

NATIONAL Assessment Centre Services. Part 1 Jan 05. MMA120064208

Date In: 30/7/20 10:36	Job description	Date & Time Completed	Done by
Ref No: MA1 INC 20007852164	SAS e-filing		
Veh No: SKR 923 L	E-mail (within 2hrs, AIC 2hrs)		
H.O.A: 29/7/20 15:00	I-Motor Claim Form	MT/1098384 ⁰⁰¹	30/7/20 11:37
OD: <input checked="" type="radio"/> Reporting, Only	I-Motor W/O (within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / GW: () Tel: () Fax: ()

TP Particulars: Veh No: G2 2216L. 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: 90-100%)

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 () / Non-INC ()	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: _____

Duty Party	Action

MA2003958

Claims Particulars	Invoice/Preparation Charges	AMU (\$)	AMU (\$)
Driver/Owner:	1) AR: Accident Reporting (\$30)	30.00	
Contact No:	2) DA: Damage Assessment (\$100); INC (\$10)		
Damaged Portion:	3) TP: Towing Fee \$40/\$45		
QC Checked by (Wksp-In-Charge):	4) PT: Follow-Through Survey \$120		
Auditory Comments:	5) PT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-Inspection \$75		
	7) NI: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	OD:		
	*NS: Courtesy Car / Tpt Allowance \$5		
	*NG: Repair Co-ordination \$10		
	*NI: Post Repair Inspection \$25		
	*NL: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non INC) against INC \$20		
	N12: Idac Mobile \$0		
	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 willful 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	30/07/2020 10:36
Date Of Accident	29/07/2020 15:00
Exact Location Of Accident	PAYA LEBAR RD B4 TURNING TO GEYLANG E JUNCTION
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKR923L
Insured/Policyholder	
Name Of Registered Owner	AGAPE LIMOUSINE SERVICE
Co Reg No	5XXXX052M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-97535194
Vehicle Particulars	
Manufacturer	HYUNDAI
Model	ELANTRA
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	THIRD PARTY
Vehicle Category	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5074789697-04
Cover Note Number	
Driver	
Name of Driver	ISHWAR S/O MURLIDHAR MAHTANI
NRIC No	SXXXX732B
Date Of Birth	16/01/1962
Occupation	OUTDOOR
Date Of Driving Pass	08/11/1980
Driving Experience	39 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97535194
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	158 HAIG RD #09-01
Postcode	438794
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 - CHANGE/CROSS LANE
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?	
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?	YES
If Yes, Please state which Police Station	
Police Station Name	BEDOK DIVISION HQ
Police Station Address	ROAD: 30 BEDOK NORTH ROAD , POSTCODE: 469676 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT G/20200730/7004

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	GZ2216L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	SOH HENG TONG
NRIC/Passport Number	SXXXX603J
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.

Agape Limousine Service

Ishwar Mahtani

Hp: 97535194

email: agapelimosineservices

@yahoo.com.sg

Policyholder's Signature

Date & Time:



Driver's Signature

(If driver is not the policyholder)

Date & Time:

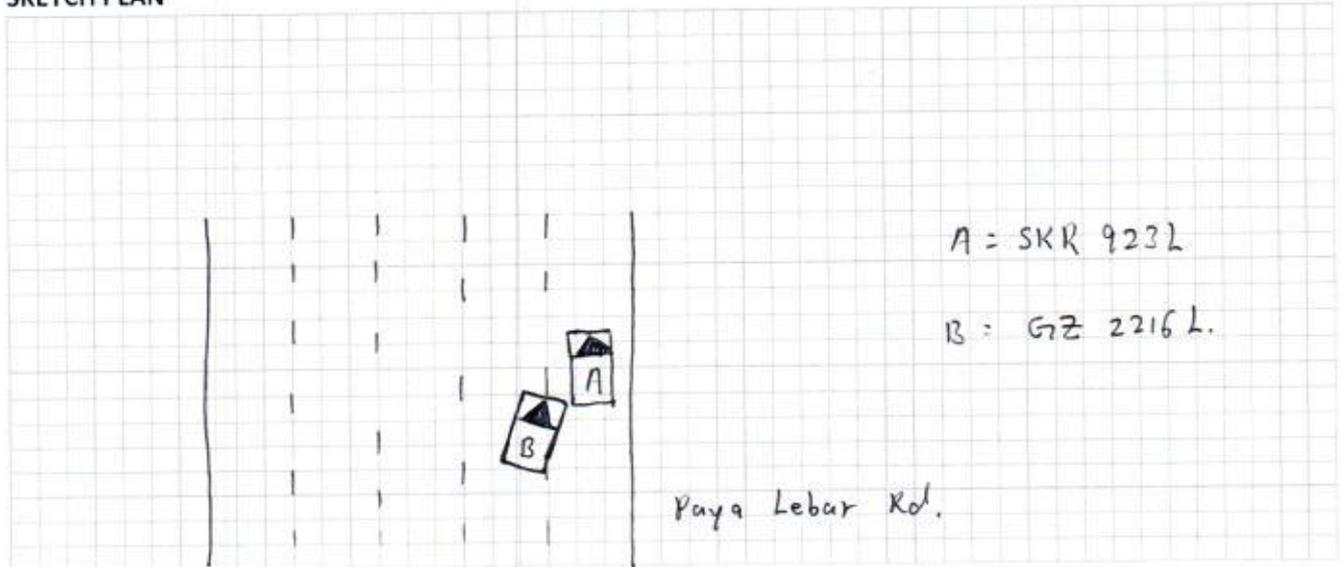


Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report G/20200730/7004

DECLARATION

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

Agape Limousine Service

Ishwar Mahtani
Hp: 97535194

email: agapelimosineservices@yahoocom.sg

Policyholder: agapelimosineservices@yahoocom.sg

Date & Time:

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

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



**SINGAPORE
POLICE FORCE**



G/20200730/7004

1 of 1

POLICE REPORT (NP299)

Report No. G/20200730/7004

Police Station Of Origin
Bedok Division HQ
30 Bedok North Road SINGAPORE 469676
Tel No:1800-2440000

Date/Time Report Made 30/07/2020 08:26	Vide Report No.	Station Diary No.
Name Of Informant ISHWAR S/O MURLIDHAR MAHTANI	Address 158 HAIG ROAD #09-01 SINGAPORE 438794	
ID Type / ID No. NRIC NO / S1539732B	Contact No. Home/Office:	Mobile: 97535194
Nationality SINGAPORE CITIZEN	Email Address SMAHTANI@SINGNET.COM.SG	
Occupation GRAB DRIVER	Sex Male	Age 58
Institution/School Name	Date of Birth 16/01/1962	Race Indian
Date/Time Of Incident 29/07/2020 15:00	Location Of Incident PAYA LEBAR ROAD	

Brief details.

I was driving along Paya Lebar road, straight towards Sims Avenue when a lorry license plate number GZ 2216L suddenly hit my vehicle on the left side. The driver of the vehicle was Mr Soh Heng Tong IC No S0667603J.

We exchanged particulars and he mentioned his insurance will pay for the damages he had caused to my vehicle.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 30/07/2020 08:26
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp

My Desktop

Notice of Loss

Policy Query

Policy No. Date of Accident: 30/07/2020 09:27

Vehicle No.(For Motor) SKR923L 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"/>	5074789697-04		AGAPE LIMOUSINE SERVICE	53316052M	GPC	drivo CLASSIC	SKR923L	SKR923L	16/01/2020	15/01/2021

Continue

ACCIDENT STATEMENT

ACCIDENT DATE: 29/7/20 (DD/MM/YYYY), TIME: 15:00 (HH:MM)

LOCATION: Paya Lebar Rd by turning into Geylang E Junction

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKR 9232
b) INSURANCE COMPANY: IMC
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: Hyundai Elantra
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Private use working
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: Agape Limousine Service (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 97535194
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Ishwar s/o Murugher Mahtani (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

*d) DATE OF BIRTH: (____/____/____) (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: owner

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: GZ 2216L MODEL: _____

b) DRIVER'S NAME: Soh Heng Tong

c) NRIC/FIN/PASSPORT: S 0667 603J CONTACT: _____

9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: _____ MODEL: _____

e) DRIVER'S NAME: _____

f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

* No of passenger
(including driver)
(1)

* No of passenger
(including driver)
()

* No of passenger
(including driver)
()

Email =

fax =

VIDEO = No.

Claim Handling

Accident MT/1098384

Policy No.	5074289697-04	Vehicle No.	SKR923L	GST Registration No.	
Certificate No.		Cover Type	drive CLASSIC	Policyholder NRIC	63116052H
Policyholder Name	AGAPE LIMOUSINE SERVICE	Contact No. (Office)		Loading	0
Product Code	PRIVATE CAR INSURANCE	Special Remark		Contact No.(Home)	
Contact No.(Mobile)	97535194	TCA	No Yes	eCode	Rel. v
Email Address		NCD Entitlement(%)	50	eCode Reason	
KFK	No Yes			Private Hire	Yes
NCD Protection	Yes				

Accident Details

Report Date	30/07/2020 11:30	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Ch
Date of Accident	29/07/2020	Time of Accident hh:mm	15:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	PAYA LEBAR RD B4 TURNING TO GEYLANG E JUNCTION				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00	Driver is Covered?	Covered
OD Standard Excess	2,000.00	TP Standard Excess	1,500.00		
YIED OD Excess	0.00	YIED TP Excess	0.00		
Additional Excess	0	Total TP Excess Applicable	1,500.00		
Total OD Excess Applicable	2000.00				

Benefits

GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History	30/07/2020 11:32:09 System changed GST Status Verified from No to Yes		

Policyholder Mailing Address

Address 1	158 HAIG ROAD	Address 2	#09-01 HAIG COURT	Address 3	SINGAPORE
Address 4		Address Type	Singapore address	Post Code	438794
Unit No.	09-01	Related Policy Number	5074289697-04		

O1 Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	16/01/1962
Unnamed driver Name	ISHWAR S/O MURUGAN MAH	Driver NRIC	S1529732B	Driving Experience	29
Register Date of Driver License	08-11-1980	Driver Age	58	Contact No.(Home)	
Contact No.(Mobile)	97535194	Contact No.(Office)		Address 3	SINGAPORE
Address 1	158 HAIG ROAD	Address 2	#09-01 HAIG COURT	Post Code	438794
Address 4		Address Type	Singapore address		
Unit No.	09-01	Driver Vehicle No.		Driver Insurer Company	
Does he own a Singapore Registered car?	Yes - No				

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

Claim 001 **New**

Claim Type *	DD-MX	Insured Name	AGAPE LIMOUSINE SERVICE	Insu NRI
Contact No.(Mobile)	97535194	Contact No. (Home)	NIL	Cont No. (Off)
Email Address		O1 Vehicle Number	SKR923L	TP Vehi Nurr
Claim Description	SKR923L / G22216L ON 29 Jul 2020			
Preferred Workshop Finalisation	Yes	Insured Liability	Not at Fault	
Date Registered	30/07/2020 11:36	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report Received
Report Taken By	SHAN HUI			
Claim Close Date		Date Recd		

Print AK letter

Save Submit

Attachment

Accident No.	MT/1098384	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	30/07/2020 11:37
Path *		Category *	
Choose File No file chosen		Confidential	Normal
Choose File No file chosen		Urgency *	Normal
Choose File No file chosen			

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

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) @ 30 Jul 2020 11:37	SAS	Normal	SAS 2020-7-30
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) @ 30 Jul 2020 11:37	NRIC/ Driving License	Y	NRIC/ Driving License 2020-7-30
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) @ 30 Jul 2020 11:37	Photos	Normal	Photos 2020-7-30
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) @ 30 Jul 2020 11:37	Photos	Normal	Photos 2020-7-30
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) @ 30 Jul 2020 11:37	Photos	Normal	Photos 2020-7-30
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) @ 30 Jul 2020 11:36	Photos	Normal	Photos 2020-7-30
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) @ 30 Jul 2020 11:36	Photos	Normal	Photos 2020-7-30
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) @ 30 Jul 2020 11:36	Photos	Normal	Photos 2020-7-30

Video List

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