

NATIONAL Assessment Centre Services. [ver 1 Jan 00]

MNA 419107659

Date In: 16/8/19	Job description	Date & Time Completed	Done by
Ref No: NBA/INC19014329/FF	SAS e-filing		
Veh No: SJV 50642	E-mail (to date sheet, AIC 2hrs)		
D.O.A 15/08/2019	1-Motor Claim Form	M/1058028-001	16/08/2019
OD: TP: Reporting Only	1-Motor W/O (Withln: OD 2hrs, TP 4hrs)		18:49
	1-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whizz		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SLD 6177X	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: ()

1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: _____

Date of Claim: _____

MNA 1906223	1) AR: Accident Reporting (\$30)	
Driver/Owner:	2) DA: Damage Assessment (\$100)	INC (\$10)
Contact No:	3) TP: Towing Fee	\$40/\$45
Damaged Portion:	4) PT: Follow-Through Survey	\$120
QC Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey)	\$30
	For claim against INC Only (ver 10 Jan 2003)	
	6) TR: Re-inspection	\$75
	7) NI: Idea DA + SMRT Survey	\$160
	8) NTUC Additional Services:-	
	ON:	
	*N5: Courtesy Car / Tpl Allowance	\$35
	*N6: Repairs Co-ordination	\$10
	*N7: Post Repair Inspection	\$25
	*N8: DV / Collect Excess Coordination	\$5
	TP (Nil) / TP (5-in INC) against INC	\$20
	9) N12: Idea 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 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	16/08/2019 17:43
Date Of Accident	15/08/2019 16:50
Exact Location Of Accident	TEKKA MARKET CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJV5064Z
Insured/Policyholder	
Name Of Registered Owner	NIRMALA DEVI PACHAIYAPPAN
NRIC No	S7003669Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92715280
Alternative Phone No	OFFICE-92715280

Vehicle Particulars

Manufacturer	KIA
Model	CERATO FORTE
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	PRIVATE CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5106905172
Cover Note Number	

Driver

Name of Driver	NIRMALA DEVI PACHAIYAPPAN
NRIC No	S7003669Z
Date Of Birth	29/01/1970
Occupation	INDOOR
Date Of Driving Pass	01/05/1995
Driving Experience	24 YEARS AND 3 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-92715280
Fax Number	(LOCAL) +65-92715280
Contact Number	OFFICE-92715280
E-Mail Address	NOEMAIL

Address	APT BLK 528 CHOA CHU KANG STREET 51 #07-347 SINGAPORE
Postcode	680528
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
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

REFER TO SKETCH PLAN 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	SLD6177X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	HARBANS KAUR
NRIC/Passport Number	S1289566F
Contact Number	90231880
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.
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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:

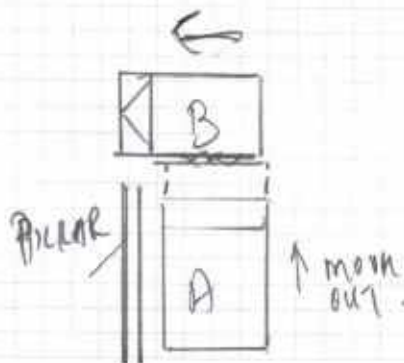
Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

SKETCH PLAN

TAKKA MARKET CARPARK (BARKHANA)



A) SJV 5064 Z
B) SLD 6177X

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on 15/08/2019 AT ABOUT 16:50HRS. I WAS ABOUT TO move my car from THE BARKHANA LOOKING ON MY LEFT TO MARK NIA I DID NOT HIT THE PILLAR MY LEFT REAR AXLE HIT BRACK & my car move forward & BRASH AGAINST THE CAR SLD 6177X THAT ALL.

DECLARATION

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

Non den

Policyholder's Signature
Date & Time:

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

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

Claim Handling

Accident HT/1058028

Policy No.	3106905172	Vehicle No.	31V50642	GST Registration No.	
Certificate No.					
Policyholder Name	NIRMALA DEVI D/O RACHAIYAPPAN			Policyholder NRIC	S70036692
Product Code	PRIVATE CAR INSURANCE	Cover Type	3RD CLASSIC	Loading	0
Contact No.(Mobile)	92715280	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
ePR	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50	Presale Hire	No

Accident Details

Report Date	16/08/2019 18:41	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	16/08/2019	Time of Accident Incident	19:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	TERKA MARKET CARPARK				

Excess

Own Damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	0.00	Outside Singapore (OI) Excess	500.00		
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			

Policyholder Mailing Address

Address 1	BLK 529 #01-347	Address 2	CHOA CHU KANG STREET 51	Address 3	SINGAPORE 680528
Address 4		Address Type	Singapore address	Post Code	680528
Unit No.		Related Policy Number	3106905172		

OT Driver Info

Driver Name	NIRMALA DEVI D/O RACHAIYAPPAN	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S70036692	Driver DOB	29/01/1979
Register Date of Driver License	01/05/1993	Driver Age	40	Driving Experience	24
Contact No.(Mobile)	92715280	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 529 #01-347	Address 2	CHOA CHU KANG STREET 51	Address 3	SINGAPORE 680528
Address 4		Address Type	Singapore address	Post Code	680528
Unit No.					
Does he own a Singapore Registered car?	Yes = No	Driver Vehicle No.	31V50642	Driver Insurer Company	NTUC
Declaration					
Breathalyzer or Blood Test Reading?	0 mg	Any Injury?	Yes = No		

Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	NIRMALA DEVI D/O RACHAIYAPPAN	Insured NRIC	S70036692
Contact No.(Mobile)	92715280	Contact No.	68991330	Contact No.(Office)	
Email Address	nirmala_rachaiyappan@ntuc.org.sg	Vehicle Number	31V50642	TP Vehicle Number	SLD6177X
Claim Description	31V50642 / SLD6177X ON 15 Aug 2019				
Preferred Workshop		Insured Liability	Fully at fault	GIA report	Received
Workshop Cancellation	Yes	Repair Cost	Preferred Workshop, Name unknown	Claim Date	16/08/2019 18:41
Date Registered				Date Received	16/08/2019 00:00
Report Taken By	ROSLI WANAS				

Print AA letter

Save Submit

Attachment

Accident No.	HT/1058028	Claim No.	001
Last Doc. Received	Yes: No	Upload Date	16/08/2019 18:44
File *	Category *	Confidential	Urgency *
Choose File No file chosen	Please Select	No	Normal
Choose File No file chosen	Please Select	No	Normal
Choose File No file chosen	Please Select	No	Normal
Choose File No file chosen	Please Select	No	Normal
Choose File No file chosen	Please Select	No	Normal
Choose File No file chosen	Please Select	No	Normal
Message Read			

Send Message

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)
		Photos	Normal	Photos 2019-8-16	
		Photos	Normal	Photos 2019-8-16	
		Photos	Normal	Photos 2019-8-16	

	NAC_BUKIT_MERAH_800679(NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH)) on 16 Aug 2019 18:44	Photos	Normal	Photos 2019-8-16
	NAC_BUKIT_MERAH_800679(NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH)) on 16 Aug 2019 18:43	Photos	Normal	Photos 2019-8-16
	NAC_BUKIT_MERAH_800679(NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH)) on 16 Aug 2019 18:43	Photos	Normal	Photos 2019-8-16
	NAC_BUKIT_MERAH_800679(NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH)) on 16 Aug 2019 18:43	Photos	Normal	Photos 2019-8-16
	NAC_BUKIT_MERAH_800679(NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH)) on 16 Aug 2019 18:43	Photos	Normal	Photos 2019-8-16
	NAC_BUKIT_MERAH_800679(NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH)) on 16 Aug 2019 18:43	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-8-16
	NAC_BUKIT_MERAH_800679(NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH)) on 16 Aug 2019 18:43	SAS	Normal	SAS 2019-8-16

 Video List

Uploaded By/Date	Folder/Date	File Name	Source	Action
<div> <div>Display in New Window</div> <div>Scan and uploading</div> </div>				

Uthman

ACCIDENT STATEMENT

ACCIDENT DATE: 15/08/2019 (DD/MM/YYYY), TIME: 16:50 (HH:MM)

LOCATION: TEKKA MARKET CAR PARK

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJU 5064 Z
b) INSURANCE COMPANY: INCOME
c) POLICY NUMBER: 5106905172
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: KIA FORTE
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: W
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: NIRMALA DEVI PACHAIYAPPAN (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S 7003669 Z CONTACT: 92715280
c) ADDRESS: BK 528, #07-347 CHOA CHU KANG
ST 51 S (680528)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: NIRMALA DEVI PACHAIYAPPAN (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S 7003669 Z CONTACT: 92715280
c) ADDRESS: BK 528, #07-347 CHOA CHU KANG
ST 51 S 680528

* d) DATE OF BIRTH: 29/01/1970 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 05/1995

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: as wife

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: SLD 6177 X MODEL: _____
b) DRIVER'S NAME: HARBANS RAJ
c) NRIC/FIN/PASSPORT: S 1289566 F CONTACT: 90231880

9. THIRD PARTY VEHICLE

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

* No of passengers
(including driver)
(1)

* No of passengers
(including driver)
()

* No of passengers
(including driver)
()

email = lavan_1234@hotmail.com

VIDEO

REPUBLIC OF SINGAPORE
 IDENTITY CARD NO. S7003669Z



NIRMALA DEVI D/O
 PACHAIYAPPAN

INDIAN

29-01-1970 F

SINGAPORE

2433820



IDENT No: S7003669Z



Blood Group: O+ Date of issue: 30-09-1994

APT BLK 528 CHOA CHU KANG STREET 51 #07-347
 SINGAPORE 680528

NRIC No: 67003669Z Date: 30/09/1994 No: 7129982

Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5106905172

Cover : drive CLASSIC

1. Index mark and Registration Number of Vehicle : **SJV5064Z**
Chassis Number : **KNAFW411MA5178325**
2. Name of Policyholder : **NIRMALA DEVI D/O PACHAIYAPPAN**
3. Effective Date of Insurance : **28 Jan 2019**
4. Expiry Date of Insurance : **27 Jan 2020**
5. Persons or Classes of Persons entitled to drive#
(a) The Policyholder.
(b) Any other person who is driving on the Policyholder's order or with his/her permission.
Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.
6. Limitations as to Use#
(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) Use for any purpose in connection with the Motor Trade.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: S\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: YES (FREE)
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: NIRMALA DEVI D/O PACHAIYAPPAN
NAMED DRIVER (1)	: MOHAN S/O KARUPPAYA
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: MAYBANK SINGAPORE LIMITED
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : META AGENCY PTE. LTD. (00000573430)
Date of Issue : 10 Jan 2019 17:55 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive