

NATIONAL Assessment Centre Services. [ver 1 Jan'05]

MA418167508

Date In: 31/12/2008 12:09	Job description	Date & Time Completed	Done by
Ref No: NBA/INC/8023344	SAS e-filing		
Veh No: SH 9737Y	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 30/12/2008 22:30	I-Motor Claim Form	MT/025783-001	31/12/2008 12:34
OID / TP (Reporting Only)	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whar		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SH 6130J	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 repaler.	
() Total Loss Case : to e-mail Insurer URGENTLY.	
Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()	
Repairer: ()	
1) Apply for Transport Allowance () / Courtesy Car ()	
2) QC Check / Post Repair Inspection ()	
3) Upload Resurvey Photo [Repair Cost > \$3000] ()	

Injury: _____	
Date/Time:	Assigns:

NA/8023344	INC/8023344
Driver/Owner:	1) AR: Accident Reporting (\$30)
Contact No:	2) DA: Damage Assessment (\$100) INC (\$50)
Damaged Portion:	3) TP: Towing Fee \$40/\$45
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120
	5) FT: Follow-Through Survey (Resurvey) \$30
	For claiming against INC Only (ref 10 Jan 2005)
	6) TR: Re-inspection \$75
	7) NI: Idao DA + SMRT Survey \$160
	8) NTUC Additional Services:
	ON:
	*N5: Courtesy Car / Tpl 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 \$30
	Invoice dated
	Invoice dated
	Fee Charged
	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	31/12/2018 12:09
Date Of Accident	30/12/2018 22:30
Exact Location Of Accident	ALONG JURONG WEST STREET 62
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLH4737Y
Insured/Policyholder	
Name Of Registered Owner	RAVINDRAN S/O SUBRAMANIAM
NRIC No	S1619529D
Email Address	JOHN13RAVI@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96519170
Alternative Phone No	OTHERS-96519170

Vehicle Particulars

Manufacturer	TOYOTA
Model	ESTIMA
Exact Purpose for which vehicle was being used at time of accident	GOING HOME FROM WORK
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	5103460550
Cover Note Number	

Driver

Name of Driver	RAVINDRAN S/O SUBRAMANIAM
NRIC No	S1619529D
Date Of Birth	27/12/1963
Occupation	INDOOR
Date Of Driving Pass	27/09/1983
Driving Experience	35 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96519170
Fax Number	
Contact Number	OTHERS-96519170
Email Address	JOHN13RAVI@GMAIL.COM

Address	BLK 846 JURONG WEST STREET 81 #01-237
Postcode	640846
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	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
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)	2
Passenger 1	NAME: : WIFE GENDER: : FEMALE

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

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	SLH6130J
Vehicle Make/Model/Colour	HONDA VEZEL
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	KOH ZHI JIAN
NRIC/Passport Number	S1619529D
Contact Number	84682064
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

2

Passenger 1

NAME: :

GENDER: :


SKETCH PLAN

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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.

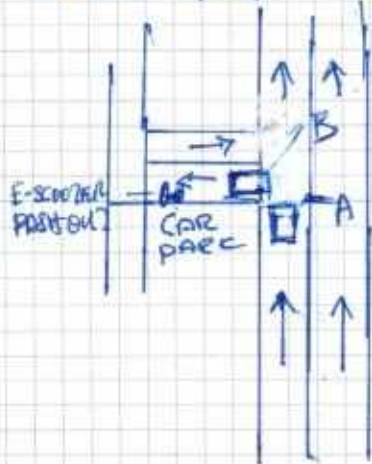

Policyholder's Signature
Date & Time: 31/12/2018

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


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

SKETCH PLAN

Tuboua Waga STREET 63



A) SLH 4737Y
B) SLH 6130J

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS DRIVING ALONG ST 63. I SAW A CAR TURNING LEFT TOWARD CARPAEC. WHILE HE WAS TURNING. HE MADE A E BREE. DUE TO E SCOOTER DASH ACROSS. WHERE HE MADE E BEKE. WHICH I WAS BEHIND HIM. WHICH I ~~SAID~~ MADE A E BREE. BUT UNFORTUNATELY HIT HIS BACK OF HIS CAR.

DECLARATION

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


Policyholder's Signature
Date & Time: 31/12/2018

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


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

Claim Handling

Accident MT/1025783

Policy No.	5103460550	Vehicle No.	SLH4737Y	GST Registration No.	
Certificate No.					
Policyholder Name	RAVINDRAN S/O SUBRAMANIAM	Cover Type	Third Party, Fire & Theft	Policyholder NRIC	S1619529D
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	96519170	Special Remarks		Contact No.(Home)	
Email Address		TCA	<input type="checkbox"/> No <input type="checkbox"/> Yes	eCode	No
NCI Protection	No	NCD Entitlement(%)	0	eCode Reason	
Private Hire		No			
Accident Details					
Report Date	31/12/2018 12:30	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	30/12/2018	Time of Accident hh:mm	22:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG JURONG WEST STREET 81				
Excess					
Own Damage Excess	0.00	Additional Excess	0	Windscreen Excess	0.00
Uninsured Driver Excess	0.00	Outside Singapore OD Excess	0.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		
Benefits					
GST Registered Information					
GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History					
Policyholder Mailing Address					
Address 1	BLK 846 #01-237	Address 2	JURONG WEST STREET 81	Address 3	SINGAPORE 640846
Address 4		Address Type	Singapore address	Post Code	640846
Unit No.		Related Policy Number	5103460550		
OT Driver Info					
Driver Name	RAVINDRAN S/O SUBRAMANIAM	Driver Type	Main Driver	Driver DOB	27/12/1963
Uninsured driver Name		Driver NRIC	S1619529D	Driving Experience	30
Register Date of Driver License	01/06/1988	Driver Age	55	Contact No.(Home)	
Contact No.(Mobile)	96519170	Contact No.(Office)		Address 3	SINGAPORE 640846
Address 1	BLK 846 #01-237	Address 2	JURONG WEST STREET 81	Post Code	640846
Address 4		Address Type	Singapore address		
Unit No.					
Does he own a Singapore Registered car?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Driver Vehicle No.	SLH4737Y	Driver Insurer Company	NTUC
Declaration					
Breathalyzer or Blood Test Reading?	0 mg	Any injury?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

Modification History

Claim 001

New

Claim Type *	OD-MX	Insured Name	RAVINDRAN S/O SUBRAMANIAM	Insured NRIC	S1619529D
Contact No.(Mobile)	91160476	Contact No.(Home)	67971949	Contact No.(Office)	
Email Address		OT Vehicle Number	SLH4737Y	TP Vehicle Number	SLH6130J
Claim Description	SLH4737Y / SLH6130J ON 30 Dec 2018				
Preferred Workshop		Insured Liability	Fully at Fault	GIA report	Received
Radical No.		Preferred Workshop, Name unknown			
Finalisation	Yes	Repair Optim			
Date Registered	31/12/2018 12:33	Claim Close Date		Date Received	31/12/2018
Report Taken By	ROSLI WAHAB				
<input type="checkbox"/> Print AK letter					
Save Submit					

Attachment

Accident No.	MT/1025783	Claim No.	001
Last Doc. Received	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Upload Date	31/12/2018 12:34
Path *			
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Message Read			
Attachment List			
Attachment	Uploaded By/Date	Category	Urgency
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 31 Dec 2018 12:34		Photos	Normal

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 31 Dec 2018 12:34	Photos	Normal	Photos 2018-12-31
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 31 Dec 2018 12:34	Photos	Normal	Photos 2018-12-31
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 31 Dec 2018 12:34	Photos	Normal	Photos 2018-12-31
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 31 Dec 2018 12:33	Photos	Normal	Photos 2018-12-31
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 31 Dec 2018 12:33	Photos	Normal	Photos 2018-12-31
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 31 Dec 2018 12:33	Photos	Normal	Photos 2018-12-31
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 31 Dec 2018 12:33	Photos	Normal	Photos 2018-12-31
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 31 Dec 2018 12:33	SAS	Normal	SAS 2018-12-31
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 31 Dec 2018 12:33	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-12-31

Video List

Uploaded By/Date	Folder Date	File Name	Source
		Display in New Window Scan and uploading	

ACCIDENT STATEMENT

ACCIDENT DATE: 30/12/2018 (DD/MM/YYYY). TIME: 2030 (HH:MM)

LOCATION: JURONG WEST ST 62

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SHH 4737Y
b) INSURANCE COMPANY: NTUC
c) POLICY NUMBER: 5103460550
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT) ☒
e) MAKE & MODEL: _____
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS) _____
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE) _____
h) PURPOSE OF USING AT ACCIDENT TIME: GOING HOME FROM WORK
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: RAVINORAN SUBRAMANIAM (MALE / FEMALE) ☒
b) NRIC/FIN/PASSPORT: S16192291D CONTACT: 96219170
c) ADDRESS: JURONG WEST ST 81 #01-237
BK 846 S640846

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: RAVINORAN SUBRAMANIAM (MALE / FEMALE) ☒
b) NRIC/FIN/PASSPORT: S16192291D CONTACT: 96219170
c) ADDRESS: JURONG WEST ST 81 #01-237
BK 846 S640846

* d) DATE OF BIRTH: 27/12/1963 (DD/MM/YYYY)

e) OCCUPATION: INDOOR / OUTDOOR

f) DATE OF DRIVING PASS: 27 Sep 1983

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: SLH61303 MODEL: HONDA VIZEL
b) DRIVER'S NAME: KOH ZHI JIAN
c) NRIC/FIN/PASSPORT: S8729621T CONTACT: 84452464

9. THIRD PARTY VEHICLE

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

Email = JOHNSRAVING@gmail.com

VIDEO

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1619529D



Name
RAVINDRAN S/O SUBRAMANIAM


Race
INDIAN

Date of Birth
27-12-1963

Sex
M

Country of Birth
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number
S1619529D

Name
RAVINDRAN S/O SUBRAMANIAM

Birth Date
27 Dec 1963

Issue Date
25 Jun 2003




3070748

NRIC No. **S1619529D**



Blood Group
B+

Date of issue
26-04-1999

APT BLK 846 JURONG WEST STREET 81 #01-237
 SINGAPORE 640846

NRIC No: S1619529D Date: 08-05-2000 No: 3765086

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

Class	Description	PASS DATE
Class 2B	Motorcycles not exceeding 200 cc	03 May 1985
Class 2A	Motorcycles between 201 cc and 400 cc	24 Mar 1997
Class 2	Motorcycles exceeding 400 cc	09 Feb 1999
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	27 Sep 1983

NP 422A



Licence No: S1619529D

Hello, NAC_BUKIT_MERAH_800676

[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="30/12/2018 09:51"/>
Vehicle No.(For Motor)	<input type="text" value="SLH4737Y"/>	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 checked="" type="radio"/>	5103460550		RAVINDRAN S/O SUBRAMANTAM	S1619529D	GPC	Third Party, Fire & Theft	SLH4737Y	SLH4737Y	31/08/2018	30/08/2019