

NATIONAL Assessment Centre Services. part 1 Jan 05 **MNA46763373**

Date In: 19/12/2018 17:27	Job description	Date & Time Completed	Done by
Ref No: NBY/INC/802287/4	SAS e-filing		
Veh No: 50X 81212	E-mail (Within 2hrs, AIC 2hrs)		
D.O.A: 17/12/2018 07:55	I-Motor Claim Form	M711024406001	19/12/2018
OD: TP: Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		17:38
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assgn Wksp / QW: () Tel: () Fax: ()

TP Particulars: Veh No: JEM 2976 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 repolar.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In (); Invoice: YES () / NO (); Towing Co: ()

Remarks: (INC/Non-INC/TP/DA/PT/NI/NTUC)

1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: _____

Date/Time	Actions

N/A 808340

Client Particulars	Invoice Item Description	Amount	Balance
Driver/Owner:	1) AR: Accident Reporting (\$30)		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TP: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey \$120		
Auditors Comments:	5) PT: Follow-Through Survey (Resurvey) \$30		
	For claim against INC Only (w/ 10 Jan 2019)		
	6) TR: Re-inspection \$75		
	7) NI: Idao DA + SMRT Survey \$160		
	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 (NI): TP (Non-INC) against INC \$20		
	9) NI: Idao Mobile \$8		
	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	19/12/2018 16:33
Date Of Accident	17/12/2018 07:55
Exact Location Of Accident	MALAYSIA CHECK POINT TOWARDS S'PORE (WOODLANDS)
Country/State of Loss	MALAYSIA/JOHOR DARUL TAKZIM

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJQ8121Z
Insured/Policyholder	
Name Of Registered Owner	KARZ-TA LEASING
Co Reg No	53318368E
Email Address	VSRL_MA@YAHOO.COM
Mobile Phone No	(LOCAL) +65-91411833
Alternative Phone No	OFFICE-91411833

Vehicle Particulars

Manufacturer	MAZDA
Model	3-1.6 LUX (A)
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	5083195710-02
Cover Note Number	

Driver

Name of Driver	VELLAICHAMY SUBRAMANIAN
NRIC No	S8062128J
Date Of Birth	15/12/1980
Occupation	INDOOR
Date Of Driving Pass	16/02/2011
Driving Experience	7 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91411833
Fax Number	
Contact Number	OTHERS-91411833
EMail Address	VSRL_MA@YAHOO.COM

Address	BLK 23 HOUGANG AVENUE 3 #02-301
Postcode	530023
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	YES
Foreign Vehicle Registration Number	JEM2976 (PRIVATE CAR)
Number of vehicles (including own vehicle) 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?	YES
If Yes, Please state which Police Station	
Police Station Name	QUEENSTOWN N.P.C
Police Station Address	ROAD: 3 QUEENSWAY #01-03 , POSTCODE: 149073 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4719999 - FAX NO:
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?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	JEM2976
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	

SKETCH PLAN

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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.



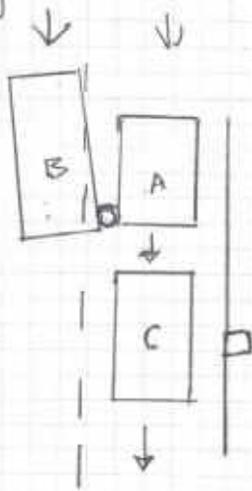
Policyholder's Signature
Date & Time:

v. h
Driver's Signature
(If driver is not the policyholder)
Date & Time: 19/12/1980

19/12/2018
Reporting Centre Personnel's Signature
Name: *Rosh Waffon*
NRIC/FIN No.:

SKETCH PLAN

MALAYSIA CHECKPOINT TOWARDS S'PORE (WOODLANDS)



A) SJQ 8121Z

B) JEM 2976

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE NOTICE OF REPORTING

DECLARATION

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



Policyholder's Signature

Date & Time:

[Handwritten Signature]

Driver's Signature

(If driver is not the policyholder)

Date & Time: 19 / 12 / 2018

[Handwritten Signature] 19/12/2018

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

[Handwritten Signature]

NOTICE OF REPORTING

This is to confirm that Vellaichamy Subramanian, NRIC/FIN
S8062128J, has reported to the Police a non-injury traffic accident
which

occurred at Jalan Bukit Chagar, Bukit Chagar, Johor Bahru, Johor

on 17/12/2018 at 0756 am/pm involving the following vehicles:

- 1) SJQ8121Z (While at the Queue, JEM2976 wanted to cut queue and his vehicle wheel knocked onto my right side Bonper.)

- 2) JEM2976 (No particulars)

2 If this accident was reported to the Police within 24 hours of its occurrence, then he/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Rank/Name of Issuing Officer: SGT Lim Tian Wei

Date: 19/12/2018 Time: 1557hrs

S/D Ref: 26

Police Post/Unit : Queenstown Police Station

Original - to be issued to informant
Duplicate - to be submitted to Traffic Police


Queenstown
Neighbourhood Police Centre
No 3 Queensway #01-03
Singapore 149073

Claim Handling

The premium on this policy has not been collected.

Accident MT/1024496

Policy No.	5083195710-02	Vehicle No.	53Q8121Z	GST Registration No.	
Certificate No.					
Policyholder Name	KARZ-TA LEASING	Cover Type	Third Party	Policyholder NRIC	533183680
Product Code	FLEET INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	91411833	Special Remark		Contact No.(Home)	
Email Address		TCA	<input type="checkbox"/> No <input type="checkbox"/> Yes	eCode	<input type="text" value="No"/>
KFR	<input type="checkbox"/> No <input type="checkbox"/> Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No			Private Hire	No

Accident Details

Report Date	19/12/2018 17:34	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	17/12/2018	Time of Accident (h:mm)	07:55	Country of Accident	Outside Singapore
Reporting Centre		Orange Point		ICM No.	
Accident Location	MALAYSIA CHECK POINT TOWARDS S'PORE (WOODLANDS)				

Excess

Own damage Excess	0.00	Additional Excess	0	Windscreen Excess	0.00
Unnamed Driver Excess		Outside Singapore OD Excess	0.00		
Third Party Excess	1,000.00	Outside Singapore TP Excess	1,000.00		

Benefit

GST Registered Information

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

Policyholder Mailing Address

Address 1	317 CUTHAM ROAD	Address 2	#B1-01 CONCORDE SHOPPING	Address 3	SINGAPORE 149075
Address 4		Address Type	Singapore address	Post Code	149075
Unit No.	B1-03	Related Policy Number	5083195710-02		

OT Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	VELLACHAMY SUBRAMANIAN	Driver NRIC	S8042128J	Driver DOB	18/12/1980
Register Date of Driver License	16/02/2011	Driver Age	38	Driving Experience	?
Contact No.(Mobile)	91411833	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 22 #02-301	Address 2	HOUgang AVENUE 3	Address 3	HOUgang VIEW
Address 4	SINGAPORE 530023	Address Type	Foreign address	Post Code	530023
Unit No.	02-301				
Does he own a Singapore Registered car?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Driver Vehicle No.	53Q8121Z	Driver Insurer Company	NTUC

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any Injury?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	KARZ-TA LEASING	Insured NRIC	53318
Contact No.(Mobile)	91223232	Contact No. (Home)		Contact No. (Office)	NIL
Email Address		CI		TP	
Claim Description	53Q8121Z / JEM2976 ON 17 Dec 2018		Vehicle Number	53Q8121Z	JEM29
Preferred Workshop		Insured Liability	Not at Fault	Name of Preferred Workshop	
Repair Option	Preferred	Preferred Workshop, Name unknown	GIA report	Received	
Date Registered	19/12/2018 17:38	Claim Close Date		Date Received	19/12/
Report Taken By	ROSLI WAHAB				

Print AK letter

Save Submit

Attachment

Accident No.	MT/1024496	Claim No.	001
Last Doc. Received	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Upload Date	19/12/2018 17:38

Path *	Category *	Confidential	Urgency *	Desc
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select	<input type="checkbox"/> NO	<input type="checkbox"/> Normal	
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select	<input type="checkbox"/> NO	<input type="checkbox"/> Normal	
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select	<input type="checkbox"/> NO	<input type="checkbox"/> Normal	
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select	<input type="checkbox"/> NO	<input type="checkbox"/> Normal	
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select	<input type="checkbox"/> NO	<input type="checkbox"/> Normal	
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select	<input type="checkbox"/> NO	<input type="checkbox"/> Normal	
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select	<input type="checkbox"/> NO	<input type="checkbox"/> Normal	

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE		Photos	Normal	Photos 2018-12-19

S (BUKIT MERAH) on 19 Dec 2018 17:38



NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 19 Dec 2018 17:38	Photos	Normal	Photos 2018-12-19
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 19 Dec 2018 17:38	Photos	Normal	Photos 2018-12-19
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 19 Dec 2018 17:38	Photos	Normal	Photos 2018-12-19
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 19 Dec 2018 17:38	Photos	Normal	Photos 2018-12-19
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 19 Dec 2018 17:38	Photos	Normal	Photos 2018-12-19
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 19 Dec 2018 17:38	Photos	Normal	Photos 2018-12-19
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 19 Dec 2018 17:38	SAS	Normal	SAS 2018-12-19
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 19 Dec 2018 17:38	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-12-19

Video List

Uploaded By/Date	Folder Data	File Name	Source
		<input type="button" value="Display in New Window"/> <input type="button" value="Scan and uploading"/>	

ACCIDENT STATEMENT

ACCIDENT DATE: (17/12/2018) (DD/MM/YYYY), TIME: (07:56) (HH:MM) ^{AM}

LOCATION: Tanor Bahru Check point

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJ0812Z
b) INSURANCE COMPANY: KARZ-TA LEASING
c) POLICY NUMBER: 5083195710-02
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: MAZDA3 1.6L SDNLUX
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Private use
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: KARZ-TA LEASING (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 53318368E CONTACT: _____
c) ADDRESS: 317 OUTRAM ROAD, #B1-03 CONCORDE SHOPPING CENTRE
SINGAPORE 169075

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: VELLICHAMY SUBRAMANIAN (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S8062128J CONTACT: 91411832
c) ADDRESS: 23 HOUGANG AVE 3 #02-301

*d) DATE OF BIRTH: (15/12/1980) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 16/02/2011

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: HiChk

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: JEM2976 MODEL: _____
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
e) DRIVER'S NAME: _____
f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

* No of passenger
(Including driver)
()

* No of passenger
(Including driver)
()

* No of passenger
(Including driver)
()

Email = vsrz_ma@yahoo.com

VIDEO

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8062128J



Name
VELLAICHAMY SUBRAMANIAN

சுபரமணியன் வெல்லாச்சாமி

Race
INDIAN
Date of birth
15-12-1980
Sex
M
Country of birth
INDIA



REPUBLIC OF SINGAPORE DRIVING LICENCE

Portrait of Vellaichamy Subramanian

License Number: S8062128J
Name: VELLAICHAMY SUBRAMANIAN
Birth Date: 15 Dec 1980
Issue Date: 29 Apr 2013

Barcode: 002171625A

Barcode: 9100888

Portrait of Vellaichamy Subramanian

NRIC No. S8062128J

Nationality
INDIAN
Date of issue
01-04-2013

APT BLK 23 HOUGANG AVENUE 3 #02-301
SINGAPORE 530023

NRIC No: S8062128J Date: 30/08/2016

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 18 Feb 2011

Barcode: Licence No: S8062128J

NP 428A

Hello, NAC_BUKIT_MERAH_800676

Change Language

Change Password

Log Out

My Desktop

Notice of Loss

Policy Query

Policy No. Date of Accident:
 Vehicle No.(For Motor) Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5083195710-02		KARZ-TA LEASING	53318368E	GFT	Third Party	SJQ8121Z	SJQ8121Z	19/10/2018	

Continue

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MA418163373 Vehicle Registration No: SJQ 81212

Name (as shown in NRIC) : VEERASITAMY SUBRAMANIAM NRIC/FIN/Passport No : S80671285

(* Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate

Address : _____ Singapore()

Contact (Tel) : _____ Mobile No.: 91411833

Email Address : _____

Date of Accident : 17/12/2018 Time of Accident : 07:55

Place of Accident : MANAYASA CATERING ROOM TOWARDS SPOKE.

Insurance Company : MIAE

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

THERE IS A FOREIGN VEHICLE NUMBER FROM 2976

Policyholder / Driver's Signature
 Date:

[Signature] 19/12/2018
 Reporting Centre Personnel's Signature
 Name: [Signature]
 NRIC/FIN No.: [Signature]
 Date: