

NATIONAL Assessment Centre Services

(wef 1 Jan 05)

NA1806/25327

Date In: 27/09/2018 11:47	Job description	Date & Time Completed	Done by
Ref No: NA1806/25327	SAS e-filing		
Veh No: PA 5875P	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 26/09/2018 17:00	i-Motor Claim Form	MM1013247-001	27/09/2018
OD: TP Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		12:34
	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: SGW 887

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

NA1806/170

Invoice Preparation Checklist

Amt (\$)

Amt (\$)

1st Bill

Add Bill

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Dat. 1:

Dat. 2 / 3:

1) AR: Accident Reporting (\$30);		
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 (N11) against INC \$20		
9) N12: Idac 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	27/09/2018 11:47
Date Of Accident	26/09/2018 17:00
Exact Location Of Accident	ALONG WHAMPOA SOUTH TOWARDS BENDEMEER ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PA5875P
Insured/Policyholder	
Name Of Registered Owner	POWERJET PTE LTD
Co Reg No	201217470K
Email Address	POWERJET2012@GMAIL.COM
Mobile Phone No	(LOCAL) +65-82535535
Alternative Phone No	OFFICE-82535535

Vehicle Particulars

Manufacturer	NISSAN
Model	URVAN 3.0 M
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	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	5082781810-02
Cover Note Number	

Driver

Name of Driver	GOPAL KUMAR
NRIC No	S2663544F
Date Of Birth	17/01/1958
Occupation	OUTDOOR
Date Of Driving Pass	24/02/1997
Driving Experience	21 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82535535
Fax Number	
Contact Number	OTHERS-82535535
EMail Address	POWERJET2012@GMAIL.COM

Address	BLK 906 JURONG WEST STREET 91 #06-179
Postcode	640906
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 - 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	2
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)	2
Passenger 1	NAME: : FRIEND GENDER: : MALE

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGW88T
Vehicle Make/Model/Colour	MAZDA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	96991737
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

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:

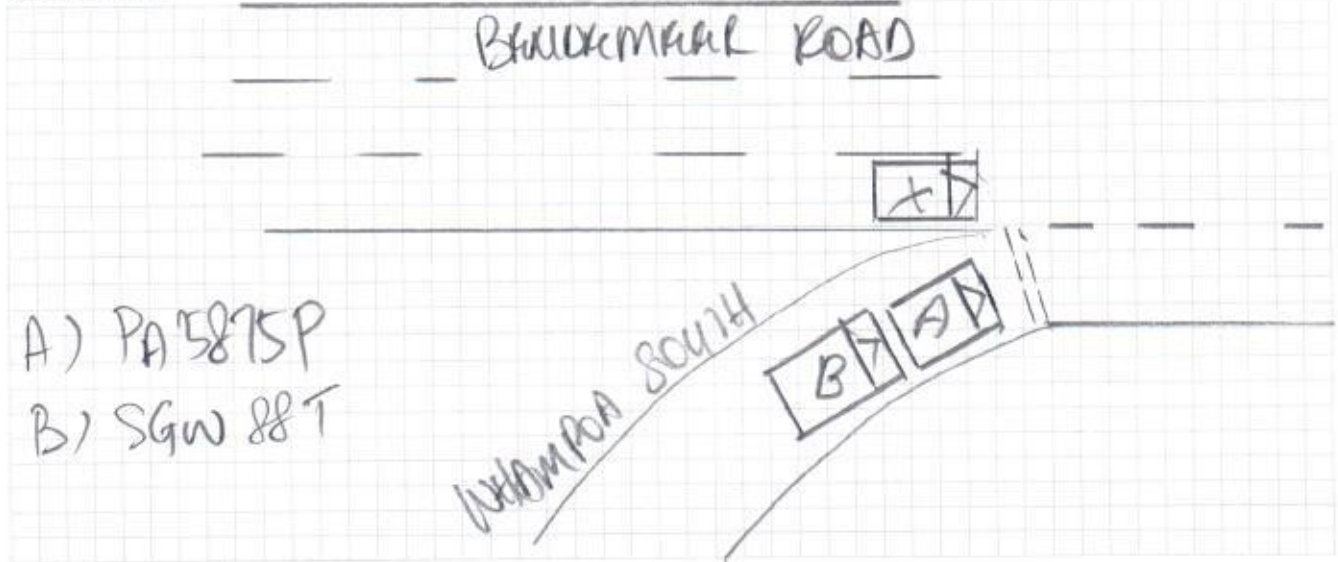
27/09/18

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

ON 26/09/2018 AT ABOUT 17:00HRS I WAS TRAVELLING ALONG WHAMPOA SOUTH & WANTED TO EXIT INTO BRADDEMEAR ROAD. SO AT THE GIVEWAY I STOP MY VAN PA 587SP SUDDENLY LESS THAN 5 MINES I FELT A BUMP FROM THE REAR. I COME DOWN & SAW A CAR SGW 88T IN THE REAR OF MY VAN. I DID NOT EXCHANGE PARTICULAR I ONLY TOOK SOME PHOTOS & EXCHANGE PHONE NUMBERS THAT ALL

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.:

Claim Handling

Accident MT/1013247

Policy No.	5082781810-02	Vehicle No.	PA5875P	GST Registration No.	
Certificate No.				Policyholder NRIC	201217470K
Policyholder Name	POWERJET PTE LTD	Cover Type	Third Party, Fire & Theft	Loading	0
Product Code	BUS INSURANCE	Contact No.(Office)		Contact No.(Home)	
Contact No.(Mobile)	82535535	Special Remark		eCode	No
Email Address		TCA	No Yes	eCode Reason	
KFK	No Yes	NCD Entitlement(%)	15	Private Hire	No
NCD Protection	No				
Accident Details					
Report Date	27/09/2018 12:20	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	26/09/2018	Time of Accident hh:mm	17:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG WHAMPONG SOUTH TOWARDS BENDEMEER ROAD				
Excess					
Own damage Excess	0.00	Additional Excess		Windscreen Excess	0.00
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	3,000.00	Outside Singapore TP Excess			
Benefits					
GST Registered Information					
GST Registered	No	GST Registration Date		GST Status Verified	No
GST Registration No.					
Modification History					
Policyholder Mailing Address					
Address 1	10 ANSON ROAD	Address 2	#26-04 INTERNATIONAL PLAZA	Address 3	SINGAPORE 079903
Address 4		Address Type	Singapore address	Post Code	079903
Unit No.	26-04	Related Policy Number	5085288334-02		
01 Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	17/01/2099
Unnamed driver Name	GOPAL KUMAR	Driver NRIC	52663544F	Driving Experience	21
Register Date of Driver License	24/02/1997	Driver Age	-80	Contact No.(Home)	
Contact No.(Mobile)	82535535	Contact No.(Office)		Address 3	SINGAPORE 640906
Address 1	BLK 906 #06-179	Address 2	JURONG WEST STREET 91	Post Code	640906
Address 4		Address Type	Foreign address		
Unit No.	06-179			Driver Insurer Company	NTUC
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.	PA5875P		
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes No		

Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	POWERJET PTE LTD	Insured NRIC	201217470K
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	
Email Address		01	Vehicle Number	TP	SGW8E
Claim Description	PA5875P / SGW8E ON 26 Sept 2018				
Preferred Workshop		Insured Liability	Not at Fault	GIA report	Received
Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Claim Close Date	27/09/2018 12:33
Date Registered				Date Received	27/09/2018
Report Taken By	ROSLI WAHAB				
<input type="checkbox"/> Print AK letter					
<input type="button" value="Save"/> <input type="button" value="Submit"/>					

Attachment

Accident No.	MT/1013247	Claim No.	001
Last Doc. Received	Yes No	Upload Date	27/09/2018 12:34
Path *			
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Message Read			
Attachment List			
Attachment	Uploaded By/Date	Category	Urgency
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 Sep 2018 12:34		Photos	Normal
Description Photos 2018-9-27			



NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 Sep 2018 12:34

Photos

Normal

Photos 2018-9-27

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 Sep 2018 12:34

Photos

Normal

Photos 2018-9-27

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 Sep 2018 12:34

Photos

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NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 Sep 2018 12:34

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Photos

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Photos 2018-9-27

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 Sep 2018 12:34

Photos

Normal

Photos 2018-9-27

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 Sep 2018 12:34

NRIC/ Driving License

Normal

NRIC/ Driving License 2018-9-27

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 Sep 2018 12:34

SAS

Normal

SAS 2018-9-27

Video List

Uploaded By/Date

Folder Date

File Name

Source

Display in New Window

Scan and uploading

ACCIDENT STATEMENT

ACCIDENT DATE: 26/09/18 (DD/MM/YYYY), TIME: 5:00 PM (HH:MM) Arrived.

LOCATION: Whampoa ~~West~~ South

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: PA 5875 P
 b) INSURANCE COMPANY: NTUC
 c) POLICY NUMBER: 608201810-02
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: NISSAN
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: Private use
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: Power Jet Pte Ltd (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 c) ADDRESS: No 7, Soon Lee Street
#03-42 - ISPACE, Singapore 627608

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Gopal Komar (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S263544F CONTACT: 82535535
 c) ADDRESS: _____

* d) DATE OF BIRTH: 17/01/1958 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 24/02/1997

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

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)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SG1W88T MODEL: MAZDA
 b) DRIVER'S NAME: _____
 c) NRIC/FIN/PASSPORT: _____ CONTACT: 96991937

9. THIRD PARTY VEHICLE

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

EMAIL = PowerJet2012@gmail.com

VIDEO =

Friend (m)

No of passengers
(including driver)
(2)

No of passengers
(including driver)

No of passengers
(including driver)

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S2663544F



Name

GOPAL KUMAR

Race

INDIAN

Date of birth

17-01-1958

Sex

M

Country/Place of birth

INDIA



REPUBLIC OF SINGAPORE DRIVING LICENCE

Portrait of Gopal Kumar

Licence Number S2663544F

Name
GOPAL KUMAR

Birth Date 17 Jan 1958

Issue Date 11 Jan 2005

Barcode: 001313101E

9488664



NRIC No. S2663544F



Nationality

INDIAN

Date of issue

26-06-2018

Address

APT BLK 906 JURONG WEST STREET 91
#06-179
SINGAPORE 640906

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

	PASS DATE
Class 2B Motorcycles <= 200 cc	25 Aug 1997
Class 3 Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver, and motor tractors / vehicles <= 2500 kg	24 Feb 1997

NP 428A

Licence No: S2663544F

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" value="26/09/2018 10:30"/>
Vehicle No.(For Motor)	<input type="text" value="PA5875P"/>	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"/>	5082781810-02		POWERJET PTE LTD	201217470K	GBS	Third Party, Fire & Theft	PA5875P	PA5875P	04/08/2018	03/08/2019