

NATIONAL Assessment Centre Services (wef 1 Jan 2013)

Date In 23/02/19	Job description	Date & Time Completed	Done by
Ref No NA/INC 19003421/13	SAS e-filing		
Veh No SD05212H	E-mail (within 8hrs, AIC 2hrs)		
D.O.A 23/02/19 0920	i-Motor Claim Form	MT/1023386-001	
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 <u>Fax / Hand</u> to <u>Owner/Wksp</u>		

Preferred Wksp / INC Assign Wksp / QW: (Tel: (Fax: (
TP Particulars:	Veh No: X07423L	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%; F: 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

NA1901407	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) Add Bill
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);		
Driver/Owner:	2) DA : Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF : Towing Fee \$40/\$45		
Damaged Portion:	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:-		
QC Checked by (Engr-In-Charge):	Q1:		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
Auditors' Comments :-	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
Cat. 1:	TP (N11) : TP (Non INC) against INC \$20		
Cat. 2 / 3:	9) N12: Idac Mobile 30		
	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	23/02/2019 15:17
Date Of Accident	23/02/2019 09:20
Exact Location Of Accident	JURONG PIER RD TWDS JURONG ISLAND B4 CHECKPOINT
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJD5212H
Insured/Policyholder	
Name Of Registered Owner	A-STAR TESTING & INSPECTION (S) PTE. LTD.
Co Reg No	200806168D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-91835902
Vehicle Particulars	
Manufacturer	HONDA
Model	STREAM
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	THIRD PARTY
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	5098644211
Cover Note Number	
Driver	
Name of Driver	SUGUMARAN THIRUVENKADAM
Passport No/FIN	G7982691Q
Date Of Birth	15/02/1978
Occupation	OUTDOOR
Date Of Driving Pass	28/06/2017
Driving Experience	1 YEAR AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91835902
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 333 BUKIT BATOK ST 32 #10-255
Postcode	650333
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 - CHANGE/CROSS LANE
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

PLS REFER TO THE ATTACHED STATEMENT.

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	XD7423L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	MIAH MOHAMMED RIPON
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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:

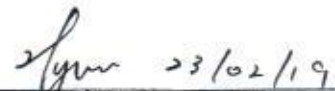
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:

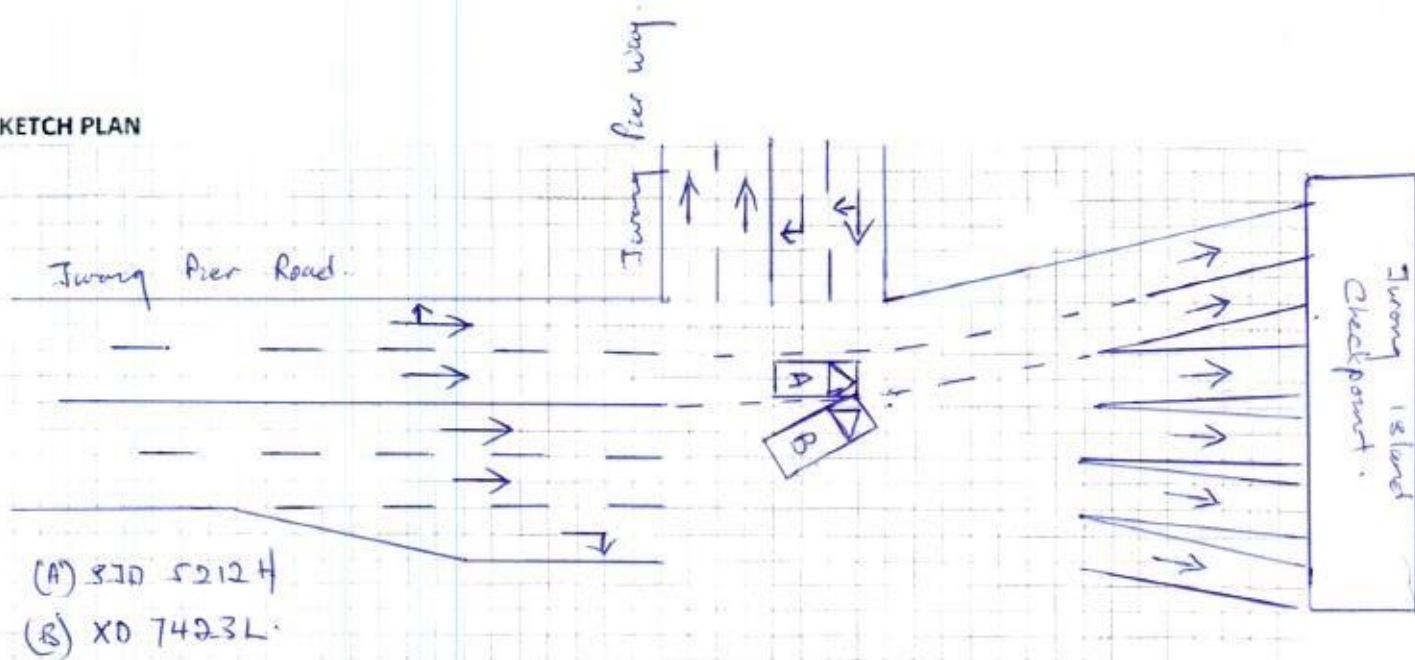


Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 23/02/19 at @ 0920 hrs, I was travelling in my vehicle (SJD 5212 H) along Jwong Pier Road after the junction of Jwong Pier Way before Jwong Checkpoint on the second lane from the left within my lane. Suddenly, a tropper truck on my right, cut into my path and collided onto the front right portion of my vehicle.

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:

 23/02/19
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Vehicle No.	SJD 5212 H.	Model / Make	Honda Stream.
Date of Accident	23/02/19.		
Time of Accident	0920 HRS		
Location of Accident	Jurong Pier Road towards Jurong Island before Checkpoint.		
Exact purpose use during accident	Private Used		
Name of Owner	A-star Testing & Inspection (S) Pte Ltd.		
Telephone No.	H/P : 9183 5902.	Home :	Office :
NRIC	200806168D.		
Address	No. 5, Soon Lee Street, Pioneer Bmt #03-36/37 (S) 627607.		
Claim type	OD	THIRD PARTY	REPORTING ONLY
Insurance Company	NTUC.		
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft
Policy No.	5098644211 - 01.		
Name of Driver	As Above If No, Sugumaran Thiruvankadam.		
NRIC	G 79826910.	Any Passengers :	N.A.
Date of birth	15/02/1978.		
Occupation	Outdoor / Indoor		
Driving License Pass Date	28/06/2017.		
Gender	Male / Female		
Contact No.	H/P : 9183 5902.	Home :	Office :
Address	3LK 333, Bukit Batok St 32 #10-255 (S) 650333.		
Driver have any own vehicle	No, If yes, Reg No.		
Relationship	Employee, If no, state		
Weather condition	Clear Raining Other		
Road Surface	Dry Wet Other		
Any Injuries	No, If Yes, Who?		
Name And Contact No.			
Name And Contact No.			
Police Report	No, If Yes, Where?		
Vehicle B No.	XD 7423L.	Any Passengers :	N.A.
Name of Driver	Miah Mohammed Ripon	Contact No. :	
Vehicle C No.		Any Passengers :	
Vehicle D No.		Any Passengers :	
Vehicle E no.		Any Passengers :	
Vehicle F No.		Any Passengers :	
Vehicle G No.		Any Passengers :	
Witness Name	N.A.	Witness Contact :	N.A.
Accident Portion	front right portion.		
Camera Recorder	Yes / No		
Email Address	thiru.maran@astartesting.com.sg		
PARTICULAR WORKSHOP	Twincar.		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	Yixin.		
FAX NO	6741 0510		
WORKSHOP EMAIL ADDRESS	Sales@n5i.com.sg		

REPUBLIC OF SINGAPORE DRIVING LICENCE

Identification Number: **G7982691Q**

SUGUMARAN THIRUVENKADAM

Ref. Date: **15 Feb 1978**
 Issue Date: **28 Jun 2017**
 Valid Till: **27/06/2022**

002698102B

EMPLOYMENT PASS
 Employment of Foreign Manpower Act (Chapter 91A)
 Republic of Singapore

Employer:
A-STAR TESTING & INSPECTION (S) PTE. LTD.

Name:
SUGUMARAN THIRUVENKADAM
 Occupation:
SENIOR TECHNICAL MANAGER

FIN:
G7982691Q

Date of Application:
26-04-2017
 Date of Issue:
05-09-2017
 Date of Expiry:
05-09-2019

L8291886

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

Class 3: Motor cars with unladen weight \leq 3000kg with \leq 7 passengers, exclusive of driver; and other motor vehicles with unladen weight \leq 2500kg

EFFECTIVE DATE

28 Jun 2017



NP 428A

VISIT PASS
 Immigration Regulations

Name:
SUGUMARAN THIRUVENKADAM



Date of Birth: **15-02-1978** Sex: **M** Nationality: **INDIAN**
 Fin: **G7982691Q** Date of Issue: **05-09-2017** Date of Expiry: **05-09-2019**

MULTIPLE JOURNEY VISA ISSUED

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.

Hello, NAC_PAYA_UBI_800601

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

Policy Query

Policy No.

Date of Accident

23/02/2019 09:20

Vehicle No.(For Motor)

SJD5212H

Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5098644211		A-STAR TESTING & INSPECTION (S) PTE. LTD.	200806168D	GPC	drivo CLASSIC	SJD5212H	SJD5212H	05/03/2018	25/03/2019

Claim Handling

Accident MT/1033386

Policy No.	5098644211	Vehicle No.	SJD5212H	GST Registration No.
Certificate No.				
Policyholder Name	A-STAR TESTING & INSPECTION (S) PTE. LTD.			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading
Contact No.(Mobile)	91835902	Contact No.(Office)	0	Contact No.(Home)
Email Address		Special Remark		eCode
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	Yes	NCD Entitlement(%)	30	Private Hire
▼ Accident Details				
Report Date	23/02/2019 15:47	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	23/02/2019	Time of Accident hh:mm	09:20	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	JURONG PIER RD TWDS JURONG ISLAND B4 CHECKPOINT			
▼ Excess				
Own damage Excess	600.00	Additional Excess	0	Windscreen Excess
Unnamed Driver Excess		Outside Singapore OD Excess	600.00	
Third Party Excess	0.00	Outside Singapore TP Excess	0.00	
▼ Benefits				
▼ GST Registered Information				
GST Registered	Yes	GST Registration Date	13/07/20	
GST Registration No.	200806168D	GST Status Verified	Yes	
Modification History				
▼ Policyholder Mailing Address				
Address 1	S SOON LEE STREET	Address 2	#03-37 PIONEER POINT	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	03-37	Related Policy Number	S098644211-01	
▼ OI Driver Info				
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	SUGUMARAN THIRUVENKADAM	Driver NRIC	G7982691Q	Driver DOB
Register Date of Driver License	28/06/2019	Driver Age	41	Driving Experience
Contact No.(Mobile)	91835902	Contact No.(Office)	0	Contact No.(Home)
Address 1	BLK 333	Address 2	BUKIT BATOK STREET 32	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	#10-255			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Com
Declaration				
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No	
Modification History				

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	A-STAR
Contact No.(Mobile)	93829286	Contact No. (Home)	
Email Address	admin@astartesting.com.sg	OI Vehicle Number	SJD521
Claim Description	SJD5212H / XD7423L ON 23 Feb 2019		
Preferred Workshop		Insured Liability	Not at Fault
Report No.	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered	23/02/2019 15:57	GIA report	Received
Report Taken By	ROSINDA	Claim Close Date	
Print AK letter		Workshop Repairer	

[Save](#) [Submit](#)

Attachment

Accident No. MT/1033386 Claim No. 001
Last Doc. Received ☒ Yes ☐ No Upload Date 23/02/2019 00:00

Path *

[Choose File](#) No file chosen[Choose File](#) No file chosen[Choose File](#) No file chosen[Choose File](#) No file chosen[Choose File](#) No file chosen[Choose File](#) No file chosen[Message Read](#)[Clear](#)

Category *

Confidential

[Please Select](#) NO[Clear](#)[Please Select](#) NO[Clear](#)[Please Select](#) NO[Clear](#)[Please Select](#) NO[Clear](#)[Please Select](#) NO[Clear](#)[Please Select](#) NO

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Des
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Feb 2019 15:56	NRIC/ Driving License	Normal	NRIC/ Driving I
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Feb 2019 15:56	SAS	Normal	SAS 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Feb 2019 15:56	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Feb 2019 15:56	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Feb 2019 15:56	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Feb 2019 15:55	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Feb 2019 15:55	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Feb 2019 15:55	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Feb 2019 15:55	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Feb 2019 15:55	Photos	Normal	Photos

Video List

Uploaded By/Date

Folder Date

File Name

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