

NATIONAL Assessment Centre Services. [ver 1 Jan 00]

19 MAY 19 06 42

Date In:	Job description	Date & Time Completed	Done by
22/05/2009 19:10	SAS e-filing		
Ref No: NPA/INC/90090814	E-mail (30 mins, AIC 2hrs)		
Veh No: SKL 9965M	I-Motor Claim Form	M710045632-001	22/05/2009
DOA: 22/05/2009 15:10	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		19:26
OID: (TP) Reporting Only	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Witness		

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

TP Particulars: Veh No: ST 287L 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: ( )

- Reminders:
- 1) Apply for Transport Allowance ( ) / Courtesy Car ( )
  - 2) QC Check / Post Repair Inspection ( )
  - 3) Upload Resurvey Photo [Repair Cost > \$3000] ( )

Injury: \_\_\_\_\_

Date/Time	Accident

NPA/903767

Client/Insurer/Party	Item	Amount	INC ( )
Driver/Owner:	1) AR: Accident Reporting (\$30)		
	2) DA: Damage Assessment (\$100)		INC (\$20)
Contact No:	3) TP: Towing Fee	\$40/\$45	
	4) PT: Follow-Through Survey	\$120	
Damaged Portion:	5) PT: Follow-Through Survey (Resurvey)	\$30	
	6) TR: Re-inspection	\$75	
QC Checked by (Engr-In-Charge):	7) NI: Idea DA + SMRT Survey	\$160	
	8) NTUC Additional Services:-		
Auditor Comment:	9) NI: Idea Mobile	\$30	
	10) NI: Idea Mobile		

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	22/05/2019 19:10
Date Of Accident	22/05/2019 15:10
Exact Location Of Accident	BLK 235 YISHUN STREET 21 CARPARK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKL9965M
<b>Insured/Policyholder</b>	
Name Of Registered Owner	HARVEST TOURS
Co Reg No	53064193C
Email Address	KRAJEEVLAL@GMAIL.COM
Mobile Phone No	(LOCAL) +65-94873412
Alternative Phone No	OFFICE-94873412

### Vehicle Particulars

Manufacturer	TOYOTA
Model	ALPHARD
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	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5092967466-01
Cover Note Number	

### Driver

Name of Driver	K RAJEEV LAL
NRIC No	S1838984C
Date Of Birth	17/08/1965
Occupation	OUTDOOR
Date Of Driving Pass	30/06/1986
Driving Experience	32 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94873412
Fax Number	
Contact Number	OTHERS-94873412
Email Address	KRAJEEVLAL@GMAIL.COM

Address	BLK 676A YISHUN RING ROAD #03-1908
Postcode	761676
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	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 (TYPE OF COLLISION IS HEAD TO SIDE)

#### 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	SJT2857L
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)	

## SKETCH PLAN

### 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. 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: *Reshmi*  
NRIC/FIN No.:

SKETCH PLAN

Parking lots

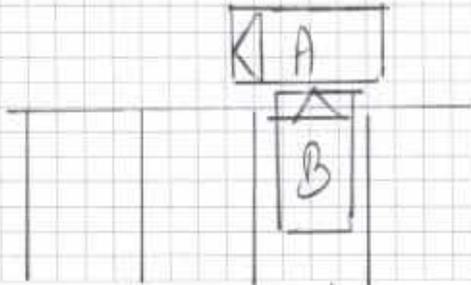
BLK 235 YISHUN ST 21  
CAR PARK



Parking lots

A) SKL 9965M

B) SGT 2857L



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Parking lots

ON 22/05/2019 AT ABOUT 15:10HRS I WAS AT BLK 235 YISHUN ST 21 CAR PARK AND WANTED TO EXIT. SUDDENLY A CAR SGT 2857L CAME OUT FROM THE PARKING LOT & HIT MY CAR SKL 9965M & DAMAGED THE LEFT DOOR OF MY CAR.

DECLARATION

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



Policyholder's Signature  
Date & Time:

*[Handwritten Signature]*

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

*[Handwritten Signature]*  
22/05/2019  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

Claim Handling

Accident MT/1045032

Policy No.	SD12967466-01	Vehicle No.	SKL9965H	GST Registration No.	
Certificate No.					
Policyholder Name	HARVEST TOURS			Policyholder NRIC	53064193C
Product Code	PRIVATE CAR INSURANCE	Cover Type	Third Party, Fire & Theft	Leading	0
Contact No.(Mobile)	94873412	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFC	<input type="checkbox"/> No <input type="checkbox"/> Yes	TCA	<input type="checkbox"/> No <input type="checkbox"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	10	Private Hire	No

**Accident Details**

Report Date	22/05/2019 19:17	Accident Report Within 24 hrs	Yes	Accident Type	Others
Date of Accident	22/05/2019	Time of Accident hh:mm	15:10	Country of Accident	Singapore
Reporting Centre		Orange Force		IDM No.	
Accident Location	BLK 235 YISHUN STREET 23 CARPARK				

**Excess**

Own Damage Excess	0.00	Additional Excess	0	Windscreen Excess	0.00
Unnamed Driver Excess		Outside Singapore OD Excess	0.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		

**GST Registered Information**

GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History	22/05/2019 19:24:04 System changed GST Status Verified from No to Yes				

**Policyholder Mailing Address**

Address 1	35 KALLANG PUDDING ROAD	Address 2	#08-02C TONG LEE BUILDING 1	Address 3	SINGAPORE 349314
Address 4		Address Type	Singapore address	Post Code	349314
Unit No.	08-02C	Related Policy Number	5097967466-01		

**DI Driver Info**

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed Driver Name	K RAJEEV LAL	Driver NRIC	S1838984C	Driver DOB	17/09/1965
Register Date of Driver License	30/06/1986	Driver Age	53	Driving Experience	32
Contact No.(Mobile)	94873412	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 676A #08-02	Address 2	YISHUN RING ROAD	Address 3	PARK GROVE @ YISHUN
Address 4	SINGAPORE 761676	Address Type	Foreign address	Post Code	761676
Unit No.	08-02				
Does he own a Singapore Registered car?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Driver Vehicle No.		Driver Insurer Company	

**Declaration**

Breathalyzer or Blood Test Reading?	0 mg	Any Injury?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Modification History

Claim 001 **Next**

Claim Type *	OD-MX	Insured Name	HARVEST TOURS	Insured NRIC	53064193C
Contact No.(Mobile)	97642712	Contact No.(Home)		Contact No.(Office)	Nil
Email Address		DI Vehicle Number	SKL9965H	TP Vehicle Number	SJT2857L
Claim Description	SKL9965H / SJT2857L ON 22 May 2019				
Preferred Workshop		Insured Liability	Not at Fault	DI Report	Received
Badged Repair Option	Preferred Workshop, Name unknown				
Date Registered	22/05/2019 19:26	Claim Close Date		Date Received	22/05/2019 00:00
Report Taken By	ROSLI WAHAB				

Print AK Inlet

Save Submit

Attachment

Accident No.	MT/1045032	Claim No.	001
Last Doc. Received	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Upload Date	22/05/2019 19:26

Choose File	Category *	Confidential	Urgency *	Description *
No file chosen	Please Select	NO	Normal	
No file chosen	Please Select	NO	Normal	
No file chosen	Please Select	NO	Normal	
No file chosen	Please Select	NO	Normal	
No file chosen	Please Select	NO	Normal	
No file chosen	Please Select	NO	Normal	
No file chosen	Please Select	NO	Normal	

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent (CD)
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 22 May 2019 19:26	Photos	Normal	Photos 2019-5-22	
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 22 May 2019 19:26	Photos	Normal	Photos 2019-5-22	
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 22 May 2019 19:26	Photos	Normal	Photos 2019-5-22	



NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 22 May 2019 19:26	Photos	Normal	Photos 2019-5-22
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 22 May 2019 19:26	Photos	Normal	Photos 2019-5-22
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 22 May 2019 19:26	Photos	Normal	Photos 2019-5-22
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 22 May 2019 19:26	Photos	Normal	Photos 2019-5-22
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 22 May 2019 19:26	Photos	Normal	Photos 2019-5-22
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 22 May 2019 19:26	Photos	Normal	Photos 2019-5-22
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 22 May 2019 19:26	Photos	Normal	Photos 2019-5-22
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 22 May 2019 19:26	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-5-22
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 22 May 2019 19:26	SAS	Normal	SAS 2019-5-22

Video List

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

# ACCIDENT STATEMENT

ACCIDENT DATE: 22/5/2019 (DD/MM/YYYY), TIME: 15:10 (HH:MM)

LOCATION: BK238 Yishun St 21 Cao Park

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: S1EL 9965M  
b) INSURANCE COMPANY: Income  
c) POLICY NUMBER: 5092967466-01  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: TOYOTA A Alphard  
f) TYPE: (SAEON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: Personal  
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: HARVEST TOURS (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: 56024193C CONTACT: 53064193C  
c) ADDRESS: 35 Kallang Building Rd #02-02  
5349314

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

## DRIVER

- a) NAME: K. RAJEEV LAL (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S183895Ac CONTACT: 94873212  
c) ADDRESS: BK 676A YISHUN RING ROAD  
#03-1908 5761676

\*d) DATE OF BIRTH: (12/08/1965) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 30061986

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

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

- a) VEHICLE NUMBER: SST 2857 L MODEL: \_\_\_\_\_  
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)  
( )

\* No of passenger  
(Including driver)  
( )

\* No of passenger  
(Including driver)  
( )

email = krageevila@gmail.com

VIDEO

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S1838984C



Name  
**K RAJEEV LAL**

Race  
**MALAYALEE**  
Date of birth  
**17-08-1965**  
Country of birth  
**SINGAPORE**

Sex  
**M**

REPUBLIC OF SINGAPORE DRIVING LICENCE



License Number **S1838984C**

Name  
**K RAJEEV LAL**

Birth Date **17 Aug 1965**  
Issue Date **12 May 2003**



4349364

NRIC No. **S1838984C**



Date of issue  
**07-02-2009**

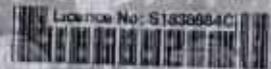
**APT BLK 676A YISHUN RING ROAD #03-1808  
SINGAPORE 761678**

NRIC No: **S1838984C**

Date: **05/01/2018**

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES.

	PASS DATE
Class 2B Motorcycles not exceeding 200 cc	12 Sep 2001
Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2,000 kilograms	30 Jun 1966
Class 4 Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kilograms	09 Sep 1965
Class 5 Motor Vehicles which are not constructed themselves to carry any load and the weight of which unladen exceeds 7250 kilograms	25 Sep 1963



NP 426A

Hello, NAC\_BUKIT\_MERAH\_800676

Change Language Change Password Log Out

My Desktop  
Notice of Loss

Policy Query

Policy No.

Vehicle No. (For Motor)

Date of Accident

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"/>	5092967466-01		HARVEST TOURS	53064193C	GPC	Third Party, Fire & Theft	SKL9965M	SKL9965M	06/08/2018	05/08/2019

Continue