

# NATIONAL Assessment Centre Services

[Ref: JAR02]

Date In: 02/04/20	Job description	Date & Time Completed	Done by
Ref No: NA/INC20004819/13	SAS e-filing		
Veh No: SJZ 636/M	E-mail (w/thin 3hrs, AOC 2hrs)		
D.O.A: 02/04/20 0855	i-Motor Claim Form	NT/1090509-001	
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: GBH5742T	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%. F: 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 repaler.

( ) 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	Action

NA2002492	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$30);	Int. Bill	Add Bill
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$50)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idco DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON:		
	*N5: Courtesy Car / Tpl 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: Idco Mobile 30		
	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	02/04/2020 14:43
Date Of Accident	02/04/2020 08:55
Exact Location Of Accident	BLK 133 GEYLANG EAST AVE 1
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJZ6361M
<b>Insured/Policyholder</b>	
Name Of Registered Owner	S C RENTALS
Co Reg No	5XXXX276J
Email Address	KEMAUTO@KMOBILETRADING.COM
Mobile Phone No	
Alternative Phone No	OFFICE-92718665
<b>Vehicle Particulars</b>	
Manufacturer	VOLKSWAGEN
Model	GOLF
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
<b>Insurance Company</b>	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5116747799
Cover Note Number	
<b>Driver</b>	
Name of Driver	SEBESTIAN NG JING KAI
NRIC No	SXXXX778G
Date Of Birth	27/06/1999
Occupation	OUTDOOR
Date Of Driving Pass	15/01/2018
Driving Experience	2 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87670799
Fax Number	
Contact Number	
EMail Address	DANZELOH@ICLOUD.COM

Address	BLK 5 JALAN BATU #07-149
Postcode	431005
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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

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	GBH5742T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	RATHINAM DURAISAMY
NRIC/Passport Number	GXXXX516M
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.
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:

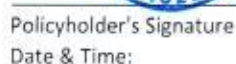
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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

AS PER ATTACHED

Ple refer to the attached statement.

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



in ever

Supporting Centre Personnel's Signature



Google Maps 芽籠东一巷

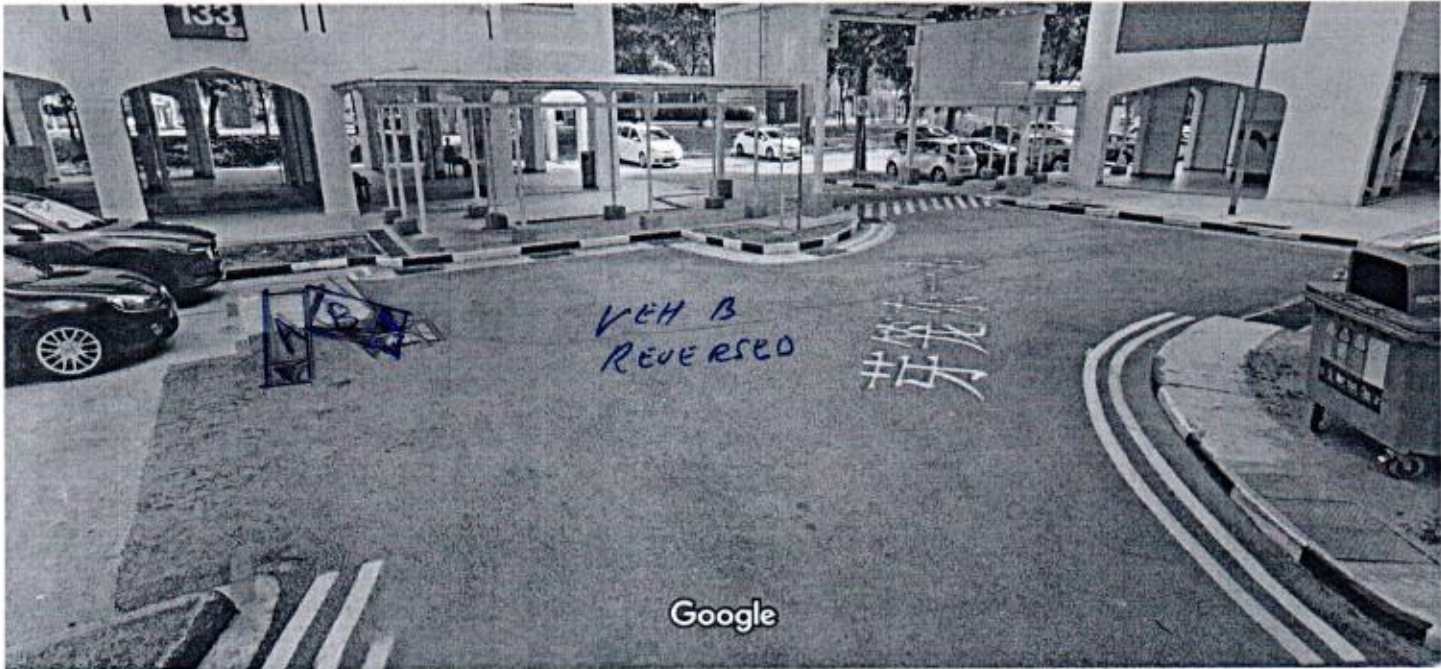


Image capture: Mar 2019 © 2020 Google

Singapore

BLK 133 GEYLANG EAST AVE 1

Google

Street View

A - SJ26361M

B - GBH5742T → VEH B REVERSED



I had waited for a while outside the carpark lot at blk 133 Geylang East Ave

1. Suddenly veh B reversed his veh and hit onto my rear left passenger door.

# ACCIDENT STATEMENT

ACCIDENT DATE: 02 / 04 / 2020 (DD/MM/YYYY), TIME: 8 : 58 (HH:MM)

LOCATION: Geylang east ave 1

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJ2 6361M  
 b) INSURANCE COMPANY: NTUC  
 c) POLICY NUMBER: 5116747799  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: GOLF  
 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: SC RENTALS (MALE / FEMALE)  
 B) NRIC/FIN/PASSPORT: S3402276J CONTACT: 9271 8665  
 C) ADDRESS: 5 Soon Lee St, Pioneer Point # 03-18  
5 627 607

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

## DRIVER

- a) NAME: Sebastian Ng Jing Koh (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S9207786 CONTACT: 87670799  
 c) ADDRESS: Jalan Batu Bk S #07-14A SC 431005

\* d) DATE OF BIRTH: 27 / 06 / 1999 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 15 Jan 2018

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: rent

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: GBH 5742T MODEL: van  
 b) DRIVER'S NAME: Rathinam Duraisamy  
 c) NRIC/FIN/PASSPORT: G7907516M CONTACT: \_\_\_\_\_

## 9. THIRD PARTY VEHICLE

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

EMAIL =

VIDEO = NO



eBaoTech

GeneralClaim

Hello, NAC\_PAYA\_UBI\_800601

Change Language

Change Password

Log Out

My Desktop

Notice of Loss

Policy Query

Policy No.

Date of Accident

02/04/2020 08:55

Vehicle No.(For Motor)

SJZ6361M

Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5116747799		S C RENTALS	53402276J	GPC	Third Party	SJZ6361M	SJZ6361M	19/03/2020	18/12/2020

Continue

kenauto@kmobiletrading.com

Claim Handling

Accident MT/1090509

Policy No.	5116747799	Vehicle No.	SJZ6361M	GST Registration No.
Certificate No.				
Policyholder Name	S C RENTALS			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	Third Party	Loading
Contact No.(Mobile)	92718665	Contact No.(Office)	0	Contact No.(Home)
Email Address		Special Remark		eCode
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(%)	0	Private Hire
<b>▼ Accident Details</b>				
Report Date	02/04/2020 15:22	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	02/04/2020	Time of Accident hh:mm	08:55	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	BLK 133 GEYLANG EAST AVE 1			
<b>▼ Total Excess Applicable</b>				
Excess Type	Per Accident	Windscreen Excess	0.00	
OD Standard Excess	0.00	TP Standard Excess	1,500.00	
YIED OD Excess	0.00	YIED TP Excess	Driver is Covered?	
Additional Excess	0.00			
Total OD Excess Applicable	0.00	Total TP Excess Applicable		
<b>▼ Benefits</b>				
<b>▼ GST Registered Information</b>				
GST Registered	No	GST Registration Date		
GST Registration No.		GST Status Verified	Yes	
Modification History	02/04/2020 15:28:24 System changed GST Status Verified from No to Yes			
<b>▼ Policyholder Mailing Address</b>				
Address 1	BLK 26 #11-166	Address 2	JALAN BERSEH	Address 3
Address 4	SINGAPORE 200026	Address Type	Singapore address	Post Code
Unit No.	11-166	Related Policy Number	5116747799	
<b>▼ OI Driver Info</b>				
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	SEBASTIAN NG JING KAI	Driver NRIC	SXXXX778G	Driver DOB
Register Date of Driver License	15/01/2018	Driver Age	20	Driving Experience
Contact No.(Mobile)	87670799	Contact No.(Office)	0	Contact No.(Home)
Address 1	BLK 5	Address 2	JALAN BATU	Address 3
Address 4	SINGAPORE 431005	Address Type	Singapore address	Post Code
Unit No.	#07-149			
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	

Modification History

Claim 001 OD-MX New

Claim Type *	OD-MX	Insured Name	S C RENTALS	Insured NRIC
Contact No.(Mobile)		Contact No.(Home)	NIL	Contact No.(Office)
Email Address		OI Vehicle Number	SJZ6361M	TP Vehicle Number
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select	
Claimant Name *		Claimant NRIC *		
Claimant Address				
Claim Description	SJZ6361M / GBH5742T ON 2 Apr 2020			Name of Preferred Workshop
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report
Date Registered	02/04/2020 15:42	Claim Close Date		Date Received
Report Taken By	ROSILINDA	Workshop Repairer		Total Loss but Repaired
<input checked="" type="checkbox"/> Print AK letter				



Save

Submit

Attachment

Accident No. MT/1090509

Claim No. 001

Last Doc. Received

Yes

No

Upload Date 02/04/2020 00:00

Path \*

Category \*

Confidential

Urgency

Browse...

Clear

Please Select

NO

Normal

Browse...

Clear

Please Select

NO

Normal

Browse...

Clear

Please Select

NO

Normal

Browse...

Clear

Please Select

NO

Normal

Browse...

Clear

Please Select

NO

Normal

Browse...

Clear

Please Select

NO

Normal

Message Board

Attachment List

Attachment

Uploaded By/Date

Category

Urgency

Description

NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 02 Apr 2020 15:42

NRIC/ Driving License

Y

Normal

NRIC/ Driving License 2020-4-

NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 02 Apr 2020 15:42

NRIC/ Driving License

Y

Normal

NRIC/ Driving License 2020-4-

NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 02 Apr 2020 15:42

NRIC/ Driving License

Y

Normal

NRIC/ Driving License 2020-4-

NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 02 Apr 2020 15:42

NRIC/ Driving License

Y

Normal

NRIC/ Driving License 2020-4-

NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 02 Apr 2020 15:40

SAS

Normal

SAS 2020-4-2

NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 02 Apr 2020 15:40

Photos

Normal

Photos 2020-4-2

NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 02 Apr 2020 15:40

Photos

Normal

Photos 2020-4-2

NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 02 Apr 2020 15:32

Photos

Normal

Photos 2020-4-2

NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 02 Apr 2020 15:32

Photos

Normal

Photos 2020-4-2

NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 02 Apr 2020 15:32

Photos

Normal

Photos 2020-4-2

NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 02 Apr 2020 15:32

Photos

Normal

Photos 2020-4-2

NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 02 Apr 2020 15:32

Photos

Normal

Photos 2020-4-2

NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 02 Apr 2020 15:32

Photos

Normal

Photos 2020-4-2

Video List

Uploaded By/Date

Folder Date

File Name

Source

Display in New Window

Scan and uploading

<https://gicclaim.income.com.sg/gcs/icm/eclaim/claimantSave.do>

2/4/2020