NATIONAL Assessment Centre Services MXAY19075729

	Job description	Date & Time Completed	Done by
Date In: 10/06/20 19:53	SAS e-filing		
Ref No: NBA/INC/90102371/Y	E-mail (within 8hrs, AIC 2hrs)		
Veh No: SFB 8508T	i-Motor Claim Form	M7/1048451-001	11/06/2019
D.O.A: 24/05/2019 14:00	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
OD (TP) Reporting Only	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: SLU 5922D 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

NA1904360

Claimant's Particulars :-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments :-

Cat. 1:

Cat. 2 / 3:

Invoice Preparation Checklist		Amt ($) 1st Bill	Amt ($) Add.Bill
1) AR : Accident Reporting ($30);			
2) DA : Damage Assessment ($100);	INC ($60)		
3) TF : Towing Fee	$40/$45		
4) FT : Follow-Through Survey	$120		
5) FT : Follow-Through Survey (Resurvey)	$30		
For claim/s against INC Only (wef 10 Jan 2005)			
6) TR : Re-inspection	$75		
7) N1 : Idea DA + SMRT Survey	$160		
8) NTUC Additional Services:-			
QH:			
*N5: Courtesy Car / Tpt Allowance	$5		
*N6: Repair Co-ordination	$10		
*N7: Post Repair Inspection	$25		
*N8: OV / Collect Excess Coordination	$5		
TP(N11) : TP (Non INC) against INC	$20		
9) N12: Idea Mobile	30		
Invoice dated	Fee Charged		
Invoice dated	Fee Charged		

1 / 1 'd

07-MAY-2019 16:39

Your NCD will be affected due to late reporting
Actual e-Filling Submission Date & Time: 11/06/2019 10:13

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	10/06/2019 19:53
Date Of Accident	24/05/2019 14:00
Exact Location Of Accident	24 RACE COURSE ROAD (S 218548)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFB8508T
Insured/Policyholder	
Name Of Registered Owner	GUNA'S CATERING SERVICES PTE LTD
Co Reg No	201800509D
Email Address	GUNASRESTAURANT2426@GMAIL.COM
Mobile Phone No	(LOCAL) +65-82643669
Alternative Phone No	OFFICE-82643669
Vehicle Particulars	
Manufacturer	BMW
Model	523I
Exact Purpose for which vehicle was being used at time of accident	CAR WAS PARKED
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5099053634
Cover Note Number	
Driver	
Name of Driver	NAVITHA D/O AMARDAM
NRIC No	S8113209G
Date Of Birth	22/04/1981
Occupation	INDOOR
Date Of Driving Pass	12/10/2016
Driving Experience	2 YEARS AND 7 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-82643669
Fax Number	
Contact Number	OTHERS-82643669
EMail Address	NITHANATHAN2527@GMAIL.COM

Address	BLK 326 SEMBAWANG CRESCENT #02-52
Postcode	750326
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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)	0

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

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH OWNER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLU5922D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	JEFFREY LEE TIAN SIANG
NRIC/Passport Number	S1749912B
Contact Number	83134008
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

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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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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:

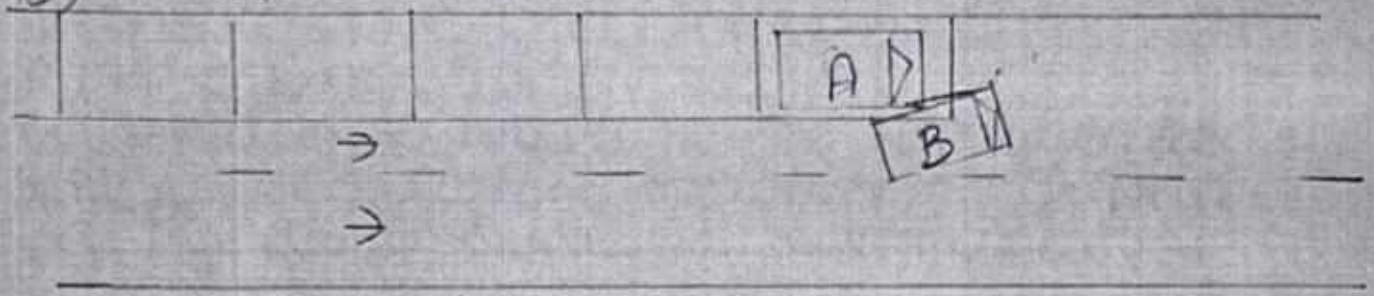
11/06/2019

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

A) STB8508T

B) SLU 5922D

(NO. 24/26)



RACE COURSE ROAD

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

My vehicle was parked @
2426 Race Course Road, i was working and heard a loud squeekte sound..
My vehicle was rubbed by the side of another vehicle SLU 5922D and the driver mr Jeffrey Lee Tian Siang of NRIC NO : S-1749912-B

Myself and the Driver (Jeffrey) had a direct conversation to settle personal.
But till up to date he keeps avoiding all my calls drag any settlement and keeps giving excuses.

DECLARATION

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

QUALS CATERING SERVICES PTE LTD Reg No: 201800580D

Policyholder's Signature
Date & Time:

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

11/06/2019

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

Claim Handling

Accident MT/1048451

Policy No.	3050053634	Vehicle No.	SFB8508T	GST Registration No.	
Certificate No.					
Policyholder Name	GUNA'S CATERING SERVICES PTE LTD			Policyholder NRIC	201809090
Product Code	PRIVATE CAR INSURANCE	Cover Type	Elite CLASSIC	Loading	0
Contact No.(Mobile)	82643669	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
ATPC	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No

Accident Details

Report Date	11/06/2019 10:18	Accident Report Within 24 hrs	Yes	Accident Type	Damaged whilst parked
Date of Accident	24/05/2019	Time of Accident Hh:mm	14:00	Country of Accident	Singapore
Reporting Centre		Change Force		ICM No.	
Accident Location	24 RACE COURSE ROAD (S 218548)				

Excess

Own damage Excess	600.00	Additional Excess	500	Windscreen Excess	100.00
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	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History	11/06/2019 10:21:57 System changed GST Status Verified from No to Yes		

Policyholder Mailing Address

Address 1	8 SELAN SHAER	Address 2	SEMBAWANG SPRINGS ESTATE	Address 3	SINGAPORE 769293
Address 4		Address Type	Singapore address	Post Code	769293
Unit No.		Related Policy Number	5067327015-01		

01 Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	NAVITHA D/O KHANDIAH	Driver NRIC	S8113209G	Driver DOB	22/04/1981
Register Date of Driver License	12/10/2010	Driver Age	38	Driving Experience	7
Contact No.(Mobile)	82643669	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 326 #03-52	Address 2	SEMBAWANG CRESCENT	Address 3	SINGAPORE 750326
Address 4		Address Type	Foreign address	Post Code	750326
Unit No.	03-52				
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.	SFB8508T	Driver Insurer Company	NTUC

Declaration

Breathalyser or Blood Test reading?	0 mg	Any injury?	Yes No

Modification History

Claim 001 New

Claim Type *	OD-MR	Insured Name	GUNA'S CATERING SERVICES PT	Insured NRIC	201809090
Contact No.(Mobile)		Contact No. (Home)		Contact No. (Office)	82643669
Email Address		DI Vehicle Number	SFB8508T	TP Vehicle Number	SLJ5922D
Claim Description	SFB8508T / SLJ5922D ON 24 May 2019			Name of Preferred Workshop	
Preferred Workshop		Insured Liability	Not at Fault		
Contact No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	11/06/2019 10:24	Claim Close Date		Date Received	11/06/2019 00:00
Report Taken By	ROZILI WAHAB				

Print IM letter

Save Submit

Attachment

Accident No.	MT/1048451	Claim No.	001
Last Doc. Received	* Yes No	Upload Date	11/06/2019 10:25

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

Message Reset Send Message

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CD)
	NAC_BUKIT_MERAH_8006761 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Jun 2019 10:25	Photos	Normal	Photos 2019-6-11	
	NAC_BUKIT_MERAH_8006761 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Jun 2019 10:25	Photos	Normal	Photos 2019-6-11	
	NAC_BUKIT_MERAH_8006761 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Jun 2019 10:24	Photos	Normal	Photos 2019-6-11	

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 11 Jun 2019 10:24	Photos	Normal	Photos 2019-6-11
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 11 Jun 2019 10:24	Photos	Normal	Photos 2019-6-11
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 11 Jun 2019 10:24	Photos	Normal	Photos 2019-6-11
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 11 Jun 2019 10:24	Photos	Normal	Photos 2019-6-11
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 11 Jun 2019 10:24	Photos	Normal	Photos 2019-6-11
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 11 Jun 2019 10:24	Photos	Normal	Photos 2019-6-11
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 11 Jun 2019 10:24	Photos	Normal	Photos 2019-6-11
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 11 Jun 2019 10:24	Photos	Normal	Photos 2019-6-11
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 11 Jun 2019 10:24	Photos	Normal	Photos 2019-6-11
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 11 Jun 2019 10:24	SRS	Normal	SRS 2019-6-11
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 11 Jun 2019 10:24	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-6-11

Video List

Uploaded by/Date	Folder Date	File Name	Source	Action

Display in New Window | Scan and uploading

ACCIDENT STATEMENT

ACCIDENT DATE: (24/05/2019) (DD/MM/YYYY), TIME: (1400 1430) (HH:MM)

LOCATION: 24 RACE COURSE ROAD (S 218548)

1. DETAILS OF VEHICLE
   a) VEHICLE NUMBER: SFB 8508 T
   b) INSURANCE COMPANY:
   c) POLICY NUMBER:
   d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT)
   e) MAKE & MODEL: BMW 523I
   f) TYPE: (SALOON) / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
   g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
   h) PURPOSE OF USING AT ACCIDENT TIME: PARKED
   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: GUNA'S CATERING SERVICES PTE LTD (MALE / FEMALE)
   b) NRIC/FIN/PASSPORT: CONTACT:
   c) ADDRESS:

   * CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

No of passenger (including driver) (0)

3. DRIVER
   a) NAME: NAVITHA AMARNAM (MALE / (FEMALE))
   b) NRIC/FIN/PASSPORT: S8113209-G CONTACT: 82643669
   c) ADDRESS: NO 8, JALAN SHAER

   *d) DATE OF BIRTH: (22/04/1981) (DD/MM/YYYY)
   e) OCCUPATION: (INDOOR / OUTDOOR)
   f) DATE OF DRIVING PASS 12 OCT 2016
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

No of passenger (including driver) (__)

   a) VEHICLE NUMBER: SLU 5922D MODEL:
   b) DRIVER'S NAME: [illegible]
   c) NRIC/FIN/PASSPORT: S7149912B CONTACT: 83134008
9. THIRD PARTY VEHICLE

No of passenger (including driver) (__)

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

email = nithanathan2527@gmail.com
VIDEO or
gunasrestaurant2426@gmail.com

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S8113209G

NAVITHA D/O AMARDAM

Race
INDIAN

Date of Birth
22-04-1981

Sex
F

Country of Birth
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

S8113209G

NAVITHA D/O AMARDAM

Birth Date: 22 Apr 1981

Issue Date: 12 Oct 2016

002619144A

For LKK/NAC Use Only

2989654

NRIC No: S8113209G

Blood Group: O+

Date of Issue: 12-11-1997

APT BLK 326 SEMBAWANG CRESCENT #02-52
SINGAPORE 750326

NRIC No: S8113209G Date: 09/12/2012

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

		EFFECTIVE DATE
Class 3A	Motor cars without clutch pedals (Auto) with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles without clutch pedals with unladen weight =< 2500kg	12 Oct 2016

Licence No:S8113209G

NP 428A

eBaoTech

GeneralClaim

Hello, NAC_BUKIT_MERAH_800676

Change Language | Change Password | Log Out

My Desktop

Notice of Loss

Policy Query

Policy No.

Vehicle No.(For Motor) SFB8508T

Date of Accident 24/05/2019 15:31

Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	5099053634		GUNA'S CATERING SERVICES PTE LTD	201800509D	GPC	drivo CLASSIC	SFB8508T	SFB8508T	29/03/2018	28/03/2019

Continue