

NATIONAL Assessment Centre Services [Print / Jargon] **2 MAY 2019 08:11:17**

Date In: 04/07/2019 14:20	Job description	Date & Time Completed	Done by
Ref No: NBA/INC/190118/14	SAS e-filing		
Veh No: Ym 1920 B	E-mail (within 8hrs, AIG 2hrs)		
D.O.A: 13/06/2018 14:20	i-Motor Claim Form	MT1050582-002	04/07/2019
OD: TP: Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		17:08
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by <u>Fax / Hand</u> to <u>Owner/Wksp</u>		

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

TP Particulars: Veh No: **SEG 7083Y** 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:	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:	Invoice Preparation Checklist	Am't (\$) In Bill	Am't (\$) Add. Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TP: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors' Comments:	5) FT: Follow-Through Survey (Resurvey) \$30		
Cat. J:	6) TR: Re-inspection \$75		
Cat. 2/3:	7) NI: Idem DA + SMRT Survey \$160		
1/1/18	8) NTUC Additional Services:		
	9) NI1: Convey Car / Tpl Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (NI1): TP (Non-INC) against INC \$20		
	9) NI2: Idem Mobile \$0		
	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 willful 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	04/07/2019 14:21
Date Of Accident	13/06/2018 14:30
Exact Location Of Accident	ALONG MACPERSON ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YM1902B
Insured/Policyholder	
Name Of Registered Owner	AMMAN SERVICES
Co Reg No	53175999K
Email Address	AMMANSERVICES7075@YAHOO.COM
Mobile Phone No	(LOCAL) +65-93844370
Alternative Phone No	OFFICE-93844370

Vehicle Particulars

Manufacturer	ISUZU
Model	FRR33P-8.2 D (M)
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	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	5074830573-02
Cover Note Number	

Driver

Name of Driver	VIJAKUMAR S/O NAVASIVAYAM
NRIC No	S7043988C
Date Of Birth	02/12/1970
Occupation	OUTDOOR
Date Of Driving Pass	03/05/1996
Driving Experience	22 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-93844370
Fax Number	
Contact Number	OTHERS-93844370
EMail Address	AMMANSERVICES7075@YAHOO.COM

Address	BLK 12 CANTONMENT CLOSE #02-13
Postcode	080012
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

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	SKG7083Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE HIRE
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

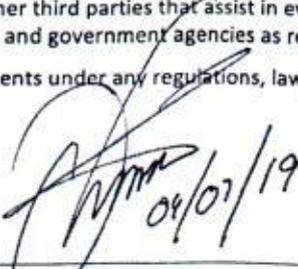
1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material facts may allow insurance companies to **repudiate policy liability**.
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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)**

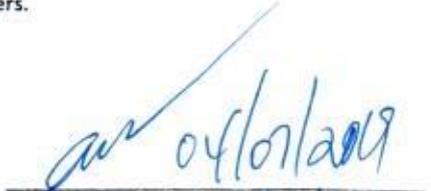
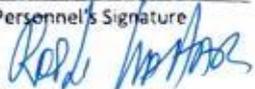
I understand, acknowledge, agree and consent that:

- (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.



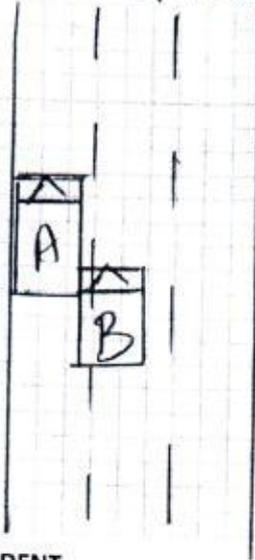
X
Policyholder's Signature
Date & Time:


Driver's Signature
(If driver is not the policyholder)
Date & Time: 08/07/19


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

SKETCH PLAN

ALONG MADEPAREWAN ROAD.



A) YM 1920B
 B) SKG 7083Y

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

13th June 2018 : 14:30 pm.

Dear Sir/Madam,

I was at maketers road driving my lorry YM 1902B I was at left lane. The road was narrow & a car SKG 7083Y came from behind my side & his ^{side} mirror hide my _{to side of lorry}.

Kindly take note we as ~~both~~ both drivers already settled among ourselves by written agreement letter & already email to the NTUC. As spoken last year the driver agreed not to claim as he was in the wrong. He told me that he was driving a rental car & will explained to the rental company & he will settle to them personally.

Kindly look into the matter as I am not agree to claim against my insurance policy.

DECLARATION

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



Policyholder's
 Date & Time:

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

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

[Handwritten Signature]
 04/07/19

[Handwritten Signature]
 04/07/2019
 Rosalita W. Hassan

Claim Handling

Accident MT/1050582

Policy No.	5074830573-02	Vehicle No.	YM1902B	GST Registration No.	
Certificate No.					
Policyholder Name	AMMAN SERVICES				
Product Code	COMMERCIAL VEHICLE INSURAN	Cover Type	Third Party, Fire & Theft	Policyholder NRIC	53175999K
Contact No.(Mobile)	NA	Contact No.(Office)		Leasing	0
Email Address		Special Remark		Contact No.(Home)	
KFK	No Yes	TCA	No Yes	eCode	No
NCD Protection	No	NCD Entitlement(%)	0	eCode Reason	
				Private Hire	No

Accident Details

Report Date	26/06/2019 09:06	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	13/06/2018	Time of Accident hh:mm	14:30	Country of Accident	Singapore
Reporting Centre		Drange Force		ICH No.	
Accident Location	MACHPERSON ROAD				

Excess

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

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 12 #02-13	Address 2	CANTONMENT CLOSE	Address 3	SINGAPORE 080012
Address 4		Address Type	Singapore address	Post Code	080012
Unit No.	03-296	Related Policy Number	5074830573-03		

OI Driver Info

Driver Name		Driver Type		Driver DOB	
Unnamed driver Name		Driver NRIC		Driving Experience	
Register Date of Driver License		Driver Age		Contact No.(Home)	
Contact No.(Mobile)		Contact No.(Office)		Address 3	
Address 1		Address 2		Post Code	
Address 4		Address Type	Foreign address		
Unit No.					
Does he own a Singapore Registered car?	Yes - No	Driver Vehicle No.		Driver Insurer Company	

Modification History

Claim 002 **New**

Claim Type *

Contact No.(Mobile)

Email Address

Claim Description

Preferred Workshop

Insured Name: AMMAN SERVICES, Insured NRIC: 53175999K

Contact No.(Home): 93547375, Contact No.(Office):

Vehicle Number: YM1902B, TP: SKG7083Y

Vehicle Name: YM1902B / SKG7083Y ON 13 Jun 2018, Name of Preferred Workshop:

Insured Liability: Not at Fault, Preferred Workshop, Name unknown, GIA report: Received

Date Registered: 04/07/2019 17:08, Claim Close Date: 04/07/2019 00:00

Report Taken By: ROSLI WAHAB

Save Submit

Attachment

Accident No.	MT/1050582	Claim No.	002
Last Doc. Received	Yes No	Upload Date	04/07/2019 17:08
Choose File	No file chosen	Category *	Confidential
Choose File	No file chosen	Urgency *	Normal
Choose File	No file chosen	Description *	
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Message Read			

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Mag Sent? (CD)
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 04 Jul 2019 17:08	Photos	Normal	Photos 2019-7-4	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 04 Jul 2019 17:08	Photos	Normal	Photos 2019-7-4	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 04 Jul 2019 17:08	Photos	Normal	Photos 2019-7-4	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 04 Jul 2019 17:08	Photos	Normal	Photos 2019-7-4	

Claim Handling(Claim Task)



NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 04 Jul 2019 17:08	Photos	Normal	Photos 2019-7-4
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 04 Jul 2019 17:08	Photos	Normal	Photos 2019-7-4
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 04 Jul 2019 17:08	Photos	Normal	Photos 2019-7-4
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 04 Jul 2019 17:08	Photos	Normal	Photos 2019-7-4
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 04 Jul 2019 17:08	SAS	Normal	SAS 2019-7-4
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 04 Jul 2019 17:08	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-7-4

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
		<input type="button" value="Display in New Window"/> <input type="button" value="Scan and uploading"/>		

ACCIDENT STATEMENT

ACCIDENT DATE: 13/06/2018 (DD/MM/YYYY), TIME: 14:30 (HH:MM)

LOCATION: Along Macpherson Road

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: YM 1907B
b) INSURANCE COMPANY: 5074830573-02
c) POLICY NUMBER: XMUC
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: ISUZU
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: work
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: AMMAN SERVICES (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: VITAKUMAR A/O NARASIVAYAN (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 92844370
c) ADDRESS: _____

*d) DATE OF BIRTH: 02/12/1970 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 01/05/1996

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: SKG7083Y MODEL: _____
b) DRIVER'S NAME: _____ CONTACT: _____
c) NRIC/FIN/PASSPORT: _____

9. THIRD PARTY VEHICLE

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

* No of passenger
(including driver)
()

* No of passenger
(including driver)
()

* No of passenger
(including driver)
()

email = AMMAN SERVICES 7075@Yahoo.com
VIDEO

REPUBLIC OF SINGAPORE
 IDENTITY CARD NO. S7043988C



Name
 VIJAKUMAR S/O
 NAVASIVAYAM

For LKK/NAC Use Only

Race
 INDIAN

Date of Birth
 02-12-1970

Sex
 M

Country of Birth
 SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: S7043988C

Name
 VIJAKUMAR S/O
 NAVASIVAYAM

For LKK/NAC Use Only

Birth Date: 02 Dec 1970

Issue Date: 17 Jun 2003




0013805



NAC No. S7043988C

For LKK/NAC Use Only



Issue Group: A+ Date of Issue: 23-04-1993

APT BLK 12 CANTONMENT CLOSE #02-13
 SINGAPORE 080012

S7043988C 14/07/2013

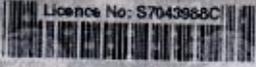
YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(S)

For LKK/NAC Use Only

Class	Description	PASS DATE
Class 2B	Motorcycles not exceeding 200 cc	14 Aug 1992
Class 2A	Motorcycles between 201 cc and 400 cc	07 May 1996
Class 2	Motorcycles exceeding 400 cc	24 Jun 1997
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	21 Jan 1991
Class 4	Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kilograms	03 May 1996
Class 5	Motor Vehicles which are not constructed themselves to carry any load and the weight of which unladen exceeds 7250 kilograms	17 Sep 1996

NP 428A

License No: S7043988C



Hello, NAC_BUKIT_MERAH_800676

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"/>	5074830573-02		AMMAN SERVICES	53175999K	GCV	Third Party, Fire & Theft	YM1902B	YM1902B	14/11/2017	13/08/2018

Continue

S/S 7196E