

NATIONAL Assessment Centre Services

[wef 1 Jan'05] **MA118158205**

Date In: 7/12/18 - 11:52	Job description	Date & Time Completed	Done by
Ref No: NA/INC18022041/24	SAS e-filing		
Veh No: 63003173K	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 6/12/18 - 14:00	i-Motor Claim Form	MT/1027940-002	7/12/18 14:41
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: 5FA100J	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

NA1808005	Invoice Preparation Checklist	Am't (\$) Int Bill	Am't (\$) Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$50)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:-	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:-		
	Q1:		
	*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-in INC) against INC \$20		
	9) N12: Idac 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 willful 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	07/12/2018 11:52
Date Of Accident	06/12/2018 14:00
Exact Location Of Accident	38 IRRAWADDY RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBD3133K
Insured/Policyholder	
Name Of Registered Owner	CHANG LONG CONSTRUCTION PTE LTD
Co Reg No	200721606H
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-66593885

Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA 3.0 M
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5073449845-03
Cover Note Number	

Driver

Name of Driver	KALIYAPPAN RAJKUMAR
Passport No/FIN	G8355588U
Date Of Birth	27/07/1979
Occupation	OUTDOOR
Date Of Driving Pass	29/04/2011
Driving Experience	7 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81445828
Fax Number	
Contact Number	OFFICE-81445828
EMail Address	NOEMAIL

Address	7 GAMBAS CRESCENT #02-19 ARK@GAMBAS
Postcode	757087
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	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)	3
Passenger 1	NAME: : - GENDER: : MALE
Passenger 2	NAME: : - 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

ON STATED DATE AND TIME, I WAS SLOW MOVING UP THE RAMP AT THE STATED VENUE OF MOUNT ELIZABETH NOVENA HOSPITAL. IT WAS A UPHILL. SUDDENLY, I FELT AN IMPACT FROM BEHIND. I ALIGHTED FROM MY VEHICLE AND REALIZE THAT VEHICLE B HIT ONTO MY VEHICLE REAR RIGHT PORTION.

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	SFQ100J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	AZHARI BIN MOHAMAD KASSIM
NRIC/Passport Number	S7503410E
Contact Number	
Address	

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

SKETCH PLAN

IMPORTANT NOTICE


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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.

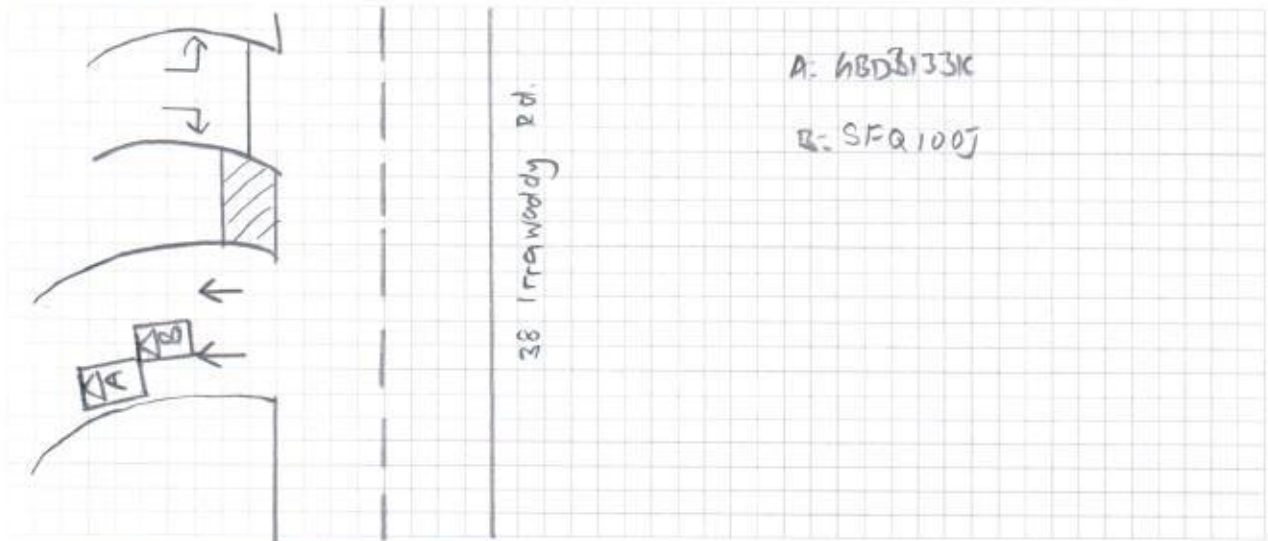


Policyholder's Signature
Date & Time:


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


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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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.:



S PASS

Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore

Employer

CHANG LONG CONSTRUCTION PTE. LTD.

Sector: CONSTRUCTION

Name

KALIYAPPAN RAJKUMAR

Occupation

DRIVER



S Pass No.
0 3445146-



Date of Application

11-01-2018

Date of Issue

23-01-2018

Date of Expiry

26-02-2020



L8581305

VISIT PASS

Immigration Regulations

Name

KALIYAPPAN RAJKUMAR



Date of Birth Sex

27-07-1979 M

Nationality

INDIAN

FIN

Date of Issue

G8355588U 23-01-2018

Date of Expiry

26-02-2020

MULTIPLE JOURNEY VISA ISSUED

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED
OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.



REPUBLIC OF SINGAPORE **DRIVING LICENCE**


 Licence Number: **G8355588U**
 Name: **KALIYAPPAN RAJKUMAR**
 Birth Date: **27 Jul 1979**
 Issue Date: **12 Apr 2016**
 Valid Till **28/04/2021**

002556834F

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

		EFFECTIVE DATE
Class 3	Motor cars with unladen weight \leq 3000kg with \leq 7 passengers, exclusive of driver; and other motor vehicles with unladen weight \leq 2500kg	29 Apr 2011
Class 4	Motor vehicles which are constructed to carry load or passengers and the unladen weight $>$ 2500kg Motor vehicles which are not constructed to carry load or passengers and the unladen weight \leq 7250kg	12 Apr 2016

NP 428A



eBaoTech

GeneralClaim

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="06/12/2018 14:00"/>
Vehicle No.(For Motor)	<input type="text" value="GBD3133K"/>	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"/>	5073449845-03		CHANG LONG CONSTRUCTION PTE LTD	200721606H	GCV	Comprehensive	GBD3133K	GBD3133K	28/08/2018	27/08/2019

Claim Handling

Exit

Accident MT/1022940

Policy No.	5073449845-03	Vehicle No.	GBD3133K	GST Registration No.	
Certificate No.					
Policyholder Name	CHANG LONG CONSTRUCTION PTE LTD			Policyholder NRIC	200721606H
Product Code	COMMERCIAL VEHICLE INSURANCE	Cover Type	Comprehensive	Loading	0
Contact No. (Mobile)	NA	Contact No. (Office)		Contact No. (Home)	
Email Address		Special Remark		eCode	
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	70	Private Hire	Not available

➤ **Accident Details**

Report Date	07/12/2018 14:07	Accident Report Within 24 hrs	Yes	Accident Type	Damaged whilst parked
Date of Accident	06/12/2018	Time of Accident (hh:mm)	13:45	Country of Accident	Singapore
Reporting Centre		Grange Force		ICM No.	
Accident Location	NO.30 IRRAWADDY RD MOUNT-E NOVENA HOSPITAL CARPARK				

➤ **Excess**

Own damage Excess	000.00	Additional Excess		Windscreen Excess	100.00
Uninsured 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	7 GAMBAS CRESCENT	Address 2	#02-19 ARK@GAMBAS	Address 3	SINGAPORE 757087
Address 4		Address Type	Singapore address	Post Code	757087
Unit No.	02-19	Related Policy Number	5073449845-03		

➤ **OE Driver Info**

Driver Name		Driver Type		Driver DOB	
Unnamed driver Name		Driver NRIC		Driving Experience	
Register Date of Driver License		Driver Age		Contact No. (Home)	
Contact No. (Mobile)		Contact No. (Office)		Address 3	
Address 1		Address 2		Post Code	
Address 4		Address Type	Foreign address		
Unit No.					
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Modification History

Claim 002 New

Claim Type *	OD-MX	Insured Name	CHANG LONG CONSTRUCTION PTE LTD	Insured NRIC	200721606H
Contact No. (Mobile)	98585785	Contact No. (Home)		Contact No. (Office)	66593885
Email Address	zheng388@gmail.com	OE Vehicle Number	GBD3133K	TP Vehicle Number	SPQ1003
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	GBD3133K / SPQ1003 ON 6 Dec 2018				
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	07/12/2018 14:41	Claim Close Date		Date Received	07/12/2018 00:00
Report Taken By	Jackson				

☒ Print AK letter

Save Submit

Attachment

Accident No.	MT/1022940	Claim No.	002
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	07/12/2018 14:42

Path *	Browse...	Clear	Category *	Confidential	Urgency *	Description *
	Browse...	Clear	Please Select	<input type="radio"/> NO <input type="radio"/> YES	Normal	
	Browse...	Clear	Please Select	<input type="radio"/> NO <input type="radio"/> YES	Normal	
	Browse...	Clear	Please Select	<input type="radio"/> NO <input type="radio"/> YES	Normal	
	Browse...	Clear	Please Select	<input type="radio"/> NO <input type="radio"/> YES	Normal	
	Browse...	Clear	Please Select	<input type="radio"/> NO <input type="radio"/> YES	Normal	
	Browse...	Clear	Please Select	<input type="radio"/> NO <input type="radio"/> YES	Normal	

<https://gicclaim.income.com.sg/gcs/icm/eclaim/claimantEdit.do?caseId=2545102&objectId...> 7/12/2018