

NATIONAL Assessment Centre Services.

[ver 1 Jan'03]

MYA 419166139

Date In: 17/1/14-16/59	Job description	Date & Time Completed	Done by
Ref No: N8A 114492118/24	SAS e-filing		
Veh No: 51896835	E-mail (4 jobs 3hrs, AIC 2hrs)		
DOA: 16/1/14-14/58	I-Motor Claims Form	M7/1076171-001	17/1/14 17:29
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/Whan		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: 6W3807R	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 repolar.

() 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: _____

Weather: _____

Witness: _____

Signature: _____

Driver/Owner:	1) All: Accident Reporting (\$30)	
Contact No:	2) DA: Damage Assessment (\$100) INC (\$10)	
Damaged Portion:	3) TP: Towing Fee \$40/\$43	
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey \$120	
	5) PT: Follow-Through Survey (Resurvey) \$30	
	6) TR: Re-inspection \$75	
	7) NI: IDao DA + SMRT Survey \$160	
	8) NTUC Additional Services:	
	ON:	
	*N1: Courtesy Car / Tpt Allowance \$3	
	*N2: Repairs Co-ordination \$10	
	*N3: Post Repair Inspection \$25	
	*N4: DV / Collect Excess Coordination \$3	
	*N5: TP (N1) : TP (N1) INC against INC \$20	
	*N6: TP (N1) : TP (N1) INC against INC \$0	
	9) N12: 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	17/12/2019 16:59
Date Of Accident	16/12/2019 14:25
Exact Location Of Accident	BLK 508 BISHAN ST 11 OPEN SPACE CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLB9683S
Insured/Policyholder	
Name Of Registered Owner	B MAHENTHIRAN S/O M BALASINGAM
NRIC No	S2682037E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92471671
Alternative Phone No	OFFICE-92471671

Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL 1.5X CVT
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	5099401587-01
Cover Note Number	

Driver

Name of Driver	B MAHENTHIRAN S/O M BALASINGAM
NRIC No	S2682037E
Date Of Birth	11/10/1966
Occupation	INDOOR
Date Of Driving Pass	29/09/1998
Driving Experience	21 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92471671
Fax Number	
Contact Number	OFFICE-92471671
Email Address	NOEMAIL

Address	BLK 126 PASIR RIS STREET 11 #05-381
Postcode	510126
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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)	0

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BISHAN NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 20 BISHAN STREET 23 , POSTCODE: 579757 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5529999 - FAX NO: 65561905
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20191216/2121.

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	GW3807R
Vehicle Make/Model/Colour	
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)

SKETCH PLAN

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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:



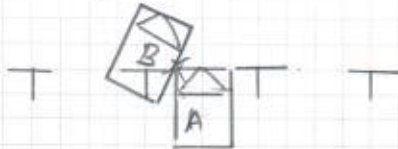
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

Blk 508 Bishan St 11
open space car park.

A: SLB9683S

B: GW3807R



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - 7/2019/1416/231.

DECLARATION

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

Ulaen

Policyholder's Signature
Date & Time:

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

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



Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/12/2019 15:16	Vide Report No.:	Station Diary No.: 83
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Informant's Particulars

Name of Informant: B MAHENTHIRAN S/O M BALASINGAM	Address: APT BLK 126 PASIR RIS STREET 11 #05-381 SINGAPORE 510126		
ID Type / ID No.: NRIC NO / S2682037E	Contact No.: Home/Office: Mobile: 92471671		
Nationality: MALAYSIAN	Email:		
Sex: Male	Age: 53	Date of Birth: 11/10/1966	Type of Informant: Driver
Race: Indian	Language: English		Institution / School Name:
Occupation: SENIOR SECURITY EXECUTIVE	Driving Licence Information: Class: 2B,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 16/12/2019 14:30	Type of Location: Car Park
Location: Along Road 1 BISHAN STREET 11 Blk 508 Bishan St 11				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision: Unknown			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GW3807R	Lorry			Blue		0
SLB9683S	Car	HONDA	VEZEL 1.5X CVT	Blue	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLB9683S	NTUC Income Insurance Co-Operative Limited	5099401587-01	28/03/2019	26/04/2020



Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	B MAHENTHIRAN S/O M BALASINGAM	ID No.	S2682037E
Related Vehicle	SLB9683S (Car)	Contact No.	92471671
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 16/12/19 at about 1000hrs, I parked my vehicle at Blk 508 Bishan St 11 carpark lot 39 and everything was intact. At about 1430hrs, I retrieved back my vehicle and noted that there were fresh damages (a dent) to the front left bumper.

I also noticed that there is a vehicle parked next to mine bearing GW3807R (lot 40). I am unsure if the said vehicle is the one that had collided into my vehicle. GW3807R was not there when I parked my vehicle. As such, there is a possibility that GW3807R could had collided into my vehicle while it was reversing. I could not see any obvious damages to GW3807R probably as it is a heavy vehicle.

Details of GW3807R:
5001 Beach Road #03-98H
Golden Mile Complex S(199588)
Company no: B503058/00-M



**SINGAPORE
POLICE FORCE**



T/20191216/2121

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

3 of 3

Report No. T/20191216/2121

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:
E /
Sgt 3 LIYANA BINTE MOHD RAZALI

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / HRT /
SI KALESWARI PALANI
Contact No.: 65476902

Authentication Stamp
NP168

Signature Of Informant:

(Signature)

Date/Time:
16/12/2019 15:16

Classification Of Case:

SN 061

SIGNATURE

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="16/12/2019 14:30"/>							
Vehicle No. (For Motor)	<input type="text" value="SLB95835"/>	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"/>	5099401587-01		B MAHENTHRAN S/O H BALASINGAM	S2682037E	GPC	Drive PREMIUM	SLB95835	SLB95835	28/03/2019	26/04/2020
<input type="button" value="Continue"/>										

Policy Information

Policy No.	5099401587-01	Policyholder Name	S MAHENTHIRAN S/O M BALAS	Policyholder NRIC	S26820376
Certificate No.					
Address	BLK 126 #05-381 PASIR RIS ST 11 SINGAPORE S10126	Plan		Group Policy Flag	N
Product Name	PRIVATE CAR INSURANCE	Effective Date	28/03/2019 00:00	Expiry Date	26/04/2020 23:59
Policy Issue Date	27/03/2019	Own Damage Excess	600	Windscreen Excess	100
Third Party Excess	0	CS Premium	0		
Additional Excess	0	Outside Singapore TP Excess	0		
Outside Singapore OD Excess	600	Agent Tel.	64650020 null	GST Flag	Y
Agent	TECK WEI CREDIT PTE. LTD.				
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	BLK 126 #05-381	Address 2	PASIR RIS ST 11	Address 3	SINGAPORE S10126
Address 4		Address Type	Singapore address	Post Code	S10126
Unit No.		Related Policy Number	5099401587-01		

Insured Object: SLB96835

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
1	17/10/2019 00:00	POI Extension/Shorten	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that the Period of Insurance of this policy is amended as follows: PERIOD OF INSURANCE: 26 Mar 2019 TO 26 Apr 2020. In view of this amendment, an additional premium of \$89.69 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque in favour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque. Alternatively, you could also make payment at any of our branches by cash, credit card or NETS.

Continue Cancel

Claim Handling

Accident HT/1076171

Policy No.	5099401587-01	Vehicle No.	SLR96835	GST Registration No.	
Certificate No.					
Policyholder Name	B MAHENTHIRAN S/O M BALASINGAM			Policyholder NRIC	S2682037E
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive PREMIUM	Loading	0
Contact No.(Mobile)	92471671	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	No
KFK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	50	Private Hire	No
Accident Details					
Report Date	17/12/2019 17:25	Accident Report Within 24 hrs	Yes	Accident Type	Hit and run
Date of Accident	16/12/2019	Time of Accident (hh:mm)	14:25	Country of Accident	Singapore
Reporting Centre		Grange Fence		ICH No.	
Accident Location	BLK 508 BISHAN ST 11 OPEN SPACE CARPARK				
Excess					
Own damage Excess	600.00	Additional Excess	\$	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 Status Verified	Yes
GST Registration No.					
Modification History					
Policyholder Mailing Address					
Address 1	BLK 126 #05-381	Address 2	PASIR RIS ST 11	Address 3	SINGAPORE 510126
Address 4		Address Type	Singapore address	Post Code	510126
Unit No.		Related Policy Number	5099401587-01		
01 Driver Info					
Driver Name	B MAHENTHIRAN S/O M BALASINGAM	Driver Type	Main Driver	Driver DOB	11/10/1965
Unnamed driver Name		Driver NRIC	S2682037E	Driving Experience	21
Register Date of Driver License	29/09/1998	Driver Age	53	Contact No.(Home)	0
Contact No.(Mobile)	92471671	Contact No.(Office)	0	Address 3	SINGAPORE 510126
Address 1	BLK 126	Address 2	PASIR RIS ST 11	Post Code	510126
Address 4		Address Type	Singapore address		
Unit No.	05-381				
Does he own a Singapore Registered car?	Yes = No	Driver Vehicle No.		Driver Insurer Company	
Declaration					
Breathalyzer or Blood Test Reading?	0 mg	Any injury?	Yes = No		

Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	B MAHENTHIRAN S/O M BALASINGAM	Insured NRIC	S2682037E
Contact No.(Mobile)	92471671	Contact No. (Home)	67682540	Contact No. (Office)	
Email Address		OT Vehicle Number	SLR96835	TP Vehicle Number	GW3807R
Claim Description	SLR96835 / GW3807R ON 16 Dec 2019			Name of Preferred Workshop	
Preferred Workshop	Yes	Insured Liability	Not at Fault	GSA report	Received
Report Taken By	JACKSON	Claim Close Date	17/12/2019 17:29	Date Received	17/12/2019 00:00
Print AX letter					

Save Submit

Attachment

Accident No.	HT/1076171	Claim No.	001			
Last Doc. Received	* Yes No	Upload Date	17/12/2019 17:30			
Choose File	No file chosen	Category *	Confidential			
Choose File	No file chosen	Urgency *	Normal			
Choose File	No file chosen	Description *				
Choose File	No file chosen					
Choose File	No file chosen					
Choose File	No file chosen					
Choose File	No file chosen					
Choose File	No file chosen					
Message Read						
Attachment List						
Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	Action
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Dec 2019 17:30		NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2019-12-17	Edit
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Dec 2019 17:30		SAS		Normal	SAS 2019-12-17	Edit
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Dec 2019 17:30		Photos		Normal	Photos 2019-12-17	Edit
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Dec 2019 17:30		Photos		Normal	Photos 2019-12-17	Edit
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Dec 2019 17:30		Photos		Normal	Photos 2019-12-17	Edit

S (BUKIT MERAH)) on 17 Dec 2019 17:30					
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Dec 2019 17:30	Photos	Normal	Photos 2019-12-17	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Dec 2019 17:30	Photos	Normal	Photos 2019-12-17	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Dec 2019 17:30	Photos	Normal	Photos 2019-12-17	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Dec 2019 17:29	Photos	Normal	Photos 2019-12-17	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Dec 2019 17:29	Photos	Normal	Photos 2019-12-17	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Dec 2019 17:29	Photos	Normal	Photos 2019-12-17	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Dec 2019 17:29	Photos	Normal	Photos 2019-12-17	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Dec 2019 17:29	Photos	Normal	Photos 2019-12-17	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Dec 2019 17:29	Photos	Normal	Photos 2019-12-17	Edit
Video List					
Uploaded By/Date	Folder Date	File Name		Source	Action
Display in New Window Scan and uploading					