

NATIONAL Assessment Centre Services

(wef 1 Jan 05)

MA118 14892

Date In: 12/11/18-15:30	Job description	Date & Time Completed	Done by
Ref No: NA/INC18020551/24	SAS e-filing		
Veh No: JLE5559J	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 12/11/18-16:50	i-Motor Claim Form	12/11/18 17:48	
OD: TP: 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: JN35714

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 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

NA1807427

Invoice Preparation Checklist

Am't (\$)

Am't (\$)

Int Bill

Add Bill

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Pat. 1:

Pat. 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:-

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

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	13/11/2018 15:30
Date Of Accident	12/11/2018 18:50
Exact Location Of Accident	CTE (SLE) BEFORE BCA BUILDING
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLE5459J
Insured/Policyholder	
Name Of Registered Owner	SAJU JOHN
NRIC No	S6880163Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98488075
Alternative Phone No	OFFICE-98488075
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	C 200 CGI
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	REPORTING ONLY
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	5091001423-01
Cover Note Number	
Driver	
Name of Driver	SAJU JOHN
NRIC No	S6880163Z
Date Of Birth	15/02/1968
Occupation	INDOOR
Date Of Driving Pass	15/02/2008
Driving Experience	10 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98488075
Fax Number	
Contact Number	OFFICE-98488075
EMail Address	NOEMAIL

Address	BLK 735 YISHUN STREET 72 #08-19
Postcode	760735
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
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	RAINING
Road Surface	WET

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?	
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

REFER TO STATEMENT.

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	SJN3071H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	DIMARCO KATHERINE CLARE
NRIC/Passport Number	G5470992M
Contact Number	91001893
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:

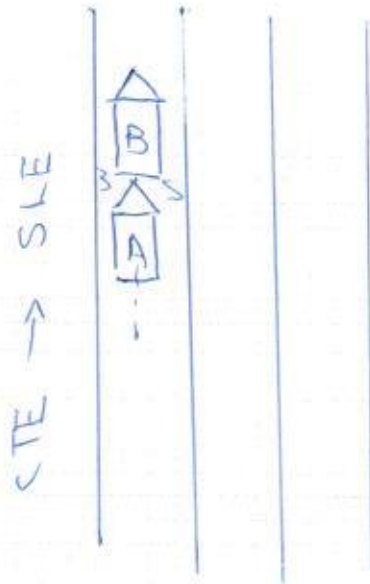
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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


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


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

SKETCH PLAN



A) SLE 5459 J
B) SJN 3071 H

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along the CTE in the leftmost lane I was raining then. When I saw a motorist fell & skidded towards me, I tried to avoid not realising that Veb (B) in front of me had braked. My car lightly collided onto Veb (B). I alighted, checked on Veb (B) & did not see any visible damages. The front bumper of my car was slightly damaged & the front licence plate cracked. No one was injured.

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.:

VEHICLE NO : SLE 5459J		MAKE/MODEL : M/Benz C200	
Date of Accident	12.11.18	Time: 18.50	Foreign Veh Involved YES / NO
Location of Accident	STE → SLE BH		Foreign Veh No
Country of Loss	BLA Bldg		
Vehicle Damaged		No. of Veh Involved :	
Claim Type	OD / TP / <u>REPORTING</u>		Was There Any Witness YES / NO
INSURANCE CO	NTUC Income		Name of Witness :
Coverage	Comprehensive/TPFT/Third Party Only		Contact No :
Policy No	5091001423-01		
Fleet Policy	YES / <u>NO</u>		
OTHER VEHICLES			
OWNER / CO. NAME	Saju John		VEHICLE B SJN 3071H
NRIC / Co's Reg No.	S688 0163Z		Category :
Address	Blk T35 Yishun St 72		Driver's Name : Dimarco Katherine Clare
	#08-19 (T60735)		NRIC No : 55470992M
Contact / Mobile No	98488075		Contact No : 91001893
Email Address			No. of Passenger :
Date of Birth	12.2.68		
Gender	<u>M</u> / F		VEHICLE C
DRIVER'S NAME	as above		Category :
NRIC No			Driver's Name :
Address			NRIC No :
			Contact No :
Contact / Mobile No			No. of Passenger :
Email Address			
Date of Birth			VEHICLE D
Gender	M / F		Category :
LICENSE PASSED DATE	15.2.2008		Driver's Name :
			NRIC No :
Occupation	<u>Indoor</u> / Outdoor		Contact No :
Relation with Owner			No. of Passenger :
Does Driver Own Any Other Veh ? YES / <u>NO</u>			
Vehicle Reg No			
Insurance Co			
Weather Condition	Clear / <u>Raining</u> / Others		Video Captured : Yes / <u>No</u>
Road Surface	Dry / <u>Wet</u> / Others		
INJURED : YES / <u>NO</u>			
Name of Injured :	Police Report : YES/NO		
Convey To Hospital by Ambulance : YES / NO	If YES, Where :		
NO. OF PASSENGERS : 0			
Name of Passenger :	M / F	INJURED?	YES/NO
Name of Passenger :	M / F	INJURED?	YES/NO
Name of Passenger :	M / F	INJURED?	YES/NO
Name of Passenger :	M / F	INJURED?	YES/NO
REMARKS :			
Name of Workshop :	Contact No :		
Address :	Email :		

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: **S6880163Z**

Name: **SAJU JOHN**

Birth Date: **15 Feb 1968**

Issue Date: **15 Feb 2008**

001571736C

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S6880163Z**



Name: **SAJU JOHN**

Race: **INDIAN**

Date of Birth: **15-02-1968**

Sex: **M**

Country of Birth: **INDIA**

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

Class 2B Motorcycles \leq 200 cc

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

PASS DATE


01 Nov 2001

15 Feb 2008

08088075

Licence No: **S6880163Z**

NP 428A



8

NRIC No: **S6880163Z**

Nationality: **INDIAN**

Blood Group: -

Date of issue: **06-01-2003**

Address: **APT BLK 735 YISHUN STREET 72**
#08-19
SINGAPORE 760735




Hello, NAC_PAYA_UBI_800601

Change Language

Change Password

Log Out

My Desktop

Notice of Loss

Policy Query

Policy No.

Date of Accident

12/11/2018 18:50

Vehicle No.(For Motor)

SLE5459J

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"/>	5091001423-01		SAJU JOHN	S6880163Z	GPC	drivo CLASSIC	SLE5459J	SLE5459J	30/07/2018	29/07/2019

Continue

Policy Information

Policy No.	5091001423-01	Policyholder Name	SAJU JOHN	Policyholder NRIC	S6880163Z
Certificate No.					
Address	BLK 735 #08-19 YISHUN STREET 72 SINGAPORE 760735				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	09/07/2018	Effective Date	30/07/2018 00:00	Expiry Date	29/07/2019 23:59
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0		
Agent	AUTO WORLD PTE. LTD.	Agent Tel.	68169988	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	BLK 735 #08-19	Address 2	YISHUN STREET 72	Address 3	SINGAPORE 760735
Address 4		Address Type	Singapore address	Post Code	760735
Unit No.		Related Policy Number	5091001423-01		

Insured Object: SLE5459J

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
<div>ContinueCancel</div>				

Claim Handling

Accident MT/1019642

Policy No.	9091001423-01	Vehicle No.	SLE5459J	GST Registration No.	
Certificate No.					
Policyholder Name	SAJU JOHN			Policyholder NRIC	S6880163Z
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	98488075	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	No
AKK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	10	Private Hire	No

Accident Details

Report Date	13/11/2018 17:45	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	12/11/2018	Time of Accident hh:mm	18:50	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	CTE (SLE) BEFORE BCA BUILDING				

Excess

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

Benefits

GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

Policyholder Mailing Address

Address 1	BLK 735 408-19	Address 2	YISHUN STREET 72	Address 3	SINGAPORE 760735
Address 4		Address Type	Singapore address	Post Code	760735
Unit No.		Related Policy Number	9091001423-01		

OE Driver Info

Driver Name	SAJU JOHN	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S6880163Z	Driver DOB	15/02/1988
Regulator Date of Driver License	15/02/2008	Driver Age	30	Driving Experience	10
Contact No.(Mobile)	98488075	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 735	Address 2	YISHUN STREET 72	Address 3	SINGAPORE 760735
Address 4		Address Type	Singapore address	Post Code	760735
Unit No.	08-19				
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.		Driver Insurer Company	

Declaration

Breakalyser or Blood Test Reading?	0 mg	Any injury?	Yes No
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Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	SAJU JOHN	Insured NRIC	S6880163Z
Contact No.(Mobile)	98488075	Contact No.(Home)	67573687	Contact No.(Office)	
Email Address	sajuajohn@gmail.com	OT Vehicle Number	SLE5459J	TP Vehicle Number	SJN3071H
Claim Description	SLE5459J / SJN3071H ON 12 Nov 2018			Name of Preferred Workshop	
Preferred Workshop		Insured Liability	Fully at Fault		
Excess No. Finalisation	Yes	Preferred Workshop, Name unknown		GIA report	Received
Date Registered		Claim Close Date	13/11/2018 17:48	Date Received	13/11/2018 00:00
Report Taken By	JACKSON				

Print AK letter

Attachment

Accident No. MT/1019642 Claim No. 001

Last Doc. Received Yes No Upload Date 13/11/2018 17:48

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

Send Message Upload

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	Action
NAC_PAYA_URI_B00801 NATIONAL ASSESSMENT CENTRE SERVICES) 0	13 Nov 2018 17:48	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-11-13		Edit

<https://gicclaim.income.com.sg/gcs/icm/eclaim/registrationSave.do>