

NATIONAL Assessment Centre Services. (part 1 Jan 03) MMA 1200 66985

Date In: 8/8/20 10:22	Job description	Date & Time Completed	Done by
Ref No: NA INC 2000 8203164	SAS e-Milling		
Veh No: SMH 9940G	E-mail (within 3hrs, A/C 2hrs)		
TPA: 7/8/20 18:40	I-Motor Clinin Form	MT/1099258 ⁰⁰¹	8/8/20 10:36
Q1: <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: SMQ 4940S.	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 repolier.

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

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

REPAIRS (INC/OUTLINE OF WORK)	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

NA 2004100	Invoice/Assessment Checklist	Am () / VAM ()
Client/TP Particulars:	1) AIR: Accident Reporting (\$30):	30.00
Driver/Owner:	2) DA: Damage Assessment (\$100): INC (\$88)	
Contact No:	3) TP: Towing Fee \$40/\$45	
Damaged Portion:	4) PT: Follow-Through Survey \$120	
QC Checked by (Sagr-In-Charge):	5) PT: Follow-Through Survey (Resurvey) \$30	
Auditors' Comments:	For claimant against INC Only (w/c 10 Jan 2003)	
	6) TR: Re-Inspection \$75	
	7) NI: Idno DA + SMRT Survey \$160	
	8) NTUC Additional Services:	
	Q1:	
	*N5: Courtesy Car / Tpt Allowance \$3	
	*N6: Repole Co-ordination \$10	
	*N7: Post Repair Inspection \$23	
	*N8: DV / Collect Excess Coordination \$3	
	TP (N11): TP (Non INC) against INC \$20	
	9) N12: Idno Mobile \$0	
	Invoice dated	Fee Charged
	Invoice date:	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	08/08/2020 10:22
Date Of Accident	07/08/2020 18:40
Exact Location Of Accident	PAYA LEBAR RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMH9940G
Insured/Policyholder	
Name Of Registered Owner	S GUNASAGAR
NRIC No	SXXXX784J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97692765
Alternative Phone No	OFFICE-97692765

Vehicle Particulars

Manufacturer	NISSAN
Model	-
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	THIRD PARTY
Fleet Policy	NO
Policy Number	5107761129-01
Cover Note Number	

Driver

Name of Driver	S GUNASAGAR
NRIC No	SXXXX784J
Date Of Birth	28/03/1965
Occupation	INDOOR
Date Of Driving Pass	17/11/1993
Driving Experience	26 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97692765
Fax Number	
Contact Number	OFFICE-97692765
Email Address	NOEMAIL

Address	BLK 25 FERNVALE CLOSE #14-14
Postcode	797462
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 - HEAD TO REAR
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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO 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	SMQ4940S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

IMPORTANT NOTICE

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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:

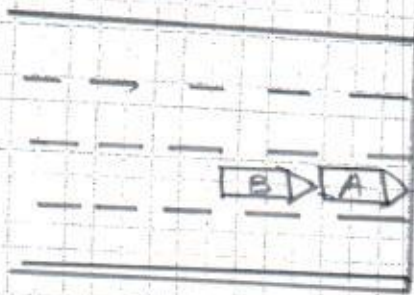
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.:

SKETCH PLAN



PAYA LABAR ROAD

A. SMH9940G
B. SMQ 4940S

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

MY VEH WAS STATIONARY SUDDENLY I FELT AN IMPACT
FROM MY VEH REAR PORTION.

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.:

Hello, NAC_PAYA_UBI_800601

[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="07/08/2020 10:21"/>							
Vehicle No.(For Motor)	<input type="text" value="SMH9940G"/>	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 type="radio"/>	5107761129-01		S GUNASAGAR	S17027843	GPC	Third Party	SMH9940G	SMH9940G	28/03/2020	27/03/2021
<input type="button" value="Continue"/>										



HS AUTOMOTIVES PTE LTD

Blk 2 KAKI BUKIT AVE 2 @ KAKI BUKIT AUTOHUB #02-25 SINGAPORE 417921.

TEL: 6538 1368 FAX: 6538 1367 Email add: hsautomotivespi@gmail.com

VEHICLE NO: K11SSAN

MAKE/MODEL: SM4.9940G

DATE OF ACCIDENT 07/08 2020
DAY/MONTH/YEAR

TIME 18 HR 40 MIN AM/ PM

LOCATION OF ACCIDENT JAYA LEBAR ROAD

EXACT PURPOSE USE DURING ACCIDENT GOING HOME

CAR OWNER

NAME OF CAR OWNER S. GUNASAGAR

CONTACT NO 97692765

NRIC S17027847

CLAIM TYPE ☐ OD ☒ THIRD PARTY ☐ REPORTING ONLY

INSURANCE COMPANY NTUC

TYPE OF COVERAGE ☒ COMPREHENSIVE ☐ THIRD PARTY ☐ THIRD PARTY FIRE & THEFT

POLICY NO _____

ACCIDENT DRIVER

NAME OF DRIVER As Above.

NRIC S17027847 NO OF PASSENGER/S 0

DATE OF BIRTH 28-03-1965

OCCUPATION _____ ☐ OUTDOOR ☒ INDOOR

DATE OF DRIVING PASS 17/04/1993

GENDER ☒ MALE ☐ FEMALE

CONTACT NO _____

ADDRESS BLK 25 FERNUALE CLOSE #14-14(S) 797482

DRIVER OWN ANY VEHICLE NO/ IF YES- REGISTRATION NO _____

RELATIONSHIP EMPLOYEE/SPOUSE IF NOT: OWNER

WEATHER CONDITION ☒ CLEAR ☐ RAINING OTHER: _____

ROAD SURFACE ☒ DRY ☐ WET OTHER: _____

ANY INJURIES ☒ NO/ IF YES- NAME: _____

CONTACT NO _____

POLICE REPORT ☒ NO/ IF YES- LOCATION: _____

VIDEO FOOTAGE ☒ NO/ YES

3RD PARTY INFO

VEHICLE B NO SMQ 4940S NO OF PASSENGER/S ☐

NAME _____

CONTACT NO _____

VEHICLE C NO _____ NO OF PASSENGER/S ☐

VEHICLE D NO _____ NO OF PASSENGER/S ☐

VEHICLE E NO _____ NO OF PASSENGER/S ☐

VEHICLE F NO _____ NO OF PASSENGER/S ☐

ANY WITNESS _____

WITNESS CONTACT NO _____

Claim Handling

Accident MT/1099258

Policy No.	5107761129-01	Vehicle No.	SMH9940G	GST Registrati
Certificate No.				
Policyholder Name	S GUNASAGAR			Policyholder NI
Product Code	PRIVATE CAR INSURANCE	Cover Type	Third Party	Loading
Contact No.(Mobile)	97692765	Contact No.(Office)		Contact No.(H
Email Address		Special Remark		eCode
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 Entitlement(%)	50	Private Hire

▼ Accident Details

Report Date	08/08/2020 10:34	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	07/08/2020	Time of Accident hh:mm	18:40	Country of Acc
Reporting Centre		Orange Force		ICM No.
Accident Location	PAYA LEBAR RD			

▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	0.00	
OD Standard Excess	0.00	TP Standard Excess	0.00	
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Cover
Additional Excess				
Total OD Excess Applicable	0.00	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	25 FERNVALE CLOSE	Address 2	#14-14 RIVERTREES RESIDEN	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5107761129-01	

▼ O1 Driver Info

Driver Name	S GUNASAGAR	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	S1702784J	Driver DOB
Register Date of Driver License	17/11/1993	Driver Age	55	Driving Experi
Contact No.(Mobile)	97692765	Contact No.(Office)		Contact No.(Hi
Address 1	25 FERNVALE CLOSE	Address 2	#14-14 RIVERTREES RESIDEN	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.				
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insurer

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 001 **New**

Claim Type *	OD-MX	Insured Name	S c
Contact No.(Mobile)	97692765	Contact No. (Home)	64
Email Address	sgunasagar@globalfoundries.co	OJ Vehicle Number	SM
Claim Description	SMH9940G / SMQ4940S ON 7 Aug 2020		
Preferred Workshop	Insured Liability	Not at Fault	
Contact No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
Report Taken By			SHAN HUI

☐ Print AK letter

Attachment

Accident No.	MT/1099258	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	08/08/2020 10:36
Path *		Category *	
<input type="button" value="Choose File"/> No file chosen		<input type="button" value="Clear"/>	<input type="text" value="Please Select"/> NO
<input type="button" value="Choose File"/> No file chosen		<input type="button" value="Clear"/>	<input type="text" value="Please Select"/> NO
<input type="button" value="Choose File"/> No file chosen		<input type="button" value="Clear"/>	<input type="text" value="Please Select"/> NO
<input type="button" value="Choose File"/> No file chosen		<input type="button" value="Clear"/>	<input type="text" value="Please Select"/> NO
<input type="button" value="Choose File"/> No file chosen		<input type="button" value="Clear"/>	<input type="text" value="Please Select"/> NO
<input type="button" value="Choose File"/> No file chosen		<input type="button" value="Clear"/>	<input type="text" value="Please Select"/> NO
<input type="button" value="Choose File"/> No file chosen		<input type="button" value="Clear"/>	<input type="text" value="Please Select"/> NO
<input type="button" value="Message Board"/>			

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Confider
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o	08 Aug 2020 10:36	SAS	Normal	!
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o	08 Aug 2020 10:36	NRIC/ Driving License	Normal	NRIC/ Dri
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o	08 Aug 2020 10:36	Photos	Normal	PI
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o	08 Aug 2020 10:35	Photos	Normal	PI
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o	08 Aug 2020 10:35	Photos	Normal	PI
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o	08 Aug 2020 10:35	Photos	Normal	PI
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o	08 Aug 2020 10:35	Photos	Normal	PI
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o	08 Aug 2020 10:35	Photos	Normal	PI
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o	08 Aug 2020 10:35	Photos	Normal	PI

Video List

Uploaded By/Date	Folder Date	File Name	
			<input type="button" value="Display in New Window"/> <input type="button" value="Scan and uploading"/>