

NATIONAL Assessment Centre Services. (ver 1 Jan 2020)

NA2003542

Date In: 03/01/2020 16:08	Job description	Date & Time Completed	Done by
Ref No: NA200068674	SAS e-filing		
Veh No: SJS 2711H	E-mail (Subject line, AIC line)		
OD: 01/01/2020 17:30	I-Motor Claim Form	01/01/2020 17:30	03/01/2020 17:30
OD: TP: Reporting Only	I-Motor W/O (Whitel: OD Thru, TP Thru)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Box / Hand to Owner/Whse		

Preferred Wksp / INC Assign Wksp / OW: (Tel:	Fax:
TP Particulars:	Veh No: SJC 47127	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: YRS () / NO ()	
Excess: (\$	Loading: \$1,000 () / \$2,000 ()	
() Walk-In Customer: Customer's Information strictly Confidential & Strictly NO refer of repair.		
() Total Loss Case: to e-mail Insurer URGENTLY.		
Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()		

1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: ()	
Other: ()	

NA2003542	Driver/Owner:	1) AIC: Accident Reporting (\$30)	
Contact No:		2) DA: Damage Assessment (\$100) INC (\$10)	
Damaged Portion:		3) TP: Towing Fee	\$40/45
TC Checked by (Engr-In-Charge):		4) PT: Follow-Through Survey	\$120
		5) PT: Follow-Through Survey (Resurvey)	\$30
		For claiming against INC Only (ver 10 Jan 2020)	
		6) TR: Re-inspection	\$75
		7) NI: New DA + SMRT Survey	\$160
		8) NTUC Additional Services:	
		9) NI: New DA + SMRT Survey	\$30
		10) NI: New DA + SMRT Survey	\$30
		11) NI: New DA + SMRT Survey	\$30
		12) NI: New DA + SMRT Survey	\$30
		13) NI: New DA + SMRT Survey	\$30
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		97) NI: New DA + SMRT Survey	\$30
		98) NI: New DA + SMRT Survey	\$30
		99) NI: New DA + SMRT Survey	\$30
		100) NI: New DA + SMRT Survey	\$30

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	03/07/2020 16:48
Date Of Accident	02/07/2020 17:30
Exact Location Of Accident	CHOA CHU KANG WAY SLIP RD TOWARDS CHOA CHU KANG RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJS2171H
Insured/Policyholder	
Name Of Registered Owner	RADHAKRISHNAN DEVENDRAN
NRIC No	SXXXX958E
Email Address	HANCARREPAIRS@GMAIL.COM
Mobile Phone No	(LOCAL) +65-93829717
Alternative Phone No	OTHERS-93829717

Vehicle Particulars

Manufacturer	HONDA
Model	ODESSEY
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	REPORTING ONLY
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	5062614087-05
Cover Note Number	

Driver

Name of Driver	RADHAKRISHNAN DEVENDRAN
NRIC No	SXXXX958E
Date Of Birth	09/04/1964
Occupation	INDOOR
Date Of Driving Pass	21/10/1995
Driving Experience	24 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93829717
Fax Number	
Contact Number	OTHERS-93829717
Email Address	HANCARREPAIRS@GMAIL.COM

Address	16 CHOA CHU KANG ROVE #19-42
Postcode	688210
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?	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

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	SHC4772T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN


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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.

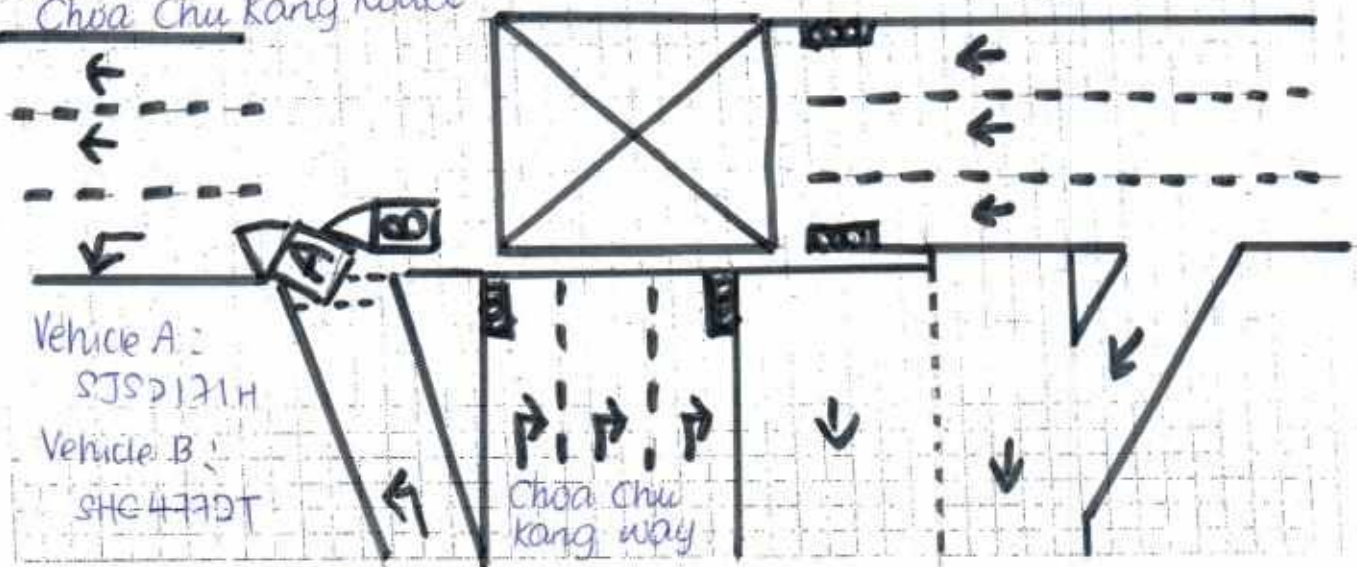

Policyholder's Signature
Date & Time:


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


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

SKETCH PLAN

Choa Chu Kang Road



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 02/07/20 at about 1730hrs, I was travelling on the slip road from Choa Chu Kang Way to Choa Chu Kang Road.

The traffic was heavy, so as I was cleared to move, I moved forward and stopped due to the traffic in front.

A few moments later, Vehicle B came from behind and hit onto my stationary vehicle.

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:

 03/07/2020
Reporting Centre Person's Signature
Name: 
NRIC/FIN No.:

PERSONAL PARTICULARS

1 driver
0 passenger

Date of Accident: 02/07/2020

Time of Accident: 17 30 (24Hrs)

Vehicle No: SJS2171H

Vehicle Make/Model: Honda odyssey

Exact Location of Accident: Choa Chu Kang way slip road to Choa Chu Kang Road

Owner's Name/NRIC: Radhakrishnan Devendran / S2649958E

Driver's Name/NRIC: Radhakrishnan Devendran / S2649958E

Driver's Contact: 938 29717 Insurance Co & Policy No: NTUC

Driver's Email Address: hancarrepairs@gmail.com

Relationship between Owner & Driver: Spouse/Children/Friend/Parents/Others specify: —

What do you wish to claim (Please circle one only)

1) Own Insurance 2) Other Vehicle (The one you want to claim against) 3) Reporting (For Recording Purposes)

Exact Purpose for which the vehicle was being used at time of accident? (Please circle one only)

Private Use / Work Purpose

Weather Condition & Road Conditions?

Clear & Dry / Raining & Wet / After-Rain & Wet / Drizzling & Wet

Occupation

Indoor / Outdoor

Any Injuries? (MC of 3 Days or more, police report is required)

Yes ☒ No ☐

If Yes, which police station? SHC 4.772T

The Other Party (Vehicle B) Details

Driver's Name/IC: _____

Vehicle No: ~~SJS2171H~~

Insurance Company: _____

Driver's Contact: _____

(If more than 2 vehicles involved, please indicate the other party vehicle numbers below)

Other Vehicle (Vehicle C): _____

Independent Witness (If Any): _____

Contact: _____

Preferred Workshop (If Any): _____

Contact: _____

* If no proper document are produced, IDAC should not file the report.

* Information will be discarded after one week.

Accident NT/1096018

Accident NT/1096018

Policy No.	SIG2014081-05	Vehicle No.	SIG2171H	GST Registration No.	
Certificate No.					
Policyholder Name	RADHAKRISHNAN DEVENDRAN			Policyholder NRIC	S2649958E
Product Code	PRIVATE CAR INSURANCE	Driver Type	Drive CLASSIC	Loading	0
Contact No.(Mobile)	93829717	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remarks		eCode	No
KFK	<input type="radio"/> No <input checked="" type="radio"/> Yes	TCA	<input type="radio"/> No <input checked="" type="radio"/> Yes	eCode Reason	
NCD Protection	Yes	NCD Endorsement(%)	50	Private HRS	No
⌵ Accident Details					
Report Date	03/07/2020 17:21	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Major Motor Road
Date of Accident	03/07/2020	Time of Accident(hh:mm)	17:30	Country of Accident	Singapore
Reporting Centre		Grange Police		ICM No.	
Accident Location	CHOA CHU KANG WAY SLP RD TOWARDS CHOA CHU KANG RD				
⌵ Excess					
Own Damage Excess	800.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	600.00		
Third Party Excess	0.00	Outside Singapore TP Excess	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	18 CHOA CHU KANG GROVE	Address 2	#18-42 SOL ACRES	Address 3	SINGAPORE 688210
Address 4		Address Type	Singapore address	Post Code	688210
Unit No.	18-42	Related Policy Number	5042614087-05		
⌵ Q1 Driver Info					
Driver Name	RADHAKRISHNAN DEVENDRAN	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S2649958E	Driver DOB	09/04/1964
Register Date of Driver License	21/10/1995	Driver Age	36	Driving Experience	24
Contact No.(Mobile)	93829717	Contact No.(Office)		Contact No.(Home)	
Address 1	18 CHOA CHU KANG GROVE	Address 2	#18-42 SOL ACRES	Address 3	SINGAPORE 688210
Address 4		Address Type	Singapore address	Post Code	688210
Unit No.	18-42				
Does he own a Singapore Registered car?	Yes <input checked="" type="radio"/> No <input type="radio"/>	Driver Vehicle No.	SIG2171H	Driver Insurer Company	NTUC
Declaration					
Breathalyzer or Blood Test Reading	0 mg	Any Injury?	Yes <input type="radio"/> No <input checked="" type="radio"/>		

Modifications History

Claim 001 New

Claim Type *	OS-MX		Insured Name	RADHAKRISHNAN DEVENDRAN		Insured NRIC	S2648958	
Contact No. (Mobile)	95820217		Contact No. (Home)			Contact No. (Office)		
Email Address			OT	SIS2171H		TP	SNC6772T	
Claim Description			Vehicle Number	SIS2171H / SNC6772T ON 2 Jul 2020		Name of Preferred Workshop		
Preferred Workshop	Insured Liability		GA report	Received				
Option	Yes		Preferred Workshop, Name unknown					
Date Registered	Option		GA report	Received				
Report Taken By			GA report	Received				

Print All Images

Save Submit

Abstract

Accident No.	MT1006018	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	03/07/2020 19:29

Path *	Category *	Confidential	Urgency *	Description *
Choose File No file chosen	Clear <input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>	<input type="text"/>
Choose File No file chosen	Clear <input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>	<input type="text"/>
Choose File No file chosen	Clear <input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>	<input type="text"/>
Choose File No file chosen	Clear <input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>	<input type="text"/>
Choose File No file chosen	Clear <input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>	<input type="text"/>
Choose File No file chosen	Clear <input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>	<input type="text"/>
Choose File No file chosen	Clear <input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>	<input type="text"/>

Seydi Miao

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Mag Sent (CD)
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Jul 2020 17:29	Photos	Normal	Photos 2020-7-3	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Jul 2020 17:29	Photos	Normal	Photos 2020-7-3	

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Jul 2020 17:29	Photos		Normal	Photos 2020-7-3
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Jul 2020 17:29	Photos		Normal	Photos 2020-7-3
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Jul 2020 17:29	Photos		Normal	Photos 2020-7-3
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Jul 2020 17:29	Photos		Normal	Photos 2020-7-3
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Jul 2020 17:29	Photos		Normal	Photos 2020-7-3
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Jul 2020 17:29	Photos		Normal	Photos 2020-7-3
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Jul 2020 17:29	Photos		Normal	Photos 2020-7-3
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Jul 2020 17:29	Photos		Normal	Photos 2020-7-3
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Jul 2020 17:29	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-7-3
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Jul 2020 17:29	SAS		Normal	SAS 2020-7-3

Video List

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

Hello, NAC_BUKIT_MERAH_B00676

[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="02/07/2020 17:32"/>
Vehicle No.(For Motor)	<input type="text" value="SJ52171H"/>	Certificate Number	<input type="text"/>
<input type="button" value="Search"/>			

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5062614087-05		RADHAKRISHNAN DEVENDRAN	S2649958E	GPC	drive CLASSIC	SJ52171H	SJ52171H	04/08/2019	03/08/2020