

# NATIONAL Assessment Centre Services.

[wef 1 Jan'05]

MAH/18145693

Date In: 10/11/2008 16:09	Job description	Date & Time Completed	Done by
Ref No: NA/INC/8020392/4	SAS e-filing		
Veh No: GBB 9731E	E-mail (w/da 8hrs, AIC 2hrs)		
D.O.A: 09/11/2008 16:20	I-Motor Claim Form	MM/10/9220-001	10/11/2008 16:47
OD / TP <u>Reporting Only</u>	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: 8TB 6202P	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:	INC/11/01/05 6788 6616	Date:	Time:	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

NA/80722	Invoice/Claimation Checklist	Am (S)	Ref (S)
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		
Damaged Portion:	4) PT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) PT: 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:-		
	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 (N:n INC) against INC \$20		
	9) N12: Idao Mobile \$0		
	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 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	10/11/2018 16:09
Date Of Accident	09/11/2018 16:20
Exact Location Of Accident	ALONG CAIRNHILL ROAD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GBB9731E
<b>Insured/Policyholder</b>	
Name Of Registered Owner	H & N CATERING SERVICES PTE LTD
Co Reg No	201020684M
Email Address	HNCATERING@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-93733223
Alternative Phone No	OFFICE-93733223
<b>Vehicle Particulars</b>	
Manufacturer	TOYOTA
Model	HIACE
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
<b>Insurance Company</b>	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5078894822-02
Cover Note Number	
<b>Driver</b>	
Name of Driver	SELLAPPAN JEYAVEL
NRIC No	S8478719A
Date Of Birth	07/06/1984
Occupation	OUTDOOR
Date Of Driving Pass	15/08/2012
Driving Experience	6 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93733223
Fax Number	
Contact Number	OTHERS-93733223
EMail Address	HNCATERING@HOTMAIL.COM

Address	BLK 113 TAO CHING ROAD
	#03-15
Postcode	610113
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)	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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHB6202P
Vehicle Make/Model/Colour	HYUNDAI
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	TEO KWAN HENG
NRIC/Passport Number	S7503356G
Contact Number	
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.
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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.



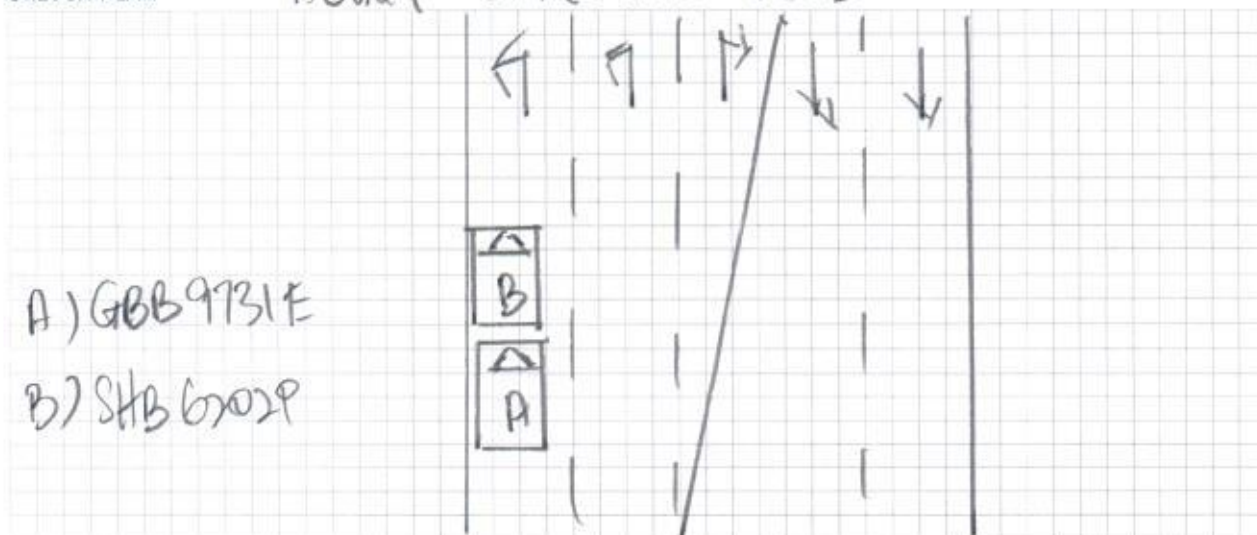
Policyholder's Signature  
Date & Time:

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

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

SKETCH PLAN

ALONG CAIRNHILL ROAD



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

my van slightly being behind.  
the Hyundai comfort taxi, our  
number plate screw mark happen  
on the car.

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/1019220

Policy No.	5078894822-02	Vehicle No.	GBB9731E	GST Registration No.
Certificate No.				
Policyholder Name	H & N CATERING SERVICES PTE LTD			Policyholder NRIC
Product Code	COMMERCIAL VEHICLE INSURAT	Cover Type	Comprehensive	Loading
Contact No.(Mobile)	93733223	Contact No.(Office)		Contact No.(Home)
Email Address		Special Remark		eCode
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	0	Private Hire

## ▼ Accident Details

Report Date	10/11/2018 16:41	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	09/11/2018	Time of Accident hh:mm	16:20	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	ALONG CAIRNHILL ROAD			

## ▼ Excess

Own damage Excess	600.00	Additional Excess		Windscreen Excess
Unnamed 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 Registration No.		GST Status Verified	No
Modification History			

## ▼ Policyholder Mailing Address

Address 1	458 RACE COURSE ROAD	Address 2	SINGAPORE 218699	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5078894822-02	

## ▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	SELLAPPAN JEYAVEL	Driver NRIC	S8478719A	Driver DOB
Register Date of Driver License	15/08/2012	Driver Age	34	Driving Experience
Contact No.(Mobile)	93733223	Contact No.(Office)		Contact No.(Home)
Address 1	BLK 113 #03-15	Address 2	TAO CHING ROAD	Address 3
Address 4	SINGAPORE 610113	Address Type	Foreign address	Post Code
Unit No.	03-15			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.	GBB9731E	Driver Insurer Comp

## 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

New

Claim Type *	OD-MX ▼	Insured Name	H & N CA
Contact No.(Mobile)		Contact No. (Home)	
Email Address		OI Vehicle Number	GBB9731
Claim Description	GBB9731E / SHB6202P ON 9 Nov 2018		
Preferred Workshop		Insured Liability	Fully at Fault ▼
Contact No. Finalisation	Yes ▼	Preferred Repair Option	Preferred Workshop, Name unknown ▼
Date Registered		GIA report	Received ▼
Report Taken By		Claim Close Date	10/11/2018 16:46
Print AK letter			ROSLI WAHAB

Save Submit

## Attachment

Accident No. MT/1019220

Claim No. 001

Last Doc. Received ☒ Yes ☐ No

Upload Date 10/11/2018 16:47

Path \*

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Message Read

Clear

Clear

Clear

Clear

Clear

Clear

Category \*

Confidential

Please Select NO

Please Select NO

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Please Select NO

Please Select NO

Please Select NO

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Descr
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 10 Nov 2018 16:47	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 10 Nov 2018 16:47	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 10 Nov 2018 16:47	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 10 Nov 2018 16:47	Photos	Normal	Photos 20
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 10 Nov 2018 16:46	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 10 Nov 2018 16:46	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 10 Nov 2018 16:46	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 10 Nov 2018 16:46	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 10 Nov 2018 16:46	SAS	Normal	SAS 201
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 10 Nov 2018 16:46	NRIC/ Driving License	Normal	NRIC/ Driving Lic

## Video List

Uploaded By/Date

Folder Date

File Name

Display in New Window

Scan and uploading



# ACCIDENT STATEMENT

ACCIDENT DATE: (09 / 11 / 18) (DD/MM/YYYY), TIME: (16:20) (HH:MM)

LOCATION: Campbell Road

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GJB 9731 E  
 b) INSURANCE COMPANY: NIVE Income  
 c) POLICY NUMBER: 5078894822-02  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: Toyota Hiace  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: \_\_\_\_\_  
 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: H & N Catering (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
 c) ADDRESS: \_\_\_\_\_

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

## DRIVER

- a) NAME: Sellappan Jayavel (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S84787194 CONTACT: 93733223  
 c) ADDRESS: Blk 113 Tan Chuan Road #03-15  
Singapore 61013

\* d) DATE OF BIRTH: (01 / 06 / 1984) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING PASS 6

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) Clear

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: SHB 6202P MODEL: HUNDAI  
 b) DRIVER'S NAME: TEO KWAN HING  
 c) NRIC/FIN/PASSPORT: 975033564 CONTACT: \_\_\_\_\_

## 9. THIRD PARTY VEHICLE

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

\* No of passenger  
 (Including driver)  
(1)

\* No of passenger  
 (Including driver)  
( )

\* No of passenger  
 (Including driver)  
( )

Email = H & N catering

VIDEO

hn catering@hotmail.com  
HN catering@hotmail.com



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S8478719A



Name  
**SELLAPPAN JEYAVEL**  
செல் ஜெயவேல்

Race  
**INDIAN**

Date of birth  
**07-06-1984**

Sex  
**M**

Country of birth  
**INDIA**

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number **S8478719A**

Name  
**SELLAPPAN JEYAVEL**

Birth Date **07 Jun 1984**

Issue Date **15 Aug 2012**

**SP 002**

**D02096594J**

NRIC No. S8478719A

Nationality  
**INDIAN**

Date of issue  
**08-10-2008**

APT BLK 113 TAO CHING ROAD #03-15  
SINGAPORE 810113

NRIC No: S8478719A

Date: 27/10/2014

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

	EFFECTIVE DATE
Class 2B Motorcycles <= 200 cc	15 Aug 2012
Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg	15 Aug 2012

Licence No: S8178719A

NP 429A

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="09/11/2018 15:44"/>							
Vehicle No.(For Motor)	<input type="text" value="GBB9731E"/>	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="checkbox"/>	5078894822-02		H & N CATERING SERVICES PTE LTD	201020684M	GCV	Comprehensive	GBB9731E	GBB9731E	02/01/2018	15/12/2018
<input type="button" value="Continue"/>										