

NATIONAL Assessment Centre Services

[ver 1 Jan 03]

MA119008560

Date In: 18/11/19 14:44	Job description	Date & Time Completed	Done by
Ref No: MA119008560	SAS e-filing		
Veh No: GBH 4804E	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 18/11/19 04:10	I-Motor Claim Form	MT/1028473	18-1-19 16:18
OD: <input checked="" type="checkbox"/> Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:

Veh No:

SHB 23452

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

Claimant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors Comments:

Ref. I:

Ref. 2/3:

Invoice Preparation Checklist

- | Item | Amount (\$) | Amount (\$) |
|---|-------------|-------------|
| 1) AR: Accident Reporting (\$30); | 30.00 | |
| 2) DA: Damage Assessment (\$100); INC (\$80) | | |
| 3) TP: Towing Fee \$40/\$45 | | |
| 4) FT: Follow-Through Survey \$120 | | |
| 5) PT: Follow-Through Survey (Resurvey) \$30 | | |
| For claiming against INC Only (wef 10 Jan 2003) | | |
| 6) TR: Re-inspection \$75 | | |
| 7) NI: Idao DA + SMRT Survey \$160 | | |
| 8) NTUC Additional Services:- | | |
| ON* | | |
| *N5: Courtesy Car / Tpt Allowance \$3 | | |
| *N6: Repair Co-ordination \$10 | | |
| *N7: Post Repair Inspection \$25 | | |
| *N8: DV / Collect Excess Coordination \$3 | | |
| TP (N11): TP (N-in INC) against INC \$20 | | |
| 9) N12: Idao Mobile \$0 | | |

Invoice dated

Invoice dated

Fee Charged

Fee Charged

MA119008560

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	18/01/2019 14:44
Date Of Accident	18/01/2019 04:10
Exact Location Of Accident	JUNC OF JURONG TOWN HALL RD & JURONG EAST AVE 1
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GBH4804E
Insured/Policyholder	
Name Of Registered Owner	WENG SOON AUTO & LEASING
Co Reg No	53227794E
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-92727979
Vehicle Particulars	
Manufacturer	TOYOTA
Model	HIACE
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	5101466438
Cover Note Number	-
Driver	
Name of Driver	SAMIKANNU MANICKAVASAKAR
NRIC No	G2185216W
Date Of Birth	01/06/1990
Occupation	OUTDOOR
Date Of Driving Pass	03/03/2014
Driving Experience	4 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93899596
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 104 POTONG PASIR AVE 1 #03-404
Postcode	350104
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	COLLISION - CHANGE/CROSS LANE
Weather Conditions	DRIZZLING
Road Surface	WET

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?	YES
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

I WAS TRAVELLING ALONG JURONG TOWN HALL RD WHILE APPROACHING JUNCTION WITH JURONG EAST AVE 1 ON THE THIRD LANE FROM THE LEFT, THE LIGHT WAS ON MY FAVOR, I PROCEED STRAIGHT TO CROSS THE JUNC, ALL OF A SUDDEN, THE TAXI FROM MY RIGHT LANE CUT INTO MY LANE AND HIT ONTO MY VEH RIGHT FRONT 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	SHB2345L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	SAMIKANNU MANICKAVASAKAR
Approximate Age	
Injuries Sustain	FINGER, BACK PAIN, HEAD PAIN
Injured person in which vehicle?	GBH4804E
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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:


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


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

ong East Ave 1

A = GBH 48
B = SHB 23

Jurong Town Hall Rd

A = GBH4804E
B = SHB2345L

Jurong Town Hall Rd

Please Refer to Statement

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



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


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

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="18/01/2019 14:35"/>							
Vehicle No.(For Motor)	<input type="text" value="GBH4804E"/>	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"/>	5101466438		WENG SOON AUTO & LEASING	53227794E	GCV	Comprehensive	GBH4804E	GBH4804E	20/06/2018	19/06/2019
<input type="button" value="Continue"/>										

Claim Handling

Accident MT/1028473

Policy No.	5101466438	Vehicle No.	GBH4804E	GST Registration No.	
Certificate No.					
Policyholder Name	WENG SOON AUTO & LEASING			Policyholder NRIC	5322
Product Code	COMMERCIAL VEHICLE INSURAN	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	92727979	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
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(%)	20	Private Hire	No
▼ Accident Details					
Report Date	18/01/2019 16:13	Accident Report Within 24 hrs	Yes	Accident Type	Collisi
Date of Accident	18/01/2019	Time of Accident hh:mm	04:10	Country of Accident	Singa
Reporting Centre		Orange Force		ICM No.	
Accident Location	JUNC OF JURONG TOWN HALL RD & JURONG EAST AVE 1				
▼ Excess					
Own damage Excess	2,000.00	Additional Excess		Windscreen Excess	100.0
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	1,500.00	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	2 KAKI BUKIT AVENUE 2	Address 2	#01-13 KAKI BUKIT AUTOHUB	Address 3	SING
Address 4		Address Type	Singapore address	Post Code	4179
Unit No.	10-200	Related Policy Number	S063754375-05		
▼ OI Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	SAMIKANNU MANICKAVAS	Driver NRIC	G2185216W	Driver DOB	01/06
Register Date of Driver License	03/03/2014	Driver Age	28	Driving Experience	4
Contact No.(Mobile)	93899596	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 104 #03-404	Address 2	POTONG PASIR AVENUE 1	Address 3	SING
Address 4		Address Type	Singapore address	Post Code	3501
Unit No.	03-404				
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input checked="" type="radio"/> Yes <input type="radio"/> No		

Modification History

Claim 001 New

Claim Handling

Accident MT/1028473

Policy No.	5101466438	Vehicle No.	GBH4804E	GST Registration No.	
Certificate No.					
Policyholder Name	WENG SOON AUTO & LEASING			Policyholder NRIC	5322
Product Code	COMMERCIAL VEHICLE INSURAN	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	92727979	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
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(%)	20	Private Hire	No
▼ Accident Details					
Report Date	18/01/2019 16:13	Accident Report Within 24 hrs	Yes	Accident Type	Collisi
Date of Accident	18/01/2019	Time of Accident hh:mm	04:10	Country of Accident	Singa
Reporting Centre		Orange Force		ICM No.	
Accident Location	JUNC OF JURONG TOWN HALL RD & JURONG EAST AVE 1				
▼ Excess					
Total Excess Applicable					
Own damage Excess	2,000.00	Additional Excess		Windscreen Excess	100.0
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	1,500.00	Outside Singapore TP Excess			
Excess Type		Windscreen Excess	100.00		

1/18/2019

Claim Handling(accident reporting Claim Task)

All Claims Excess

YIED All Claim Excess

Total All Claim Excess Applicable

OD Standard Excess

YIED OD Excess

Additional Excess

Total OD Excess Applicable

Driver is Covered?

TP Standard Excess

YIED TP Excess

Driver is Covered?

Total TP Excess Applicable

Benefits

GST Registered Information

Policyholder Mailing Address

Address 1	2 KAKI BUKIT AVENUE 2	Address 2	#01-13 KAKI BUKIT AUTOHUB	Address 3	SING.
Address 4		Address Type	Singapore address	Post Code	4179
Unit No.	10-200	Related Policy Number	5063754375-05		

01 Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	SAMJANNU MANICKAVAS	Driver NRIC	G2185216W	Driver DOB	01/01
Register Date of Driver License	03/03/2014	Driver Age	28	Driving Experience	4
Contact No.(Mobile)	93899596	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 104 #03-404	Address 2	POTONG PASIR AVENUE 1	Address 3	SING.
Address 4		Address Type	Singapore address	Post Code	3501
Unit No.	03-404				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Declaration

Breathalyser or Blood Test Reading? 0 mg Any injury? ☒ Yes ☐ No

Modification History

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	WENG SOON AUTO & LEASIN
Contact No.(Mobile)		Contact No. (Home)	
Email Address		Vehicle Number	GBH4804E
Claim Description	GBH4804E / SHB2345L ON 18 Jan 2019		
Preferred Workshop	0	Insured Liability	Not at Fault
Contract No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
Report Taken By		Claim Close Date	18/01/2019 16:17
		Workshop Repairer	LIEW SHAN HUI

☒ Print AK letter

Save Submit

Attachment

Accident No.	MT/1028473	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	18/01/2019 16:18
Path *		Category *	
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		Clear	Please Select

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on	18 Jan 2019 16:18	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-1-18



Video List

NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Jan 2019 16:18	SAS	Normal	SAS 2019-1-18
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Jan 2019 16:18	Photos	Normal	Photos 2019-1-18
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Jan 2019 16:18	Photos	Normal	Photos 2019-1-18
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NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Jan 2019 16:17	Photos	Normal	Photos 2019-1-18
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NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Jan 2019 16:17	Photos	Normal	Photos 2019-1-18

Uploaded By/Date

Folder Date

File Name



Source

Display in New Window

Scan and uploading