

NATIONAL Assessment Centre Services.

[ver 1 Jan'09]

MINH 119096056

Date In: 23/7/19 09:33	Job description	Date & Time Completed	Done by
Ref No: MA/INC19012933164	SAS e-filing		
Veh Plate: GBH 9285 U	E-mail (within 3hrs, AIC 2hrs)		
ETA: 15/7/19 09:30	I-Motor Claim Form	MT11054642 ⁰⁰¹	23/7/19 15:40
TP: Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax/Hand to Owner/Whsn		

Preferred Whsp / INC Assgn Whsp / QW: () Tel: () Fax: ()

TP Particulars:	Veh No: PA 5262 H	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: (\$)	Landing: \$1,000 () / \$2,000 ()	

() 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: ()

Removals: () INC / () Non-INC / () Other

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

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$9000] ()

Injury: ()

Date: ()

Time: ()

Location: ()

Witness: ()

Signature: ()

MA1905426

Driver/Owner:	1) All Accident Reporting (\$30)	2) DA: Damage Assessment (\$100)	3) TP: Towing Fee (\$40/\$45)	4) TP: Follow-Through Survey (\$120)	5) TP: Follow-Through Survey (Resurvey) (\$30)	6) TR: Re-Inspection (\$75)	7) NT: Idea DA + SMRT Survey (\$160)	8) NTUC Additional Services:
Contact No:	9) NT: Courtesy Car / Tpt Allowance (\$5)	10) NT: Repair Coordination (\$10)	11) NT: Post Repair Inspection (\$25)	12) NT: DV / Collect Excess Coordination (\$5)	13) TP (NT) / TR (Non-INC) against INC (\$20)	14) NT: Idea Mobile (\$30)		
Damaged Portion:	Invoice dated	Fee Charged	Invoice dated	Fee Charged				
QC Checked by (Bugs-In-Charge):								
Warranty Comments:								
Sub L:								

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	23/07/2019 09:33
Date Of Accident	15/07/2019 09:30
Exact Location Of Accident	AYE SLIP RD EXIT TO CLEMENTI AVE 6
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GBH9285U
Insured/Policyholder	
Name Of Registered Owner	MERRIMACK PTE LTD
Co Reg No	200921035R
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62547081
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	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	5106556491
Cover Note Number	-
Driver	
Name of Driver	SEKAR THIYAGARAJAN
NRIC No	G7347347R
Date Of Birth	12/12/1982
Occupation	OUTDOOR
Date Of Driving Pass	25/10/2017
Driving Experience	1 YEAR AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84048273
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	26 JLN BURUH
Postcode	619482
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	COLLISION - HEAD TO REAR
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

PLEASE REFER TO ATTACHED STATEMENT.

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	PA5262H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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**.
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:
NRIC/FIN No.:

SKETCH PLAN

A = GBH 9285 U

B = PA 5262 H

I stop at the slip Rd from AYE Exit to Clementi Ave 6. Suddenly I felt an impact from behind. After the incident, I Alighted from my Veh and Realized Veh B from behind collided onto my Veh rear portion.

REGISTRATION

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

ACCIDENT STATEMENT

ACCIDENT DATE: (15 / 7 / 19) (DD/MM/YYYY), TIME: (09 : 30.) (HH:MM)

LOCATION: AYE Slip Rd Exit to Clementi Ave 6.

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBH 9285U
b) INSURANCE COMPANY: INC
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: _____
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Working
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: Merrimack Pte Ltd. (MALE / FEMALE) 63161241
b) NRIC/FIN/PASSPORT: _____ CONTACT: 62547081
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Sekar thiyyagarasan (MALE / FEMALE) 84049273
b) NRIC/FIN/PASSPORT: _____ CONTACT: 84048273
c) ADDRESS: 26 Jalan Buruh CS 619482

*d) DATE OF BIRTH: (____/____/____) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: _____

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: PA 5262 H 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: _____

✓ waiting chop.

Email =

fax =

video = No.

WORK PERMIT
Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore

Employer
MERRIMACK PTE. LTD.

Name
SEKAR THIYAGARAJAN

Work Permit No.
0 32620817

Sector
CONSTRUCTION

For LKK/NAC Use Only

K0095923

REPUBLIC OF SINGAPORE **DRIVING LICENCE**

License Number: **G7347347R**

Name:
SEKAR THIYAGARAJAN

Birth Date: **12 Dec 1982**

Issue Date: **11 Apr 2016**

Valid Till: **13.04.2021**

002556158G

VISIT PASS
Immigration Regulations

Name
SEKAR THIYAGARAJAN

FIN
G7347347R

Date of Birth
12-12-1982

Sex
M

Nationality
INDIAN

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 <= 200 CC	14 Apr 2011
Class 3	Motor cars <= 2000 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 2500 kg	28 Oct 2017

G7347347R

S / No.9000310817

Licence No:G7347347R

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="15/07/2019 10:17"/>
Vehicle No.(For Motor)	<input type="text" value="GBH9285U"/>	Certificate Number	<input type="text"/>
<input type="button" value="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"/>	5106556491		MERRIMACK PTE LTD	200921035R	GCV	Comprehensive	GBH9285U	GBH9285U	26/12/2018	25/12/2019

Claim Handling

Accident MT/1054642

Policy No.	5106556491	Vehicle No.	GBH9285U	GST Registration No.
Certificate No.				
Policyholder Name	MERRIMACK PTE LTD			Policyholder NRIC
Product Code	COMMERCIAL VEHICLE INSURAN	Cover Type	Comprehensive	Loading
Contact No.(Mobile)	62547081	Contact No.(Office)		Contact No.(Home)
Email Address		Special Remark		eCode
KFK	<input 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	23/07/2019 15:32	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	15/07/2019	Time of Accident hh:mm	09:30	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	AYE SLIP RD EXIT TO CLEMENTI AVE 6			

▼ Excess

Own damage Excess	600.00	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	01/06/201
GST Registration No.	200921035R	GST Status Verified	Yes
Modification History	23/07/2019 15:35:03 System changed GST Registration Date from 01/01/2015 to 01/06/2010 23/07/2019 15:35:03 System changed GST Status Verified from No to Yes		

▼ Policyholder Mailing Address

Address 1	26 JALAN BURUH	Address 2	SINGAPORE 619482	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	S082496290-03	

▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	SEKAR THIYAGARAJAN	Driver NRIC	G7347347R	Driver DOB
Register Date of Driver License	25/10/2017	Driver Age	36	Driving Experience
Contact No.(Mobile)	84048273	Contact No.(Office)		Contact No.(Home)
Address 1	26 # JALAN BURUH	Address 2	SINGAPORE 619482	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.				
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	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	MERRIMA
Contact No.(Mobile)		Contact No. (Home)	
Email Address		OI Vehicle Number	GBH9285
Claim Description	GBH9285U / PA5262H ON 15 Jul 2019		
Preferred Workshop	0	Insured Liability	Not at Fault
Repair No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
Report Taken By		Claim Close Date	23/07/2019 15:38
Print AK letter			LIEW SHAN HUI

Save Submit

Attachment



Accident No. MT/1054642 Claim No. 001
 Last Doc. Received ☒ Yes ☐ No Upload Date 23/07/2019 15:40

Path *

Choose File No file chosen
 Choose File No file chosen
 Choose File No file chosen
 Choose File No file chosen
 Choose File No file chosen
 Choose File No file chosen

Message Read

Clear

Please Select ▼

Confidential

NO ▼

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Please Select ▼

NO ▼

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NO ▼

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Please Select ▼

NO ▼

Clear

Please Select ▼

NO ▼

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Descr
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 23 Jul 2019 15:40	NRIC/ Driving License		Normal	NRIC/ Driving Li
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 23 Jul 2019 15:40	SAS		Normal	SAS 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 23 Jul 2019 15:39	Photos		Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 23 Jul 2019 15:39	Photos		Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 23 Jul 2019 15:39	Photos		Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 23 Jul 2019 15:39	Photos		Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 23 Jul 2019 15:39	Photos		Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 23 Jul 2019 15:39	Photos		Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 23 Jul 2019 15:39	Photos		Normal	Photos 2
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 23 Jul 2019 15:39	Photos		Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 23 Jul 2019 15:39	Photos		Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 23 Jul 2019 15:39	Photos		Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 23 Jul 2019 15:39	Photos		Normal	Photos 2

Video List

Uploaded By/Date

Folder Date

File Name



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