

NATIONAL Assessment Centre Services [wef 1 Jan'05] **MNA119126634**

Date In: 21/1/19-1659	Job description	Date & Time Completed	Done by
Ref No: HA/14C14016788/24	SAS e-filing		
Veh No: 5X49220	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 22/1/19-21:45	i-Motor Claim Form	MT11063849-001	21/1/19 8:12
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 <u>Fax / Hand</u> to <u>Owner/Wksp</u>		

Preferred Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars: Veh No: **JKM79370** 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%; F: 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 hotline: 6788 6616)	Date & Time Completed	Done by
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: _____

Date/Time	Actions

	Invoice Preparation Checklist	Amt (\$) Est Bill	Amt (\$) Add Bill
CLAIMANT'S PARTICULARS:-	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:-	For claiming against INC Only (wef 10 Jan 2005)		
Dat. 1:	6) TR: Re-inspection \$75		
Dat. 2 / 3:	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	Q1*		
	*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: Idac 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	24/09/2019 16:59
Date Of Accident	23/09/2019 21:45
Exact Location Of Accident	LOYANG AVE BEFORE PASIR RIS DR 3
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLX4922U
Insured/Policyholder	
Name Of Registered Owner	JOYCE SHOBANA SOLOMON
NRIC No	S8116622F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93867906
Alternative Phone No	OFFICE-93867906

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS 1.6 AUTO
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	PRIVATE HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5101886421-01
Cover Note Number	

Driver

Name of Driver	PETER MATHAN S/O MANIAM
NRIC No	S8215008J
Date Of Birth	11/05/1982
Occupation	OUTDOOR
Date Of Driving Pass	30/05/2006
Driving Experience	13 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93867906
Fax Number	
Contact Number	OFFICE-93867906
EEmail Address	NOEMAIL

Address	BLK 330 TAH CHING ROAD #03-88
Postcode	610330
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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	3
Was any body injured in the Accident?	YES
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)	2
Passenger 1	NAME: : KOTLA RAJASEKHERA RAO GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20190924/7002.

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	SKM7937C
Vehicle Make/Model/Colour	BMW 523I
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)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SKN2493T
Vehicle Make/Model/Colour	HONDA ODYSSEY
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)	

DETAILS OF INJURED PERSON 1

Name	PETER MATHAN S/O MANIAM
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SLX4922U
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	KOTLA RAJASEKHERA RAO
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SLX4922U
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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.:

Date of Accident : 23/09/2019 Accident Time: 2145 (24-HR-Format)
 Accident Place : LOYANG AVENUE BEFORE PASIR RIS DR 3
 Vehicle Reg. No. (Car Plate No.) : SLX 4922 U
 Vehicle Make/Model : TOYOTA ALTIS
 Insurance Company : NTUC Policy No. _____
 Owner or Company Name / IC No. : JOYCE SHOBANA SOLOMON S 811 6622 F
 Owner or Company Contact No. : _____ Owner's Hp 9386 7906 Company Tel _____
 DRIVER'S Name / IC No. : PETER MATHAN S/O MANIAM S8215008J
 DRIVER'S Date Of Birth : 11/05/1982 DRIVER'S License Pass Date 30MAY 2006
 Relationship of Owner & Driver : (Spouse) Parents \ Children \ Sibling \ Employee \ Others: _____
 DRIVER'S Address : 330 TAN CHING ROAD #03-88
 DRIVER'S Contact No / Alt No. : 1) ~~812355X~~ 2) _____
 DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
 Email Address : _____
 Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
 Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance
 Number of Passengers (including Driver): 02
 Was there any video Captured by car camera: YES \ NO
 Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Other Party Driver's Particular (if any)

Vehicle Reg. No: SKM 7937 C
 Vehicle Make/Model: BMW 523i
 Name Driver: _____
 IC No. Driver: _____
 Driver's Contact & Add: _____

Vehicle Reg. No: SKN 2493 T
 Vehicle Make/Model: HONDA ODYSSEY
 Name Driver: _____
 IC No. Driver: _____
 Driver's Contact & Add: _____



**SINGAPORE
POLICE FORCE**



T/20190924/7002

1 of 3

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20190924/7002

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 24/09/2019 01:32	Vide Report No.:	Station Diary No.:
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Informant's Particulars			
Name of Informant: PETER MATHAN S/O MANIAM		Address: APT BLK 330 TAH CHING ROAD #03-88 SINGAPORE 610330	
ID Type / ID No.: NRIC NO / S8215008J		Contact No.: Home/Office:	Mobile: 93867906
Nationality: SINGAPORE CITIZEN		Email: peter_mathan@yahoo.com.sg	
Sex: Male	Age: 37	Date of Birth: 11/05/1982	Type of Informant: Driver
Race: Indian		Language: English	Institution / School Name:
Occupation: PRIVATE HIRE CAR DRIVER		Driving Licence Information: Class:	Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 23/09/2019 21:50	Type of Location: Straight Road
Location: LOYANG AVENUE				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 60 Km/h	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLX4922U	Car					0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20190924/7002

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3

Report No. T/20190924/7002

CONTINUATION OF REPORT

Driver			
Name	PETER MATHAN S/O MANIAM	ID No.	S8215008J
Related Vehicle	SLX4922U (Car)	Contact No.	93867906
Hospital/Clinic	24 HOUR WALK-IN CLINIC	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	24/09/2019	Date Discharge	24/09/2019
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

On the stated time and date i was travelling on loyang ave after pasir ris drive 1 . My vehicle SLX4922U was hit by a red honda oddsey SKN2493T when i was stationary. The impact was so huge that push my vehicle forward resulting my car to hit onto another car bearing SKM7937C BMW. We exchange particular and all agreed to proceed accident claims.



**SINGAPORE
POLICE FORCE**



T/20190924/7002

3 of 3

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20190924/7002

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPHQ /
ONG YONG HOCK
Contact No.: 65476436

Authentication Stamp

NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
24/09/2019 01:32

Classification Of Case:

Hello, NAC_PAYA_UBI_800601

[Change Language](#)
[Change Password](#)
[Log Out](#)

[My Desktop](#)
[Notice of Loss](#)

Policy Query

Policy No. Date of Accident

Vehicle No. (For Motor) 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"/>	5101886421-01		JOYCE SHOBANA SOLOMON	S8116622F	GCV	Comprehensive	SLX4922U	SLX4922U	15/07/2019	14/07/2020

Continue

Policy Information

Policy No.	5101886421-01	Policyholder Name	JOYCE SHOBANA SOLOMON	Policyholder NRIC	S8116622F
Certificate No.					
Address	BLK 330 #03-88 TAH CHING ROAD SINGAPORE 610330				
Product Name	COMMERCIAL VEHICLE INSURAI Plan	Group Policy Flag	N		
Policy Issue Date	13/07/2019	Effective Date	15/07/2019 00:00	Expiry Date	14/07/2020 23:59
Excess Type	Per Accident	All Claims Excess			
Third Party Excess	2000	Own damage Excess	2000	Windscreen Excess	100
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess	Young/Inexperience Driver Excess		
Agent	GRABCAR PTE. LTD.	Agent Tel.	65703925	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	BLK 330 #03-88	Address 2	TAH CHING ROAD	Address 3	SINGAPORE 610330
Address 4		Address Type	Singapore address	Post Code	610330
Unit No.	03-88	Related Policy Number	5101886421-01		

Insured Object: SLX4922U

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
<input type="button" value="Continue"/> <input type="button" value="Cancel"/>				

Claim Handling

Accident MT/1063849

Policy No.	5101886421-01	Vehicle No.	SLX4922U	GST Registration No.	
Certificate No.					
Policyholder Name	JOYCE SHOBANA SOLOMON			Policyholder NRIC	S8116622F
Product Code	COMMERCIAL VEHICLE INSURAI	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	93867906	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	
KPK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	10	Private Hire	Yes

▼ Accident Details

Report Date	24/09/2019 18:00	Accident Report Within 24 hrs	Yes	Accident Type	Chain Collision
Date of Accident	23/09/2019	Time of Accident hh:mm	21:45	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	LOYANG AVE BEFORE PASIR RIS DR 3				

▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00
OD Standard Excess	2,000.00	TP Standard Excess	2,000.00
YIED OD Excess	0.00	YIED TP Excess	
Additional Excess		Driver is Covered?	
Total OD Excess Applicable	2000.00	Total TP Excess Applicable	

▼ GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History	24/09/2019 18:01:47 System changed GST Status verified from No to Yes		

▼ Policyholder Mailing Address

Address 1	BLK 330 #03-88	Address 2	TAH CHING ROAD	Address 3	SINGAPORE 610330
Address 4		Address Type	Singapore address	Post Code	610330
Unit No.	03-88	Related Policy Number	5101886421-01		

▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	PETER MATHAN S/O MANIAM	Driver NRIC	S8215008J	Driver DOB	11/05/1982
Register Date of Driver License	30/05/2006	Driver Age	37	Driving Experience	13
Contact No.(Mobile)	93867906	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 330	Address 2	TAH CHING ROAD	Address 3	SINGAPORE 610330
Address 4		Address Type	Singapore address	Post Code	610330
Unit No.	03-88				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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Modification History

Claim 001 **New**

Claim Type *	CO-MX	Insured Name	JOYCE SHOBANA SOLOMON	Insured NRIC	S8116622F
Contact No.(Mobile)	92477609	Contact No.(Home)		Contact No.(Office)	+
Email Address	joyce.shobana@yahoo.com	OI Vehicle Number	SLX4922U	TP Vehicle Number	SKM7937C
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SLX4922U / SKM7937C ON 23 Sept 2019		Name of Preferred Workshop		
Preferred Workshop Contact No.		Insured Liability *	Not at Fault		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	24/09/2019 18:02	Claim Close Date		Date Received	24/09/2019 00:00
Report Taken By	Jackson				

Print AK letter

Save **Submit**

Attachment

Accident No.	MT/1063849	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	24/09/2019 18:04

Path *	Category *	Confidential	Urgency *	Description *
<input type="text"/> <input type="button" value="Browse..."/> <input type="button" value="Clear"/>	Please Select	NO	Normal	
<input type="text"/> <input type="button" value="Browse..."/> <input type="button" value="Clear"/>	Please Select	NO	Normal	
<input type="text"/> <input type="button" value="Browse..."/> <input type="button" value="Clear"/>	Please Select	NO	Normal	
<input type="text"/> <input type="button" value="Browse..."/> <input type="button" value="Clear"/>	Please Select	NO	Normal	
<input type="text"/> <input type="button" value="Browse..."/> <input type="button" value="Clear"/>	Please Select	NO	Normal	
<input type="text"/> <input type="button" value="Browse..."/> <input type="button" value="Clear"/>	Please Select	NO	Normal	

