

**NATIONAL Assessment Centre Services.** [ver 1 Jan'05] MMA 118139626

Date In: 27/10/18 15:31	Job description	Date & Time Completed	Done by
Ref No: MAL INC 18019578164	SAS e-filing		
Veh No: SLH 652 J	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 26/10/18 11:00	i-Motor Claim Form	6MT11017433 <sup>001</sup>	27/10/18 16:46
OD: <input checked="" type="checkbox"/> 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: SGV 3228 S. 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:	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 :- Driver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge): Auditors' Comments :- Cat 1: Cat 2/3:	Invoice Preparation Checklist 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:- QD* *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: Idac Mobile 30	Amt (\$) In Bill 30.00	Amt (\$) Add Bill

## 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 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. 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	27/10/2018 15:31
Date Of Accident	26/10/2018 11:00
Exact Location Of Accident	CTE TWDS AMK BEFORE JALAN BAHAGIA EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLH652J
<b>Insured/Policyholder</b>	
Name Of Registered Owner	UNITED HYGIENE SERVICES PTE. LTD.
Co Reg No	200705331W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-65653688

### Vehicle Particulars

Manufacturer	TOYOTA
Model	HARRIER 2.0 ELEGANCE G'S AT ABS 2WD 5DR
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	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	5084962091-02
Cover Note Number	-

### Driver

Name of Driver	SARAH SHOBANA D/O ELANGO VAN
NRIC No	S9545739H
Date Of Birth	30/11/1995
Occupation	OUTDOOR
Date Of Driving Pass	19/05/2014
Driving Experience	4 YEARS AND 5 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-83384573
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 419 WOODLND S ST 41 #04-219
Postcode	730419
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - MANAGER
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 TRAVELLING ALONG CTE TWDS AMK BEFORE JLN BAHAGIA EXIT ON THE FIRST LANE, WHEN I NOTICED MY FRONT VEH STARTED TO BRAKE AND STOP. AS SUCH I MANAGE TO BRAKE AND STOP BEHIND THE SAY VEH. ALL OF A SUDDEN I FELT AN IMPACT FROM BEHIND. AFTER THE INCIDENT, I ALIGHTED FROM MY VEH AND REALIZED VEH B (BEARING NO SGV3228S) FROM BEHIND COLLIDED ONTO MY VEH REAR PORTION.

### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH DRIVER
Was there any audio recorded?	NO

### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGV3228S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TAN LEE TECK
NRIC/Passport Number	S1787885I
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

**DETAILS OF INJURED PERSON 1**

Name	SARAH SHOBANA D/O ELANGO VAN
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SLH652J
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

## 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.

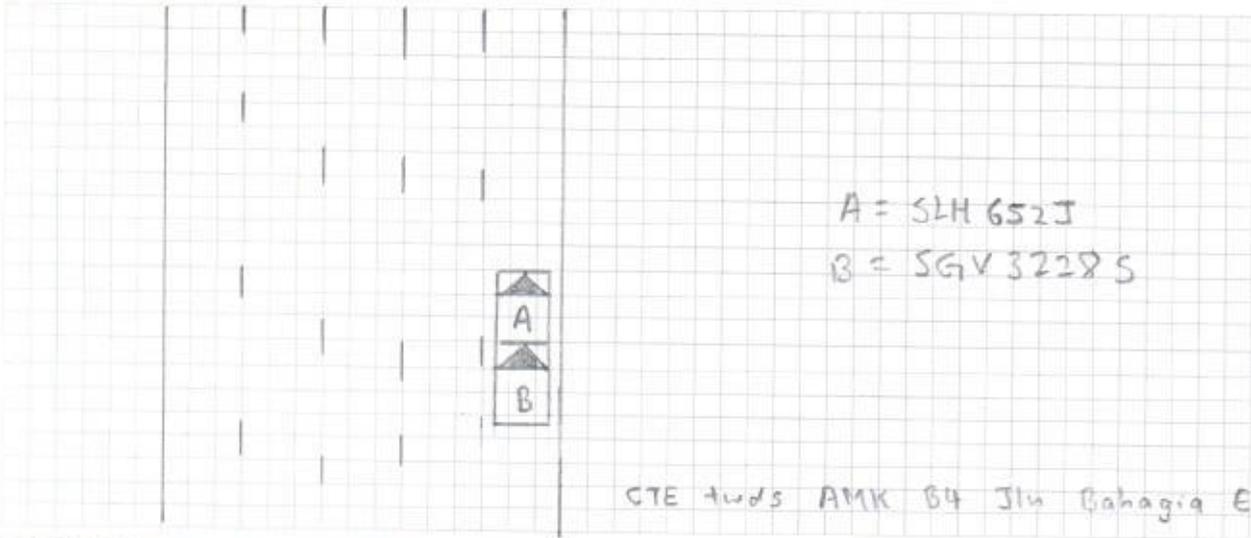


Policyholder's Signature  
Date & Time: \*

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to Statement

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.:

*Scuh*

*[Handwritten Signature]*

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S9545739H**

Name: **SARAH SHOBANA D/O ELANGOVAN**

Birth Date: **30 Nov 1995**

Issue Date: **04 Apr 2015**

002412399E

SG 50




REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S9545739H**

Name: **SARAH SHOBANA D/O ELANGO VAN**

Race: **INDIAN**

Date of birth: **30-11-1995**

Country/Place of birth: **SINGAPORE**

Sex: **F**






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

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

EFFECTIVE DATE: **19 May 2014**

Licence No: **S9545739H**

NP 428A



5487344

NRIC No. **S9545739H**

Date of issue: **04-06-2015**

Address: **APT BLK 419 WOODLANDS STREET 41 #04-219 SINGAPORE 730419**




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"/>	5084962091-02		UNITED HYGIENE SERVICES PTE. LTD.	200705331W	GPC	drive CLASSIC	SLH652J	SLH652J	21/10/2018	20/10/2019

Continue

**Claim Handling**

The premium on this policy has not been collected.

**Accident MT/1017433**

Policy No.	5084962091-02	Vehicle No.	SLH652J	GST Registration No.	200701
Certificate No.					
Policyholder Name	UNITED HYGIENE SERVICES PTE. LTD.			Policyholder NRIC	200701
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	65653688	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KPK	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	TCA	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	20	Private Hire	No

**Accident Details**

Report Date	27/10/2018 16:42	Accident Report Within 24 hrs	Yes	Accident Type	Collision
Date of Accident	26/10/2018	Time of Accident hh:mm	11:00	Country of Accident	Singap
Reporting Centre		Orange Force		ICH No.	
Accident Location	CTE TWDS AMK BEFORE JALAN BAHAGIA EXIT				

Own damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess		Outside Singapore OD Excess	600.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		

**Benefits**

**GST Registered Information**

GST Registered	Yes	GST Registration Date	12/05/2008
GST Registration No.	200705331W	GST Status Verified	No
Modification History			

**Policyholder Mailing Address**

Address 1	50 GAMBAS CRESCENT	Address 2	#07-19 PROXIMA@GAMBAS	Address 3	SINGA
Address 4		Address Type	Singapore address	Post Code	75702
Unit No.		Related Policy Number	5084962091-02		

**O1 Driver Info**

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	SARAH SHOBANA D/O ELANGO	Driver NRIC	S9545739H	Driver DOB	30/11/
Register Date of Driver License	19/05/2014	Driver Age	22	Driving Experience	4
Contact No.(Mobile)	83384573	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 419 #04-219	Address 2	WOODLANDS STREET 41	Address 3	SINGA
Address 4		Address Type	Singapore address	Post Code	730411
Unit No.	04-219				
Does he own a Singapore Registered car?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Driver Vehicle No.		Driver Insurer Company	

**Declaration**

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

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	UNITED HYGIENE SERVICES PT
Contact No.(Mobile)	91153311	Contact No.(Home)	
Email Address	vithya@unitedhygieneservices.c	O1 Vehicle Number	SLH652J
Claim Description	SLH652J / SGV3228S ON 26 Oct 2018		
Preferred Workshop Finalisation	Yes	Insured Liability	Not at Fault
Date Registered	27/10/2018 16:45	Preferred Repair Option	Preferred Workshop, Name unknown
Report Taken By	LJEW SHAN HUI	GIA report	Received
Print AK letter		Claim Close Date	

Save Submit

**Attachment**

Accident No. Claim No.

MT/1017433

001

List Doc. Received

Yes  No

Upload Date

27/10/2018 16:46

- Choose File No file chosen
- Message Read

Clear	Category *	Confidential	Urgency *
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Oct 2018 16:46	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-10-27
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Oct 2018 16:46	SAS	Normal	SAS 2018-10-27
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Oct 2018 16:46	Photos	Normal	Photos 2018-10-27
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Oct 2018 16:46	Photos	Normal	Photos 2018-10-27
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Oct 2018 16:46	Photos	Normal	Photos 2018-10-27
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Oct 2018 16:46	Photos	Normal	Photos 2018-10-27
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Oct 2018 16:45	Photos	Normal	Photos 2018-10-27
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Oct 2018 16:45	Photos	Normal	Photos 2018-10-27
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Oct 2018 16:45	Photos	Normal	Photos 2018-10-27
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Oct 2018 16:45	Photos	Normal	Photos 2018-10-27
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Oct 2018 16:45	Photos	Normal	Photos 2018-10-27

Video List

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