

NATIONAL Assessment Centre Services

Date In: 02/05/19	Job description	Date & Time Completed	Done by
Ref No: NA/INC19007682/13	SAS e-filing		
Veh No: SLD97254	E-mail (within 8hrs, AIC 2hrs)		
DOA: 01/05/19 0620	i-Motor Claim Form	MT/1043726 - 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 Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SLL2137/SLL2133	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

NA1903217	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);	1st 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		
QC Checked by (Engr-In-Charge):	5) iT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:-	For claiming against INC Only (wef 10 Jan 2005)		
Cat 1:	6) TR: Re-inspection \$75		
Cat 2/3:	7) N1: 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		
	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	02/05/2019 09:28
Date Of Accident	01/05/2019 06:20
Exact Location Of Accident	CTE TWDS AYE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLD9725U
Insured/Policyholder	
Name Of Registered Owner	SUNIL GANESH KAMATH
NRIC No	S2720162H
Email Address	SUNILKAMATH.SIN@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91803114
Alternative Phone No	OTHERS-91803114

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	B180
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	5084194799-02
Cover Note Number	

Driver

Name of Driver	SUNIL GANESH KAMATH
NRIC No	S2720162H
Date Of Birth	19/04/1965
Occupation	INDOOR
Date Of Driving Pass	26/10/2017
Driving Experience	1 YEAR AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91803114
Fax Number	
Contact Number	OTHERS-91803114
Email Address	SUNILKAMATH.SIN@GMAIL.COM

Address	8 BUTTERWORTH LANE #03-12
Postcode	439423
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	COLLISION - HEAD TO REAR
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?	YES
If Yes, Please state which Police Station	
Police Station Name	JOO CHIAT NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: 267 ONAN ROAD , POSTCODE: 424773 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-3459999 - FAX NO: 64474181
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20190501/2059

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	UNKNOWN
Vehicle Make/Model/Colour	SLL3137 OR SLL3133 (VEH NO)
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)

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**.
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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:

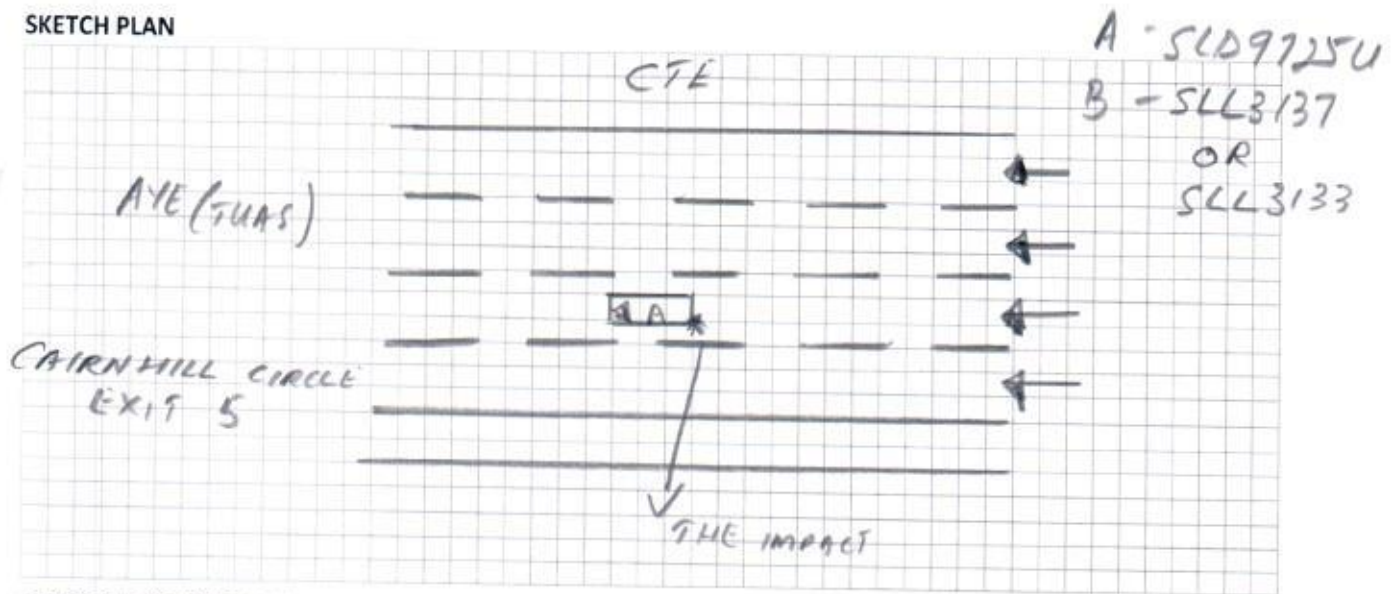
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

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

Pls refer to the police report: 7/20190501/2059

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



SINGAPORE POLICE FORCE



T/20190501/2059

Police Station Of Origin:
Joo Chiat NPP
267 Onan Road SINGAPORE 424773
Tel No: 1800-3459999

1 of 3

Report No. T/20190501/2059

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/05/2019 15:25		Vide Report No.: G/20190501/0085	Station Diary No.: 22
Informant's Particulars			
Name of Informant: SUNIL GANESH KAMATH		Address: 8 BUTTERWORTH LANE #03-12 SINGAPORE 439423	
ID Type / ID No.: NRIC NO / S2720162H		Contact No.: Home/Office:	Mobile: 91803114
Nationality: INDIAN		Email:	
Sex: Male	Age: 54	Date of Birth: 19/04/1965	Type of Informant: Driver
Race: Indian		Language:	Institution / School Name:
Occupation: Chief operating officer/General Manager		Driving Licence Information: Class:	Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 01/05/2019 06:20	Type of Location:
Location: Along Road 1 Traveling Toward Road 2 CENTRAL EXPRESSWAY AYER RAJAH EXPRESSWAY				
Weather: Clear	Road Surface: Dry	Road Speed Limit:		
Traffic Flow:	Traffic Control:	Traffic Volume: Light		
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLD9725U	Car	MERCEDES BENZ	B180	Black	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLD9725U	NTUC Income Insurance Co-Operative Limited	5084194799-02	20/09/2018	19/09/2019



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Joo Chiat NPP
267 Onan Road SINGAPORE 424773
Tel No: 1800-3459999



T/20190501/2059

2 of 3

Report No. T/20190501/2059

CONTINUATION OF REPORT

Brief Details.

On the above mentioned date place and time, I am travelling on the third lane of the said road,

Suddenly I felt an impact from the rear and I notice that the silver Mazda had bang on my vehicle rear, the said vehicle then drove off at a fast speed without stopping at the fourth lane and exit at exit number 5. The said vehicle plate number its either SLL3137 OR SLL3133.

Subsequently I called for police assistance, after the arrival of the Traffic Police, I told the officer what happen and was advise to lodge a police report.

I do not have any in-car camera in my vehicle.

The left rear left fender were damage.
Lodging for insurance purpose.



**SINGAPORE
POLICE FORCE**



T/20190501/2059

Police Station Of Origin:
Joo Chiat NPP
267 Onan Road SINGAPORE 424773
Tel No: 1800-3459999

3 of 3

Report No. T/20190501/2059

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:

G /

Sgt 2 LIM XI HAO, NICHOLAS

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Staff Sgt MOHAMED SUFIAN BIN MOHAMED
JUNID

Contact No.: 65476247

Authentication Stamp

NP168



SINGAPORE
POLICE FORCE

SIGNATURE

Signature Of Informant:

Date/Time:

01/05/2019 15:25

Classification Of Case:

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S2720162H



Name

SUNIL GANESH KAMATH

Race

INDIAN

Date of birth

19-04-1965

Country/Place of birth

INDIA

Sex

M



REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S2720162H

SUNIL GANESH KAMATH

Birth Date: 19 Apr 1965

Issue Date: 26 Oct 2017



9405481



NRIC No. S2720162H



Nationality

INDIAN

Date of issue

24-05-2016

Address

8 BUTTERWORTH LANE
#03-12
SINGAPORE 439423

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

EFFECTIVE DATE

Class 3A Motor cars without clutch pedals (Auto) with unladen weight \leq 3000kg with \leq 7 passengers, exclusive of driver; and other motor vehicles without clutch pedals with unladen weight \leq 2500kg 26 Oct 2017

NP 428A



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: 5084194799-02

Cover : drive CLASSIC

1. Index mark and Registration Number of Vehicle : **SLD9725U**
Chassis Number : **WDD2452322J591393**
2. Name of Policyholder : **SUNIL GANESH KAMATH**
3. Effective Date of Insurance : **20 Sep 2018**
4. Expiry Date of Insurance : **19 Sep 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	: YES (FREE)
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: SUREKHA SUNIL KAMATH
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: SING INVESTMENTS & FINANCE 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 : LAY AUTO PTE. LTD. (00000615055)
Date of Issue : 17 Sep 2018 13:26 hrs
Reprint : 17 Sep 2018 13:27 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

Claim Handling

Accident MT/1042726

Policy No.	5084194799-02	Vehicle No.	SLD9725U	GST Registration No.
Certificate No.				
Policyholder Name	SUNIL GANESH KAMATH			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading
Contact No.(Mobile)	91803114	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(%)	50	Private Hire

▼ Accident Details

Report Date	03/05/2019 10:43	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	01/05/2019	Time of Accident hh:mm	06:20	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	CTE TWDS AYE			

▼ Excess

Own damage Excess	600.00	Additional Excess	0	Windscreen Excess
Unnamed Driver Excess	500.00	Outside Singapore OD Excess		
Third Party Excess	0.00	Outside Singapore TP Excess	600.00	

▼ Benefits

▼ GST Registered Information

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

▼ Policyholder Mailing Address

Address 1	8 BUTTERWORTH LANE	Address 2	#03-12 BUTTERWORTH 8	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5084194799-02	

▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB
Unnamed driver Name	SUNIL GANESH KAMATH	Driver NRIC	S2720162H	Driving Experience
Register Date of Driver License	26/10/2017	Driver Age	54	Contact No.(Home)
Contact No.(Mobile)	91803114	Contact No.(Office)	0	Address 3
Address 1	8 BUTTERWORTH LANE	Address 2	BUTTERWORTH 8	Post Code
Address 4		Address Type	Singapore address	
Unit No.	#03-12			
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
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Modification History

Claim 001 OD-MX

New

Claim Type *

Contact No.(Mobile)

Email Address

Claim Description

Preferred Workshop	<input type="text"/>	Insured Liability	Not at Fault	GIA report	Received
Workshop No.	<input type="text"/>	Repair Option	Preferred Workshop, Name unknown		
Date Registered	<input type="text"/>				
Report Taken By	<input type="text"/>				
<input checked="" type="checkbox"/> Print AK letter					

OD-MX	Insured Name	SUNIL I
91803114	Contact No. (Home)	684684
sunilkamath.sin@gmail.com	OI Vehicle Number	SLD972
SLD9725U / SLL3137/SLL3133 ON 1 May 2019		

03/05/2019 10:49	Claim Close Date	
ROSLINDA	Workshop Repairer	

Save Submit

Attachment

Accident No.

MT/1042726

Claim No.

001

Last Doc. Received

☒ Yes ☐ No

Upload Date

03/05/2019 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

Clear

Clear

Clear

Clear

Clear

Category *

Please Select

Please Select

Please Select

Please Select

Please Select

Please Select

Confidential

NO

NO

NO

NO

NO

NO

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Des
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 May 2019 10:49	NRIC/ Driving License	Normal	NRIC/ Driving
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 May 2019 10:49	SAS	Normal	SAS
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 May 2019 10:49	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 May 2019 10:49	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 May 2019 10:48	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 May 2019 10:48	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 May 2019 10:48	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 May 2019 10:48	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 May 2019 10:48	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 May 2019 10:48	Photos	Normal	Photos

Video List

Uploaded By/Date

Folder Date

File Name



Display in New Window

Scan and uploading