

# NATIONAL Assessment Centre Services

Date In: 29/01/20	Job description	Date & Time Completed	Done by
Ref No. NA/INC20001538/13	SAS e-filing		
Veh No: 50X8837B	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 28/01/20 1305	I-Motor Claim Form	MT/1082/06-001	
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: GBJ4769M. 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

NA2001005	Invoice Preparation Checklist	Am't (\$) Int Bill	Am't (\$) Add Bill
Claimant's Particulars:	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$90)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	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) NI: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	on:		
	*N5: Courtesy Car / Tp 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: Idao Mobile 30		
Auditors' Comments:	Invoice dated	Fee Charged	
Cal. 1:	Invoice dated	Fee Charged	
Cal. 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 willful 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	29/01/2020 09:32
Date Of Accident	28/01/2020 13:05
Exact Location Of Accident	CHARTWELL DRIVE
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SDX8837B
<b>Insured/Policyholder</b>	
Name Of Registered Owner	S S AMUTHA
NRIC No	SXXXX089C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81000695
Alternative Phone No	OTHERS-81000695
<b>Vehicle Particulars</b>	
Manufacturer	TOYOTA
Model	PICNIC
Exact Purpose for which vehicle was being used at time of accident	RETURNING HOME
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
<b>Insurance Company</b>	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5099677634-01
Cover Note Number	
<b>Driver</b>	
Name of Driver	S S AMUTHA
NRIC No	SXXXX089C
Date Of Birth	27/04/1963
Occupation	INDOOR
Date Of Driving Pass	05/06/1985
Driving Experience	34 YEARS AND 7 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-81000695
Fax Number	
Contact Number	OTHERS-81000695
EMail Address	NOEMAIL

Address	52 BORTHWICK DRIVE
Postcode	559555
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?	YES
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)	3
Passenger 1	NAME: : K.S SHAMKUMAR GENDER: : MALE
Passenger 2	NAME: : SK.ARVIND GENDER: : MALE

#### 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

PLS REFER TO THE ATTACHED 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	GBJ4769M
Vehicle Make/Model/Colour	ISUZU
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	ARUMUGASAMY NAVANEETHA KRISHNAN
NRIC/Passport Number	GXXXX618Q
Contact Number	
Address	
Postcode	

Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name S S AMUTHA  
Approximate Age  
Injuries Sustain SLIGHT  
Injured person in which vehicle? SDX8837B  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

DETAILS OF INJURED PERSON 2

Name K.S SHAMKUMAR  
Approximate Age  
Injuries Sustain SLIGHT  
Injured person in which vehicle? SDX8837B  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

DETAILS OF INJURED PERSON 3

Name SK.ARVIND  
Approximate Age  
Injuries Sustain SLIGHT  
Injured person in which vehicle? SDX8837B  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode



## 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:

28/1/2020  
3.45 pm

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

 29/01/20  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

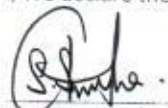
AS PER ATTACHED

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

At about 1.05 pm on 28/1/2020 I was driving my car SDX 8837 B along chartwell drive. This was when a motor lorry GBJ 4769 M suddenly dashed out from Jalan Nira a side road without waiting at the stop line when I had the right of way. The motor lorry hit the left side passenger area and also cracked the front glass as well as ramming the side of both the left passenger door areas. My husband and ~~my~~ son were passengers in my car at the material time.

DECLARATION

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



Policyholder's Signature

Date & Time:

28/1/2020

3.45 pm

Driver's Signature

(If driver is not the policyholder)

Date & Time:

 29/01/20

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

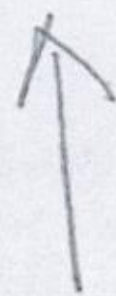
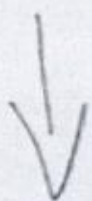
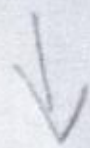


JLN Nira

→ GBJ 4769  
B

SDX 8837B  
A

Chartwell Drive



Pick up

No GBJ 4769M (B)

SDX 8837B (A)

## ACCIDENT STATEMENT

ACCIDENT DATE: (28/01/2020) (DD/MM/YYYY), TIME: (13:05) (HH:MM)

LOCATION: Chartwell drive

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: 8DX 8837  
b) INSURANCE COMPANY: NTUC INCOME  
c) POLICY NUMBER: 5099677634-01  
d) POLICY TYPE: (COMPREHENSIVE) / THIRD PARTY / THIRD PARTY FIRE & THEFT  
e) MAKE & MODEL: TOYOTA PICNIC  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE) / COMMERCIAL / MOTORCYCLE  
h) PURPOSE OF USING AT ACCIDENT TIME: Returning home  
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: S.S. Amutha (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S1576089C CONTACT: 81000695  
c) ADDRESS: 52 Borthwick Drive  
Singapore 559555

\* CONTINUE TO 3.0 IF DRIVER ALSO POLICY HOLDER

### DRIVER

- a) NAME: As Above (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: CONTACT:  
c) ADDRESS:  
d) DATE OF BIRTH: (27/04/1963) (DD/MM/YYYY)  
e) OCCUPATION: (INDOOR) / OUTDOOR  
f) YEARS OF DRIVING EXPERIENCE:

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Owner  
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: GBT 4769M MODEL: ISUZU  
b) DRIVER'S NAME: ARUMUGASAMY NAVANEETHA KRISHNAN  
c) NRIC/FIN/PASSPORT: Q8495618 Q CONTACT: -

### 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: MODEL:  
e) DRIVER'S NAME:  
f) NRIC/FIN/PASSPORT: CONTACT:

\* No of passenger  
(Including driver)  
(3)

K.S. Shamkumar (M)

S.K. Arvind (M)

\* No of passenger  
(Including driver)  
(2)

\* No of passenger  
(Including driver)  
( )

28/01/20  
waiting for  
D/L

Email =

fax =

VIDEO =



## Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)  
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960  
ROAD TRANSPORT ACT, 1987 (MALAYSIA)  
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

**Certificate Number:** 5099677634-01

**Cover :** drivo CLASSIC

1. Index mark and Registration Number of Vehicle

: SDX8837B

Chassis Number

: JTEGH23B800023277

2. Name of Policyholder

: S S AMUTHA

3. Effective Date of Insurance

: 17 Apr 2019

4. Expiry Date of Insurance

: 16 Apr 2020

5. Persons or Classes of Persons entitled to drive#

(a) The Policyholder.

(b) Any other person who is driving on the Policyholder's order or with his/her permission.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to Use#

(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

**This Policy does not cover**

(a) Use for hire or reward.

(b) Use for racing, pace-making, reliability trial or speed-testing.

(c) Use for the carriage of goods (other than samples) in connection with any trade or business.

(d) Use for any purpose in connection with the Motor Trade.

# Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)

: S\$600

EXCESS (SECTION 2)

: N/A

WINDSCREEN EXCESS

: S\$100

ADDITIONAL EXCESS

: N/A

UNNAMED DRIVER EXCESS

: PLEASE REFER OVERLEAF

REPAIR AT OWNER'S PREFERRED WORKSHOP

: NO

INSURE WITH COE

: YES

NCD PROTECTION

: YES

TRANSPORT ALLOWANCE

: NO

EXCESS WAIVER

: NO

PRIMARY DRIVER

: S S AMUTHA

NAMED DRIVER (1)

: N/A

NAMED DRIVER (2)

: N/A

HIRE PURCHASE COMPANY

: N/A

SUM INSURED

: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : THINK ONE AUTOMOBILE & TRADING PTE LTD (00000571089)

Date of Issue : 10 Apr 2019 11:08 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

Claim Handling

Accident MT/1082106

Policy No.	5099677634-01	Vehicle No.	SDX8837B	GST Registrat
Certificate No.				
Policyholder Name	S S AMUTHA			Policyholder I
Product Code	PRIVATE CAR INSURANCE	Cover Type	Drive CLASSIC	Loading
Contact No.(Mobile)	81000695	Contact No.(Office)	0	Contact No.(I
Email Address		Special Remark		eCode
KFK	No Yes	TCA	No Yes	eCode Reaso
NCD Protection	70%	NCD Entitlement(%)	50	Private Hire
Accident Details				
Report Date	29/01/2020 20:49	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	28/01/2020	Time of Accident hh:mm	11:05	Country of Ar
Reporting Centre		Orange Force		ICM No.
Accident Location	CHARTWELL DRIVE			
Total Excess Applicable				
Excess Type	Per Accident	Windscreen Excess	100.00	
OD Standard Excess	600.00	TP Standard Excess	0.00	
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covi
Additional Excess	0.00			
Total OD Excess Applicable	600.00	Total TP Excess Applicable	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	52 BORTHWICK DRIVE	Address 2	SERANGOON GARDEN ESTATE	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5099677634-01	
OI Driver Info				
Driver Name	S S AMUTHA	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	S1576089C	Driver DOB
Register Date of Driver License	01/01/1985	Driver Age	56	Driving Exper
Contact No.(Mobile)	81000695	Contact No.(Office)	0	Contact No.(I
Address 1	52 BORTHWICK DRIVE	Address 2	SERANGOON GARDEN ESTATE	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.				
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.		Driver Insure
Declaration				
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes No	

Modification History

Claim 001 OD-MX New

Claim Type *	OD-MX	Insured Name	S
Contact No.(Mobile)	81000695	Contact No. (Home)	6
Email Address		O1 Vehicle Number	S
Claim Description	SDX8837B / GBJ4769M ON 28 Jan 2020		
Preferred Workshop		Insured Liability	Not at Fault
Report No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered	29/01/2020 20:51	GIA report	Received
Report Taken By	ROSLINDA	Claim Close Date	
		Workshop Repairer	
Print AK letter			



Save Submit

Attachment

Accident No.

ATT1002100

Claim No.

001

Last Doc. Received

Yes

No

Upload Date

29/01/2020 00:00

Path

Choose File

No file chosen

Clear

Please Select

NO

Choose File

No file chosen

Clear

Please Select

NO

Choose File

No file chosen

Clear

Please Select

NO

Choose File

No file chosen

Clear

Please Select

NO

Choose File

No file chosen

Clear

Please Select

NO

Choose File

No file chosen

Clear

Please Select

NO

Message Read

Attachment List

Attachment	Uploaded By/Date	Category	?	Urgency	Confid.
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jan 2020 20:51	NRIC/ Driving License	Y	Normal	NRIC/ Di
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jan 2020 20:51	NRIC/ Driving License	Y	Normal	NRIC/ Di
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jan 2020 20:51	SAS		Normal	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jan 2020 20:51	Photos		Normal	P
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jan 2020 20:51	Photos		Normal	P
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jan 2020 20:51	Photos		Normal	P
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jan 2020 20:51	Photos		Normal	P
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jan 2020 20:51	Photos		Normal	P
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jan 2020 20:50	Photos		Normal	P
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jan 2020 20:50	Photos		Normal	P
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jan 2020 20:50	Photos		Normal	P
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jan 2020 20:50	Photos		Normal	P
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jan 2020 20:50	Photos		Normal	P
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jan 2020 20:50	Photos		Normal	P
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jan 2020 20:50	Photos		Normal	P

Video List

Uploaded By/Date	Folder Date	File Name	
		<div data-bbox="911 137 1096 161">Display in New Window</div> <div data-bbox="1117 137 1271 161">Scan and uploading</div>	