NATIONAL Assessment Centre Services. [illegible] NCA4420050176

	Job description	Date & Time Completed	Done by
Date In: 08/06/2020 12:49	SAS e-filling		
Ref No: X/BA/INC20006157/V	E-mail (3 jobs then, AIC 2hrs)		
Veh No: SMN6089P	I-Motor Claim Form	MT1093427-001	08/06/2020 14:59
DOA: 06/06/2020 07:30	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
OD / (TP) / Reporting Only	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Tel: Fax:

Preferred Wksp / INC Assign Wksp / OW: (

TP Particulars: Veh No: GBF 1767J 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 ( )

[illegible]

( ) 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: ( )

[illegible]

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

2) QC Check / Post Repair Inspection ( )

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

Injury :

[illegible]

X/A2003099

[illegible]

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

[illegible]

Sal. 1:

[illegible]			
1) AR : Accident Reporting ($30);			
2) DA : Damage Assessment ($100); INC ($15)	$40/$45		
3) TF : Towing Fee	$120		
4) FT : Follow-Through Survey	$30		
5) FT : Follow-Through Survey (Resurvey) For claiming against INC Only (wef 10 Jan 2011)	$35		
6) TR : Re-Inspection	$100		
7) N1 : Nav DA + SMRT Survey			
8) NTUC Additional Services OD:	$35		
*N5: Courtesy Car / Tpt Allowance	$30		
*N6: Repair Co-ordination	$25		
*N7: Post Repair Inspection	$35		
*N8: DV / Collect Excess Coordination	$20		
TP (N11): TP (Non INC) against INC	$30		[illegible]
9) N12: Nav Mobile		[illegible]	

Invoice dated Fee Charged

Invoice dated Fee Charged

MNA#20050170 (National Assessment Centre Services - Bukit Merah
ENTRY DATE & TIME: 08/06/2020 12:59
SUBMITTED BY: ROSLI BIN ABDUL WAHAB

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 witholding 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	08/06/2020 12:59
Date Of Accident	06/06/2020 07:30
Exact Location Of Accident	JUNCTION OF WOODLANDS LANE AND WOODLANDS AVE 12
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SMN8089P
Insured/Policyholder	
Name Of Registered Owner	SUBRAMANI S/O GOVINDASAMY
NRIC No	SXXXX581B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-84564001
Alternative Phone No	OTHERS-84564001
Vehicle Particulars	
Manufacturer	HONDA
Model	JAZZ
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	5113010866
Cover Note Number	
Driver	
Name of Driver	SIVAKUMAR S/O VAIRAMUTHU
NRIC No	SXXXX080B
Date Of Birth	04/03/1962
Occupation	OUTDOOR
Date Of Driving Pass	25/03/1988
Driving Experience	32 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84564001
Fax Number	
Contact Number	OTHERS-84564001
EMail Address	NOEMAIL

Address	BLK 165 YISHUN RING ROAD #09-713
Postcode	760165
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - SIBLING IN LAW
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	RAINING
Road Surface	WET

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)	2
Passenger 1	NAME: : V.LELA (WIFE) GENDER: : FEMALE

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

PLEASE REFER TO SKETCH PLAN

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	GBF1767J
Vehicle Make/Model/Colour	NISSAN NV200
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
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	V.LELA
Approximate Age	
Injuries Sustain	BACK PAIN
Injured person in which vehicle?	SMN8089P
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

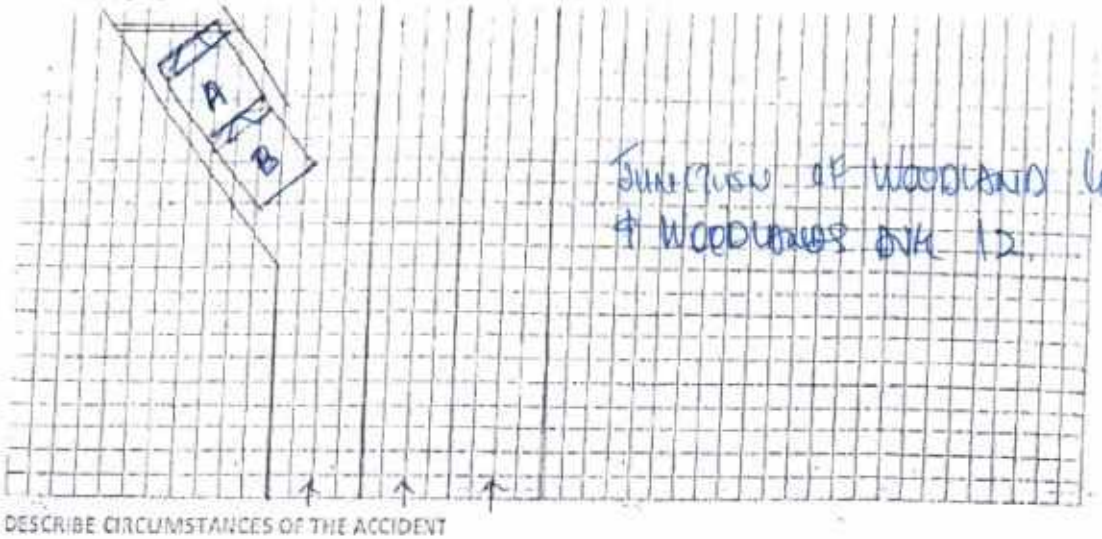
(ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature Date & Time:	Driver's Signature (If driver is not the policyholder) Date & Time:	Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

Vehicle A:
SMN8089P

Vehicle B:
GBF1767J

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the Stated time and date,

I was traveling on my vehicle bearing carplate number SMN 8089P ~~at~~ while at the Slip road before filtering out to the main road whilst I was checking clear of the traffic I felt an impact from the rear. It is a slip road with the give way line in which I slow down to let the vehicles pass before I proceed further.

I am feeling fine with no injury but my wife however is feeling pain on her lower back after the accident.

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.:

08/03/2020

Date of Accident : 6/6/2020 Accident Time: 0730Hrs (24-HR-Format)

Accident Place : Junction of woodlands Ave 8 woodlands Ave 7

Vehicle Reg. No. (Car Plate No.) : SMN8089P

Vehicle Make/Model : Honda Jazz

Insurance Company : NTUC Policy No 51136 10866

Owner or Company Name /IC No. : Subramani S/O Govindasamy S7564581B

Owner or Company Contact No. : _____ Owner's Hp _____ Company Tel

DRIVER'S Name / IC No. : Sivakumar S/O Vairamuthu S8571080E

DRIVER'S Date Of Birth 04/05/1962 DRIVER'S License Pass Date 25/03/1988

Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Siblings in law

DRIVER'S Address : BK 165 Yishun Ring Road #09-713 760165

DRIVER'S Contact No./ Alt No. :1) 84564001 2) _____

DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)

Email Address : _____

Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET

Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance

Number of Passengers (Including Driver): 02 - Female passenger (Infant)
- V. Lela S1226434H

Was there any video Captured by car camera: YES \ NO

Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Other Party Driver's Particular (if any)

Vehicle Reg. No: GBF1767J

Vehicle Make\Model: Nissan NV200

Name Driver: _____

IC No. Driver: _____

Driver's Contact & Add: _____

Vehicle Reg. No: _____

Vehicle Make\Model: _____

Name Driver: _____

IC No. Driver: _____

Driver's Contact & Add: _____

Claim Handling

Accident MT/1093927

Policy No.	5113010866	Vehicle No.	SMN8089P	GST Registration No.	
Certificate No.					
Policyholder Name	SUBRAMANI S/O GOVINDASAMY			Policyholder NRIC	S2564591(8
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	84564001	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No

Accident Details

Report Date	08/06/2020 14:51	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	06/06/2020	Time of Accident hh:mm	07:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	JUNCTION OF WOODLANDS LANE AND WOODLANDS AVE 12				

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	0.00	YIED TP Excess	0.00	Driver is Covered?	Covered
Additional Excess	0				
Total OD Excess Applicable	2000.00	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			

Policyholder Mailing Address

Address 1	BLK 636 #07-81	Address 2	WOODLANDS RING ROAD	Address 3	SINGAPORE 730636
Address 4		Address Type	Singapore address	Post Code	730636
Unit No.	07-81	Related Policy Number	5113010866		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	SIVAKUMAR S/O VAIKAMUTHU	Driver NRIC	SXXXX080B	Driver DOB	04/03/1962
Regular Date of Driver License	28/03/1988	Driver Age	58	Driving Experience	32
Contact No.(Mobile)		Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 269 #09-713	Address 2	YISHUN RING ROAD	Address 3	SINGAPORE 760269
Address 4		Address Type	Foreign address	Post Code	760269
Unit No.	09-713				
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.	SMN8089P	Driver Insurer Company	NTUC

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes No

Modification History

Claim 001 New

Claim Type *	OD-KK	Insured Name	SUBRAMANI S/O GOVINDASAMY	Insured NRIC	S2564591B
Contact No.(Mobile)	94566297	Contact No.(Home)	63642915	Contact No.(Office)	
Email Address	mariam54@yahoo.com	OI Vehicle Number	SMN8089P	TP Vehicle Number	GBF1767J
Claim Description	SMN8089P / GBF1767J ON 6 Jun 2020			Name of Preferred Workshop	

Preferred Workshop Serial No. | Insured Liability: Not at Fault | Finalisation: Yes | Preferred Repair Option: Preferred Workshop, Name unknown | GIA report: Received

Date Registered	08/06/2020 14:56	Claim Close Date		Date Received	08/06/2020 08:
Report Taken By	NURUL WAHAB				

Print AH letter

Save | Submit

Attachment

Accident No.	MT/1093927	Claim No.	001
Last Doc. Received	Yes No	Upload Date	08/06/2020 14:59

Path *		Category *	Confidential	Urgency *	Description *
Choose File No file chosen	Clear	Please Select	NO	Normal	
Choose File No file chosen	Clear	Please Select	NO	Normal	
Choose File No file chosen	Clear	Please Select	NO	Normal	
Choose File No file chosen	Clear	Please Select	NO	Normal	
Choose File No file chosen	Clear	Please Select	NO	Normal	
Choose File No file chosen	Clear	Please Select	NO	Normal	

Send Mail

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description	Msg Sent? (CO)
	NAC_BUKIT_MERAH_800678(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Jun 2020 14:59	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-6-8	

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Jun 2020 14:58	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-6-8
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Jun 2020 14:58	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-6-8
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Jun 2020 14:58	Photos		Normal	Photos 2020-6-8
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Jun 2020 14:58	Photos		Normal	Photos 2020-6-8
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Jun 2020 14:58	Photos		Normal	Photos 2020-6-8
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Jun 2020 14:58	Photos		Normal	Photos 2020-6-8
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Jun 2020 14:57	Photos		Normal	Photos 2020-6-8
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Jun 2020 14:57	Photos		Normal	Photos 2020-6-8
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Jun 2020 14:57	Photos		Normal	Photos 2020-6-8
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Jun 2020 14:57	Photos		Normal	Photos 2020-6-8
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Jun 2020 14:57	Photos		Normal	Photos 2020-6-8
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Jun 2020 14:57	Photos		Normal	Photos 2020-6-8
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Jun 2020 14:56	Photos		Normal	Photos 2020-6-8
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Jun 2020 14:56	Photos		Normal	Photos 2020-6-8
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Jun 2020 14:56	Photos		Normal	Photos 2020-6-8
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Jun 2020 14:56	Photos		Normal	Photos 2020-6-8
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Jun 2020 14:56	Photos		Normal	Photos 2020-6-8
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Jun 2020 14:56	SAS		Normal	SAS 2020-6-8

Video List

Uploaded By/Date	Folder Date	File Name	Source

Display in New Window | Scan and uploading

eBaoTech GeneralClaim

Hello, NAC_BUKIT_MERAH_800676 · Change Language · Change Password · Log Out

My Desktop
Notice of Loss

Policy Query

Policy No.
Vehicle No.(For Motor) SMN8089P
Date of Accident 06/06/2020 15:01
Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
○	5113010866		SUBRAMANI S/O GOVINDASAMY	S2564581B	GPC	drivo CLASSIC	SMN8089P	SMN8089P	02/10/2019	01/10/2020

Continue