

NATIONAL Assessment Centre Services

[wef 1 Jan'05] NA 118 159551

Date In: 10/14/18-15:28	Job description	Date & Time Completed	Done by
Ref No: NA/14C1502234/24	SAS e-filing		
Veh No: 625334J	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 24/11/18-16:26	i-Motor Claim Form	NA/102322-002	10/14/18 22:00
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: 6MP2V96P 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

NA 150824

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Ref 1:

Ref 2/3:

Invoice Preparation Checklist		Am't (\$)	Am't (\$)
		for Bill	Add Bill
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:-			
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: 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 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	10/12/2018 15:28
Date Of Accident	24/11/2018 16:20
Exact Location Of Accident	SENTOSA GATEWAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GZ5334J
Insured/Policyholder	
Name Of Registered Owner	VALLUVAR INTERNATIONAL PTE LTD
Co Reg No	201310912W
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83220855
Alternative Phone No	OFFICE-83220855

Vehicle Particulars

Manufacturer	NISSAN
Model	P/UP D/CAB
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5104267624
Cover Note Number	

Driver

Name of Driver	NEDUMARAN S/O RAMASAMY
NRIC No	S6909917C
Date Of Birth	26/03/1969
Occupation	OUTDOOR
Date Of Driving Pass	13/02/1993
Driving Experience	25 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83220855
Fax Number	
Contact Number	OFFICE-83220855
Email Address	NOEMAIL

Address	BLK 446A JALAN KAYU #04-326
Postcode	791446
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?	
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

ON STATED DATE AND TIME, MY VEHICLE WAS STATIONARY STOPPED ALONG STATED VENUE AS IT WAS CONGESTED. AS I PICK UP THE RUBBISH IN MY VEHICLE, MY VEHICLE MOVED FORWARD AND ACCIDENTALLY HIT ONTO VEHICLE B REAR 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	SMD2496P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

SKETCH PLAN

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5. **Any false reporting may be referred to the Police for investigation.**
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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.

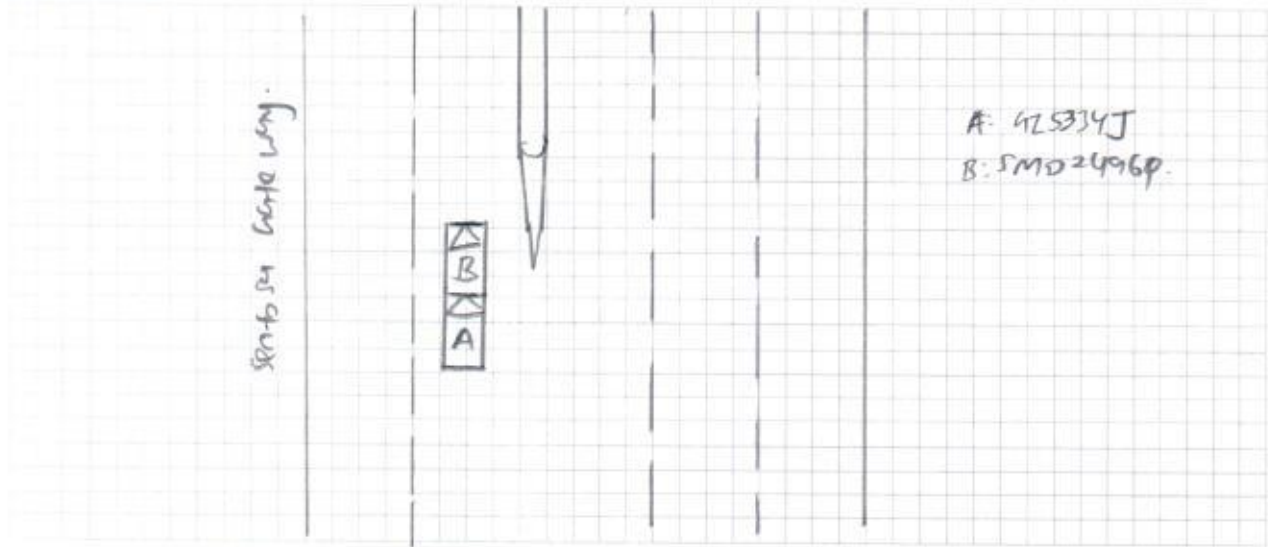


Policyholder's Signature
Date & Time:

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.:

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S6909917C



Name

NEDUMARAN S/O RAMASAMY

நெடுமாறன்

Race

INDIAN

Date of birth

26-03-1969

Sex

M

Country/Place of birth

SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S6909917C

Name

NEDUMARAN S/O RAMASAMY

Birth Date 26 Mar 1969

Issue Date 31 Mar 2014



5287828



NRIC No. S6909917C



Date of issue

31-03-2014

APT BLK 449A JALAN KAYU #04-326
SINGAPORE 791448

NRIC No: S6909917C

Date: 10/12/2017

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

EFFECTIVE DATE

- | | | |
|---------|--|-------------|
| Class 3 | Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg | 13 Feb 1993 |
| 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 and the unladen weight < 7250kg | 29 Jun 1994 |



HP 428A

eBaoTech

GeneralClaim

Hello, NAC_PAYA_UBI_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No. Date of Accident

Vehicle No. (For Motor) Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5104267624		VALLUVAR INTERNATIONAL PTE. LTD.	201310912W	GCV	Third Party	GZ5334J	GZ5334J	29/09/2018	28/09/2019

Claim Handling

Exit

Accident MT/1023222

Policy No.	5104267624	Vehicle No.	GZ53341	GST Registration No.	
Certificate No.					
Policyholder Name	VALLUVAR INTERNATIONAL PTE. LTD.	Cover Type	Third Party	Policyholder NRIC	201310912W
Product Code	COMMERCIAL VEHICLE INSURANCE	Contact No.(Office)		Leading	0
Contact No.(Mobile)	NA	Special Remark		Contact No.(Home)	
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	15	eCode Reason	
NCD Protection	No			Private Hire	Not available

Accident Details

Report Date	10/12/2018 15:58	Accident Report Within 24 hrs	Yes	Accident Type	Unknown
Date of Accident	24/11/2018	Time of Accident (hh:mm)	16:50	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG JUNCTION OF SENTOSA GATEWAY & WEST COAST HIGHWAY				

Excess

Own damage Excess	0.00	Additional Excess		Windscreen Excess	0.00
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	131 POH HUAT ROAD WEST	Address 2	#07-04 NOUVELLE PARK	Address 3	SINGAPORE 546684
Address 4		Address Type	Singapore address	Post Code	546684
Unit No.	07-04	Related Policy Number	5104267624		

OT Driver Info.

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

Modification History

Claim 002 New

Claim Type *	DO-MX	Insured Name	VALLUVAR INTERNATIONAL PTE	Insured NRIC	201310912W
Contact No.(Mobile)		Contact No.(Home)	NIL	Contact No.(Office)	
Email Address		OT Vehicle Number	GZ53341	TP Vehicle Number	
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	GZ53341 ON 24 Nov 2018				Name of Preferred Workshop
Preferred Workshop Contact No.		Insured Liability *	Fully at Fault	GIA report	Received
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	10/12/2018 00:00
Date Registered	10/12/2018 22:00	Claim Close Date			
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

Attachment

Accident No.	MT/1023222	Claim No.	002
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	10/12/2018 22:02

Path *

Browse...	Clear	Category *	Confidential	Urgency *	Description *
Browse...	Clear	Please Select	NO	Normal	
Browse...	Clear	Please Select	NO	Normal	
Browse...	Clear	Please Select	NO	Normal	
Browse...	Clear	Please Select	NO	Normal	
Browse...	Clear	Please Select	NO	Normal	
Browse...	Clear	Please Select	NO	Normal	

<https://gicclaim.income.com.sg/gcs/icm/eclaim/claimantEdit.do?caseId=2546061&objectI...> 10/12/2018