

NATIONAL Assessment Centre Services

[ver 1 Jan'09]

Date In: 01/07/20	Job description	Date & Time Completed	Done by
Ref No NA/INC0006863/13	SAS e-filing		
Veh No GBE2800M	E-mail (within 3hrs, A/C 2hrs)		
IP DA 30/06/20 1100	I-Motor Claim Form	MT/1095796-002	
IP: IP (Reporting Only)	I-Motor W/O (within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: QBJ73844	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 repairer.

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

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

Remarks	INC Ref No	Date	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

NA0003479	Invoice/Particulars Checklist	Am't (\$)	Am't (\$)
Client's Particulars:	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
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 2009)	6) TR: Re-inspection \$75		
7) NI: Idao DA + SMRT Survey \$160	8) NTUC Additional Services:		
9) NI: Idao Mobile 30	QD:		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (\$5 in INC) against INC \$20		
	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	01/07/2020 11:34
Date Of Accident	30/06/2020 11:00
Exact Location Of Accident	LEEDON HEIGHT
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GBE3800M
Insured/Policyholder	
Name Of Registered Owner	HITACHI AQUA-TECH ENGINEERING PTE. LTD.
Passport No/FIN	1XXXXX016M
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91186662
Alternative Phone No	OTHERS-91186662
Vehicle Particulars	
Manufacturer	TOYOTA
Model	DYNA
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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5113347411
Cover Note Number	
Driver	
Name of Driver	ARULGNANAM PRABU
Passport No/FIN	GXXXXX067K
Date Of Birth	21/07/1986
Occupation	OUTDOOR
Date Of Driving Pass	09/11/2017
Driving Experience	2 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-85916596
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	40 CHANGI SOUTH ST 1
Postcode	486764
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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)	3
Passenger 1	NAME: : JEW GENDER: : MALE
Passenger 2	NAME: : LATIF 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

I WAS TRAVELLING ALONG LEEDON HEIGHT INFRT 2 VEH STOP AHEAD COZ INFRT VEH(B) WANTED TO MAKE A RIGHT TURN INTO D'LEEDON RESIDENCE CONDO. SO I SWERVED MY VEH ON THE OPPOSITE TRAFFIC FLOW TO OVERTAKE THE VEH B. WHEN I APPROACH TO OVERTAKE, VEH B HAD MAKE A RIGHT TURN AND COLLIDED ONTO MY VEH.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	HAVEN'T RETRIEVE
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBJ7384U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	IRWAN BIN YACOB
NRIC/Passport Number	SXXXX535G

Contact Number	90629554
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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.:

SKETCH PLAN

AS PER ATTACHED


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

p/s refer to the statement.

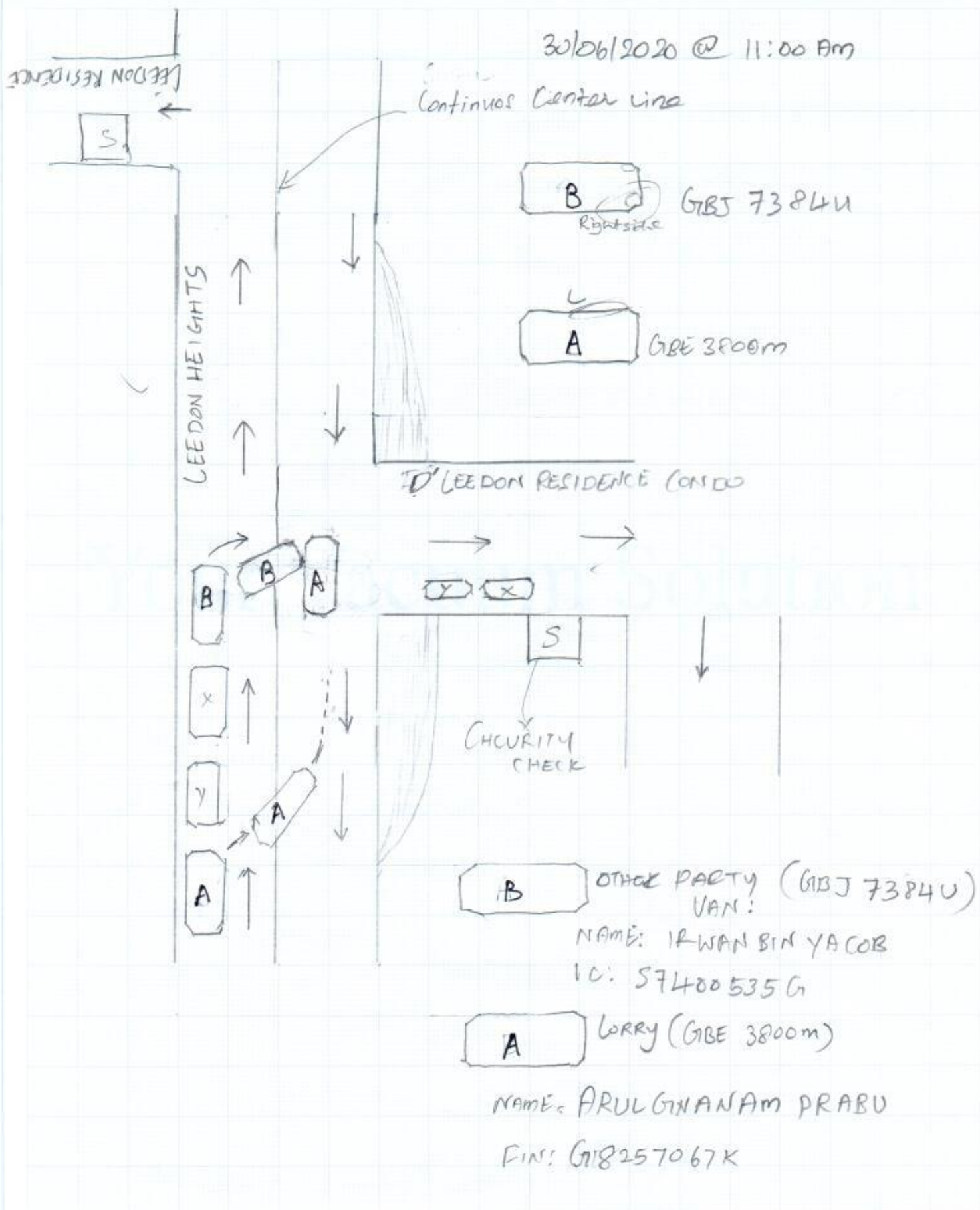
DECLARATION

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.:



ACCIDENT STATEMENT

ACCIDENT DATE: 30 / 06 / 2020 (DD/MM/YYYY), TIME: 11: 00 (HH:MM)

LOCATION: LEEDON HEIGHTS

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: G7BE 3800m
b) INSURANCE COMPANY: INCOME
c) POLICY NUMBER: 5113347411
d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT
e) MAKE & MODEL: TOYOTA DYNA
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: WORKING
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) (NO)
IF NO, PLEASE STATE THIRD PARTY CLAIM / REPORTING ONLY

2. INSURED / POLICY HOLDER

- A) NAME: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 91186662
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: ARULANANAM PRABU (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: G82570671 CONTACT: 85916596
c) ADDRESS: 40 Changi South St 1
Singapore - 486764

* d) DATE OF BIRTH: 21 / 07 / 1986 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: _____

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____

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: GRTJ7384V MODEL: VAN
b) DRIVER'S NAME: IRWAN BIN YACOB
c) NRIC/FIN/PASSPORT: S74005356 CONTACT: 90629554

9. THIRD PARTY VEHICLE

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

Email =

Fax =

Videotape =

My Desktop
Notice of Loss

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="01/07/2020 09:26"/>
Vehicle No.(For Motor)	<input type="text" value="GBE3800M"/>	Certificate Number	<input type="text"/>

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5113347411		HITACHI AQUA-TECH ENGINEERING PTE. LTD.	197701016M	GCV	Comprehensive	GBE3800M	GBE3800M	21/10/2019	20/10/2020

Continue

Claim Handling

Accident MT/1095796

Policy No.	5113347411	Vehicle No.	GBE3800M	GST Registration No.	M200269659
Certificate No.					
Policyholder Name	HITACHI AQUA-TECH ENGINEERING PTE. LTD.			Policyholder NRIC	197701016
Product Code	COMMERCIAL VEHICLE INSURANCE	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	91186662	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(%)	0	Private Hire	No

Accident Details

Report Date	01/07/2020 13:48	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	30/06/2020	Time of Accident hh:mm	11:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	LEEDON HEIGHT				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
OO 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					
Total OD Excess Applicable	600.00	Total TP Excess Applicable	0.00		

Benefits

GST Registered Information

GST Registered	Yes	GST Registration Date	01/04/1994
GST Registration No.	M200269659	GST Status Verified	Yes
Modification History	01/07/2020 13:49:37 System changed GST Registered from No to Yes 01/07/2020 13:49:37 System changed GST Registration No. from null to M200269659 01/07/2020 13:49:37 System changed GST Registration Date from null to 01/04/1994		

Policyholder Mailing Address

Address 1	40 CHANGI SOUTH STREET 1	Address 2	SINGAPORE 486764	Address 3	
Address 4		Address Type	Singapore address	Post Code	486764
Unit No.		Related Policy Number	5116543004		

O1 Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	ARULGNANAM PRABU	Driver NRIC	GB257067K	Driver DOB	21/07/1996
Register Date of Driver License	09/11/2017	Driver Age	33	Driving Experience	2
Contact No.(Mobile)	85916596	Contact No.(Office)		Contact No.(Home)	
Address 1	40 CHANGI SOUTH STREET 1	Address 2	SINGAPORE 486764	Address 3	
Address 4		Address Type	Singapore address	Post Code	486764
Unit No.					
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 type="radio"/> Yes <input checked="" type="radio"/> No
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Modification History

Claim 002 OD-MX New

Claim Type *	OD-MX	Insured Name	HITACHI AQUA-TECH ENGINEERING PTE. LTD.	In/As
Contact No.(Mobile)		Contact No. (Home)		Co No (O
Email Address		O1 Vehicle Number	GBE3800M	TP Ve NL
Claim Description	GBE3800M / GBJ7384U ON 30 Jun 2020			Na Pr Wk
Preferred Workshop Finalisation	Yes	Insured Liability	Fully at Fault	
Date Registered	01/07/2020 18:01	Preferred Repair Option	Preferred Workshop, Name unknown	
Report Taken By	ROSINDA	GIA report	Received	
		Claim Close Date		De Re
		Workshop Repairer		To bu Re

☒ Print AK letter

Save Submit

Attachment

Accident No.	MT/1095796	Claim No.	002
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	01/07/2020 00:00

Path *

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Clear

Clear

Clear

Please Select

Please Select

Please Select

NO

NO

NO

Normal

Normal

Normal

Choose File

No file chosen

Choose File

No file chosen

Choose File

No file chosen

Message Board

Clear

Please Select

NO

Normal

Clear

Please Select

NO

Normal

Clear

Please Select

NO

Normal

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 01 Jul 2020 18:00	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-7-1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 01 Jul 2020 18:00	SAS		Normal	SAS 2020-7-1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 01 Jul 2020 18:00	Photos		Normal	Photos 2020-7-1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 01 Jul 2020 18:00	Photos		Normal	Photos 2020-7-1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 01 Jul 2020 18:00	Photos		Normal	Photos 2020-7-1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 01 Jul 2020 18:00	Photos		Normal	Photos 2020-7-1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 01 Jul 2020 17:59	Photos		Normal	Photos 2020-7-1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 01 Jul 2020 17:59	Photos		Normal	Photos 2020-7-1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 01 Jul 2020 17:59	Photos		Normal	Photos 2020-7-1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 01 Jul 2020 17:59	Photos		Normal	Photos 2020-7-1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 01 Jul 2020 17:59	Photos		Normal	Photos 2020-7-1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 01 Jul 2020 17:59	Photos		Normal	Photos 2020-7-1

Video List

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