

NATIONAL Assessment Centre Services

(wef 1 Jan'05) MHA11904458

Date In: 4/1/19-10:31	Job description	Date & Time Completed	Done by
Ref No: NA/11904458/24	SAS e-filing		
Veh No: SUK967	E-mail (within 3hrs, AIC 2hrs)		
D.O.A : 2/4/19-20:50	i-Motor Claim Form	M7/104302-001	16/1/19 NKS
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 Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel: (Fax: (
TP Particulars:	Veh No: SUK967	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

NA1902750	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);	Int Bill	Add Bill
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):	OD*		
	*N5: Courtesy Car / Tpl Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
Auditors' Comments :-	TP (N11) : TP (Non INC) against INC \$20		
Dat. 1:	9) N12: Idac Mobile \$0		
Dat. 2 / 3:	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	15/04/2019 10:01
Date Of Accident	12/04/2019 20:50
Exact Location Of Accident	PIE (CHANGI) BEFORE EUNOS LINK EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLK964T
Insured/Policyholder	
Name Of Registered Owner	GANNAPPAN S/O MANIMUTHU
NRIC No	S8118840H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90085401
Alternative Phone No	OFFICE-90085401

Vehicle Particulars

Manufacturer	BMW
Model	535I A
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	5087665008-02
Cover Note Number	

Driver

Name of Driver	GANNAPPAN S/O MANIMUTHU
NRIC No	S8118840H
Date Of Birth	11/01/1981
Occupation	INDOOR
Date Of Driving Pass	27/11/2000
Driving Experience	18 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90085401
Fax Number	
Contact Number	OFFICE-90085401
Email Address	NOEMAIL

Address	BLK 385 BUKIT BATOK WEST AVENUE 5 #25-340
Postcode	650385
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	CHAIN COLLISION
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	3
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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

REFER TO 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	SHC5100B
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)	3

Passenger 1

NAME: :

GENDER: :

Passenger 2

NAME: :

GENDER: :

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SKB9812Z

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

SKETCH PLAN

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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.
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:

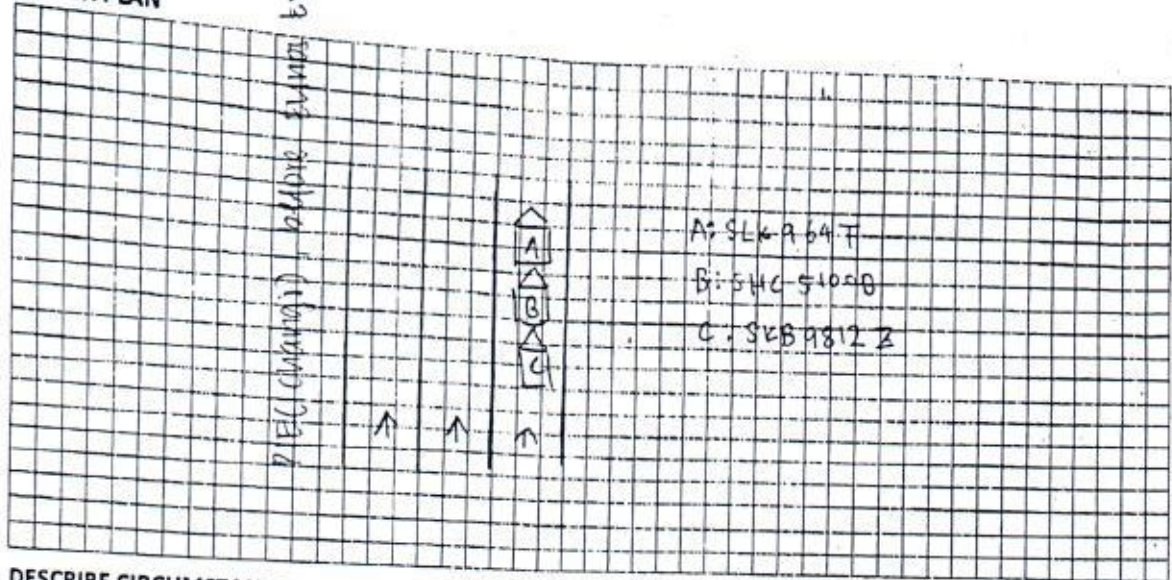
- (a) My Insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my Insurer (collectively the "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 Person's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date & time, I, vehicle A, SLK 9647, was traveling straight along the stated venue. As I saw that there was an accident in front, I immediately applied my brakes, without contacting the front vehicle. Shortly after I felt an impact on my stationary vehicle's rear portion. I then realised that I was involved in a chain collision of 3 vehicles.

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:

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

SIARMC SketchPlanForm_V3

ACCIDENT STATEMENT

ACCIDENT DATE: (12 / 04 / 2019) (DD/MM/YYYY), TIME: (20:50) (HH:MM)

LOCATION: PLE CHANGI BEFORE EUNOS.

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLK 964 T.
 b) INSURANCE COMPANY: ALLIANZ
 c) POLICY NUMBER: 111111
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: BMW 1235
 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: Gannappan s/o Unimuttu (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S8118840H CONTACT: 90085401
 c) ADDRESS: 385 Bukit Batok West Ave 5,
 #27-340 S(650385)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

* No of passenger
 (Including driver)
 (01)

DRIVER (MALE / FEMALE)

- a) NAME: CONTACT:
 b) NRIC/FIN/PASSPORT:
 c) ADDRESS:

* d) DATE OF BIRTH: (11 / 01 / 1981) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE:

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: driver

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

* No of passenger
 (Including driver)
 (03) male

- a) VEHICLE NUMBER: SHC5100B MODEL:
 b) DRIVER'S NAME:
 c) NRIC/FIN/PASSPORT: CONTACT:

9. THIRD PARTY VEHICLE

* No of passenger
 (Including driver)
 (01) male

- d) VEHICLE NUMBER: SLB90127 MODEL:
 e) DRIVER'S NAME:
 f) NRIC/FIN/PASSPORT: CONTACT:

email =

fax =

Ntc with driver ante.

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S8118840H

Name:

GANNAPPAN S/O MANIMUTHU

Birth Date: 11 Jan 1981

Issue Date: 08 Nov 2003



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S8118840H



Name

GANNAPPAN S/O MANIMUTHU



கண்ணப்பன்

Race

INDIAN

Date of birth

11-01-1981

Sex

M

Country of birth

MALAYSIA



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

PASS DATE

Class 2B Motorcycles \leq 200 CC
Class 2A Motorcycles between 201 CC and 400 CC
Class 2 Motorcycles $>$ 400 CC
Class 3 Motor cars \leq 3000 kg with \leq 7 passengers, exclusive of the driver; and motor tractors/vehicles \leq 2500 kg

26 Feb 2007
29 Apr 2008
03 May 2013
27 Nov 2000

S8118840H

S / No. 9000171402

Licence No: S8118840H

NP 428A

4670565



NRIC No. S8118840H



Date of Issue
20-01-2011

Address

APT BLK 385 BUKIT BATOK WEST AVENUE 5
#25-340
SINGAPORE 650385

(i) TO all ...

eBaoTech

GeneralClaim

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="12/04/2019 20:50"/>
Vehicle No.(For Motor)	<input type="text" value="SLK964T"/>	Certificate Number	<input type="text"/>
<input type="button" value="Search"/>			

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRJC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5087665008-02		GANNAPPAN S/O MANIMUTHU	S8118840H	GPC	drive CLASSIC	SLK964T	SLK964T	25/01/2019	24/01/2020

▼ Policy Information

Policy No.	5087665008-02	Policyholder Name	GANNAPPAN S/O MANIMUTHU	Policyholder NRIC	S8118840H
Certificate No.					
Address	BLK 385 #25-340 BUKIT BATOK WEST AVENUE 5 SINGAPORE 650385				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	04/12/2018	Effective Date	25/01/2019 00:00	Expiry Date	24/01/2020 23:59
Excess Type		All Claims Excess			
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	Young/Inexperience Driver Excess	
Agent	DICKSON INSURANCE AGENCY	Agent Tel.	63447667	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ Policyholder Mailing Address

Address 1	BLK 385 #25-340	Address 2	BUKIT BATOK WEST AVENUE 5	Address 3	SINGAPORE 650385
Address 4		Address Type	Singapore address	Post Code	650385
Unit No.		Related Policy Number	5075560061-03		

▶ Insured Object: SLK964T

▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
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Continue

Cancel

Claim Handling

• Exit

Accident MT/1040300

Policy No.	508765008-02	Vehicle No.	SLK964T	GST Registration No.	
Certificate No.					
Policyholder Name	GANNAPPAN S/O MANIMUTHU			Policyholder NRIC	S8118840H
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	90085401	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	
KFR	<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(%)	50	Private Hire	No

Accident Details

Report Date	15/04/2019 21:53	Accident Report Within 24 hrs	Yes	Accident Type	Chain Collision
Date of Accident	12/04/2019	Time of Accident (h:mm)	20:50	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	P1E (CHANGI) BEFORE BUNOS LINK EXIT				

Excess

Own damage Excess	600.00	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	0.00		

Benefits

GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

Policyholder Mailing Address

Address 1	BLK 385 #25-340	Address 2	BUKIT BATOK WEST AVENUE 5	Address 3	SINGAPORE 650385
Address 4		Address Type	Singapore address	Post Code	650385
Unit No.		Related Policy Number	5075560061-03		

OT Driver Info

Driver Name	GANNAPPAN S/O MANIMUTHU	Driver Type	Main Driver	Driver DOB	11/01/1981
Unnamed driver Name		Driver NRIC	S8118840H	Driving Experience	18
Register Date of Driver License	27/11/2000	Driver Age	38	Contact No.(Home)	0
Contact No.(Mobile)	90085401	Contact No.(Office)	0	Address 3	SINGAPORE 650385
Address 1	BLK 385	Address 2	BUKIT BATOK WEST AVENUE 5	Post Code	650385
Address 4		Address Type	Singapore address		
Unit No.	25-340				
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?	<input type="radio"/> Yes <input checked="" type="radio"/> No
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Modification History

Claim 001

New

Claim Type *	DD-MX	Insured Name	GANNAPPAN S/O MANIMUTHU	Insured NRIC	S8118840H
Contact No.(Mobile)	90085401	Contact No.(Home)	68955596	Contact No.(Office)	
Email Address	gannappan@hotmail.com	O1 Vehicle Number	SLK964T	TP Vehicle Number	SHC51008
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SLK964T / SHC51008 ON 12 Apr 2019				
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	15/04/2019 21:55	Claim Close Date		Date Received	15/04/2019 00:00
Report Taken By	Jackson				

☒ Print AK letter

Save Submit

Attachment

Accident No.	MT/1040300	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	15/04/2019 21:56

Path *	Category *	Confidential	Urgency *	Description *
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Browse...
Clean
Please Select
TVG
Normal










Browse...
Clean
Please Select
TVG
Normal

Browse...
Clean
Please Select
TVG
Normal

Browse...
Clean
Please Select
TVG
Normal

☐ Send Message
 Upload

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Map Sent? (CO)	Action
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 15 Apr 2019 21:56	NRIC/ Driving License	normal	NRIC/ Driving License 2019-4-15		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 15 Apr 2019 21:56	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-4-15		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 15 Apr 2019 21:55	SAS	Normal	SAS 2019-4-15		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 15 Apr 2019 21:55	Photos	Normal	Photos 2019-4-15		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 15 Apr 2019 21:55	Photos	Normal	Photos 2019-4-15		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 15 Apr 2019 21:55	Photos	Normal	Photos 2019-4-15		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 15 Apr 2019 21:55	Photos	Normal	Photos 2019-4-15		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 15 Apr 2019 21:55	Photos	Normal	Photos 2019-4-15		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 15 Apr 2019 21:55	Photos	Normal	Photos 2019-4-15		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 15 Apr 2019 21:55	Photos	Normal	Photos 2019-4-15		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 15 Apr 2019 21:55	Photos	Normal	Photos 2019-4-15		Edit

Video List

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