NATIONAL Assessment Centre Services (wef 1 Jan'05) MNA 19 53 89

Date In: 29/11/19 - 10:49	Job description	Date & Time Completed	Done by
Ref No: HA/14C1902053 7/cy	SAS e-filing		
Veh No: SJA5481M	E-mail (within 8hrs, AIC 2hrs)		
D.O.A : 19/11/19 - 15:50	i-Motor Claim Form	MI/1072/12-001	29/11/19 10:09
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 Owner/Wksp		

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

TP Particulars: Veh No: SJ 7394 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 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

HA 908733

Claimant's Particulars :-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments :-

Cat. 1:

Cat. 2 / 3:

Invoice Preparation Checklist		Amt ($) 1st Bill	Amt ($) Add Bill
1) AR : Accident Reporting ($30);			
2) DA : Damage Assessment ($100);	INC ($80)		
3) TF : Towing Fee	$40/$45		
4) FT : Follow-Through Survey	$120		
5) FT : Follow-Through Survey (Resurvey)	$30		
For claiming against INC Only (wef 10 Jan 2005)			
6) TR : Re-inspection	$75		
7) N1 : Idac DA + SMRT Survey	$160		
8) NTUC Additional Services:-			
QD*			
*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	30		
Invoice dated	*Fee Charged*		
Invoice dated	*Fee Charged*		

MNA119153189 / National Assessment Centre Services - Ubi
ENTRY DATE & TIME: 20/11/2019 10:49
SUBMITTED BY: Jackson Ho Zhao Tian

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 witholding 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	20/11/2019 10:49
Date Of Accident	19/11/2019 15:50
Exact Location Of Accident	44 BROADRICK RD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJA5481M
Insured/Policyholder	
Name Of Registered Owner	SUBRAMANIYAM S/O THANGAYAH
NRIC No	S1633970I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90214134
Alternative Phone No	OFFICE-90214134
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	C200 SPORT AUTO
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	5095755306-01
Cover Note Number	
Driver	
Name of Driver	JOSHUA S/O SUBRAMANIYAM
NRIC No	S9902281G
Date Of Birth	23/01/1999
Occupation	INDOOR
Date Of Driving Pass	06/10/2017
Driving Experience	2 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-94523933
Fax Number	
Contact Number	OFFICE-94523933
EMail Address	NOEMAIL

Address	BLK 67 BEDOK SOUTH AVENUE 3 #19-500
Postcode	460067
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	COLLISION - MAJOR/MINOR RD
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?	YES
Remarks/ Reasons:	VIDEO FOOTAGE WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	CB7039Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	BUS
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

IMPORTANT NOTICE

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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 orpossessed 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

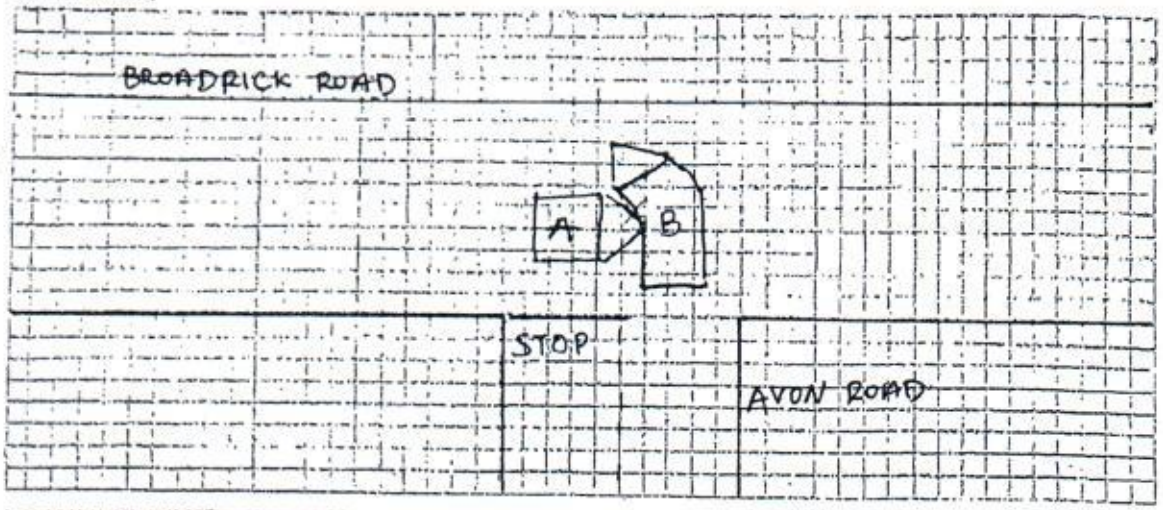
   (ii) for complying with requirements under any regulations, laws or court orders.

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

Veh A: SJA5481M

Veh B: CB7039Y



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date and time, I was travelling on broadrick Road. I stopped as the was a oncoming car, after the car part, vehicle B (CB7039Y) suddenly turn out from AVON ROAD and hit onto my vehicle front left portion, I wish to state that I was stationary.

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.:

Date of Accident : 19/11/2019 Accident Time: 1530 (24-HR-Format)

Accident Place : 44 BROADRICK ROAD

Vehicle Reg. No. (Car Plate No.) : SJA 5481M

Vehicle Make/Model : MERCEDES C200

Insurance Company : NTUC Policy No.

Owner or Company Name /IC No. : SUBRAMANIYAM S/O THANGAYAH

Owner or Company Contact No. : 9452 3933 Owner's Hp 90214134 Company Tel

DRIVER'S Name / IC No. : JOSHUA S/O SUBRAMANIYAM

DRIVER'S Date Of Birth : 23/01/1999 DRIVER'S License Pass Date 06/10/2017

Relationship of Owner & Driver : Spouse \ ~~Parents~~ \ Children \ Sibling \ Employee\ Others:

DRIVER'S Address : 67 BEDOK SOUTH AVENUE 3 # 19-500

DRIVER'S Contact No./ Alt No. :1) 94523933 2)

DRIVER'S Occupation (INDOOR) \ OUTDOOR (e.g. working inside or outside office)

Email Address : aaronchata26@gmail.com Admin@Mycar.sg

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): 01 No injuries

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: CB 7039 Y

Vehicle Make\Model:

Name Driver:

IC No. Driver:

Driver's Contact & Add:

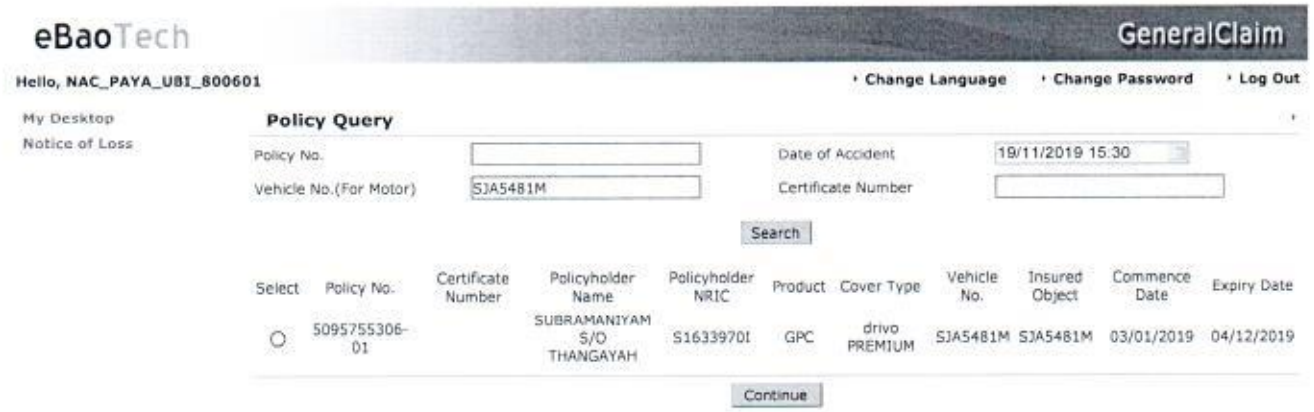
Vehicle Reg. No:

Vehicle Make\Model:

Name Driver:

IC No. Driver:

Driver's Contact & Add:


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
19/11/2019 15:30
Vehicle No.(For Motor)
SJA5481M
Certificate Number
Search
Select
Policy No.
Certificate Number
Policyholder Name
Policyholder NRIC
Product
Cover Type
Vehicle No.
Insured Object
Commence Date
Expiry Date
5095755306-01
SUBRAMANIYAM S/O THANGAYAH
S1633970I
GPC
drivo PREMIUM
SJA5481M
SJA5481M
03/01/2019
04/12/2019
Continue

Policy Information

Policy No.	5095755306-01	Policyholder Name	SUBRAMANIYAM S/O THANGAY/	Policyholder NRIC	S1633970I
Certificate No.					
Address	BLK 67 #19-500 BEDOK SOUTH AVENUE 3 SINGAPORE 460067				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	03/01/2019	Effective Date	03/01/2019 00:00	Expiry Date	04/12/2019 23:59
Excess Type		All Claims Excess			
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0		Young/Inexperience Driver Excess
Agent	VINCAR PTE LTD	Agent Tel.	64741119	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	BLK 67 #19-500	Address 2	BEDOK SOUTH AVENUE 3	Address 3	SINGAPORE 460067
Address 4		Address Type	Singapore address	Post Code	460067
Unit No.		Related Policy Number	5095755306-01		

Insured Object: SJA5481M

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content

Continue Cancel

Claim Handling

Accident MT/1072172

Policy No.	S095755306-01	Vehicle No.	SJA5481M	GST Registration No.	
Certificate No.					
Policyholder Name	SUBRAMANIYAM S/O THANGAYAH			Policyholder NRIC	S1633970I
Product Code	PRIVATE CAR INSURANCE	Cover Type	omni PREMIUM	Loading	0
Contact No.(Mobile)	90214134	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	
KFK	(•) No ( ) Yes	TCA	(•) No ( ) Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	50	Private Hire	No

Accident Details

Report Date	20/11/2019 11:08	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Major Minor Road
Date of Accident	19/11/2019	Time of Accident hh:mm	15:50	Country of Accident	Singapore
Reporting Centre		Orange Force		SCM No.	
Accident Location	44 BROADRICK RD				

Excess

Own damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
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 67 #19-500	Address 2	BEDOK SOUTH AVENUE 3	Address 3	SINGAPORE 460067
Address 4		Address Type	Singapore address	Post Code	460067
Unit No.		Related Policy Number	S095755306-01		

OI Driver Info

Driver Name	JOSHUA S/O SUBRAMANIYAM	Driver Type	Named Driver		
Unnamed driver Name		Driver NRIC	S9902281G	Driver DOB	23/01/1999
Register Date of Driver License	06/10/2017	Driver Age	20	Driving Experience	2
Contact No.(Mobile)	94523933	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 67	Address 2	BEDOK SOUTH AVENUE 3	Address 3	SINGAPORE 460067
Address 4		Address Type	Singapore address	Post Code	460067
Unit No.	19-500				
Does he own a Singapore Registered car?	( ) Yes (•) No	Driver Vehicle No.		Driver Insurer Company	

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	( ) Yes (•) No

Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	SUBRAMANIYAM S/O THANGAY	Insured NRIC	S1633970I
Contact No.(Mobile)	90252964	Contact No.(Home)	67261094	Contact No.(Office)	66030486
Email Address	emailtosubra@gmail.com	OI Vehicle Number	SJA5481M	TP Vehicle Number	CB7039Y
Claimant Type Claimant Type*	Please Select	Type of Benefit *	Please Select		
Claimant Name *	>>	Claimant NRIC *			
Claimant Address					
Claim Description	SJA5481M / CB7039Y ON 19 Nov 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	20/11/2019 11:09	Claim Close Date		Date Received	20/11/2019 00:00
Report Taken By	Jackson				

[✓] Print AK letter

Save Submit

Attachment

Accident No.	MT/1072172	Claim No.	001
Last Doc. Received	(•) Yes ( ) No	Upload Date	20/11/2019 11:10

Path *			Category *	Confidential	Urgency *	Description *
	Browse...	Clear	Please Select		Normal	
	Browse...	Clear	Please Select		Normal	
	Browse...	Clear	Please Select		Normal	
	Browse...	Clear	Please Select		Normal	
	Browse...	Clear	Please Select		Normal	
	Browse...	Clear	Please Select		Normal	

Send Message

Attachment List

Msg Sent?

Attachment	Uploaded By/Date	Category		Urgency	Description	(CO)
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Nov 2019 11:10	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2019-11-20	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Nov 2019 11:10	SAS		Normal	SAS 2019-11-20	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Nov 2019 11:10	Photos		Normal	Photos 2019-11-20	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Nov 2019 11:10	Photos		Normal	Photos 2019-11-20	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Nov 2019 11:10	Photos		Normal	Photos 2019-11-20	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Nov 2019 11:10	Photos		Normal	Photos 2019-11-20	
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Nov 2019 11:10	Photos		Normal	Photos 2019-11-20	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Nov 2019 11:10	Photos		Normal	Photos 2019-11-20	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Nov 2019 11:10	Photos		Normal	Photos 2019-11-20	

Video List

Uploaded By/Date	Folder Date	File Name		Source	Action

Display in New Window | Scan and uploading