

NATIONAL Assessment Centre Services			
Date In: 26/05/20	Job description	Date & Time Completed	Done by
Ref No: NA/INC20005946/13	SAS e-filing		
Veh No: SMN7209S	E-mail (within 3hrs, A/C 2hrs)		
D.O.A: 23/05/20 1600	i-Motor Claim Form	MT/1093278-001	
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: FRM1543B	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 repairer.
() Total Loss Case: to e-mail Insurer URGENTLY.
Drive-In () / Towed-In (); Invoice: YES () / NO (); Towing Co. ()

Remarks	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

NA2003005		Invoice Preparation Checklist	Amo (\$) In Bill	Amo (\$) Add Bill
Claimant's Particulars		1) AR: Accident Reporting (\$30);		
Driver/Owner:		2) DA: Damage Assessment (\$100); INC (\$30)		
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 2009)		
		6) TR: Re-inspection \$75		
		7) N1: 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		
		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	26/05/2020 16:12
Date Of Accident	23/05/2020 16:00
Exact Location Of Accident	WOODLANDS AVE 7 TWDS GAMBAS AVE JUNC
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SMN7209S
Insured/Policyholder	
Name Of Registered Owner	ANANTHASELVAN S/O ARIVANUNTHN
NRIC No	SXXXX044I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-87556656
Alternative Phone No	OTHERS-87556656
Vehicle Particulars	
Manufacturer	AUDI
Model	Q3
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
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5114823214
Cover Note Number	
Driver	
Name of Driver	ANANTHASELVAN S/O ARIVANUNTHN
NRIC No	SXXXX044I
Date Of Birth	18/03/1991
Occupation	OUTDOOR
Date Of Driving Pass	16/12/2010
Driving Experience	9 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87556656
Fax Number	
Contact Number	OTHERS-87556656
EMail Address	NOEMAIL

Address	BLK 784C WOODLANDS RISE #02-44
Postcode	733784
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)	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	FBM1543B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	ANANTHASELVAN S/O ARIVANUNTHN
------	-------------------------------

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

BACK & NECK

SMN7209S

YES

NO


SKETCH PLAN


IMPORTANT NOTICE

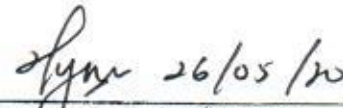
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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:

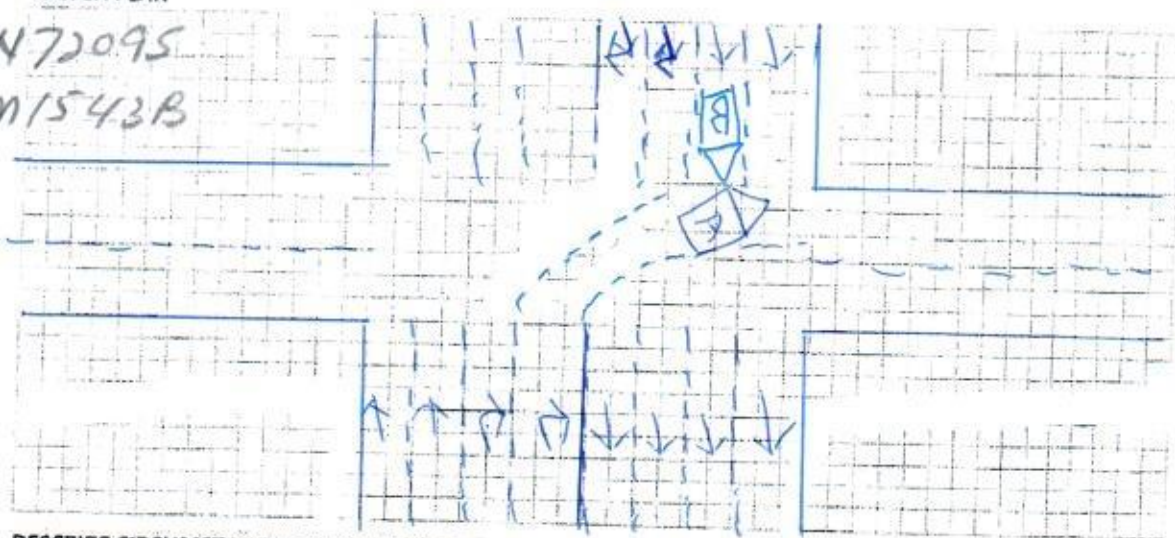

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Woodlands Ave 7 towards Gambar Ave

SKETCH PLAN

A - SMN72095

B - FBM1543B



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was waiting for the traffic light to turn Green at
the Junction of Woodlands Ave 7 towards Gambar Ave.
I want to make a right turn to gambar Ave. When
the green arrow came out, I proceed to make a right
turn, Suddenly the motor from ^{the} opposite side collided
onto my car front left portion. I went down of
my car to see and realise that my car front left
portion was badly damaged.

[Signature]

DECLARATION

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

[Signature]
Policyholder's Signature
Date & Time:

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

[Signature] 26/05/20
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- ❖ Complete and submit this form to the individual insurance authorised reporting centre.
- ❖ Please report correctly on the details of the accident to speed up the claim process.
- ❖ This form must be filled up by the policy holder and/or authorised driver.
- ❖ Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- ❖ The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- ❖ Any false reporting may be referred to the traffic police department for investigation.

Accident details

Date and time of accident	Date: 23/05/2020 (DD/MM/YY) Time: 4:00PM (HH:MM)
Exact location of accident	Woodlands Ave 7 towards Gambas Ave Junction

Details of vehicle

Vehicle registration number	SMN72095
Vehicle make and model	Audi Q3
Type of vehicle	Saloon <input checked="" type="checkbox"/> MPV <input type="checkbox"/> CRV <input type="checkbox"/> Van <input type="checkbox"/> Lorry <input type="checkbox"/> Bus <input type="checkbox"/> Motorcycle <input type="checkbox"/> Others: _____
Vehicle category	Private <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Motorcycle <input type="checkbox"/>
Purpose of using at said time	Private use
Are you claiming under your own insurance company?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> if no, please select: Third part claim <input checked="" type="checkbox"/> Reporting only <input type="checkbox"/>

Insurance information

Insurance company	NTUC
Policy number	
Type of policy	Comprehensive <input type="checkbox"/> Third party fire & theft <input type="checkbox"/> TP only <input type="checkbox"/>

Insured / Policy holder

Name	ANANTHASELVAN S/O ARIVANUNTHN ^{ARIVANUNTHN} Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>
NRIC / Fin / Passport number	S9109041
Contact	87556656
Address	Blk 784C Woodlands Rise #02-44 S(733784)

Driver

Same as insured above ☒ (skip to D.O.B)

Name		Male <input type="checkbox"/> Female <input type="checkbox"/>
NRIC / Fin / Passport number		
Contact		
Address		
Email address	LISHAINI25@gmail.com	
Date of birth	18-03-1991	
Occupation	Indoor <input type="checkbox"/> Outdoor <input checked="" type="checkbox"/>	
Driving date pass	16/12/2010	

General information of the accident

Was driver an employee of the insured's company?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Accident captured by camera?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Weather condition	Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others: _____
Road surface	Dry <input checked="" type="checkbox"/> Wet <input type="checkbox"/>
No of passenger	1 (Inclusive of driver)

Passenger 1

Name	_____
Gender	Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>

Passenger 2

Name	_____
Gender	Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>

Passenger 3

Name	_____
Gender	Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>

Passenger 4

Name	_____
Gender	Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>

Passenger 5

Name	_____
Gender	Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>

Passenger 6

Name	_____
Gender	Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>

Other information

Was anybody injured?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Was other vehicle damaged?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Details of police action

Reported to police?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, please state which police station.
Police station name	_____

Third party vehicle 1

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	7FBM1543B
Vehicle make model	

Third party vehicle 2

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 3

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 4

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 5

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 6

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Witness 1

Name	
------	--

Witness 2

Name	
------	--

Injured person 1

Name	ANANTHASELVAN SIO ARIVANATHAN	
Injuries sustained	Back and Neck	
Which vehicle person in?	SMH 720915	
Were seat belts worn?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

Injured person 2

Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Injured person 3

Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Injured person 4

Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Hello, NAC_PAYA_UBI_800601

Change Language Change Password Log Out

My Desktop
Notice of Loss

Policy Query

Policy No.

Date of Accident

23/05/2020 16:00

Vehicle No.(For Motor)

SMN7209S

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"/>	5114823214		ANANTHASELVAN S/O ARIVANUNTHN	S91090441	GPC	drivo CLASSIC	SMN7209S	SMN7209S	12/12/2019	11/12/2020

Continue

Claim Handling

Accident MT/1093278

Policy No.	5114823214	Vehicle No.	SMN7209S	GST Registration No.	
Certificate No.					
Policyholder Name	ANANTHASELVAN S/O ARIVANUNTHN			Policyholder NRIC	S91090441
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	87556656	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	No
KPK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	20	Private Hire	No

Report Date		27/05/2020 14:32	Accident Report Within 24 hrs		Yes	
Date of Accident		23/05/2020	Time of Accident hh:mm		16:00	
Reporting Centre			Orange Force			
Accident Location		WOODLANDS AVE 7 TWDS GAMBAS AVE JUNC			Accident Type	Side Swipe
					Country of Accident	Singapore
					ICM No.	

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 Covered?	Covered
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	BLK 784C #02-44	Address 2	WOODLANDS RISE	Address 3	WOODLAN
Address 4	SINGAPORE 733784	Address Type	Singapore address	Post Code	733784
Unit No.		Related Policy Number	5114823214		

OI Driver Info					
Driver Name	ANANTHASELVAN S/O ARIVANUNTHN	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S91090441	Driver DOB	18/03/199
Register Date of Driver License	16/12/2010	Driver Age	29	Driving Experience	9
Contact No.(Mobile)	87556656	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 784C	Address 2	WOODLANDS RISE	Address 3	WOODLAN
Address 4	SINGAPORE 733784	Address Type	Singapore address	Post Code	733784
Unit No.	#02-44				
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.		Driver Insurer Company	

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	ANANTHASELVAN S/O ARIVANUNTHN	In NF
Contact No.(Mobile)	87556656	Contact No. (Home)		Co No (O
Email Address		OI Vehicle Number	SMN7209S	TP Ve NL
Claim Description	SMN7209S / FBM15438 ON 23 May 2020			Na Pr Wi
Preferred Workshop	Yes	Insured Liability	Not at Fault	
Workshop No. Finalisation		Preferred Repair Option	Preferred Workshop, Name unknown	
Date Registered		GIA report	Received	
Report Taken By	ROSLINDA	Claim Close Date	27/05/2020 14:37	De Re
		Workshop Repairer		To bu Re

Print AX letter

Save Submit

Attachment

Accident No.	MT/1093278	Claim No.	001
Last Doc. Received	Yes No	Upload Date	27/05/2020 00:00
Path *			
Choose File	No file chosen	Clear	Category *
Choose File	No file chosen	Clear	Confidential
Choose File	No file chosen	Clear	Urgency *

Choose FileNo file chosen

Choose FileNo file chosen

Choose FileNo file chosen

Message Read

ClearPlease SelectNONormal

ClearPlease SelectNONormal

ClearPlease SelectNONormal

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 May 2020 14:37	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-5-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 May 2020 14:37	SAS		Normal	SAS 2020-5-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 May 2020 14:37	Photos		Normal	Photos 2020-5-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 May 2020 14:37	Photos		Normal	Photos 2020-5-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 May 2020 14:36	Photos		Normal	Photos 2020-5-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 May 2020 14:36	Photos		Normal	Photos 2020-5-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 May 2020 14:36	Photos		Normal	Photos 2020-5-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 May 2020 14:36	Photos		Normal	Photos 2020-5-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 May 2020 14:36	Photos		Normal	Photos 2020-5-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 May 2020 14:36	Photos		Normal	Photos 2020-5-27

Video List

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