

NATIONAL Assessment Centre Services. [ver 1 Jan'05] MNA119115765

Date In: 21/9/19 13:25	Job description	Date & Time Completed	Done by
Ref No: MNA119115765/164	SAS e-filing		
Veh No: G0E 6323D	E-mail (within 3hrs, AIC 2hrs)		
TP No: 3078119 18:30	I-Motor Claim Form	MT/1060411-002	21/9/19 17:47
QID / 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/WK312		

Preferred Wksp / INC Assign Wksp / GW: ()	Tel: ()	Fax: ()
TP Particulars:	Veh No: SMF 2000B	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 repairer.

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

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

Remarks: (INC No: 67196016)

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

2) QC Check / Post Repair Inspection ()

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

Injury: ()

Date/Time	Actions

NA1906532	Invoice Information	Amount (\$)	Balance (\$)
1) AR: Accident Reporting (\$30);		30.00	
2) DA: Damage Assessment (\$100); INC (\$50)			
3) TP: Towing Fee \$40/\$45			
4) PT: Follow-Through Survey \$120			
5) PT: Follow-Through Survey (Resurvey) \$30			
For claiming against INC Only (ver 10 Jan 2003)			
6) TR: Re-inspection \$75			
7) NI: Idao DA + SMRT Survey \$160			
8) NTUC Additional Services:			
OD:			
*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: Idao 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 13:25
Date Of Accident	30/08/2019 18:30
Exact Location Of Accident	TPE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE6323D
Insured/Policyholder	
Name Of Registered Owner	MILAN DECORATION & CONSTRUCTION PTE LTD
Co Reg No	200005427Z
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-67451508

Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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	5087906282-02
Cover Note Number	-

Driver

Name of Driver	SAPPANI RAMESH BABU
NRIC No	G7615077Q
Date Of Birth	11/06/1987
Occupation	OUTDOOR
Date Of Driving Pass	24/10/2017
Driving Experience	1 YEAR AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81473012
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	53 UBI AVE 1 #05-20
Postcode	408934
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

REFER TO 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	SMF2000B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
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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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.

Milan Decoration & Construction Pte Ltd

Office: 53 Ubi Avenue 1 #05-20 Paya Ubi Industrial Park

Singapore 408934

(t) 6745 1508 (f) 6745 1538

Factory: No. 41 Defu Lane 6 Singapore 539383

(t) 6281 3806 (f) 6281 8291

Email: info@milan.sg

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

On 30-8-19 (Friday) @ about 6:30 pm. I was driving at about 60 km/h heading towards Tampines Rd exit. The car in front of me suddenly brake, and I also brake but can't stop on time, so I hit the car.

DECLARATION

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

Milan Decoration & Construction Pte Ltd
 Office: 53 Ubi Avenue 1 #05-20 Paya Ubi Industrial Park
 Singapore 408934

Factory: No. 41 Defu Lane 6 Singapore 539383
 Date & Time: (t) 6281 3806 (f) 6281 8291

Email: mld@milandec.com.sg

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

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

ACCIDENT STATEMENT

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ACCIDENT DATE: (30 / 08 / 2019) (DD/MM/YYYY), TIME: (6 : 30) (HH:MM)

LOCATION: TPE

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBE6323D
 b) INSURANCE COMPANY: Ntuc Income Insurance Co-operative Limited
 c) POLICY NUMBER: 5087906282-02
 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:
 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: Mitani Decoration & Construction Pte Ltd (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: CONTACT: 6745 1508
 c) ADDRESS: 53 Ubi Ave 1, #05-20 Paya Ubi Industrial Park
 Singapore 408934

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Sappani Ramesh Babu (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: GT6150718 CONTACT: 8147 3012
 c) ADDRESS: 53 Ubi Ave 1, #05-20 Paya Ubi Industrial Park
 Singapore 408934

* d) DATE OF BIRTH: (11 / 06 / 1987) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 24/10/2017

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: SMF 2000 B MODEL: Toyota Nash
 b) DRIVER'S NAME:
 c) NRIC/FIN/PASSPORT: S8202984 CONTACT: 4696 3926

9. THIRD PARTY VEHICLE

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

No of passenger
 (including driver)
 (1)

No of passenger
 (including driver)
 ()

No of passenger
 (including driver)
 ()

Email =

VIDEO

No.

Hello, NAC_PAYA_UBI_800601

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Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="30/08/2019 11:39"/>
Vehicle No.(For Motor)	<input type="text" value="GBE6323D"/>	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 type="radio"/>	5087906282-02		MILAN DECORATION & CONSTRUCTION PTE LTD	200005427Z	GCV	Comprehensive	GBE6323D	GBE6323D	16/02/2019	15/02/2020

KIANJI MAMA D16

Claim Handling

Accident MT/1060411

Policy No.	5087906282-02	Vehicle No.	G8E6323D	GST Registration No.	2000054272
Certificate No.					
Policyholder Name	MILAN DECORATION & CONSTRUCTION PTE LTD	Cover Type	Comprehensive	Policyholder NRIC	2000054272
Product Code	COMMERCIAL VEHICLE INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	NA	Special Remark		Contact No.(Home)	
Email Address		TCA	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	eCode	No
KFR	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	NCD Entitlement(%)	15	eCode Reason	
NCD Protection	No			Private Hire	No

Accident Details

Report Date	02/09/2019 09:43	Accident Report Within 24 hrs	Yes	Accident Type	Unknown
Date of Accident	30/08/2019	Time of Accident hh:mm	18:20	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	NA				

Excess

Own damage Excess	600.00	Additional Excess		Windscreen Excess	100.00
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	01/09/2000
GST Registration No.	2000054272	GST Status Verified	Yes
Modification History	02/09/2019 09:44:29 System changed GST Registered from No to Yes 02/09/2019 09:44:29 System changed GST Registration No. from null to 2000054272 02/09/2019 09:44:29 System changed GST Registration Date from null to 01/09/2000		

Policyholder Mailing Address

Address 1	53 UBI AVENUE 1	Address 2	#05-20 PAYA UBI INDUSTRIAL I	Address 3	SINGAPORE 408934
Address 4		Address Type	Singapore address	Post Code	408934
Unit No.		Related Policy Number	5066573201-05		

DI Driver Info

Driver Name		Driver Type		Driver DOB	
Unnamed driver Name		Driver NRIC		Driving Experience	
Register Date of Driver License		Driver Age		Contact No.(Home)	
Contact No.(Mobile)		Contact No.(Office)		Address 3	
Address 1		Address 2		Post Code	
Address 4		Address Type	Foreign address		
Unit No.					
Does he own a Singapore Registered car?	YES <input checked="" type="checkbox"/> No <input type="checkbox"/>	Driver Vehicle No.		Driver Insurer Company	

Modification History

Claim 002 New

Claim Type *	OD-MX	Insured Name	MILAN DECORATION & CONSTR	Insured NRIC	2000054272
Contact No.(Mobile)		Contact No. (Home)	62813806	Contact No. (Office)	
Email Address		DI Vehicle Number	G8E6323D	TP Vehicle Number	SMF2000B
Claim Description	G8E6323D / SMF2000B ON 30 Aug 2019			Name of Preferred Workshop	0
Preferred Workshop	0	Insured Liability	Fully at Fault	GIA report	Received
Repair Option	Yes	Preferred Workshop, Name unknown		Claim Close Date	02/09/2019 17:46
Date Registered				Date Received	02/09/2019 09:43
Report Taken By	LIEW SHAN HUI				

Print AK letter

Save Submit

Attachment

Accident No.	MT/1060411	Claim No.	002			
Last Doc. Received	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Upload Date	02/09/2019 17:47			
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	
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Choose File	No file chosen	Clear	Please Select	NO	Normal	
Message Read						

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent
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02 Sep 2019 17:47

NRIC/ Driving License

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Source

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