

NATIONAL Assessment Centre Services. part 1 Jan'09

MMA 119095531

Date In: 22/7/19 13:45	Job description	Date & Time Completed	Done by
Ref No: MA1 INC 19012861/64	SAS e-filing		
Veh No: GBA 309 G	E-mail (within 2hrs, AIC 2hrs)		
DOA: 20/7/19 17:30	I-Motor Claim Form	MT/1054472-001	22/7/19 17:49
Off: TP / Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/Whse		

Preferred Whse / INC Assign Whse / GW: ()	Tel: ()	Fax: ()
TP Particulars:	Veh No: PC 4284 R	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 ()	

() Walk-In Customer: Customer's Information strictly Confidential & Strictly NO refer of repair.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

Referrals: () INC () Non-INC ()

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury: ()

Driver/Owner:	
Contact No:	
Damaged Portion:	
QC Checked by (Engr-In-Charge):	
Additional Comments:	
Ref: 11	

MMA 1905399

Item	Amount	Notes
1) All Accident Reporting (\$10)		
2) DA: Damage Assessment (\$100)	INC (\$10)	
3) TV: Towing Fee	\$40/\$45	
4) PT: Follow-Through Survey	\$120	
5) PT: Follow-Through Survey (Resurvey)	\$30	
Verifying status INC Only (Ref 10 Jan 2005)		
6) TR: Re-inspection	\$75	
7) NL: Idas DA + EMKT Survey	\$160	
8) NTUC Additional Services:		
ON:		
• NS: Courtesy Car / Tpt Allowance	\$3	
• NS: Repair Coordination	\$10	
• NS: Post Repair Inspection	\$25	
• NS: DV / Collect Excess Coordination	\$3	
• TP (NL) / TR (Non-INC) against INC	\$20	
9) NL: Idas 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	22/07/2019 13:45
Date Of Accident	20/07/2019 17:30
Exact Location Of Accident	ROWELL RD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GBA309G
Insured/Policyholder	
Name Of Registered Owner	CHIA TECK SOON PTE. LTD.
Co Reg No	201401852R
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62926292
Vehicle Particulars	
Manufacturer	TOYOTA
Model	DYNA
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	5087054121-02
Cover Note Number	-
Driver	
Name of Driver	SIVAPUNNIAM MANIKANDAN
NRIC No	G5119802L
Date Of Birth	02/05/1986
Occupation	OUTDOOR
Date Of Driving Pass	14/11/2014
Driving Experience	4 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93800771
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	NO 1 KELANDAN RD
Postcode	208600
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?	
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

AFTER CHECK THE TRAFFIC WAS CLEAR, I SLOWLY REVERSING INTO A PARALLEL PARKING LOT, SUDDENLY VEH B COME FROM BEHIND WITHOUT GIVE WAY TO ME AND HIT ONTO MY VEH REAR PORTION.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	FILE TOO LARGE FAIL TO UPLOAD
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	PC4284R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	BUS
Name of Driver	YANG SUAN PIAU STEVEN
NRIC/Passport Number	S1658801F
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

IMPORTANT NOTICE


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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.

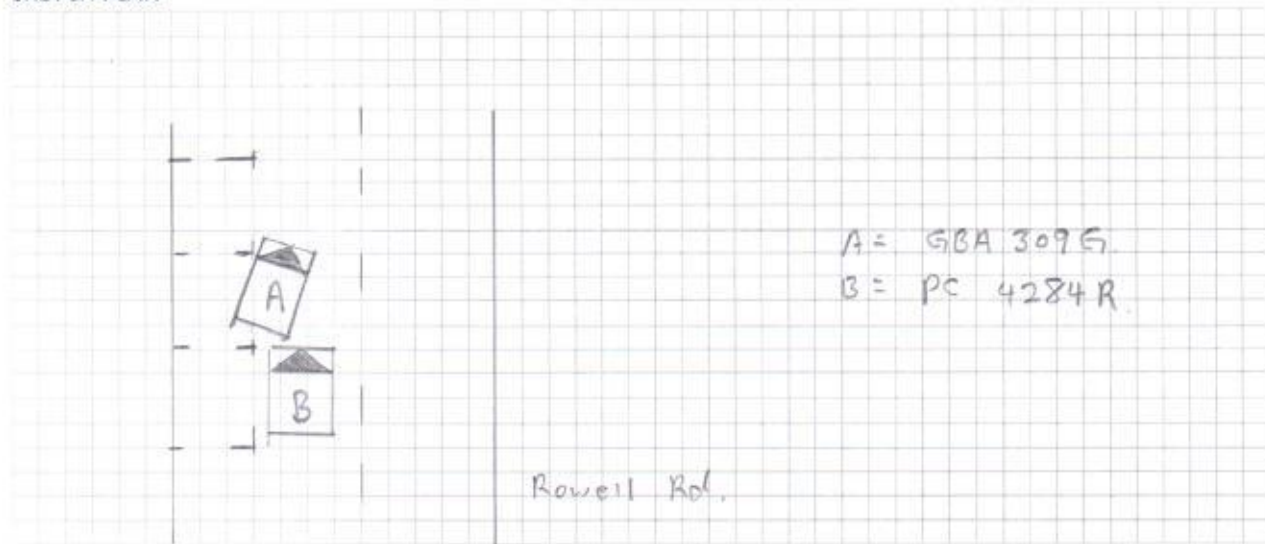
689-511301-001
CHIA TECK SOON PTE LTD H/P 91385560

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

Please Refer to Statement

DECLARATION

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

689-511301-001
CHIA TECK SOON PTE LTD H/P 913855

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.:

S PASS
Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore

Employer
CHIA TECK SOON PTE. LTD.

Sector: **SERVICE**

Name
SIVAPUNNIAM MANIKANDAN

Occupation
OPERATIONS COORDINATOR

S Pass No.
0 35285636

Date of Application
19-10-2017

Date of Issue
07-11-2017

Date of Expiry
07-11-2019

L8427928

For LKK/NAC Use Only

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number **G5119802L**

Name
SIVAPUNNIAM MANIKANDAN

Birth Date **02 May 1986**

Issue Date **14 Nov 2014**

Valid Till **13 Nov 2019**

002365757C

VISIT PASS
Immigration Regulations

Name
SIVAPUNNIAM MANIKANDAN

Date of Birth **02-05-1986** Sex **M** Nationality **INDIAN**

FIN **G5119802L** Date of Issue **07-11-2017** Date of Expiry **07-11-2019**

MULTIPLE JOURNEY VISA ISSUED

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.

For LKK/NAC Use Only

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

		EFFECTIVE DATE
Class 2B	MOTORCYCLES NOT EXCEEDING 200 CC	14 Nov 2014
Class 3	MOTOR CARS AND MOTOR TRACTORS THE WEIGHT OF WHICH UNLADEN DOES NOT EXCEED 3500 KILOGRAMS	14 Nov 2014
Class 4	HEAVY MOTOR CARS AND MOTOR TRACTORS THE WEIGHT OF WHICH UNLADEN EXCEED 3500 KILOGRAMS	12 Mar 2016

G5119802L

S / No. 9000247682

Licence No: G5119802L

NP 428A

Hello, NAC_PAYA_UBI_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="20/07/2019 13:43"/>
Vehicle No.(For Motor)	<input type="text" value="GBA309G"/>	Certificate Number	<input type="text"/>

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5087054121-02		CHIA TECK SOON PTE. LTD.	201401852R	GCV	Third Party, Fire & Theft	GBA309G	GBA309G	27/12/2018	26/12/2019

Claim Handling

Accident MT/1054472

Policy No.	5087054121-02	Vehicle No.	GBA309G	GST Registration No.
Certificate No.				
Policyholder Name	CHIA TECK SOON PTE. LTD.			Policyholder NRIC
Product Code	COMMERCIAL VEHICLE INSURANCE	Cover Type	Third Party, Fire & Theft	Loading
Contact No.(Mobile)	62926292	Contact No.(Office)		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	No	NCD Entitlement(%)	15	Private Hire

▼ Accident Details

Report Date	22/07/2019 17:00	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	20/07/2019	Time of Accident hh:mm	17:30	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	ROWELL RD			

▼ Excess

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

▼ Benefits

▼ GST Registered Information

GST Registered	Yes	GST Registration Date	01/06/2019
GST Registration No.	201401852R	GST Status Verified	Yes
Modification History	22/07/2019 17:02:12 System changed GST Registration No. from 201401852R to 201401852R 22/07/2019 17:02:12 System changed GST Status Verified from No to Yes		

▼ Policyholder Mailing Address

Address 1	1 KELANTAN ROAD	Address 2	SINGAPORE 208600	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5088375825-02	

▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	SIVAPUNNIAM MANIKANDAN	Driver NRIC	G5119802L	Driver DOB
Register Date of Driver License	14/11/2014	Driver Age	33	Driving Experience
Contact No.(Mobile)	93800771	Contact No.(Office)		Contact No.(Home)
Address 1	1 # KELANTAN ROAD	Address 2	SINGAPORE 208600	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.				
Does he own a Singapore Registered car?	Yes <input checked="" type="radio"/> No <input type="radio"/>	Driver Vehicle No.		Driver Insurer Comp.

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

New

Claim Type *	OD-MX	Insured Name	CHIA TEC
Contact No.(Mobile)	91385560	Contact No. (Home)	
Email Address	CHIAYIXUE@GMAIL.COM	OI Vehicle Number	GBA309G
Claim Description	GBA309G / PC4284R ON 20 Jul 2019		
Preferred Workshop	0	Insured Liability	Not at Fault
Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	22/07/2019 17:03	Claim Close Date	
Report Taken By	LIEW SHAN HUI		

Print AK letter

Attachment

Accident No.	MT/1054472	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	22/07/2019 17:04
Path *		Category *	Confidential
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/>	<input type="button" value="Please Select"/>	<input type="button" value="NO"/>
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/>	<input type="button" value="Please Select"/>	<input type="button" value="NO"/>
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/>	<input type="button" value="Please Select"/>	<input type="button" value="NO"/>
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/>	<input type="button" value="Please Select"/>	<input type="button" value="NO"/>
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/>	<input type="button" value="Please Select"/>	<input type="button" value="NO"/>
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/>	<input type="button" value="Please Select"/>	<input type="button" value="NO"/>
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/>	<input type="button" value="Please Select"/>	<input type="button" value="NO"/>
<input type="button" value="Message Read"/>			

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Descr
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 22 Jul 2019 17:04	NRJC/ Driving License	Normal	NRJC/ Driving Li
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 22 Jul 2019 17:04	SAS	Normal	SAS 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 22 Jul 2019 17:04	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 22 Jul 2019 17:04	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 22 Jul 2019 17:04	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 22 Jul 2019 17:03	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 22 Jul 2019 17:03	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 22 Jul 2019 17:03	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 22 Jul 2019 17:03	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 22 Jul 2019 17:03	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 22 Jul 2019 17:03	Photos	Normal	Photos 2

Video List

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