

NATIONAL Assessment Centre Services

(Part 1 Jan 2003)

MMA 1200 26 995

Date In: 21/3/20 11:51	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NA/INC 20003400/h4	E-mail (within 2hrs, A/C 2hrs)		
Veh No: SJW 4410J	I-Motor Claim Form	MT/1086549-001	21/3/20 18:16
TP Insurer: 1/3/20 00:15	I-Motor W/O (within: OD 2hrs, TP 4hrs)		
	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: Vch No: SMW 6938H 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 repolrer.

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

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

Remarks: (INC 20003400/h4) ()

1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: ()

Date/Time	Action

NA 2001755

Driver/Owner:	1) AR: Accident Reporting (\$30);	30.00
Contact No:	2) DA: Damage Assessment (\$100); INC (\$10)	
amaged Portion:	3) TP: Towing Fee \$40/\$45	
C Checked by (Bgr-In-Charge):	4) PT: Follow-Through Survey \$120	
	5) PT: Follow-Through Survey (Resurvey) \$30	
	For claimant against INC Only (w/c 10 Jan 2003)	
	6) TR: Re-Inspection \$75	
	7) NI: Idax DA + SMRT Survey \$160	
	8) NTUC Additional Services:	
	• NS: Courtesy Car / Tpt Allowance \$5	
	• NG: Repair Coordination \$10	
	• NT: Post Repair Inspection \$25	
	• NI: DV / Collect Excess Coordination \$5	
	TP (NI): TP (NI) INC against INC \$20	
	9) NI2: Idax 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	02/03/2020 11:51
Date Of Accident	01/03/2020 00:15
Exact Location Of Accident	506 BUKIT BATOK ST 52 CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJW4410J
Insured/Policyholder	
Name Of Registered Owner	RAICO EXPRESS
Co Reg No	5XXXX025M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-90096330

Vehicle Particulars

Manufacturer	HONDA
Model	STREAM
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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 HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5109268872
Cover Note Number	

Driver

Name of Driver	HARIAUM PARKASH RAI S/O KUMAR RAI
NRIC No	SXXXX778I
Date Of Birth	09/09/1960
Occupation	OUTDOOR
Date Of Driving Pass	30/07/2001
Driving Experience	18 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90096330
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 68 GEYLANG BAHRU #14-3237
Postcode	330068
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?	
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)	2
Passenger 1	NAME: : PRABA 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

REFER TO 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 Witness 1

Name	PRABA
Phone Number	81681609
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMM6938H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	RASHIDAH BINTE ABDUL RAZAK
NRIC/Passport Number	SXXXX626Z
Contact Number	
Address	

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

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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 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.:

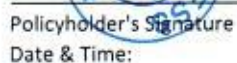
Diagram of the site layout showing a road, a building labeled 'A', and a building labeled 'B' with a 'Hump' indicated between them.

A = SJW 4410J
B = SMM 6938H

SEG Bukit Batak St 52 Carpark

[illegible]

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



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

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

On 01/3/2020 around 0014 hrs
at Bukit Batok St 52, Blk 506,
while sending a passenger, oncoming
vehicle no: SMN 6938H, approaching
towards my car, I stopped before
the hump to ^{allow} ~~at~~ allow oncoming vehicle
to pass my car, as it
is a bend. The said vehicle SMN
6938H, the driver was meddling
with mobile and her ^{other} ~~one~~ hand
holding the steering, accelerated
the car and it hit my right
side bumper and headlight was
damaged. My passenger was
witnessed the whole incident as
he was in ~~the~~ my car.
That's all I have to say.

Hello, NAC_PAYA_UBI_800601

[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="01/03/2020 11:48"/>
Vehicle No.(For Motor)	<input type="text" value="SJW4410J"/>	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"/>	S109268872		RAICO EXPRESS	53354025M	GPC	drive CLASSIC	SJW4410J	SJW4410J	16/05/2019	15/05/2020

Claim Handling

Accident MT/1086549

Policy No.	5109268872	Vehicle No.	SJW44103	GST Registration No.	
Certificate No.					
Policyholder Name	RAICO EXPRESS			Policyholder NRIC	53354025H
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	90096330	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	30	Private Hire	Yes

▼ Accident Details

Report Date	02/03/2020 18:13	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	01/03/2020	Time of Accident hh:mm	00:15	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	506 BUKIT BATOK ST 52 CARPAUK				

▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	2,000.00	TP Standard Excess	1,500.00		
YIED OD Excess	500.00	YIED TP Excess	0.00	Driver is Covered?	Covered
Additional Excess	0				
Total OD Excess Applicable	2500.00	Total TP Excess Applicable	1,500.00		

▼ Benefits

▼ GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History	02/03/2020 18:15:13 System changed GST Status Verified from No to Yes		

▼ Policyholder Mailing Address

Address 1	BLK 68 #14-3237	Address 2	GEYLANG BAHRU	Address 3	SINGAPORE 330068
Address 4		Address Type	Singapore address	Post Code	330068
Unit No.	14-3237	Related Policy Number	5109268872		

▼ O1 Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	HARIAUH PARKASH RAI S/O KU	Driver NRIC	SXXXX7781	Driver DOB	09/09/1960
Register Date of Driver License	30/07/2001	Driver Age	59	Driving Experience	18
Contact No.(Mobile)	90096330	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 68 #14-3237	Address 2	GEYLANG BAHRU	Address 3	SINGAPORE 330068
Address 4		Address Type	Singapore address	Post Code	330068
Unit No.	14-3237				
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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Modification History

Claim 001 **NEW**

Claim Type *	OD-MX	Insured Name	RAICO EXPRESS	Insured NRIC	53354025H
Contact No.(Mobile)	90096330	Contact No.(Home)		Contact No.(Office)	NIL
Email Address		O1 Vehicle Number	SJW44103	TP Vehicle Number	5HM69
Claim Description	SJW44103 / 5HM693BH ON 1 Mar 2020				
Preferred Workshop	<input checked="" type="radio"/> Insured Liability	Not at Fault			
GAIR No. Finalisation	Yes	Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered			02/03/2020 18:16	Claim Close Date	
Report Taken By			LEW SHAN HUI	Date Received	02/03/2020

☒ Print AK letter

Save Submit

Attachment

Accident No.	MT/1086549	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	02/03/2020 18:16
Path *		Category *	Confidential
Choose File	No file chosen	Please Select	NO
Choose File	No file chosen	Please Select	NO
Choose File	No file chosen	Please Select	NO
Choose File	No file chosen	Please Select	NO
Choose File	No file chosen	Please Select	NO
Choose File	No file chosen	Please Select	NO
Message Read		Please Select	NO

▼ Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description	M
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Mar 2020 18:16	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-3-2	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Mar 2020 18:16	SAS		Normal	SAS 2020-3-2	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Mar 2020 18:16	Photos		Normal	Photos 2020-3-2	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Mar 2020 18:16	Photos		Normal	Photos 2020-3-2	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Mar 2020 18:16	Photos		Normal	Photos 2020-3-2	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Mar 2020 18:16	Photos		Normal	Photos 2020-3-2	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Mar 2020 18:16	Photos		Normal	Photos 2020-3-2	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Mar 2020 18:16	Photos		Normal	Photos 2020-3-2	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Mar 2020 18:16	Photos		Normal	Photos 2020-3-2	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Mar 2020 18:16	Photos		Normal	Photos 2020-3-2	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Mar 2020 18:16	Photos		Normal	Photos 2020-3-2	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Mar 2020 18:16	Photos		Normal	Photos 2020-3-2	
Video List						
Uploaded By/Date	Folder Date	File Name		Source		
<div>Display in New Window</div> <div>Scan and uploading</div>						