

NATIONAL Assessment Centre Services.

(wef 1 Jan'00)

MMH/9/15831

Date In: 01/09/2014 14:15	Job description	Date & Time Completed	Done by
Ref No: MMH/INC/901546714	SAS e-filing		
Veh No: 40 9788D	E-mail (E-filing, AIC 2hrs)		
DOA: 31/08/2014 12:55	I-Motor Claims Form	MM/1060533001	01/09/2014
OD / TP / Reporting Only	I-Motor W/O (W/Incl: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SMH 8062R	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 ()	

General Remarks:	
() Walk-In Customer: Customer's Information strictly Confidential & Strictly NO refer of repolar.	
() Total Loss Case: to e-mail Insurer URGENTLY.	
Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: (
Remarks: ()	
1) Apply for Transport Allowance () / Courtesy Car ()	
2) QC Check / Post Repair Inspection ()	
3) Upload Resurvey Photo [Repair Cost > \$3000] ()	

Injury: ()	
Date/Time:	
Action:	

MMH 906621	
Claimant's Particulars:	
Driver/Owner:	
Contact No:	
Damaged Portion:	
QC Checked by (Engr-In-Charge):	
Auditors' Comments:	
Ref: 1:	
2/2	

1) AR: Accident Reporting (\$30)	
2) DA: Damage Assessment (\$100)	INC (\$10)
3) TP: Towing Fee	\$40/\$45
4) FT: Follow-Through Survey	\$120
5) FT: Follow-Through Survey (Resurvey)	\$30
For claiming against INC Only (wef 10 Jan 2000)	
6) TR: Re-inspection	\$75
7) NI: Ideas DA + SMRT Survey	\$160
8) NTUC Additional Services:	
ON:	
*N5: Courtesy Car / Tpl Allowance	\$3
*N6: Repair Co-ordination	\$10
*N7: Post Repair Inspection	\$25
*N8: DV / Collect Excess Coordination	\$3
TP (N11): TP (Non INC) against INC	\$20
*N12: Ideas 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	02/09/2019 14:15
Date Of Accident	31/08/2019 12:55
Exact Location Of Accident	ALONG QUEENSWAY OPPOSITE NEW TOWN PRIMARY SCHOOL
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GQ9788D
Insured/Policyholder	
Name Of Registered Owner	ASHTA NEWS PAPER SUPPLIER & AGENCY
Co Reg No	51438400W
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96730583
Alternative Phone No	OFFICE-96730583

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5079338556-03
Cover Note Number	

Driver

Name of Driver	VENGASAMY S/O LEDCHUNAN
NRIC No	S1476284A
Date Of Birth	05/10/1961
Occupation	OUTDOOR
Date Of Driving Pass	16/07/1984
Driving Experience	35 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96730583
Fax Number	
Contact Number	OTHERS-96730583
EMail Address	NOEMAIL

Address:	BLK 73 TELOK BLANGAH HEIGHTS #03-307
Postcode	100073
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	AFTER RAIN
Road Surface	WET

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	SMN8062R
Vehicle Make/Model/Colour	HONDA FREED
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	S1401534E
Contact Number	91966556
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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.

ASHTA NEWS PAPER SUPPLIER & AGENCY

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

Along Quikway off New Town Pri School



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 31/05/2019 AT ABOUT 12:55 HRS I WAS AT
 Quikway TOWARDS. Adam & I WANTED TO MAKE
 A U-TURN. IN FRONT OF NEW TOWN PRI SCHOOL ALL VEHICLE
 WAS STOP. BUT MY CAR SLIP FROM THE BRAKE & MY VAN
 MOVE FORWARD & HIT THE FRONT CAR SMN 8062R

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:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Claim Handling

Accident HT/1000333

Policy No.	307918556-03	Vehicle No.	GQ9788D	GST Registration No.	
Certificate No.					
Policyholder Name	ASHTA NEWS PAPER SUPPLIER & AGENCY			Policyholder NRIC	S1438400W
Product Code	COMMERCIAL VEHICLE INSURAT	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	96730583	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remarks		eCode	No *
xPR	- No Yes	TCA	- No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	20	Private Use	No
Accident Details					
Report Date	02/09/2019 14:23	Accident Report within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	31/08/2019	Time of Accident hh:mm	12:55	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG QUEENSWAY OPPOSITE NEW TOWN PRIMARY SCHOOL				
Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess	100.00		
GD Standard Excess	600.00	TP Standard Excess	0.00	Driver is Covered?	Covered
DED GD Excess	0.00	DED TP Excess	0.00		
Additional Excess					
Total GD Excess Applicable	600.00	Total TP Excess Applicable	0.00		
Benefits					
GST Registered Information					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified	Yes		
Modification History	02/09/2019 14:29:08 System changed GST Status Verified from No to Yes				
Policyholder Mailing Address					
Address 1	BLK 73 #03-307	Address 2	TELOK BLANGAH HEIGHTS	Address 3	SINGAPORE 100073
Address 4		Address Type	Singapore address	Post Code	100073
Unit No.		Related Policy Number	EL12511542		
01 Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	05/10/1961
Unnamed driver Name	VENKASAMY S/O LEECHUMAN	Driver NRIC	S1476254A	Driving Experience	35
Register Date of Driver License	16/07/1984	Driver Age	57	Contact No.(Home)	
Contact No.(Mobile)	96730583	Contact No.(Office)		Address 3	SINGAPORE 100073
Address 1	BLK 73 #03-307	Address 2	TELOK BLANGAH HEIGHTS	Post Code	100073
Address 4		Address Type	Foreign address		
Unit No.	03-307			Driver Insurer Company	NTUC
Does he own a Singapore Registered car?	Yes - No	Driver Vehicle No.	GQ9788D		
Declaration					
Breathalyzer or Blood Test Reading?	0 mg	Any injury?	Yes - No		
Modification History					

Claim 001 [New](#)

Claim Type *	GD-WX	Insured Name	ASHTA NEWS PAPER SUPPLIER	Insured NRIC	S1438400W
Contact No.(Mobile)		Contact No. (Office)		Contact No. (Home)	96730583
Email Address		Vehicle Number	GQ9788D	TP Number	SHNR052R
Claim Description	GQ9788D / SHNR052R ON 31 Aug 2019			Name of Preferred Workshop	
Preferred Workshop	Insured Liability	Fully at Fault	GIA report	Received	
Repaired No. Finalisation	Repair Option	Preferred Workshop, Name unknown			
Date Registered		Claim Date	02/09/2019 14:30	Date Received	02/09/2019 00:00
Report Taken By	ROSLI WAHAB				
Print All Letter					
Save Submit					

Attachment

Accident No.	HT/1000333	Claim No.	001			
Last Doc. Received	* Yes - No	Upload Date	02/09/2019 14:30			
Path *						
Choose File	No file chosen	Clear				
Choose File	No file chosen	Clear				
Choose File	No file chosen	Clear				
Choose File	No file chosen	Clear				
Choose File	No file chosen	Clear				
Choose File	No file chosen	Clear				
Choose File	No file chosen	Clear				
Message Read						
Attachment List						
Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	A
		Photos	Normal	Photos 2019-9-2		
		Photos	Normal	Photos 2019-9-2		

	NAC_BUKIT_MERAH_8006761 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 02 Sep 2019 14:30	Photos		Normal	Photos 2019-9-2
	NAC_BUKIT_MERAH_8006761 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 02 Sep 2019 14:30	Photos		Normal	Photos 2019-9-2
	NAC_BUKIT_MERAH_8006761 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 02 Sep 2019 14:30	Photos		Normal	Photos 2019-9-2
	NAC_BUKIT_MERAH_8006761 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 02 Sep 2019 14:30	Photos		Normal	Photos 2019-9-2
	NAC_BUKIT_MERAH_8006761 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 02 Sep 2019 14:30	Photos		Normal	Photos 2019-9-2
	NAC_BUKIT_MERAH_8006761 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 02 Sep 2019 14:30	Photos		Normal	Photos 2019-9-2
	NAC_BUKIT_MERAH_8006761 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 02 Sep 2019 14:30	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2019-9-2
	NAC_BUKIT_MERAH_8006761 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 02 Sep 2019 14:30	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2019-9-2
	NAC_BUKIT_MERAH_8006761 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 02 Sep 2019 14:30	SAS		Normal	SAS 2019-9-2

[Video List](#)

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

ACCIDENT STATEMENT

ACCIDENT DATE: 31.08.2018 (DD/MM/YYYY) TIME: 12.50 (HH:MM)

LOCATION: Along Highway Road off Nanyang Town
near school

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GQ 9780
b) INSURANCE COMPANY: AGU
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT) COMPREHENSIVE
e) MAKE & MODEL: Toyota Hiace
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS) MPV
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE) PRIVATE
h) PURPOSE OF USING AT ACCIDENT TIME: WORKING
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) NO
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY) _____

2. INSURED / POLICY HOLDER

- a) NAME: ASHA NURS PORTA (MALE / FEMALE) FEMALE
b) NRIC/FIN/PASSPORT: _____ CONTACT: 96730583
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: VEERASAMY S/O LAOCHUNA (MALE / FEMALE) MALE
b) NRIC/FIN/PASSPORT: 51476284A CONTACT: 96730581
c) ADDRESS: _____

*d) DATE OF BIRTH: 05.10.1961 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR) _____

f) DATE OF DRIVING PASS _____

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) YES

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) NO

7. a) REPORTED TO POLICE (YES / NO) NO

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SMN 8062R MODEL: 91966556
b) DRIVER'S NAME: 51401534E
c) NRIC/FIN/PASSPORT: _____ CONTACT: HAIRID PRITHO

9. THIRD PARTY VEHICLE

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

email =

VIDEO

Hello, NAC_BUKIT_MERAH_800676

[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="31/08/2019 10:17"/>
Vehicle No. (For Motor)	<input type="text" value="GQ9788D"/>	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"/>	5079338556-03		ASHTA NEWS PAPER SUPPLIER & AGENCY	51438400W	GCV	Comprehensive	GQ9788D	GQ9788D	14/04/2019	13/04/2020