

# NATIONAL Assessment Centre Services

(wef 1 Jan 2005)

Date In: 12/03/2019 09:49	Job description	Date & Time Completed	Done by
Ref No: NA/INC19004430/44	SAS e-filing		
Veh No: SLT6032X	E-mail (within 8hrs, AIC 2hrs)		
DOA: 11/03/2019 17:15	i-Motor Claim Form	MT/1036290-001	18/3/19 14:37
OD: 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/Wksp		

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

TP Particulars: Veh No: SLV3256B INC ( ) / Non-INC ( )

Owner / Driver: ( Tel: )

Policy No: ( ) Period: ( ) Cover Type: ( )

Confirmed by: ( Date: Time: )

Insured/Driver Liability: ( ) % [Notc-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

Claimant's Particulars:-	<b>Invoice Preparation Checklist</b> 1) AR: Accident Reporting (\$30); 2) DA: Damage Assessment (\$100); INC (\$80) 3) TF: Towing Fee \$40/\$45 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) NI: Idac 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 (N11): TP (Non-INC) against INC \$20 9) N12: Idac Mobile 30	Amt (\$) 1st Bill	Amt (\$) Add Bill
Driver/Owner:			
Contact No:			
Damaged Portion:			
Checked by (Engr-In-Charge):			
Auditors' Comments:-			
1.1:			
1.2/3:			
		Invoice dated	Fee Charged

NA1901968

## 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	12/03/2019 09:49
Date Of Accident	11/03/2019 17:15
Exact Location Of Accident	OPHIR ROAD TWDS ECP / KPE
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLT6032X
Insured/Policyholder	
Name Of Registered Owner	VARUVEL JUDES ROBIN
NRIC No	S7485382Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93834540
Alternative Phone No	OTHERS-93834540
Vehicle Particulars	
Manufacturer	HONDA
Model	CITY 1.5 SV CVT
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	5104421431
Cover Note Number	
Driver	
Name of Driver	VARUVEL JUDES ROBIN
NRIC No	S7485382Z
Date Of Birth	12/03/1974
Occupation	INDOOR
Date Of Driving Pass	18/04/2002
Driving Experience	16 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93834540
Fax Number	
Contact Number	OTHERS-93834540
Email Address	NOEMAIL

Address	BLK 755 PASIR RIS STREET 71 #05-140
Postcode	510755
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	AFTER RAIN
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?	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?	YES
Remarks/ Reasons:	REVERT
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLV3256B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TAN KE-BIN
NRIC/Passport Number	S7904989A
Contact Number	97601444
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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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:

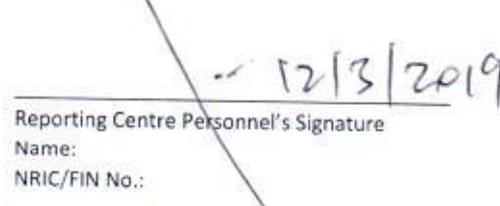
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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



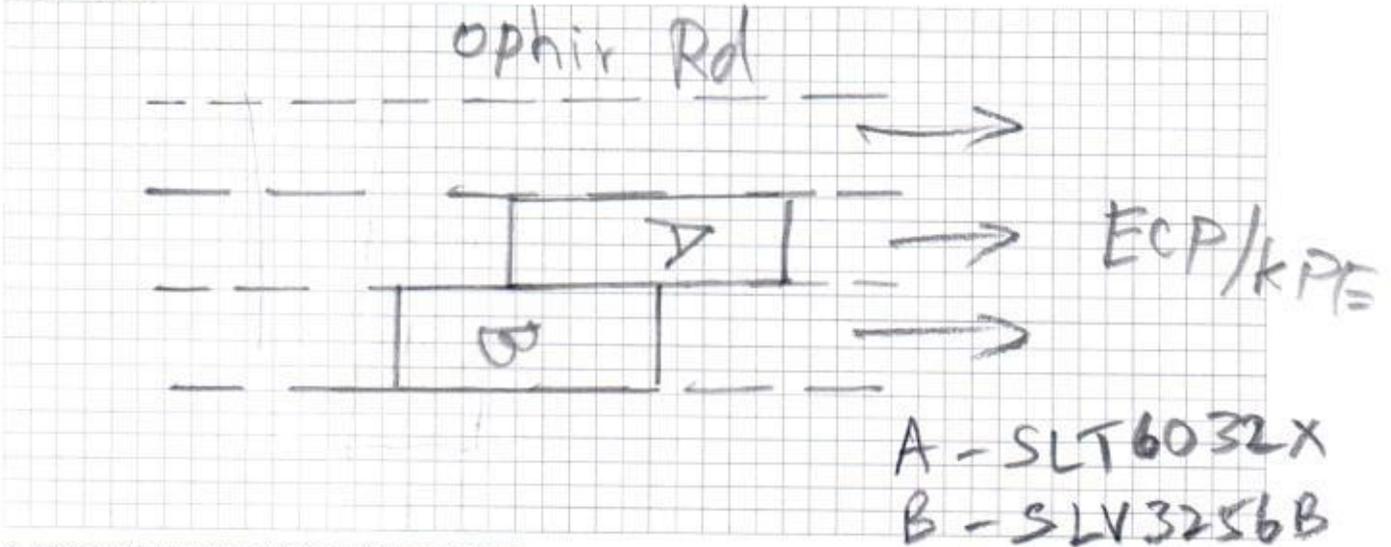
Policyholder's Signature  
Date & Time:



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

Vehicle A drive along the Ophir Rd  
vehicle B front left side hit vehicle  
A - Vehicle A badly damaged set  
the right side

DECLARATION

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

*John Ph*

Policyholder's Signature  
Date & Time:

*John Ph*

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

*[Signature]* 12/3/2019

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



MT/NB/WELCOM/001

18 Oct 2018

VARUVEL JUDES ROBIN  
BLK 755 #05-140  
PASIR RIS STREET 71  
SINGAPORE 510755

Dear Policyholder

**PRIVATE CAR INSURANCE**  
**POLICY NUMBER: 5104421431**

Thank you for insuring with Income. We are pleased to be able to help you with your protection and financial planning needs.

Please read the enclosed policy documents to make sure that the benefits meet your needs.

The main documents in this pack carry the Crystal Mark, an international seal of approval for the clarity of a document. It guarantees that a document is written in plain English and offers simple, clear and concise information. We are the first insurance company in Asia to carry out a major Crystal Mark initiative. We know that our customers want information that is easy to understand. By being as clear as possible, we help our customers make informed decisions.

For any correspondence on your Private Car Insurance policy, please quote your policy number. This will allow us to help you quickly. Please also let us know if there are any changes to your home address and contact numbers.

If you have any queries, please contact our customer service officers on **6788 6616** or email us at **csquery@income.com.sg**. Alternatively, you may contact your agent GRINWEIV PTE. LTD. at **65795514** or email **gi@grinweiv.com**. Thank you.

Yours sincerely

Ken Ng  
Chief Executive

REPUBLIC OF SINGAPORE  
 IDENTITY CARD NO. S7485382Z



Name  
 VARUVEL JUDES ROBIN

ரஹ்மான்  
 Race  
 INDIAN

Date of birth 12-03-1974 Sex M

Country of birth  
 INDIA




REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: S7485382Z



VARUVEL JUDES ROBIN

Birth Date: 12 Mar 1974  
 Issue Date: 04 Oct 2004



8830235




NRIC No. S7485382Z

Nationality  
 INDIAN

Date of issue  
 16-08-2004

Address  
 APT BLK 755 PASIR RIS STREET 71  
 #05-140  
 SINGAPORE 510755

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

Class	Description	PASS DATE
Class 2B	Motorcycles =< 200 cc	18 Apr 2002
Class 3	Motor cars =< 3000 kg with =< 7 passengers, exclusive of the driver; and motor tractors /vehicles =< 2500 kg	18 Apr 2002

NP 428A



License No: S7485382Z

**Certificate of Insurance**

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)  
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960  
ROAD TRANSPORT ACT, 1987 (MALAYSIA)  
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

**Certificate Number:** 5104421431 **Cover :** drivo CLASSIC

- |  |                       |
|--|-----------------------|
| 1. Index mark and Registration Number of Vehicle | : SLT6032X            |
| Chassis Number                                   | : MRHGM6660JT000208   |
| 2. Name of Policyholder                          | : VARUVEL JUDES ROBIN |
| 3. Effective Date of Insurance                   | : 02 Nov 2018         |
| 4. Expiry Date of Insurance                      | : 01 Nov 2019         |

5. Persons or Classes of Persons entitled to drive#

- (a) The Policyholder.  
(b) Any other person who is driving on the Policyholder's order or with his/her permission.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to Use#

- (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

**This Policy does not cover**

- (a) Use for hire or reward.  
(b) Use for racing, pace-making, reliability trial or speed-testing.  
(c) Use for the carriage of goods (other than samples) in connection with any trade or business.  
(d) Use for any purpose in connection with the Motor Trade.

# Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: S\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: VARUVEL JUDES ROBIN
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: DBS BANK LTD
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

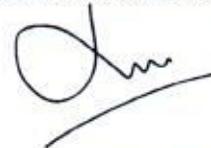
Agency : GRINWEIV PTE. LTD. (00000573511)  
Date of Issue : 18 Oct 2018 16:35 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

\_\_\_\_\_  
Authorised Officer



\_\_\_\_\_  
Chief Executive

Hello, NAC\_PAVA\_UBI\_800601

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"/>	5104421431		VARUVEL JUDES ROBIN	S7485382Z	GPC	drive CLASSIC	SLT6032X	SLT6032X	02/11/2018	01/11/2019

Continue

▼ **Policy Information**

Policy No.	5104421431	Policyholder Name	VARUVEL JUDES ROBIN	Policyholder NRIC	S7485382Z
Certificate No.					
Address	BLK 755 #05-140 PASIR RIS STREET 71 SINGAPORE 510755				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	18/10/2018	Effective Date	02/11/2018 00:00	Expiry Date	01/11/2019 23:59
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0		
Agent	GRINWEIV PTE. LTD.	Agent Tel.	65795514	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ **Policyholder Mailing Address**

Address 1	BLK 755 #05-140	Address 2	PASIR RIS STREET 71	Address 3	SINGAPORE 510755
Address 4		Address Type	Singapore address	Post Code	510755
Unit No.		Related Policy Number	5104421431		

▶ **Insured Object: SLT6032X**

▼ **Endorsements**

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
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## Claim Handling

Accident MT/1036290

Policy No.	5104421431	Vehicle No.	SLT6032X	GST Registration No.
Certificate No.				
Policyholder Name	VARUVEL JUDES ROBIN			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading
Contact No.(Mobile)	93834540	Contact No.(Office)	0	Contact No.(Home)
Email Address		Special Remark		eCode
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	10	Private Hire
<b>Accident Details</b>				
Report Date	18/03/2019 14:17	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	11/03/2019	Time of Accident hh:mm	17:15	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	OPHIR ROAD TWDS ECP / KPE			
<b>Excess</b>				
Own damage Excess	600.00	Additional Excess	0	Windscreen Excess
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	600.00	
Third Party Excess	0.00	Outside Singapore TP Excess	0.00	
<b>Benefits</b>				
<b>GST Registered Information</b>				
GST Registered	No	GST Registration Date		
GST Registration No.		GST Status Verified		Yes
Modification History				
<b>Policyholder Mailing Address</b>				
Address 1	BLK 755 #05-140	Address 2	PASIR RIS STREET 71	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5104421431	
<b>OI Driver Info</b>				
Driver Name	VARUVEL JUDES ROBIN	Driver Type	Main Driver	Driver DOB
Unnamed driver Name		Driver NRIC	S7485382Z	Driving Experience
Register Date of Driver License	01/01/1999	Driver Age	44	Contact No.(Home)
Contact No.(Mobile)	93834540	Contact No.(Office)	0	Address 3
Address 1	BLK 755	Address 2	PASIR RIS STREET 71	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	#05-140			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Com
<b>Declaration</b>				
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	VARUVEL
Contact No.(Mobile)		Contact No. (Home)	
Email Address		OI Vehicle Number	SLT603
Claim Description	SLT6032X / SLV3256B ON 11 Mar 2019		
Preferred Workshop		Insured Liability	Partially at Fault
Workshop No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
Report Taken By		Claim Close Date	18/03/2019 14:38
<input checked="" type="checkbox"/> Print AK letter		Workshop Repairer	

Save Submit

Attachment

Accident No. MT/1036290 Claim No. 001  
 Last Doc. Received  Yes  No Upload Date 18/03/2019 14:20

Path *	Category *	Confidential
Choose File No file chosen	<input type="button" value="Clear"/> Please Select	NO
Choose File No file chosen	<input type="button" value="Clear"/> Please Select	NO
Choose File No file chosen	<input type="button" value="Clear"/> Please Select	NO
Choose File No file chosen	<input type="button" value="Clear"/> Please Select	NO
Choose File No file chosen	<input type="button" value="Clear"/> Please Select	NO
Choose File No file chosen	<input type="button" value="Clear"/> Please Select	NO
Message Read	<input type="button" value="Clear"/> Please Select	NO

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Des
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Mar 2019 14:37	NRJC/ Driving License	Normal	NRJC/ Driving 1
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Mar 2019 14:36	SAS	Normal	SAS 2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Mar 2019 14:35	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Mar 2019 14:35	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Mar 2019 14:35	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Mar 2019 14:35	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Mar 2019 14:35	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Mar 2019 14:35	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Mar 2019 14:35	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Mar 2019 14:34	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Mar 2019 14:34	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Mar 2019 14:34	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Mar 2019 14:34	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Mar 2019 14:34	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Mar 2019 14:34	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Mar 2019 14:31	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Mar 2019 14:31	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Mar 2019 14:31	Photos	Normal	Photos