

NATIONAL Assessment Centre Services.

(wef 1 Jan 2005)

MAH46125703

Date In: 23/09/2009 14:49	Job description	Date & Time Completed	Done by
Ref No: N/A/190167284	SAS e-filing		
Veh No: SKV 14128	E-mail (Sajida Shie, AIC 2hrs)		
D.O.A: 21/09/2009 22:28	I-Motor Claim Form	21/10/2009 14:31	23/09/2009
OD (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/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel: (Fax: (
TP Particulars:	Veh No: (UNKNOWN)	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 reprior.
() 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/Time: ()
Location: ()
Witness: ()
Police: ()
Insurance: ()
Other: ()

21/09/2009	1) AR: Accident Reporting (\$30)	
	2) DA: Damage Assessment (\$100) INC (\$10)	
	3) TP: Towing Fee \$40/\$45	
	4) PT: Follow-Through Survey \$120	
	5) PT: Follow-Through Survey (Resurvey) \$30	
	For claiming against INC Only (wef 10 Jan 2005)	
	6) TR: Re-inspection \$75	
	7) NI: Idao DA + SMRT Survey \$160	
	8) NTUC Additional Services:	
	ON:	
	*N5: Courtesy Car / Tpl Allowance \$3	
	*N6: Repair Coordination \$10	
	*N7: Post Repair Inspection \$25	
	*N8: DV / Collect Excess Coordination \$3	
	TP (NI) : TP (Non INC) against INC \$30	
	5) NI2: Idao Mobile	
	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	23/09/2019 14:09
Date Of Accident	21/09/2019 22:25
Exact Location Of Accident	PIE TOWARDS TUAS AT CTE (CITY) EXIT 15A
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKV1412S
Insured/Policyholder	
Name Of Registered Owner	VINAYAGARAN S/O S KRISHNASAMY
NRIC No	S7200800F
Email Address	KARANCADY@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97552959
Alternative Phone No	OTHERS-97552959

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS-1.6 (A)
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	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5092065083-02
Cover Note Number	

Driver

Name of Driver	VINAYAGARAN S/O S KRISHNASAMY
NRIC No	S7200800F
Date Of Birth	07/01/1972
Occupation	INDOOR
Date Of Driving Pass	02/03/1995
Driving Experience	24 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97552959
Fax Number	
Contact Number	OTHERS-97552959
Email Address	KARANCADY@GMAIL.COM

Address	BLK 49 DORSET ROAD
	#11-100
Postcode	210049
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	CHAIN COLLISION
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

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	UNKNOWN
Vehicle Make/Model/Colour	PICKUP
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)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SKE9700Y
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Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver
NRIC/Passport Number
Contact Number 94462298
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SMH4674H
Vehicle Make/Model/Colour TOYOTA
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver LIAO DE HE BRYAN
NRIC/Passport Number S8074968F
Contact Number 82228582
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.
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. 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.

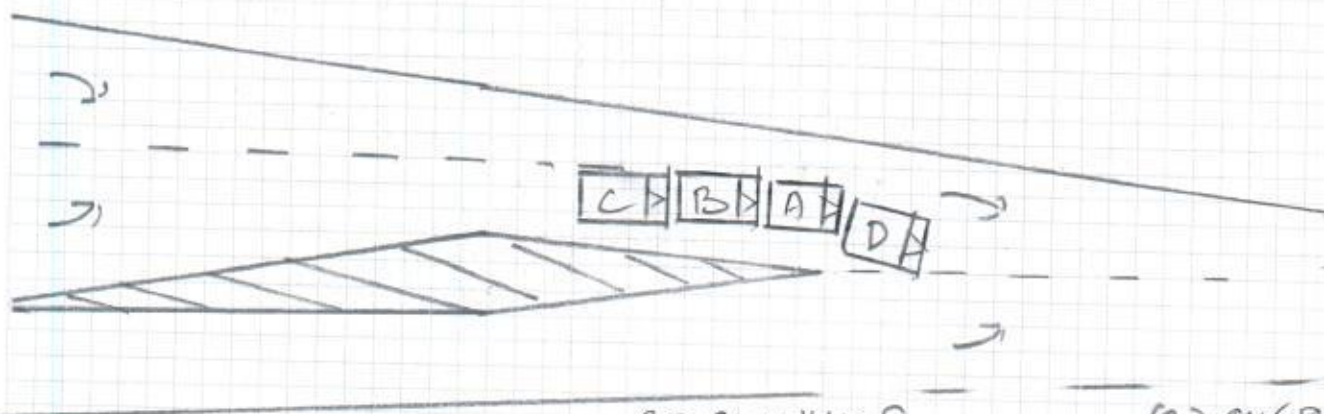
Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN

PRE TOWARDS Tuar A7 CTR (CITY) EXIT 15A



A) SKV 1412S

(C) SKE 9700Y

B) UNKNOWN PICKUP

(D) SMH 4674H

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 21/09/2019 @ 2215 hrs I was travelling along PRE towards Tuar exit 15A to CTR towards city. Vehicle with registration number SMH 4674H which was travelling in front of me was filtering to the right lane when an unknown white pick-up lorry hit me & I hit the vehicle SMH 4674H.

I stopped my car to come out & inspect the damages. Likewise the vehicle in front stopped and the driver came out. However the pick up left without inspecting the damages.

Another vehicle behind the pick-up hit the rear of the pick-up. The driver came out & inspected his damages & informed me that the driver of the pick up left. The vehicle registration number of this vehicle is SKE 9700Y. The driver told me that he would try to retrieve his ^{car} recorder package to give me the details of the pickup.

On 23/09/2019 @ 1127 hrs the driver told me his recorder is over-written. I am lodging this report for record purpose.

DECLARATION

I 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 MT/1063569

Policy No.	5092065083-02	Vehicle No.	SKV14125	GST Registration No.	
Certificate No.					
Policyholder Name	VINAYAGARAN S/O S. KRISHNASAMY	Cover Type	drive CLASSIC	Policyholder NRIC	S7200800F
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	97552959	Special Remark		Contact No.(Home)	
Email Address		TCA	= No Yes	eCode	No
KFK	= No Yes	NCD Entitlement(%)	50	eCode Reason	
NCD Protection	Yes			Private Hire	No

Accident Details

Report Date	23/09/2019 14:24	Accident Report Within 24 hrs	Yes	Accident Type	Chain Collision
Date of Accident	21/09/2019	Time of Accident h:mm	22:25	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	PIE TOWARDS TJAS AT CTE (CITY) EXIT 15A				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00	Driver is Covered?	Covered
OD Standard Excess	600.00	TP Standard Excess	0.00		
YIED OD Excess	0.00	YIED TP Excess	0.00		
Additional Excess	0				
Total OD 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			

Policyholder Mailing Address

Address 1	BLK 49 #11-100	Address 2	DORSET ROAD	Address 3	FARRER PARK GARDENS
Address 4	SINGAPORE 210049	Address Type	Singapore address	Post Code	210049
Unit No.	11-100	Related Policy Number	5092065083-02		

OI Driver Info

Driver Name	VINAYAGARAN S/O S. KRISHNASAMY	Driver Type	Main Driver	Driver DOB	07/01/1972
Unnamed driver Name		Driver NRIC	S7200800F	Driving Experience	17
Register Date of Driver License	01/01/2002	Driver Age	47	Contact No.(Home)	
Contact No.(Mobile)	97552959	Contact No.(Office)		Address 3	FARRER PARK GARDENS
Address 1	BLK 49 #11-100	Address 2	DORSET ROAD	Post Code	210049
Address 4	SINGAPORE 210049	Address Type	Singapore address		
Unit No.	11-100				
Does he own a Singapore Registered car?	Yes = No	Driver Vehicle No.	SKV14125	Driver Insurer Company	NTUC

Declaration			
Breathalyzer or Blood Test Reading?	0 mg	Any injury?	Yes = No

Modification History

Claim 001

New

Claim Type *

Contact No.(Mobile)

Email Address

Claim Description

Preferred Workshop		Insured Liability	Not at Fault	GIA report	Received	Claim Close Date	23/09/2019 14:26	Date Received	23/09/2019 00:00
Repair Option	Preferred	Preferred Workshop, Name unknown							
Date Registered									
Report Taken By									

Print AK letter

Save Submit

Attachment

Accident No.	MT/1063569	Claim No.	001
Last Doc. Received	Yes No	Upload Date	23/09/2019 14:31

Choose File	No file chosen	Category *	Confidential	Urgency *	Description *
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					

Attachment List

Send Message

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CD)
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Sep 2019 14:31		NRIC/ Driving License	Y	NRIC/ Driving License 2019-9-23	A
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Sep 2019 14:31		SAS	Normal	SAS 2019-9-23	



NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Sep 2019 14:27	Photos	Normal	Photos 2019-9-23
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Sep 2019 14:27	Photos	Normal	Photos 2019-9-23
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NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Sep 2019 14:27	Photos	Normal	Photos 2019-9-23

Video List

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

ACCIDENT STATEMENT

ACCIDENT DATE: 21/09/2019 (DD/MM/YYYY), TIME: 22:28 (HH:MM)

LOCATION: PTE towards Tuas at CTE (City) Exit 15A

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKV 1412 S
 b) INSURANCE COMPANY: NTUC Income
 c) POLICY NUMBER: 5092065083-07
 d) POLICY TYPE: (COMPREHENSIVE) THIRD PARTY THIRD PARTY FIRE & THEFT
 e) MAKE & MODEL: TOYOTA HILIS
 f) TYPE: (SALOON) / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS
 g) VEHICLE CATEGORY: (PRIVATE) / COMMERCIAL / MOTORCYCLE
 h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE
 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: VINAYAGAN S/O KRISHNASAMY (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S7200800-K CONTACT: 97552959
 c) ADDRESS: Blk 49, Dorset Road, #11-100 SC210049

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Quincy (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 c) ADDRESS: _____

* d) DATE OF BIRTH: 07/01/1972 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 02/03/1995

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

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: Unknown number MODEL: _____
 b) DRIVER'S NAME: _____
 c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SMH 4674 H MODEL: TOYOTA
 b) DRIVER'S NAME: Liao De He Bryan
 c) NRIC/FIN/PASSPORT: S8074968P CONTACT: 8222 8582

10. THIRD PARTY VEHICLE

- VEHICLE NUMBER: SKE 9700Y MODEL: UNKNOWN
 DRIVER'S NAME: UNKNOWN CONTACT: 94 4622 98

VIDEO

karancady@gmail.com

Sharon

* No of passengers
 (including driver)
(1)

* No of passengers
 (including driver)
()

* No of passengers
 (including driver)
()

Hello, NAC_BUKIT_MERAH_800676

Change Language Change Password Log Out

My Desktop
Notice of Loss

Policy Query

Policy No.

Date of Accident

21/09/2019 12:53

Vehicle No.(For Motor)

SKV14125

Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5092065083-02		VINAYAGARAN S/O S KRISHNASAMY	S7200800F	GPC	drivo CLASSIC	SKV14125	SKV14125	01/09/2019	31/08/2020

Continue