

NATIONAL Assessment Centre Services

(Ref: Jan 05) MHA 119 14135V

Date In: 24/01/19-12:00	Job description	Date/Time Completed	Done by
Ref No: 101/14019189124	SAS e-filing		
Veh No: 60A946P	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 23/01/19-18:12	i-Motor Claim Form	27/1/2019 17:14	
OD: TP / Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Customer/Wksp		

Preferred Wksp / INC Assign Wksp / QW: ()

Text:

Fax:

)

TP Particulars:	Veh No: 5JH1279E	INC () / Non-INC ()
Owner / Driver: ()		Text: ()
Policy No: ()	Period: ()	Cover Type: ()
Confirmed by: ()	Date: ()	Time: ()
Insured/Driver Liability: () %	[Note-Est. Status (WC): 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 NOT refer of repairer.
- () Total Loss Case: to e-mail Insurer URGENTLY.
- Drive-In () / Towed-In (); Invoice: YES () / NO (); Tow 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

Claimant's Particulars:-	Invoice Preparation Checklist	Am't (\$) 1st Bill	Am't (\$) Add Bill
Driver/Owner:	1) AT: Accident Report (30)		
Contact No:	2) AT: Damage Assessment (100) INC (50)		
Damaged Portion:	3) AT: Towing Fee 14		
	4) AT: Follow-Through Fee 120		
	5) AT: Follow-Through Survey (Resurvey) 530		
	6) TR: Re-inspection 175		
	7) AT: IDA/DA - SMRT Survey 160		
	8) NCUA Additional Services		
QC Checked by (Engr-In-Charge):	* N2: Courtesy Car / Trd Allowance 55		
	Re-inspection 510		
	Follow-Through Inspection 575		
	DV: Next Losses Coordination 33		
	N11: 1st Claim Bill against INC 120		
	IDA/DA 30		
Auditors' Comments:-	Invoice dated: Fee Charged		
Dat. 1:	Invoice dated: Fee Charged		
Dat. 2 / 3:			

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	24/10/2019 17:02
Date Of Accident	23/10/2019 18:10
Exact Location Of Accident	KPE (TPE)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBA9461P
Insured/Policyholder	
Name Of Registered Owner	KARKOOL LIMOUSINE
Co Reg No	53359768D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98994499
Alternative Phone No	OFFICE-98994499

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE 3.0DX A
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	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	5110338483
Cover Note Number	

Driver

Name of Driver	THINNAGHARAN S/O A ANBALAHAN
NRIC No	S9730120D
Date Of Birth	31/08/1997
Occupation	OUTDOOR
Date Of Driving Pass	06/10/2017
Driving Experience	2 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96542601
Fax Number	
Contact Number	OFFICE-96542601
Email Address	NOEMAIL

Address	BLK 701 JURONG WEST STREET 71 #11-16
Postcode	640701
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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	RAINING
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?	
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	SJN1239E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SEAH KOK ANN
NRIC/Passport Number	S7337427H
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

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.

X 
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

Sketch plan area with grid lines. Handwritten notes include:

- A: GBA940P
- B: JN1339E
- Vertical text: (TYPE)
- Vertical text: B
- Vertical text: A

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Describe circumstances of the accident area. Handwritten note: Refer to statement 1.

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.:

ON STATED DATE AND TIME, I WAS TRAVELLING ALONG THE STATED VENUE. SUDDENLY VEHICLE B JAMMED BRAKE. I BRAKE MY VEHICLE HOWEVER MY VEHICLE SKIDED AS ROAD SURFACE WAS WET AND HIT ONTO VEHICLE B REAR PORTION.

ACCIDENT STATEMENT

ACCIDENT DATE: (23 / 12 / 19) (DD/MM/YYYY), TIME: (18 : 12) (HH:MM)

LOCATION: KPE C7PE1

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: 43A9461P
 b) INSURANCE COMPANY: NTC
 c) POLICY NUMBER: 54110338483
 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: Kar Kool Limosine (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: CONTACT: 98994499
 c) ADDRESS:

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Thinnagharan S/o A Anbalagan (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 59730000 CONTACT: 96542601
 c) ADDRESS: 111-16 (642201)

*d) DATE OF BIRTH: (31 / 8 / 1997) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 6/12/2017

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / 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)

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

IF YES, PLEASE STATE WHICH POLICE STATION:

8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: SJH 1259E MODEL:

b) DRIVER'S NAME: Seah Kok Ann

c) NRIC/FIN/PASSPORT: 577374274 CONTACT:

9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: MODEL:

e) DRIVER'S NAME:

f) NRIC/FIN/PASSPORT: CONTACT:

Email = Thinnagharan.anbalagan@gmail.com

fax =

video =

* No of passenger
 (including driver)
 (1)

* No of passenger
 (including driver)
 (1)

* No of passenger
 (including driver)
 ()

eBaoTech

GeneralClaim

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"/>	5110338483	5110338483-000001	KARKOOL LIMOUSINE	53359768D	GFM	Third Party, Fire & Theft	GBA9461P	GBA9461P	11/06/2019	10/06/2020

Continue

 Policy Information

Policy No.	5110338483	Policyholder Name	KARKOOL LIMOUSINE	Policyholder NRIC	53359768D
Certificate No.	5110338483-000001				
Address	BLK 154 #04-392 SERANGOON NORTH AVENUE 1 SINGAPORE 550154				
Product Name	FLEET MASTER INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	11/06/2019	Effective Date	11/06/2019 00:00	Expiry Date	10/06/2020 23:59
Excess Type	Per Accident	All Claims Excess			
Third Party Excess	1500	Own damage Excess	0	Windscreen Excess	0
Additional Excess		OS Premium	1559.89		
Outside Singapore OD Excess		Outside Singapore TP Excess		Young/Inexperience Driver Excess	
Agent	INSURE LINK PTE LTD	Agent Tel.	64444644	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

 Policyholder Mailing Address

Address 1	BLK 154 #04-392	Address 2	SERANGOON NORTH AVENUE 1	Address 3	SINGAPORE 550154
Address 4		Address Type	Singapore address	Post Code	550154
Unit No.	04-392	Related Policy Number	5111102432		

► Insured Object: 5110338483-000001

 Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
1	11/06/2019 00:00	Basic Information Endorsement	000001287086711	Endorsement Take Effective	Update M42(C)
2	23/07/2019 00:00	Basic Information Endorsement	000001287114747	Endorsement Take Effective	Update base premium as below: Van/Lorry with/without Hood (4.01 to 10 tons) \$2,290.00 with GST
3	21/10/2019 00:00	Basic Information Endorsement	000001287170786	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that from 21 Oct 2019, the following amendments are made to this policy: Update rate for Standard Lorry/ Pickup & Standard Van as well as excess

 Certificate Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
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Continue Cancel

Claim Handling

The premium on this policy has not been collected.

Accident MT/1068436

Policy No.	5110338483	Vehicle No.	GBA9461P	GST Registration No.	
Certificate No.	5110338483-000001				
Policyholder Name	KARKDOL LIMOUSINE			Policyholder NRIC	S3359768D
Product Code	FLEET MASTER INSURANCE	Cover Type	Third Party, Fire & Theft	Leading	0
Contact No.(Mobile)	98994499	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	1
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 Enticement(%)	0	Private Hire	No

Accident Details

Report Date	24/10/2019 17:10	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	23/10/2019	Time of Accident hh:mm	18:10	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	KPE (TPE)				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	0.00		
OD Standard Excess	0.00	TP Standard Excess	1,500.00		
YIED OD Excess	0.00	YIED TP Excess		Driver is Covered?	
Additional Excess					
Total OD Excess Applicable	0.00	Total TP Excess Applicable			

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 154 #04-392	Address 2	SERANGOON NORTH AVENUE 1	Address 3	SINGAPORE 550154
Address 4		Address Type	Singapore address	Post Code	550154
Unit No.	04-392	Related Policy Number	5111102432		

Q1 Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	THINNAGHARAN S/O A ANBALA	Driver NRIC	S97301200	Driver DOB	31/08/1997
Register Date of Driver License	06/10/2017	Driver Age	22	Driving Experience	2
Contact No.(Mobile)	96542601	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 701	Address 2	JURONG WEST STREET 71	Address 3	SINGAPORE 640701
Address 4		Address Type	Singapore address	Post Code	640701
Unit No.	11-16				
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 type="radio"/> Yes <input checked="" type="radio"/> No		
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Modification History

Claim 001 **New**

Claim Type *	GD-MX	Insured Name	KARKDOL LIMOUSINE	Insured NRIC	S3359768D
Contact No.(Mobile)		Contact No.(Home)	NIL	Contact No.(Office)	
Email Address		O1 Vehicle Number	GBA9461P	TP Vehicle Number	S3N1239E
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	GBA9461P / S3N1239E ON 23 Oct 2019				
Preferred Workshop Contact No.		Insured Liability *	Fully at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	24/10/2019 17:12	Claim Close Date		Date Received	24/10/2019 00:00
Report Taken By	Jackson				

☒ Print AK letter

Save Submit

Attachment

Accident No.	MT/1068436	Claim No.	001		
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	24/10/2019 17:13		

Path *	Category *	Confidential	Urgency *	Description *
Browse... Clear	Please Select	NO	Normal	
Browse... Clear	Please Select	NO	Normal	
Browse... Clear	Please Select	NO	Normal	
Browse... Clear	Please Select	NO	Normal	
Browse... Clear	Please Select	NO	Normal	

Please Select

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 24 Oct 2019 17:13	NRIC/ Driving License	Y Normal	NRIC/ Driving License 2019-10-24	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 24 Oct 2019 17:13	SAS	Normal	SAS 2019-10-24	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 24 Oct 2019 17:13	Photos	Normal	Photos 2019-10-24	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 24 Oct 2019 17:13	Photos	Normal	Photos 2019-10-24	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 24 Oct 2019 17:13	Photos	Normal	Photos 2019-10-24	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 24 Oct 2019 17:12	Photos	Normal	Photos 2019-10-24	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 24 Oct 2019 17:12	Photos	Normal	Photos 2019-10-24	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 24 Oct 2019 17:12	Photos	Normal	Photos 2019-10-24	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 24 Oct 2019 17:12	Photos	Normal	Photos 2019-10-24	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 24 Oct 2019 17:12	Photos	Normal	Photos 2019-10-24	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 24 Oct 2019 17:12	Photos	Normal	Photos 2019-10-24	

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
<input type="button" value="Display in New Window"/> <input type="button" value="Scan and uploading"/>				