

NATIONAL Assessment Centre Services.

[part 1 Jan 2003]

MNA 1200 26948 - 01

Date In: 2/3/20 11:23	Job description	Date & Time Completed	Done by
Ref No: MA1 Inc 2000 3407164	SAS e-filing		
Veh No: PC 5527	E-mail (within 2hrs, A/C 2hrs)		
DDA: 1/3/20 14:15	I-Motor Claim Form	MT/11086564-001	2/3/20 18:41
() (P) 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 / Wksp		

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:

Veh No:

SJR 2138-K

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 rep/rep.

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

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

Remarks:

(INC 2100115-07110616)

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury:

Date/Time: Actions:

MA 2001731

Driver/Owner:
Contact No:
Managed Portion:
C Checked by (Engr-In-Charge):
Insurers Comments:
L.L.I:
2/3/20

Invoice Item	Amount (\$)	Amount (\$)
1) AR: Accident Reporting (\$30);	30.00	
2) DA: Damage Assessment (\$100); INC (\$30)		
3) TP: Towing Fee	\$40/\$45	
4) FT: Follow-Through Survey	\$120	
5) RT: Follow-Through Survey (Resurvey)	\$30	
For claimant's use only (w/c 10 Jan 2003)		
6) TR: Re-Inspection	\$75	
7) NI: Idno DA + SMRT Survey	\$160	
8) NTUC Additional Services:		
ON:		
*NS: Courtesy Car / Tpt Allowance	\$3	
*NG: Repair Co-ordination	\$10	
*NT: Post Repair Inspection	\$25	
*NI: DV / Collect Excess Coordination	\$3	
TE (NI): TP (Non INC) against INC	\$20	
9) NI2: Idno 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 11:23
Date Of Accident	01/03/2020 14:15
Exact Location Of Accident	929 TAMPINES ST 91 CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC552T
Insured/Policyholder	
Name Of Registered Owner	ANUSREE
Co Reg No	5XXXX937D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-91028910

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	BUS

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5110886251
Cover Note Number	

Driver

Name of Driver	SREEVALSAN VASU
NRIC No	SXXXX791C
Date Of Birth	12/07/1972
Occupation	OUTDOOR
Date Of Driving Pass	10/12/2007
Driving Experience	12 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91028910
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 66 LORONG 4 TOA PAYOH #06-315
Postcode	310066
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	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

I WAS DRIVING STRAIGHT ALONG 929 TAMPINES ST 91 CARPARK, SUDDENLY VEH B REVERSED OUT FROM THE LOT AND HIT ONTO MY VEH LEFT HAND SIDE.

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	SJR2138K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	EUGENE JACOB CHAN DONG HAO
NRIC/Passport Number	SXXXX098J
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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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.**
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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:

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

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

SKETCH PLAN

286

B

A

A = PC SS2T

B = SJR 2138K

929 Tampines st 91 Carpark.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to statement

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.:

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MWA 120026948 Vehicle Registration No: PC 552T
Name (as shown in NRIC) : Anusree NRIC/FIN/Passport No : SXXXX 937D
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore()
Contact (Tel) : _____ Mobile No. : 91028910
Email Address : _____
Date of Accident : 1/3/20 Time of Accident : 14:15
Place of Accident : 929 Tampines St 91 Carpark.
Insurance Company: MTVC

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Amend Revert from third party to Reporting
only.

Policyholder / Driver's Signature: _____
Date: _____



Reporting Centre Personnel's Signature
Name: _____
NRIC/FIN No.: _____
Date: 4/3/20

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 11:22"/>
Vehicle No.(For Motor)	<input type="text" value="PC552T"/>	Certificate Number	<input type="text"/>

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5110886251		ANUSREE	53239937D	GBS	Comprehensive	PC552T	PC552T	18/07/2019	17/07/2020

Claim Handling

Accident MT/1086564

Policy No.	5110886251	Vehicle No.	PC552T	GST Registration No.	
Certificate No.					
Policyholder Name	ANUSREE			Policyholder NRIC	S3239937D
Product Code	BUS INSURANCE	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	91028910	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(%)	20	Private Hire	No

▼ Accident Details

Report Date	02/03/2020 18:37	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Major Minor Roar
Date of Accident	01/03/2020	Time of Accident hh:mm	14:15	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	929 TAMPINES ST 91 CARPARK				

▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	500.00		
OD Standard Excess	2,000.00	TP Standard Excess	3,000.00		
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Covered
Additional Excess					
Total OD Excess Applicable	2000.00	Total TP Excess Applicable	3,000.00		

▼ 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 66 #06-315	Address 2	LORONG 4 TOA PAYOH	Address 3	SINGAPORE 310066
Address 4		Address Type	Singapore address	Post Code	310066
Unit No.	06-315	Related Policy Number	5110886251		

▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	SREEVALSAN VASU	Driver NRIC	S00XX791C	Driver DOB	12/07/1972
Register Date of Driver License	10/12/2007	Driver Age	47	Driving Experience	12
Contact No.(Mobile)	91028910	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 66 #06-315	Address 2	LORONG 4 TOA PAYOH	Address 3	TOA PAYOH VISTA
Address 4	SINGAPORE 310066	Address Type	Singapore address	Post Code	310066
Unit No.	06-315				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Declaration

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

Claim 001 New

Claim Type *	OD-MX	Insured Name	ANUSREE	Insured NRIC	S3239937D		
Contact No.(Mobile)	81466484	Contact No.(Home)		Contact No.(Office)			
Email Address		OI Vehicle Number	PC552T	TP Vehicle Number	SJR211		
Claim Description	PC552T / SJR21138K ON 1 Mar 2020				Name of Preferred Workshop	0	
Preferred Workshop	0	Insured Liability	Not at Fault				
Preferred Workshop No.	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received		
Date Registered				Claim Close Date	02/03/2020 18:40	Date Received	02/03/2020
Report Taken By	LIEW SHAN HUI						

☒ Print AK letterSave Submit

Attachment

Accident No.	MT/1086564	Claim No.	001		
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	02/03/2020 18:41		
Path *		Category *	Confidential	Urgency *	Desc
Choose File No file chosen		Clear Please Select	<input type="radio"/> NO	<input type="radio"/> Normal	
Choose File No file chosen		Clear Please Select	<input type="radio"/> NO	<input type="radio"/> Normal	
Choose File No file chosen		Clear Please Select	<input type="radio"/> NO	<input type="radio"/> Normal	
Choose File No file chosen		Clear Please Select	<input type="radio"/> NO	<input type="radio"/> Normal	
Choose File No file chosen		Clear Please Select	<input type="radio"/> NO	<input type="radio"/> Normal	
Choose File No file chosen		Clear Please Select	<input type="radio"/> NO	<input type="radio"/> Normal	
Message Read		Clear Please Select	<input type="radio"/> NO	<input type="radio"/> Normal	

▼ Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description	M
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Mar 2020 18:41	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-3-2	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Mar 2020 18:41	SAS		Normal	SAS 2020-3-2	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Mar 2020 18:41	Photos		Normal	Photos 2020-3-2	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Mar 2020 18:41	Photos		Normal	Photos 2020-3-2	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Mar 2020 18:41	Photos		Normal	Photos 2020-3-2	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Mar 2020 18:41	Photos		Normal	Photos 2020-3-2	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Mar 2020 18:40	Photos		Normal	Photos 2020-3-2	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Mar 2020 18:40	Photos		Normal	Photos 2020-3-2	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Mar 2020 18:40	Photos		Normal	Photos 2020-3-2	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Mar 2020 18:40	Photos		Normal	Photos 2020-3-2	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Mar 2020 18:40	Photos		Normal	Photos 2020-3-2	

Video List

Uploaded By/Date	Folder Date	File Name		Source
		Display in New Window	Scan and uploading	