NATIONAL Assessment Centre Services. [wef 1 Jan'06] . MAIO418759109

Date In: 10/12/2018 12:13	Job description	Date & Time Completed	Done by
Ref No: NBA/INC/18027113/Y	SAS e-filing		
Veh No: SGH 9515H	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 09/12/2018 09:30	I-Motor Claim Form	IMT/1023143-001	10/12/2018 12:41
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: SHC5825T. 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: 67886010)	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

MA1808042

Claimant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:

Cat. 1:

2/3:

Invoice Preparation Checklist		Charge(s)	Charge(s) Invoiced
1) AR : Accident Reporting ($30);			
2) DA : Damage Assessment ($100);	INC ($80)		
3) TP : 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)	$75		
6) TR : Re-Inspection	$160		
7) N1 : Idea DA + SMRT Survey			
8) NTUC Additional Services:-			
OD*			
*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: Idea 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 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	10/12/2018 12:13
Date Of Accident	09/12/2018 09:30
Exact Location Of Accident	T-JUNCTION OF TELOK BLANGAH WAY/TELOK BLANGAH CRES
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SGH9515Y
Insured/Policyholder	
Name Of Registered Owner	VASANTHANY W/O VIMAR KUMAR
NRIC No	S0057174A
Email Address	VIMAR123@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-96717958
Alternative Phone No	OTHERS-96717958
Vehicle Particulars	
Manufacturer	TOYOTA
Model	COROLLA ALTIS-1.6 CLASSIC (A)
Exact Purpose for which vehicle was being used at time of accident	GOING MARKETING AND CLINIC
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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5021729407-11
Cover Note Number	
Driver	
Name of Driver	VASANTHANY W/O VIMAR KUMAR
NRIC No	S0057174A
Date Of Birth	25/10/1950
Occupation	INDOOR
Date Of Driving Pass	11/12/1998
Driving Experience	19 YEARS AND 11 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96717958
Fax Number	
Contact Number	OTHERS-96717958
EMail Address	VIMAR123@HOTMAIL.COM

Address	BLK 110 BUKIT PURMEI ROAD #12-166
Postcode	090110
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

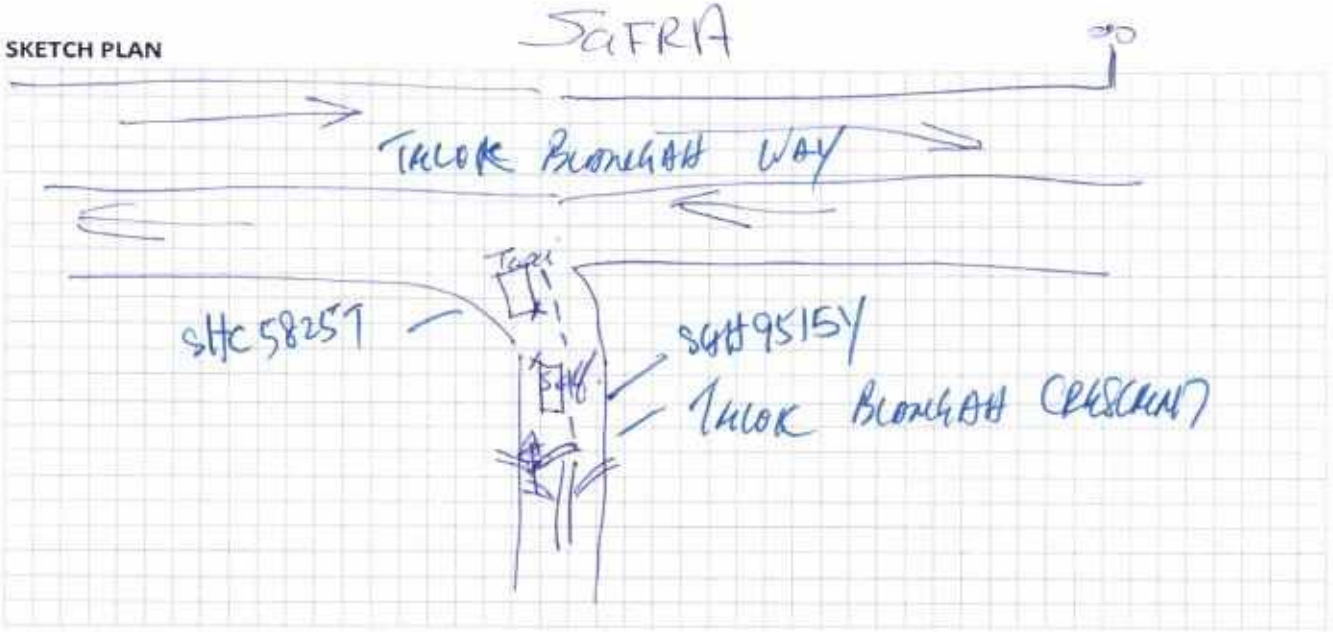
Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC5825T
Vehicle Make/Model/Colour	RENAULT LATITUDE
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	SEOW CHYE SENG
NRIC/Passport Number	S6931362J
Contact Number	90853116
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

After clinic and walking going back home, I was on the left lane, in front was the taxi he was turning left & he was turning left & watched the right & front the taxi jam brake, I hit the rear right mine left below headlight damaged. His taxi the paint came off.
At about 9 ~ 10 am

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature
Date & Time: 10/12/18 11am

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

10/12/2018
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

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: 9/12/18 10.55am

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

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

10/12/2018

Claim Handling

Accident MT/1823143

Policy No.	5021729407-11	Vehicle No.	SGH951SY	GST Registration No.	
Certificate No.					
Policyholder Name	VASANTHANY W/O VIMAR KUMAR			Policyholder NRIC	S0057174A
Product Code	PRIVATE CAR INSURANCE	Cover Type	Third Party, Fire & Theft	Loading	0
Contact No.(Mobile)	96717958	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
eDN	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	No

Accident Details

Report Date	10/12/2018 12:33	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	09/12/2018	Time of Accident hh:mm	09:30	Country of Accident	Singapore
Reporting Centre		Orange Force		IDM No.	
Accident Location	TELOK BLANGAH CRESCENT INFRONT OF SAFRA				

Excess

Own damage Excess	0.00	Additional Excess		Windscreen Excess	0.00
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	0.00		
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 110 #12-166	Address 2	BUKIT PURMEI ROAD	Address 3	SINGAPORE 090110
Address 4		Address Type	Singapore address	Post Code	090110
Unit No.		Related Policy Number	5021729407-11		

OI Driver Info

Driver Name	VASANTHANY W/O VIMAR KUMAAR	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S0057174A	Driver DOB	25/10/1950
Register Date of Driver License	11/12/1998	Driver Age	68	Driving Experience	19
Contact No.(Mobile)	96717958	Contact No.(Office)		Contact No.(Home)	
Address 3	BLK 110 #12-166	Address 2	BUKIT PURMEI ROAD	Address 3	SINGAPORE 090110
Address 4		Address Type	Singapore address	Post Code	090110
Unit No.					
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.	SGH951SY	Driver Insurer Company	NTUC

Declaration

Breathalyser or Blood Test reading?	0 mg	Any injury?	Yes No

Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	VASANTHANY W/O VIMAR KUMA	Insured NRIC	S0057
Contact No.(Mobile)	96717958	Contact No. (Home)	62755924	Contact No. (Office)	
Email Address	vimar123@hotmail.com	OI Vehicle Number	SGH951SY	TP Vehicle Number	SHC58
Claim Description	SGH951SY / SHC5829T ON 9 Dec 2018			Name of Preferred Workshop	
Preferred Workshop		Insured Liability	Fully at Fault		
Renewal for Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	QIA report	Received
Date Registered	10/12/2018 12:39	Claim Close Date		Date Received	10/12/
Report Taken By	ROSLI WAHAB				

Print AK letter

Save Submit

Attachment

Accident No.	MT/1823143	Claim No.	001
Last Doc. Received	* Yes No	Upload Date	10/12/2018 12:41

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
	NAC_BUKIT_MERAH_800676[NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)] on 10 Dec 2018 12:41	SAS	Normal	SAS 2018-12-10

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 10 Dec 2018 12:41	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-12-10
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 10 Dec 2018 12:41	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-12-10
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 10 Dec 2018 12:41	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-12-10
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 10 Dec 2018 12:36	Photos	Normal	Photos 2018-12-10
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 10 Dec 2018 12:36	Photos	Normal	Photos 2018-12-10
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 10 Dec 2018 12:36	Photos	Normal	Photos 2018-12-10
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 10 Dec 2018 12:36	Photos	Normal	Photos 2018-12-10
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 10 Dec 2018 12:36	Photos	Normal	Photos 2018-12-10
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 10 Dec 2018 12:35	Photos	Normal	Photos 2018-12-10
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 10 Dec 2018 12:35	Photos	Normal	Photos 2018-12-10
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 10 Dec 2018 12:35	Photos	Normal	Photos 2018-12-10
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 10 Dec 2018 12:35	Photos	Normal	Photos 2018-12-10
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 10 Dec 2018 12:35	Photos	Normal	Photos 2018-12-10
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 10 Dec 2018 12:35	Photos	Normal	Photos 2018-12-10

Video List

Uploaded By/Date	Folder Data	File Name	?	Source

Display in New Window | Scan and uploading

ACCIDENT STATEMENT

ACCIDENT DATE: 09/12/18 (DD/MM/YYYY). TIME: 09.40 (HH:MM)

LOCATION: in front opp Safra

1. DETAILS OF VEHICLE
   a) VEHICLE NUMBER: SGH 9515 Y
   b) INSURANCE COMPANY: NTUC
   c) POLICY NUMBER: 502172940 7 S
   d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT)
   e) MAKE & MODEL: Classic Toyota Altis
   f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
   g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
   h) PURPOSE OF USING AT ACCIDENT TIME: marketing clinic
   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: (1) Blank one (MALE / FEMALE)
   b) NRIC/FIN/PASSPORT: CONTACT:
   c) ADDRESS:

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

* No of passenger (Including driver) (1)

3. DRIVER
   a) NAME: VASANTHANY a/l Vimar kumaar (~~MALE~~ / FEMALE)
   b) NRIC/FIN/PASSPORT: S6057174A CONTACT: 96717957
   c) ADDRESS: Blk 110 Bukit Purmei Road #12-166 S(-090110)
   *d) DATE OF BIRTH: (25/10/1950) (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: Self
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: Mobile traffic Police
8. THIRD PARTY VEHICLE

* No of passenger (Including driver) (__)

   a) VEHICLE NUMBER: SHC 5825 T MODEL: Renault
   b) DRIVER'S NAME: Seow Chye Seng
   c) NRIC/FIN/PASSPORT: S6931362J CONTACT: 90253716
9. THIRD PARTY VEHICLE
   d) VEHICLE NUMBER: MODEL:
   e) DRIVER'S NAME:
   f) NRIC/FIN/PASSPORT: CONTACT:

* No of passenger (Including driver) (__)

email = vimar123@hotmail.com
VIDEO Vimar123@hotmail.com

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S0057174A

Name

VASANTHANY W/O VIMAR KUMAAR

வசந்தனி

Race

INDIAN

Date of Birth

25-10-1950

Sex

F

Country of Birth

SINGAPORE

3032583

NRIC No. S0057174A

Blood Group

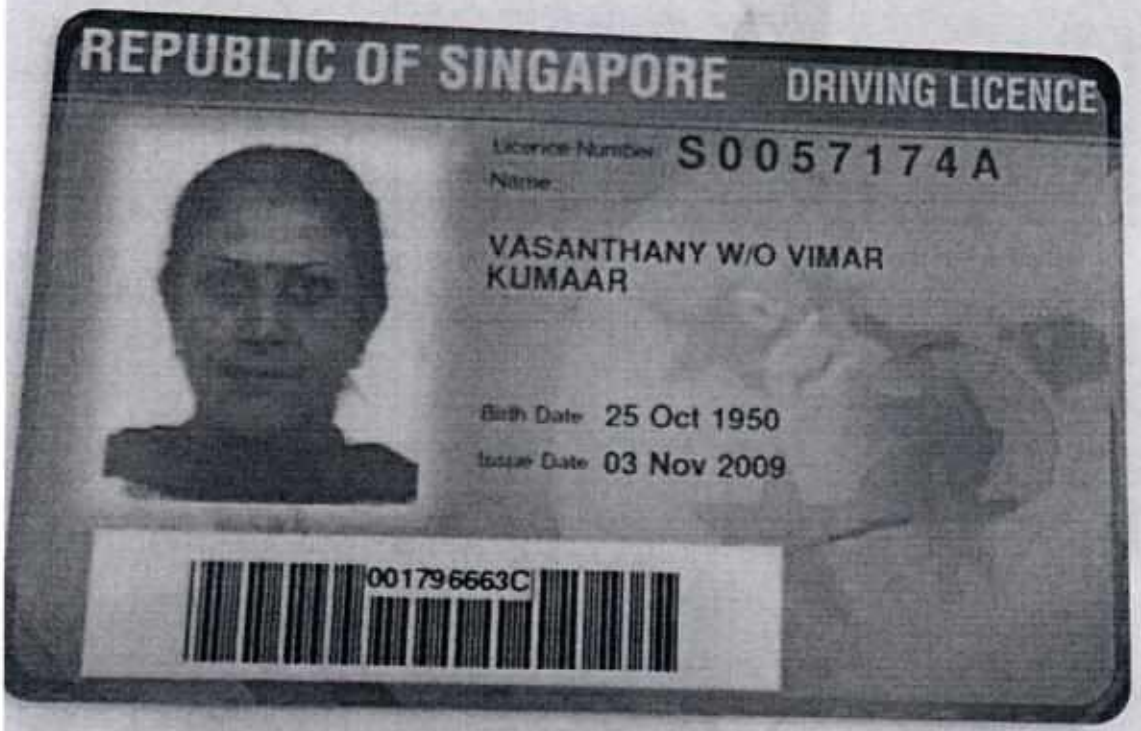
A+

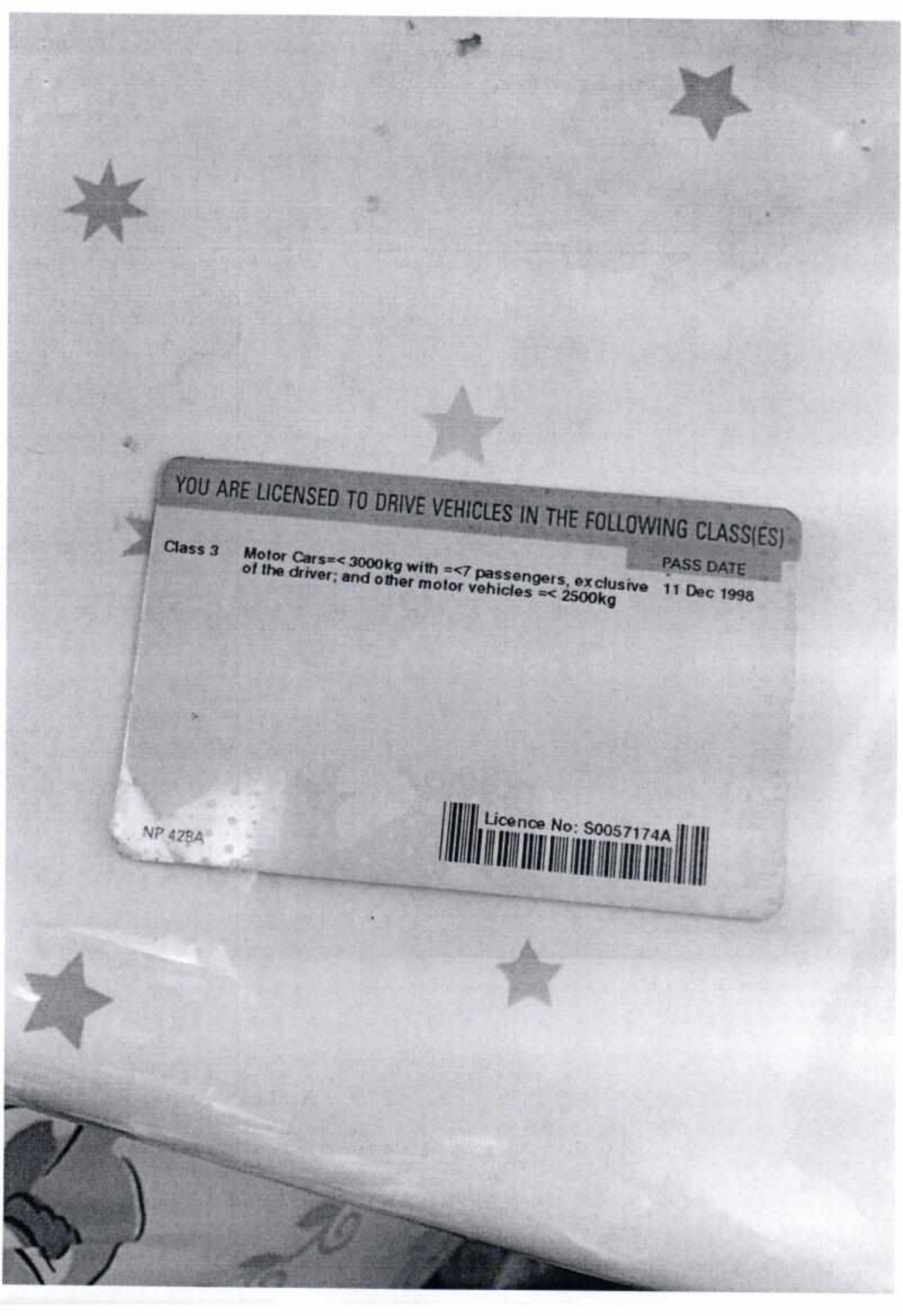
Date of Issue

26-06-1998

Address

APT BLK 110 BUKIT PURMEI ROAD
#12-166
SINGAPORE 090110


REPUBLIC OF SINGAPORE DRIVING LICENCE
Licence Number S0057174A
Name
VASANTHANY W/O VIMAR KUMAAR
Birth Date 25 Oct 1950
Issue Date 03 Nov 2009
001796663C


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
PASS DATE
11 Dec 1998
NP 428A
Licence No: S0057174A

eBaoTech GeneralClaim

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

My Desktop
Notice of Loss

Policy Query

Policy No. | Date of Accident: 09/12/2018 11:03
Vehicle No.(For Motor): SGH9515Y | Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
○	5021729407-11		VASANTHANY W/O VIMAR KUMAR	S0057174A	GPC	Third Party, Fire & Theft	SGH9515Y	SGH9515Y	27/06/2018	26/06/2019

Continue