

NATIONAL Assessment Centre Services.

(ver 1 Jan'00)

MAH/9026051

Date In: 21/02/2019 09:20	Job description	Date & Time Completed	Done by
Ref No: NBA/INC/9003257/1	SAS e-illing		
Veh No: SX 7682R	E-mail (to: John Sura, AIC 2hrs)		
D.O.A: 10/12/2018 17:30	I-Motor Claim Form	MAH/1023513-002	21/02/2019
OID / TP / Reporting Only	I-Motor W/O (With: OD 2hrs, TP 4hrs)		10:12
	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: PC 568X	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:	Completed by:
1) Apply for Transport Allowance () / Courtesy Car ()	
2) QC Check / Post Repair Inspection ()	
3) Upload Resurvey Photo [Repair Cost > \$3000] ()	

Injury: _____

Date:	Time:

MAH/901379	Invoice for Non-Claimable Repairs
Driver/Owner:	1) AR: Accident Reporting (\$30)
Contact No:	2) DA: Damage Assessment (\$100) INC (\$20)
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 (ver 10 Jan 2003)
	6) TR: Re-inspection \$75
	7) NI: Idao DA + SMRT Survey \$160
	8) NTUC Additional Services:
	ON:
	*NS: Courtesy Car / Tpt Allowance \$3
	*NG: Repairs Co-ordination \$10
	*N7: Post Repair Inspection \$25
	*N8: DV / Collect Excess Coordination \$3
	TP (Nil) : TP (Non INC) against INC \$20
	9) NI: Idao 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	21/02/2019 09:20
Date Of Accident	10/12/2018 17:30
Exact Location Of Accident	ALONG SENOKO LOOP
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJX7682R
Insured/Policyholder	
Name Of Registered Owner	DURAI RAJ KARUNA KARAN
NRIC No	S6979678H
Email Address	KARAN@IBEKAAM.COM
Mobile Phone No	(LOCAL) +65-94598715
Alternative Phone No	OTHERS-94598715

Vehicle Particulars

Manufacturer	AUDI
Model	Q5
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	PRIVATE CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5077109404-02
Cover Note Number	

Driver

Name of Driver	DURAI RAJ KARUNA KARAN
NRIC No	S6979678H
Date Of Birth	04/10/1969
Occupation	INDOOR
Date Of Driving Pass	28/11/2003
Driving Experience	15 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94598715
Fax Number	
Contact Number	OTHERS-94598715
EMail Address	KARAN@IBEKAAM.COM

Address	BLK 244 WESTWOOD AVENUE #04-58
Postcode	648366
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)	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?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	PC5468X
Vehicle Make/Model/Colour	PASSENGER VAN
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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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**.
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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: Feb 21, 2018
9.25 pm

Driver's Signature

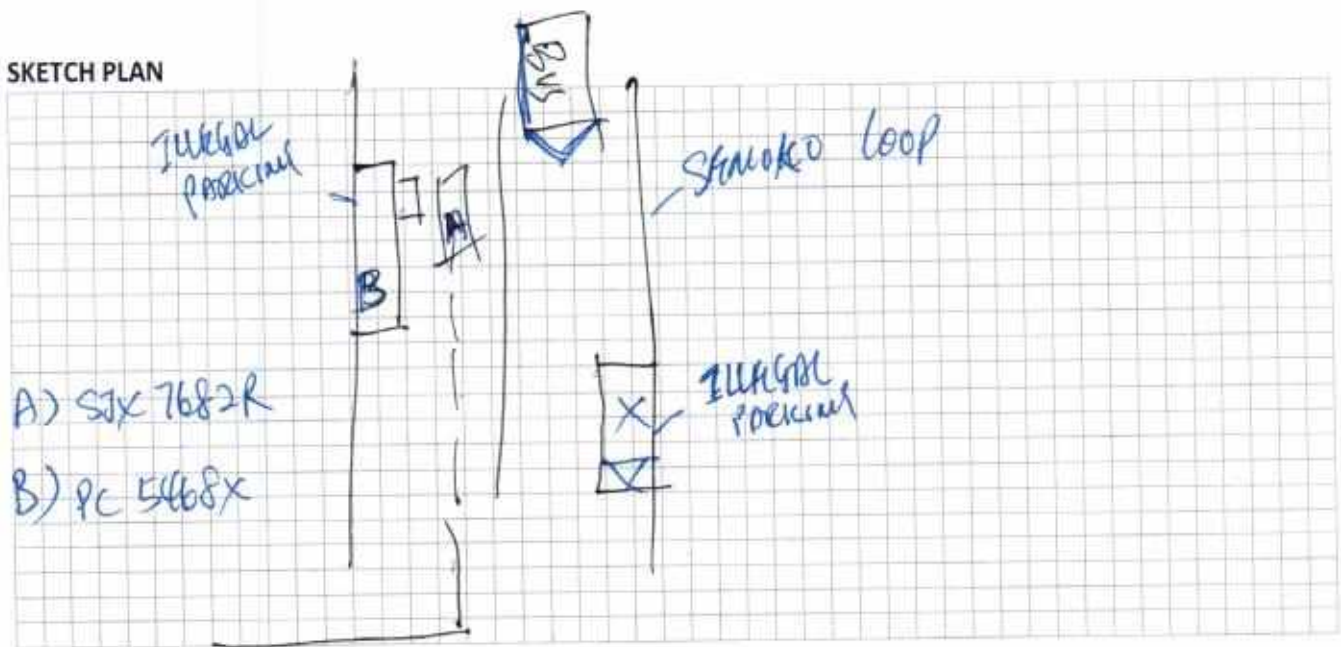
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Vehicle B was parked illegally along Smokey Loop. Vehicle A had to overtake while considering a bus on the opposite lane. The passage was so narrow the bus driver asked ^{Vehicle A} to come first while manoeuvring through narrow ^{lane}. My left mirror hit with right mirror of Vehicle B. Both mirrors damaged. There was no further visible damage other than mirrors of Vehicle A & B.

After that it was mutually agreed between both drivers A & B to settle amicably among ourselves. Concerning the replacement of mirrors. There was no figure discussed as, he wanted to bring the vehicle to workshop first.

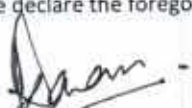
The next day he called to inform about the charges of \$2000/- which ^{was} too high while comparing the mirror cost.

Then he informed me along with mirror, he was claiming other damages like scratch on front mud tankards, other damages on front part of the vehicle.


I denied and ask him to proceed with claim.

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:

 21/02/2019
Reporting Centre Personnel's Signature
Name: Rishi Mathan
NRIC/FIN No.:

Claim Handling

Accident MT/1023513

Policy No.	5077109404-02	Vehicle No.	SJK7682R	GST Registration No.	
Certificate No.				Policyholder NRIC	98979678H
Policyholder Name	DURAJ RAJ KARUNA KARAN	Cover Type	drive CLASSIC	Loading	0
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Contact No.(Home)	
Contact No.(Mobile)	NA	Special Remark		eCode	<input type="button" value="Reg"/>
Email Address		TCA	<input type="checkbox"/> No <input type="checkbox"/> Yes	eCode Reason	
KYC	<input type="checkbox"/> No <input type="checkbox"/> Yes	NCD Endorsement(%)	50	Private Hire	Not available
NCD Protection	Yes				
Accident Details					
Report Date	12/12/2018 09:50	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	10/12/2018	Time of Accident (hh:mm)	17:25	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	SENOKO LOOP				
Excess					
Own Damage Excess	500.00	Additional Excess	0	Windscreen Excess	100.00
Uninsured Driver Excess	0.00	Outside Singapore OD Excess	600.00		
Third Party Excess	0.00	Outside Singapore TP Excess	11.00		
Benefits					
GST Registered Information					
GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History					
Policyholder Mailing Address					
Address 1	244 WESTWOOD AVENUE	Address 2	#0458 THE FLORA VALE	Address 3	SINGAPORE 648366
Address 4		Address Type	Singapore address	Post Code	648366
Unit No.		Related Policy Number	5077109404-02		
OT Driver Info					
Driver Name		Driver Type		Driver DOB	
Uninsured driver Name		Driver NRIC		Driving Experience	
Register Date of Driver License		Driver Age		Contact No.(Office)	
Contact No.(Mobile)		Contact No.(Office)		Contact No.(Home)	
Address 1		Address 2		Address 3	
Address 4		Address Type	Foreign address	Post Code	
Unit No.					
Does he own a Singapore Registered car?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Driver Vehicle No.		Driver Insurer Company	

Modification History

Claim 002 OD-MX

Max

Claim Type *	OD-MX	Insured Name	DURAJ RAJ KARUNA KARAN	Insured NRIC	98979678H
Contact No.(Mobile)	94596715	Contact No. (Home)	65509074	Contact No. (Office)	
Email Address	karan@sekuam.com	OT Vehicle Number	SJK7682R	TP Vehicle Number	PCS488X
Claim Description	SJK7682R / PCS488X ON 10 Dec 2018				
Preferred Workshop		Insured Liability	Partially at Fault	GIK report	Received
Renewal No.		Preferred Workshop, Name unknown			
Finalisation	Yes				
Date Registered	21/02/2019 09:35	Claim Date		Date Received	21/02/2019 00:00
Report Taken By	WOSLI WAHAB	Workshop Repairer		Total Loss but Repaired	
<input type="button" value="Print All letter"/>					

Save Submit

Attachment

Accident No.	MT/1023513	Claim No.	002		
Last Doc. Received	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Upload Date	21/02/2019 10:12		
Path *					
Choose File	No file chosen	Clear	Category *		
Choose File	No file chosen	Clear	Confidential		
Choose File	No file chosen	Clear	Urgency *		
Choose File	No file chosen	Clear	Description *		
Choose File	No file chosen	Clear			
Choose File	No file chosen	Clear			
Choose File	No file chosen	Clear			
Message Read		Clear			
<input type="button" value="Send Message"/>					
Attachment List					
Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent (CO)
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 21 Feb 2019 10:12	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-2-21	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 21 Feb 2019 10:12	SAS	Normal	SAS 2019-2-21	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 21 Feb 2019 10:12	Photos	Normal	Photos 2019-2-21	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 21 Feb 2019 10:12	Photos	Normal	Photos 2019-2-21	

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 21 Feb 2019 10:11

Photos

Normal

Photos 2019-2-21

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 21 Feb 2019 10:11

Photos

Normal

Photos 2019-2-21

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 21 Feb 2019 10:11

Photos

Normal

Photos 2019-2-21

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 21 Feb 2019 10:11

Photos

Normal

Photos 2019-2-21

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 21 Feb 2019 10:11

Photos

Normal

Photos 2019-2-21

Video List

Uploaded By/Date

Folder Date

File Name



Source

Action

Display in New Window

Scan and uploading

ACCIDENT STATEMENT

ACCIDENT DATE: 10/12/2018 (DD/MM/YYYY) TIME: 5.30 PM (HH:MM)

LOCATION: Along Senoko Loop

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJX 7682R
 b) INSURANCE COMPANY: NTUC Income
 c) POLICY NUMBER: 5677109404-02
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: AUDI Q5
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: Private
 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: DURA RAS KARAN KARAN (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S69796811 CONTACT: 94598715
 c) ADDRESS: 244, Westwood Ave, #04-56, S(648366)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: AS ABOVE (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 c) ADDRESS: _____

- * d) DATE OF BIRTH: 04/10/1969 (DD/MM/YYYY)
 e) OCCUPATION: (INDOOR / OUTDOOR) - SALES MGR.
 f) DATE OF DRIVING PASS: NOV 28, 2003

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: OWNER
 5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) SUNNY
 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: PC5468X MODEL: Pick up Van
 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)
(1)

* No of passenger
 (Including driver)
()

* No of passenger
 (Including driver)
()

email = Karan@ibekam.com

VIDEO

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S6979678H



Name

DURAI RAJ KARUNA KARAN

து கருணா கரன்

Race

INDIAN

Date of birth

04-10-1969

Sex

M

Country of birth

INDIA

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S6979678H

Name

DURAI RAJ KARUNA KARAN

Birth Date: 04 Oct 1969

Issue Date: 28 Nov 2003



4539297

NRIC No: S6979678H

Date of issue

01-03-2010

BLK 244 WESTWOOD AVENUE #04-58

SINGAPORE 648368

NRIC No: S6979678H

Date: 05/02/2011

No: 6716850

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

PASS DATE

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

28 Nov 2003



Licence No: S6979678H

NP-428A

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="10/12/2018 10:25"/>
Vehicle No.(For Motor)	<input type="text" value="SJX7682R"/>	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 type="radio"/>	5077109404-02		DURAI RAJ KARUNA KARAN	S6979678H	GPC	drivo CLASSIC	SJX7682R	SJX7682R	09/07/2018	08/07/2019