NATIONAL Assessment Centre Services. (wef 1 Jul 00) NMA0418150590

Date In: 04/12/2018 09:21	Job description	Date & Time Completed	Done by
Ref No: NBA/INC(18021768/Y.	SAS e-filing		
Veh No: SLK 3557R	E-mail (within 3hrs, A/C 3hrs)		
D.O.A: 03/12/2018 18:40	I-Motor Claim Form	MT/1022459-001	04/12/2018 10:36
OD / TP / Reporting Only	I-Motor W/O (within OD 3hrs, TP 4hrs)		
	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / OW: (OPTIMA WHRKZ Tel: 64721313 Fax:)

TP Particulars: Veh No: SJG 9325Z , 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 0616	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

NA1807927

Comments/Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditor's Comments:

1:

1 / 2 / 3:

Invoice Preparation Checklist		Survey Bill	Adm'n Bill
1) AR: Accident Reporting ($30);			
2) DA: Damage Assessment ($100);	INC ($80)		
3) TP: Towing Fee	$40/$45		
4) FT: Follow-Through Survey	$130		
5) FT: Follow-Through Survey (Resurvey)	$30		
For claiming against INC Only (wef 10 Jan 2005)			
6) TR: Re-Inspection	$75		
7) N1: Idv DA + SMRT Survey	$160		
8) NTUC Additional Services:-			
OR			
*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) N13: Idne Mobile	10		
Invoice dated	Fee Charged		
Invoice dated	Fee Charged		

MNA418156590 / National Assessment Centre Services - Bukit Merah
ENTRY DATE & TIME: 04/12/2018 09:21
SUBMITTED BY: ROSLI BIN ABDUL WAHAB

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 witholding 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	04/12/2018 09:21
Date Of Accident	03/12/2018 18:40
Exact Location Of Accident	EXIT FROM PIE TOWARDS BUKIT BATOK ROAD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLK3557R
Insured/Policyholder	
Name Of Registered Owner	DISSANAYAKE MUDIYANSELAGE DUMINDU KUMARA DEHIDENIY
NRIC No	S7160486A
Email Address	DUMINDU_D@YAHOO.COM
Mobile Phone No	(LOCAL) +65-96343498
Alternative Phone No	OFFICE-96343498
Vehicle Particulars	
Manufacturer	TOYOTA
Model	HARRIER-2.0 PREMIUM CVT (A)
Exact Purpose for which vehicle was being used at time of accident	GOING BACK HOME
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
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	5087211260-01
Cover Note Number	
Driver	
Name of Driver	DISSANAYAKE MUDIYANSELAGE DUMINDU KUMARA DEHIDENIY
NRIC No	S7160486A
Date Of Birth	27/11/1971
Occupation	INDOOR
Date Of Driving Pass	20/10/2003
Driving Experience	15 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96343498
Fax Number	
Contact Number	OFFICE-96343498
EMail Address	DUMINDU_D@YAHOO.COM

Address	45 HINDHEDE WALK #07-01
Postcode	587978
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	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(OPTIMA WERKZ PREFERRED WARRANTY WORKSHOP)

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	SJG9325Z
Vehicle Make/Model/Colour	TOYOTA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LIM HANG HUA
NRIC/Passport Number	S1682260D
Contact Number	82822422
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:

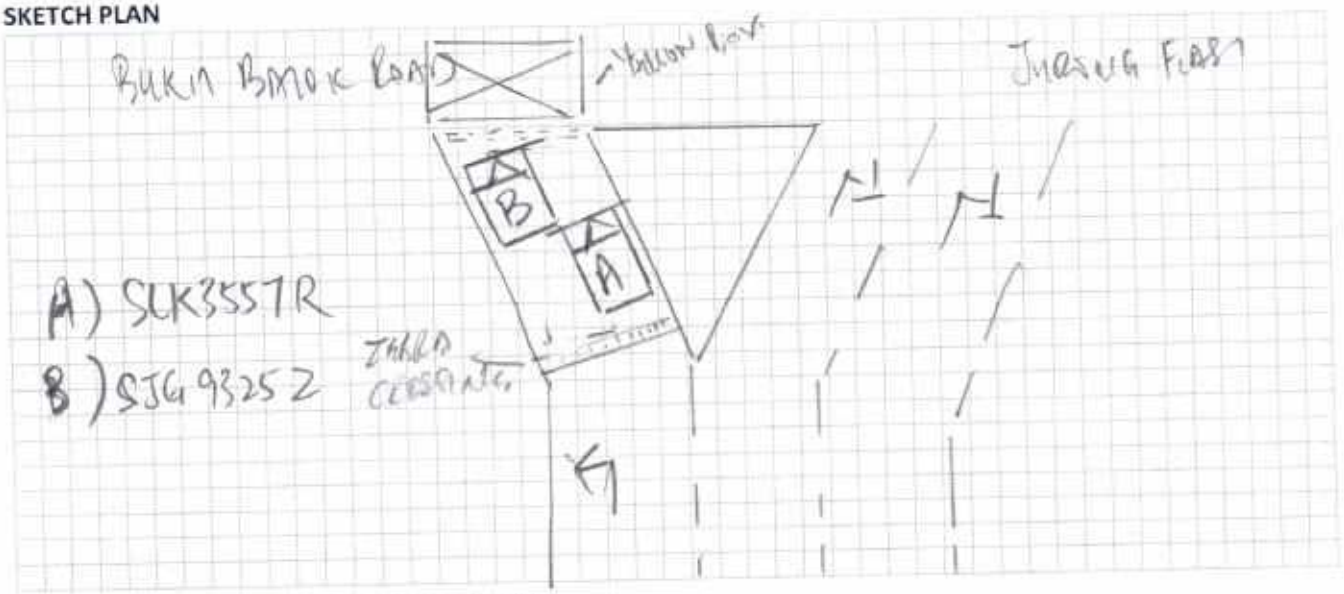
   (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

   (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature Date & Time: 04-Dec-'18 09.00 AM	Driver's Signature (If driver is not the policyholder) Date & Time:	Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

04/12/2018

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

EXITED FROM PIE TO BUKIT BATOK ROAD STOPPED FOR TRAFIC, AS THE FRONT VEHICLE MOVES AND BUKIT BATOK ROAD WAS ~~APPLIED~~ ~~FO~~ CLER I STARTED DRIVING FWD ~~A~~ THEN HIT THE RIGHT BACK OF FRONT 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.:

06/12/2018

Claim Handling

Accident MT/1022429

Policy No.	5087211260-01	Vehicle No.	SLK3557R	GST Registration No.	
Certificate No.					
Policyholder Name	DISSANAYAKE MUDIYANSELAGE DUMINDU KUMARA DEHIDENIYA			Policyholder NRIC	S7160486A
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive PREMIUM	Loading	0
Contact No.(Mobile)	96343498	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	10	Private Hire	No

Accident Details

Report Date	04/12/2018 10:32	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	03/12/2018	Time of Accident hh:mm	19:40	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	EXIT FROM PIE TOWARDS BUKIT BATOK ROAD				

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

Coverage	Sum Insured
Transport Allowance	99999999.99

GST Registered Information

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

Policyholder Mailing Address

Address 1	45 HINDHEDE WALK	Address 2	#07-01 SPRINGDALE CONDOMI	Address 3	SINGAPORE 587978
Address 4		Address Type	Singapore address	Post Code	587978
Unit No.		Related Policy Number	5087211260-01		

OI Driver Info

Driver Name	DISSANAYAKE MUDIYANSELAGE DUMINDU KUMARA DEHIDENIYA	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S7160486A	Driver DOB	27/11/1971
Register Date of Driver License	20/10/2003	Driver Age	47	Driving Experience	15
Contact No.(Mobile)	96343498	Contact No.(Office)		Contact No.(Home)	
Address 1	45 HINDHEDE WALK	Address 2	#07-01 SPRINGDALE CONDOMI	Address 3	SINGAPORE 587978
Address 4		Address Type	Singapore address	Post Code	587978
Unit No.					
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.	SLK3557R	Driver Insurer Company	NTUC

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any Injury?	Yes No

Modification History

Claim 001 New

Claim Type *			OD-MD	Insured Name	DISSANAYAKE MUDIYANSELAGE
Contact No.(Mobile)	96343498	Contact No. (Home)	66807645	Contact No. (Office)	
Email Address	dd846033@gsk.com	OI Vehicle Number	SLK3557R	TP Vehicle Number	SJG93
Claim Description	SLK3557R / S3093382F ON 3 Dec 2018			Name of Preferred Workshop	Optima
Preferred Workshop	64721313	Insured Liability	Fully at Fault		
Repairer No. Finalisation	Yes	Repairer Repair Option	Preferred Workshop (refer below)	GIA report	Received
Date Registered	04/12/2018 10:34	Claim Close Date		Date Received	04/12/
Report Taken By	ROSLI WAHAB				
Print AK letter				OD Excess Collected by Workshop	

Save Submit

Attachment

Accident No.	MT/1022429	Claim No.	001
Last Doc. Received	Yes No	Upload Date	04/12/2018 10:36

Path *

	Category *	Confidential	Urgency *	Desc
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

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	H
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 04 Dec 2018 10:36	Photos	Normal	Photos 2018-12-4	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 04 Dec 2018 10:36	Photos	Normal	Photos 2018-12-4	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 04 Dec 2018 10:36	Photos	Normal	Photos 2018-12-4	
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 04 Dec 2018 10:35	Photos	Normal	Photos 2018-12-4	
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 04 Dec 2018 10:34	Photos	Normal	Photos 2018-12-4	
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 04 Dec 2018 10:34	SAS	Normal	SAS 2018-12-4	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 04 Dec 2018 10:34	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-12-4	

▼ **Video List**

Uploaded By/Date	Folder Date	File Name	Source

Display in New Window | Scan and uploading

ACCIDENT STATEMENT

ACCIDENT DATE: (03/12/2018) (DD/MM/YYYY). TIME: (18:40) (HH:MM)

LOCATION: Exit from PIE to Bukit Batok Road.

1. **DETAILS OF VEHICLE**
   a) VEHICLE NUMBER: SLK3557R
   b) INSURANCE COMPANY: INCOME
   c) POLICY NUMBER: _____
   d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT)
   e) MAKE & MODEL: TOYOTA HARRIER
   f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
   g) VEHICLE CATEGORY: (PRIVATE) COMMERCIAL / MOTORCYCLE)
   h) PURPOSE OF USING AT ACCIDENT TIME: GOING BACK HOME
   i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
   IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. **INSURED / POLICY HOLDER** DUMINDU KUMARA DEHIDENIYA
   A) NAME: DISSANAYAKE MUDIYANSELAGE (MALE / ~~FEMALE~~)
   b) NRIC/FIN/PASSPORT: S7160486A CONTACT: 96343498
   c) ADDRESS: 45, HINDHEDE WALK #07-01 S(587978)

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

*No of passenger (including driver) (1)

3. **DRIVER** DUMINDU KUMARA DEHIDENIYA
   a) NAME: DISSANAYAKE MUDIYANSELAGE (MALE / ~~FEMALE~~)
   b) NRIC/FIN/PASSPORT: S7160486A CONTACT: 96343498
   c) ADDRESS: 45, HINDHEDE WALK, #07-01 S(7160486A)
   *d) DATE OF BIRTH: (27/11/1971) (DD/MM/YYYY)
   e) OCCUPATION: (INDOOR) OUTDOOR)
   f) DATE OF DRIVING PASS _____

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: SJG9325Z MODEL: TOYOTA
   b) DRIVER'S NAME: LIM HANG HUA
   c) NRIC/FIN/PASSPORT: ~~S7160486A~~ S S1682260D CONTACT: ~~96343498~~ 82822422

*No of passenger (including driver) (__)

9. THIRD PARTY VEHICLE
   d) VEHICLE NUMBER: _____ MODEL: _____
   e) DRIVER'S NAME: _____
   f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

*No of passenger (including driver) (__)

email = dumindu_d@yahoo.com

VIDEO
Lucky Land,
OPTIMA WHERE
64721313

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S7160486A

Name
DISSANAYAKE
MUDIYANSELAGE DUMINDU
KUMARA DEHIDENIYA

Race
SINHALESE

Date of birth
27-11-1971

Sex
M

Country of birth
SRI LANKA

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S7160486A

Name
DISSANAYAKE
MUDIYANSELAGE DUMINDU
KUMARA DEHIDENIYA

Birth Date 27 Nov 1971

Issue Date 20 Oct 2003

0009358 30H

4813587

NRIC No. S7160486A

Date of issue
17-01-2012

45 HINDHEDE WALK #07-01
SINGAPORE 587978

NRIC No: S7160486A Date: 18/05/2016 (R)

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

		PASS DATE
Class 2B	Motorcycles not exceeding 200 cc	20 Oct 2003
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	20 Oct 2003

NP 428A

Licence No: S7160486A

eBaoTech GeneralClaim

Hello, NAC_BUKIT_MERAH_800676 · Change Language · Change Password · Log Out

My Desktop
Notice of Loss

Policy Query

Policy No.
Vehicle No.(For Motor) SLK3557R
Date of Accident 03/12/2018 09:20
Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
○	5087211260-01		DISSANAYAKE MUDIYANSELAGE DUMINDU KUMARA DEHIDENIYA	S7160486A	GPC	drivo PREMIUM	SLK3557R	SLK3557R	13/01/2018	12/01/2019

Continue

Land Transport Authority

Register New Vehicle (Acknowledgement)

Vehicle Particulars

Vehicle No:	SLK3557R		
Vehicle Type	P11 - Passenger Station Wagon/Jeep /Land Rover	Vehicle Scheme:	Normal
Vehicle Attachment 1:	With Sun Roof		
Vehicle Attachment 2:	-	Vehicle Attachment 3:	-
Vehicle Make:	TOYOTA	Vehicle Model:	HARRIER PREMIUM 2.0 CVT
Chassis No.:	ZSU600098604	Engine No.:	3ZRB964103
Motor No.:	-	Trailer Chassis No.:	-
Propellant:	Petrol	Passenger Capacity:	4
Engine Capacity:	1986 cc	Power Rating:	-
Maximum Power Output:	111.0 kW (148 bhp)		
Unladen Weight:	1610 kg	Maximum Laden Weight:	1885 kg
Primary Colour:	White	Secondary Colour:	-
First Registration Date:	13 Jan 2017	Original Registration Date:	13 Jan 2017
Manufacturing Year:	2016	Open Market Value:	$32,057.00
PARF Eligibility:	Yes	Minimum PARF Benefit:	$15,940.00
No. of Transfers:	0	Additional Registration Fee Rate:	First $20,000.00 (100%), next $12,057.00 (140%)
Actual ARF Paid:	$31,880.00		

Owner Particulars

Owner Name:	DISSANAYAKE MUDIYANSELAGE DUMINDU KUMARA DEHIDENIYA
Owner ID Type:	Singapore NRIC
Owner ID:	S7160466A
Registered Address Type:	HDB / HUDC
Registered Block/House No.:	418
Registered Street Name:	FAJAR ROAD
Registered Unit No.:	# 13 - 431
Registered Building Name:	-
Registered Postal Code:	670418
COE No. / Expiry Date:	2016090103001735R / 12 Jan 2027
COE Bid Category:	B - Car (above 1600cc or 97kW (130bhp))
QP Paid:	$56,500.00

Transaction Details

Business Transaction Ref. No.:	20170113141016170875
Business Transaction Date:	13 Jan 2017
Business Transaction Time:	14:10:16

Message

The above vehicle has been successfully registered.

Please note that $79,116.00 will be deducted from your GIRO account.