

NATIONAL Assessment Centre Services.

(ver 1 Jan 05)

NAF 2000 10164

Date In: 21/01/2020 17:58	Job description	Date & Time Completed	Done by
Ref No: NAF 2000 13474	SAS e-filing		
Veh No: SLD 6910X	E-mail (to Julia Ross, AIC 2hrs)		
DOA: 15/12/2019 14:15	I-Motor Claim Form	MT/107833-002	22/01/2020
OD: TP: Reporting Only	I-Motor W/O (Withlor OD 2hrs, TP 4hrs)		16:01
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whelp		

Preferred Wksp / INC Assign Wksp / OW: (Tel:	Fax:
TP Number/first:	Veh No: SLM 219AL	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 repolter.

() 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: _____

Driver/Owner:	1) AR: Accident Reporting (\$30)	
Contact No:	2) DA: Damage Assessment (\$100) INC (\$10)	
Damaged Portion:	3) TP: Towing Fee \$40/\$45	
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: Idea DA + SMRT Survey \$160	
	8) NTUC Additional Services:	
	ON:	
	*N5: Courtesy Car / Tpl Allowance \$5	
	*N6: Repairs Co-ordination \$10	
	*N7: Post Repair Inspection \$25	
	*N8: DV / Collect Excess Coordination \$5	
	TP (N11): TP (N-in INC) against WGE \$20	
	*N12: Idea 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	21/01/2020 17:58
Date Of Accident	15/12/2019 14:15
Exact Location Of Accident	JB CUSTOM TO SINGAPORE (MALAYSIA)
Country/State of Loss	MALAYSIA/JOHOR DARUL TAKZIM

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLD6910X
Insured/Policyholder	
Name Of Registered Owner	KEVIN GREGORY RAJAN
NRIC No	SXXXX034C
Email Address	KEVIN@VIOLETOON.COM
Mobile Phone No	(LOCAL) +65-97921227
Alternative Phone No	OTHERS-97921227

Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	SCIROCCO 230TSI
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	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	5107079144
Cover Note Number	

Driver

Name of Driver	KEVIN GREGORY RAJAN
NRIC No	SXXXX034C
Date Of Birth	27/10/1972
Occupation	INDOOR
Date Of Driving Pass	29/01/1996
Driving Experience	23 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97921227
Fax Number	
Contact Number	OTHERS-97921227
Email Address	KEVIN@VIOLETOON.COM

Address	BLK 179 ANG MO KIO AVENUE 5 #13-2876
Postcode	560179
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	SIDE SWIPE
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	SLM2199L
Vehicle Make/Model/Colour	TOYOTA CAMRY
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)	

SKETCH PLAN

IMPORTANT NOTICE

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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**.
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5. **Any false reporting may be referred to the Police for investigation.**
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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.

Policyholder's Signature

Date & Time: 21/3/2020
1.5-1.5 pm

Driver's Signature

(If driver is not the policyholder)
Date & Time:

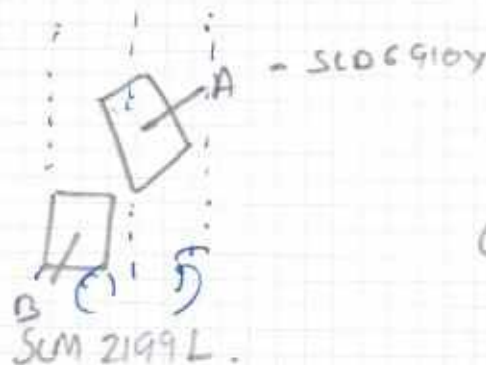
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN

1 2 3
SB CUSTOM TO SINGAPORE (MALAYSIA).



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was heading into SB immigration Malaysia side
it was very jammed and 6 lanes were merging into
3 lanes

I saw ahead of me clear and I proceeded to
merge into the middle lane which is the left
of me.

As I entered the lane car no SM. 2199L
came and hit me behind my front left tire when
I was already halfway in my lane.

As both our cars were stuck, I then reversed
out of the way.

He then did not want to speak
but proceeded to take pictures and drove
away, leaving no chance to exchange particulars.

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.:

21/01/2020
Rosa Lina

ACCIDENT STATEMENT

ACCIDENT DATE: 15/12/2019 (DD/MM/YYYY), TIME: 11h 15 (HH:MM)

LOCATION: _____

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLD 6910X
 b) INSURANCE COMPANY: NTUC
 c) POLICY NUMBER: 5107079 144
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: VOLVO V40
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE
 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: KEVIN GREGORY RAY (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 72027 07 575 CONTACT: 9792227
 c) ADDRESS: 179 Ang Mo Kio Avenue 5

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: As above (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 c) ADDRESS: _____

* d) DATE OF BIRTH: (____/____/____) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: OWNED

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) 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: SLM 2199L MODEL: TOYOTA CAMRY
 b) DRIVER'S NAME: _____
 c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

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

No. of passengers
(including driver)

(1)

No. of passengers
(including driver)

()

No. of passengers
(including driver)

()

email: kevin.violet@com

V1040

Claim Handling

Accident MT/1077833

Policy No.	5107079144	Vehicle No.	SLD6910X	GST Registrat
Certificate No.				
Policyholder Name	KEVIN GREGORY RAJAN			Policyholder 1
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive PREMIUM	Loading
Contact No.(Mobile)	NIL	Contact No.(Office)		Contact No.(I
Email Address		Special Remark		eCode
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	30	Private Hire

Accident Details

Report Date	31/12/2019 08:34	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	15/12/2019	Time of Accident hh:mm	16:15	Country of At
Reporting Centre		Orange Force		ICM No.
Accident Location	18 CUSTOM TO SINGAPORE (MALAYSIA)			

Excess

Own damage Excess	600.00	Additional Excess	0	Windscreen E
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 179 #13-2876	Address 2	ANG MO KIO AVE 5	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5107079144	

OI Driver Info

Driver Name		Driver Type		
Unnamed driver Name		Driver NRIC		Driver DOB
Register Date of Driver License		Driver Age		Driving Expe
Contact No.(Mobile)		Contact No.(Office)		Contact No.(I
Address 1		Address 2		Address 3
Address 4		Address Type	Foreign address	Post Code
Unit No.				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insure

Modification History

Claim 002 OD-MX

New

Claim Type *	OD-MX	Insured Name	K
Contact No.(Mobile)		Contact No. (Home)	10
Email Address	KGR3055@GMAIL.COM	OT Vehicle Number	10
Claim Description	SLD6910X / SLM2199L ON 15 Dec 2019		
Preferred Workshop		Insured Liability	Not at Fault
Repair Option	Yes	Preferred Workshop, Name unknown	GIA report
Date Registered	22/01/2020 16:01	Received	
Report Taken By	ROSLI WAHAB	Workshop Repairer	

Print AK letter

Save Submit

Attachment

Last Doc. Received:

* Yes ☐ No ☐

Upload Date:

22/01/2020 16:01

Path *

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Attachment List

Attachment

Uploaded By/Date

Category



Urgency



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Photos

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NRIC/ Driving License

Y

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NRIC/ Dr



NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 22 Jan 2020 16:00

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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. Date of Accident
Vehicle No. (For Motor) Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5107079144		KEVIN GREGORY RAJAN	S7274034C	GPC	drive PREMIUM	SLD6910X	SLD6910X	25/01/2019	24/01/2020