NATIONAL Assessment Centre Services (Ref : Indoor) MNAY1909358

Date In: 10/07/2019 18:38	Job description	Date & Time Completed	Done by
Ref No: XBA/INC/90/225/14	SAS e-filing		
Veh No: SML 8676E	E-mail (within 8hrs, AIC 2hrs)		
D.O.A : 10/07/2019 19:30	i-Motor Claim Form	MY1105848001 10/07/2019 19:04	
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: SCY 10D. 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

XB1905119

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 ($) In Bill	Amt ($) 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 claiming against INC Only (w.e.f 10 Jan 2005)			
6) TR : Re-Inspection	$75		
7) N1 : Idaw DA + SMRT Survey	$160		
8) NTUC Additional Services:-			
(N1)*			
*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: Idaw Mobile	$0		
Invoice dated	*Fee Charged*		
Invoice dated	*Fee Charged*		

P. 1/1

07-MAY-2018 18:39

MNA419090358 / National Assessment Centre Services - Bukit Merah
ENTRY DATE & TIME: 10/07/2019 18:38
SUBMITTED BY: ROSLI BIN ABDUL WAHAB

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 witholding 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	10/07/2019 18:38
Date Of Accident	10/07/2019 14:30
Exact Location Of Accident	ALONG LOWER DELTA ROAD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SML8676E
Insured/Policyholder	
Name Of Registered Owner	TODDS PARTNERS PTE. LTD.
Co Reg No	201533177E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92379642
Alternative Phone No	OFFICE-92379642
Vehicle Particulars	
Manufacturer	TOYOTA
Model	PICNIC
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	THIRD PARTY
Vehicle Category	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5109140477
Cover Note Number	
Driver	
Name of Driver	CHANDRAN S/O GOVINDASAMY KRISHNAN
NRIC No	S1220372A
Date Of Birth	18/10/1956
Occupation	OUTDOOR
Date Of Driving Pass	29/07/2003
Driving Experience	15 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92379642
Fax Number	
Contact Number	OTHERS-92379642
EMail Address	NOEMAIL

Address	BLK 255 ANG MO KIO AVENUE 4 #02-117
Postcode	560255
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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?	YES
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)	2
Passenger 1	NAME: : STEPHANIE (PASSANGER) GENDER: : FEMALE

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
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SCY10D
Vehicle Make/Model/Colour	AUDI
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	KANG LIANG TIANG
NRIC/Passport Number	S1101370H
Contact Number	94505739
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	PC7853D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	AZMEE BIN ABU SATAMIN
NRIC/Passport Number	S1748637C
Contact Number	91082004
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	CHANDRAN S/O GOVINDASAMY KRISHNAN
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	SML8676E
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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:	10/07/2019 Reporting Centre Personnel's Signature Name: Ros L. WAHAB NRIC/FIN No.:

SKETCH PLAN

Lower Delta Rd.

A: SMJ3676E

B: SCY10D

C: PC7853D

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was Driving along Lower Delta Rd on 10.7.19 at 12.30pm Traffic light turn Red the cars come to a stop. I also stop suddenly I felt a impact within 2 min causing my vehicle to jump & hit PC 7853D. The rear vehicle SCY10D Ms LANG say present insurance claim.

Video attach.

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:

10/07/2019

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

Claim Handling

The premium on this policy has not been collected.

Accident MT/1052848

Policy No.	5109140477	Vehicle No.	SML8676E	GST Registration No.	
Certificate No.	5109140477-000010				
Policyholder Name	TODDS PARTNERS PTE. LTD.			Policyholder NRIC	201533177E
Product Code	FLEET MASTER INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	92379642	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KPK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	Yes

Accident Details

Report Date	10/07/2019 18:53	Accident Report Within 24 hrs	Yes	Accident Type	Chain Collision
Date of Accident	10/07/2019	Time of Accident hh:mm	14:50	Country of Accident	Singapore
Reporting Centre		Orange Force		IDM No.	
Accident Location	ALONG LOWER DELTA ROAD				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	2,000.00	TP Standard Excess	1,500.00		
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Covered
Additional Excess					
Total OD Excess Applicable	2000.00	Total TP Excess Applicable	1,500.00		

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 1002 #01-75	Address 2	BUKIT MERAH LANE 3	Address 3	ALEXANDRA VILLAGE INDUSTRI
Address 4	SINGAPORE 159719	Address Type	Singapore address	Post Code	159719
Unit No.	01-75	Related Policy Number	5109206103		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	CHANDRAN S/O GOVINDASAMY	Driver NRIC	S1220372A	Driver DOB	16/10/1956
Register Date of Driver License	29/07/2003	Driver Age	62	Driving Experience	15
Contact No.(Mobile)	92379642	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 255 #02-117	Address 2	ANG MO KIO AVENUE 4	Address 3	KEBUN BARU VIEW
Address 4	SINGAPORE 560255	Address Type	Foreign address	Post Code	560255
Unit No.	02-117				
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.	SML8676	Driver Insurer Company	NTUC

Declaration

Breathaliser or Blood Test Reading?	0 mg	Any injury?	Yes No

Modification History

Claim 001 **New**

Claim Type *	OD-MK	Insured Name	TODDS PARTNERS PTE. LTD.	Insured NRIC	201533177E
Contact No.(Mobile)	97707613	Contact No. (Home)		Contact No. (Office)	
Email Address		OI Vehicle Number	SML8676E	TP Vehicle Number	SCY10D
Claim Description	SML8676E / SCY10D ON 10 Jul 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	10/07/2019 19:03	Claim Close Date		Date Received	10/07/2019 00:00
Report Taken By	ROSLI WAHAB				

Print AK letter

Save Submit

Attachment

Accident No.	MT/1052848	Claim No.	001
Last Doc. Received	Yes No	Upload Date	10/07/2019 19:04

Path *		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 Read Send Message

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CD)
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Jul 2019 19:04	Photos	Normal	Photos 2019-7-10	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Jul 2019 19:04	Photos	Normal	Photos 2019-7-10	

SINGAPORE ACCIDENT STATEMENT

ACCIDENT STATEMENT

Time 12/7/16 14:30pm
Along lower Delta Rd.

DETAILS OF OWN VEHICLE

SJ ML3676E
Toddle partners
2015
Hrenzg@gmail.com

TH
Prime

Hirer.
TP

NTUC
JTEBH23S8000 26907.

Chandran S/O Govindasamy Krishnan
18/10/1956
29/7/2003.
S7379642.

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 10 Jul 2019 19:04	Photos	Normal	Photos 2019-7-10
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 10 Jul 2019 19:04	Photos	Normal	Photos 2019-7-10
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 10 Jul 2019 19:04	Photos	Normal	Photos 2019-7-10
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NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 10 Jul 2019 19:03	Photos	Normal	Photos 2019-7-10
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 10 Jul 2019 19:03	Photos	Normal	Photos 2019-7-10
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 10 Jul 2019 19:03	Photos	Normal	Photos 2019-7-10
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 10 Jul 2019 19:03	Photos	Normal	Photos 2019-7-10
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 10 Jul 2019 19:03	Photos	Normal	Photos 2019-7-10
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 10 Jul 2019 19:03	SAS	Normal	SAS 2019-7-10
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 10 Jul 2019 19:03	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-7-10

Video List

Uploaded By/Date	Folder Date	File Name		Source	Action

Display in New Window | Scan and uploading

SINGAPORE ACCIDENT STATEMENT

A. ACCIDENT STATEMENT

Time 10/7/16 14:30pm
Along lower Delta Rd

DETAILS OF OWN VEHICLE

SJ ML8696E
2015 Toddle partners
Hrenzg@gmail.com

TY
Pinic

Hirer:
TP

NTUC
JTEBH23S8000 26907.

Chandran S/O Govindasamy Krishnan
18/10/1956
29/7/2003.

S7379642.

Hirer

Chain collision
clear
Dry

2. passenger 9738272
stephanie

DETAILS OF OTHER VEHICLE PROPERTY

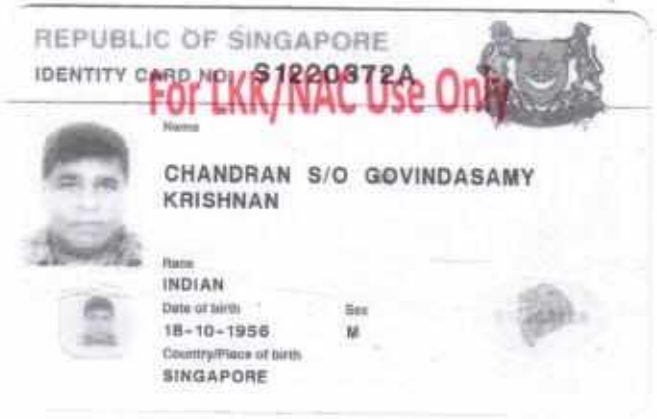
PC 7853D

Azmi bin Abu Samah
S1742637C
9108 3004

1st 3rd

Audi SCY10D
Kang Liang Tiang
S1101370H
92505739


REPUBLIC OF SINGAPORE DRIVING LICENCE
S1220372A
CHANDRAN S/O GOVINDASAMY KRISHNAN
For LKK/NAC Use Only
Birth Date: 18 Oct 1956
Issue Date: 18 Apr 2007
0014933238


REPUBLIC OF SINGAPORE
IDENTITY CARD NO: S1220372A
For LKK/NAC Use Only
Name
CHANDRAN S/O GOVINDASAMY KRISHNAN
Race
INDIAN
Date of birth
18-10-1956
Sex
M
Country/Place of birth
SINGAPORE


YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES
PASS DATE
Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive of the driver, and other motor vehicles =< 2500kg
For LKK/NAC Use Only
Licence No: S1220372A


5534805
NRIC No. S1220372A
For LKK/NAC Use Only
Date of issue
25-11-2015
Address
APT BLK 255 ANG MO KIO AVENUE 4
#02-117
SINGAPORE 560255

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) SML8676E

Date of Accident 10/07/2019 18:58

Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
◉	5109140477	5109140477-000010	TODDS PARTNERS PTE. LTD.	201533177E	GFM	drivo CLASSIC	SML8676E	SML8676E	04/07/2019	27/04/2020

Continue