

NATIONAL Assessment Centre Services.

(ver 1 Jan 00)

19 MAY 19 / 50316

| | | | |
|--------------------------|--|-----------------------|---------|
| Date In: 13/4/2009 16:09 | Job description | Date & Time Completed | Done by |
| Ref No: N/A 19020/67/4 | SAS e-filing | | |
| Veh No: SKL 76138 | E-mail (Toyota 4x4, A/C 2hrs) | | |
| D.O.A: 12/4/2009 19:00 | I-Motor Claim Form | 13/4/2009 16:26 | |
| OD: TP Reporting Only | I-Motor W/O (with OD 2hrs, TP 4hrs) | | |
| TP Insurer: | I-Photo Uploaded | | |
| | Assessment/Survey Report | | |
| | Ass't Report by Fax / Hand to Owner/Whse | | |

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:

Veh No: GRJ 3204H

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 repair.

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

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

Repair Instructions:

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

2) QC Check / Post Repair Inspection ()

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

Injury:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Additional Comments:

Ref: 1:

Ref: 2:

Ref: 3:

Ref: 4:

Ref: 5:

Ref: 6:

Ref: 7:

Ref: 8:

Ref: 9:

Ref: 10:

Ref: 11:

Ref: 12:

Ref: 13:

Ref: 14:

Ref: 15:

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: 13/11/19

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

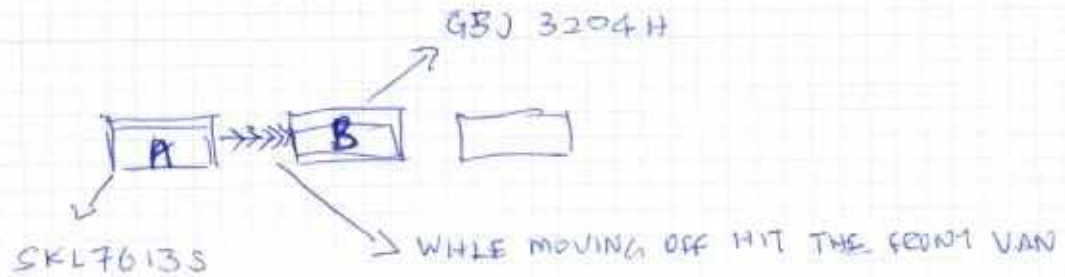
Name:

NRIC/FIN No.:

13/11/2019

Res 2 Linton

SKETCH PLAN



CTE TOWARDS ANH MO KID.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AS I WAS TRAVELLING ALONG THE CTE WHICH HAD A HEAVY TRAFFIC, WE WERE STOPPING & MOVING OFF, AT A INSTANCE WHEN MOVING OFF I HIT THE VAN IN-FRONT OF ME AS HE SUDDENLY SLOWED DOWN THE VEHICLE.

DECLARATION

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

Policyholder's Signature

Date & Time:

13/11/19

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

13/11/2019

Reda Hassan

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 | 13/11/2019 16:09 |
| Date Of Accident | 12/11/2019 19:00 |
| Exact Location Of Accident | CTE TOWARDS ANG MO KIO |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|-------------------------------|
| Vehicle Registration Number | SKL7613S |
| Insured/Policyholder | |
| Name Of Registered Owner | STANLEY SUPPIAH S/O APPARAJOO |
| NRIC No | S6912226D |
| Email Address | STANRAJ@HOTMAIL.COM |
| Mobile Phone No | (LOCAL) +65-92994400 |
| Alternative Phone No | OTHERS-92994400 |

Vehicle Particulars

| | |
|--|---------------------|
| Manufacturer | BMW |
| Model | 320i |
| Exact Purpose for which vehicle was being used at time of accident | MEETING WITH FRIEND |
| 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 | PRIVATE CAR |

Insurance Company

| | |
|---------------------------|--|
| Name of Insurance Company | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | 5096686551-01 |
| Cover Note Number | |

Driver

| | |
|----------------------|-------------------------------|
| Name of Driver | STANLEY SUPPIAH S/O APPARAJOO |
| NRIC No | S6912226D |
| Date Of Birth | 19/03/1969 |
| Occupation | INDOOR |
| Date Of Driving Pass | 13/09/1995 |
| Driving Experience | 24 YEARS AND 1 MONTH |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-92994400 |
| Fax Number | |
| Contact Number | OTHERS-92994400 |
| Email Address | STANRAJ@HOTMAIL.COM |

| | |
|---|---------------------------------|
| Address | BLK 17 MARINE TERRACE #14-88 |
| Postcode | 440017 |
| 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 | 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? | 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 | GBJ3204H |
| Vehicle Make/Model/Colour | TOYOTA |
| Details Of Properties | |
| Vehicle Category | COMMERCIAL VEHICLE |
| Name of Driver | SONG SHUANG |
| NRIC/Passport Number | G3241738N |
| Contact Number | 90937400 |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |
| No. Of Passenger (Including Driver) | 2 |

Passenger 1

NAME: :

GENDER: :

ACCIDENT STATEMENT

ACCIDENT DATE: (12/11/2019) (DD/MM/YYYY), TIME: (19:00) (HH:MM)

LOCATION: CTE TOWARD ANG MO KIO

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKL 7613S
 b) INSURANCE COMPANY: NTUC
 c) POLICY NUMBER: 5096686551-01
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: BMW 320I
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: MEETING A FRIEND
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) ☒ YES
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: STANLEY DEEPAJOO (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S6912226D CONTACT: 92994400
 c) ADDRESS: BLK 17, #14-22, MURINE TERRACE, SINGAPORE 410017

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: SONG SHUANG (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: G3241738N CONTACT:
 c) ADDRESS:

* d) DATE OF BIRTH: (19/03/1969) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 13 SEP 1996

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) NORMAL CLEAR
 b) ROAD SURFACE: (DRY / WET / OTHERS) DRY

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: GBJ 3204H MODEL: TOYOTA
 b) DRIVER'S NAME: SONG SHUANG
 c) NRIC/FIN/PASSPORT: G3241738N CONTACT: 90937400

9. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: MODEL:
 b) DRIVER'S NAME:
 c) NRIC/FIN/PASSPORT: CONTACT:

No of passenger
 (including driver)
 (1)

No of passenger
 (including driver)
 (2)

No of passenger
 (including driver)
 ()

email = stanraj@hotmail.com

VIDEO

Claim Handling

Accident MT/1071230

| | | | | |
|---------------------|-------------------------------|---------------------|---------------|-----------------|
| Policy No. | 5096686551-01 | Vehicle No. | SKL76135 | GST Registrati |
| Certificate No. | | | | |
| Policyholder Name | STANLEY SUPPIAH S/O APPARAJOO | | | Policyholder Na |
| Product Code | PRIVATE CAR INSURANCE | Cover Type | drive CLASSIC | Loading |
| Contact No.(Mobile) | 92994400 | Contact No.(Office) | | Contact No.(Hi |
| Email Address | | Special Remark | | eCode |
| KPK | = No Yes | TCA | = No Yes | eCode Reason |
| NCD Protection | No | NCD Entitlement(%) | 10 | Private Hire |

Accident Details

| | | | | |
|-------------------|------------------------|-------------------------------|-------|----------------|
| Report Date | 13/11/2019 16:23 | Accident Report Within 24 hrs | Yes | Accident Type |
| Date of Accident | 12/11/2019 | Time of Accident hh:mm | 19:00 | Country of Acc |
| Reporting Centre | | Orange Force | | ICH No. |
| Accident Location | CTE TOWARDS ANG MO KIO | | | |

Excess

| | | | | |
|-----------------------|--------|-----------------------------|--------|---------------|
| Own damage Excess | 600.00 | Additional Excess | 0 | Windscreen Ex |
| Unnamed Driver Excess | 0.00 | Outside Singapore OD Excess | 600.00 | |
| Third Party Excess | 0.00 | Outside Singapore TP Excess | 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 17 #14-88 | Address 2 | MARINE TERRACE | Address 3 |
| Address 4 | | Address Type | Singapore address | Post Code |
| Unit No. | | Related Policy Number | 5096686551-01 | |

OI Driver Info

| | | | | |
|---|-------------------|---------------------|-------------------|-----------------|
| Driver Name | STANLEY APPARAJOO | Driver Type | Main Driver | Driver DOB |
| Unnamed driver Name | | Driver NRIC | S69127260 | Driving Experie |
| Register Date of Driver License | 13/08/1996 | Driver Age | 50 | Contact No.(Hi |
| Contact No.(Mobile) | 92994400 | Contact No.(Office) | | Address 3 |
| Address 1 | BLK 17 #14-88 | Address 2 | MARINE TERRACE | Post Code |
| Address 4 | | Address Type | Singapore address | |
| Unit No. | | | | |
| Does he own a Singapore Registered car? | Yes = No | Driver Vehicle No. | SKL76135 | Driver Insurer |

Declaration

| | | | |
|-------------------------------------|------|-------------|----------|
| Breathalyser 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

Contact No.

Finalisation

Date Registered

Report Taken By

Print AK letter

OD-MX

Insured Name

ST/

97547402

Contact No.

NIL

(Home)

OI

Vehicle

Number

SKI

SKL76135 / GB33204H ON 12 Nov 2019

Insured Liability

Fully at Fault

Preferred Repair Option

Preferred Workshop, Name unknown

GIA report

Received

13/11/2019 16:25

Claim Close Date

ROSLI WAHAB

Save

Submit

Attachment

| | | | |
|--------------------|---|-------------|------------------|
| Accident No. | MT/1071230 | Claim No. | 001 |
| Last Doc. Received | <input checked="" type="radio"/> Yes <input type="radio"/> No | Upload Date | 13/11/2019 16:26 |
| Path * | | Category * | Confider |
| Choose File | No file chosen | Clear | Please Select |
| Choose File | No file chosen | Clear | Please Select |
| Choose File | No file chosen | Clear | Please Select |
| Choose File | No file chosen | Clear | Please Select |
| Choose File | No file chosen | Clear | Please Select |
| Choose File | No file chosen | Clear | Please Select |
| Message Read | | Clear | Please Select |

Attachment List

| Attachment | Uploaded By/Date | Category | Urgency | |
|---|--|-----------------------|---------|--------|
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 Nov 2019 16:26 | Photos | Normal | Phc |
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 Nov 2019 16:26 | Photos | Normal | Phc |
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 Nov 2019 16:26 | Photos | Normal | Phc |
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 Nov 2019 16:26 | Photos | Normal | Phc |
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 Nov 2019 16:26 | Photos | Normal | Phc |
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 Nov 2019 16:26 | Photos | Normal | Phc |
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 Nov 2019 16:26 | Photos | Normal | Phc |
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 Nov 2019 16:25 | Photos | Normal | Phc |
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 Nov 2019 16:25 | Photos | Normal | Phc |
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 Nov 2019 16:25 | Photos | Normal | Phc |
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 Nov 2019 16:25 | NRIC/ Driving License | Y | Normal |
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 Nov 2019 16:25 | NRIC/ Driving License | Y | Normal |
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 Nov 2019 16:25 | SAS | Normal | S |

Video List

| Uploaded By/Date | Folder Date | File Name | |
|------------------|-------------|-----------------------|--------------------|
| | | Display in New Window | Scan and uploading |

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="12/11/2019 16:28"/> | | | | | | | |
| Vehicle No. (For Motor) | <input type="text" value="SKL76135"/> | 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"/> | 5090686551-01 | | STANLEY SUPPIAH S/O APPARAJOO | S5912226D | GPC | drivo CLASSIC | SKL76135 | SKL76135 | 20/12/2018 | 19/12/2019 |
| <input type="button" value="Continue"/> | | | | | | | | | | |