalf.

We reserve the rights to seek recovery from you and/or your driver if we are bound by law or statute to settle the third party injury claim.

If you have any queries, please contact David Phua at 6430 7918 or email us at motor@income.com.sg.

Yours sincerely



Jenny Pe
Deputy Vice President
Motor Insurance

ACCIDENT STATEMENT

10 54

ACCIDENT DATE: 5/6/18 (DD/MM/YYYY), TIME: 13:30 (HH:MM)

LOCATION: 988 Toa Payoh North

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: 1/m 1902 B
 b) INSURANCE COMPANY: Income
 c) POLICY NUMBER: 5074 830573/02
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Isuzu
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: working
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) NO
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: Ammran Services (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: N. Oj AICUNAR (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 7043988/C CONTACT: 93844370
 c) ADDRESS: Blk 12 #02-13 GUTENMONT CLOSE

* d) DATE OF BIRTH: 02/12/70 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 21 JAN 1991

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO) YES

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____

5. a) WEATHER CONDITION: (CLEAR) RAINING / OTHERS _____

b) ROAD SURFACE: (DRY) WET / OTHERS _____

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: _____ MODEL: _____
 b) DRIVER'S NAME: _____
 c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

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

Email =

Fax =

REPUBLIC OF SINGAPORE **DRIVING LICENCE**


 Licence Number **S7043988C**
 Name
**VIJAKUMAR S.O
 NAVASIVAYAM**
 Birth Date **02 Dec 1970**
 Issue Date **17 Jun 2003**

009565252K

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES!

		PASS DATE
Class 2B	Motorcycles not exceeding 200 cc	14 Aug 1992
Class 2A	Motorcycles between 201 cc and 400 cc	07 May 1996
Class 2	Motorcycles exceeding 400 cc	24 Jun 1997
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	21 Jan 1991
Class 4	Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kilograms	03 May 1996
Class 5	Motor Vehicles which are not constructed themselves to carry any load and the weight of which unladen exceeds 7250 kilograms	17 Sep 1996

NP 428A

Licence No: S7043988C

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S7043988C



Name

VIJAKUMAR S/O
NAVASIVAYAM



Race

INDIAN

Date of Birth

02-12-1970

Sex

M

Country of Birth

SINGAPORE



0913805



NRIC No. **S7043988C**

Blood Group	Date of issue
A+	23-04-1993

APT BLK 12 CANTONMENT CLOSE #02--13
SINGAPORE 080012

S7043988C

14/07/2013

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"/>
Vehicle No.(For Motor)	<input type="text" value="YM1902B"/>	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 checked="" type="radio"/>	5074830573-02		AMMAN SERVICES	53175999K	GCV	Third Party, Fire & Theft	YM1902B	YM1902B	14/11/2017	13/08/2018