

NATIONAL Assessment Centre Services. [ver 1 Jan 09] MNA 120067147

Date In: 8/8/20 16:34	Job description	Date & Time Completed	Done by
Ref No: NAI INC 2000 8212164	SAS e-filing		
Veh No: SKN 6857B	E-mail (within 3hrs, AIG 2hrs)		
IP: 8/8/20 11:45	I-Motor Claim Form	MT11099306-001	8/8/20 17:11
OT: <input checked="" type="checkbox"/> 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/Wkgn		

Preferred Wksp / INC Assign Wksp / QW: (	Tel: (	Fax: (
TP Particulars:	Veh No: YP 2947 A.	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	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	Action	Done by

NA 2004094	Invoice/Registration Checklist	Amount (RM)	Remarks
Driver/Owner:	1) AR: Accident Reporting (\$30);	3000	
Contact No:	2) DA: Damage Assessment (\$100); INC (\$30)		
Damaged Portion:	3) TP: Towing Fee \$40/\$45		
QC Checked by (Bgr-In-Charge):	4) PT: Follow-Through Survey \$120		
For claiming against INC Only (wef 10 Jan 2009)	5) PT: Follow-Through Survey (Resurvey) \$30		
6) TR: Re-inspection \$75			
7) N1: Idao DA + SMRT Survey \$160			
8) NTUC Additional Services:			
9) N12: Idao Mobile \$30			
10) NS: Courtesy Car / Tpt Allowance \$5			
11) NG: Repair Co-ordination \$10			
12) NT: Post Repair Inspection \$25			
13) NV: DV / Collect Excess Coordination \$5			
14) TP (N11): TP (Non INC) against INC \$20			
15) N12: Idao Mobile \$30			
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	08/08/2020 16:34
Date Of Accident	08/08/2020 11:45
Exact Location Of Accident	ALONG NEWTON RD TWDS UPP THOMSON
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKN6857B
<b>Insured/Policyholder</b>	
Name Of Registered Owner	HARIRAGAVANTHIRA S/O MURUGAYAH
NRIC No	SXXXX963E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-87495165
Alternative Phone No	OFFICE-87495165

### Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	SCIROCCO 1.4L
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	5118429383
Cover Note Number	

### Driver

Name of Driver	HARIRAGAVANTHIRA S/O MURUGAYAH
NRIC No	SXXXX963E
Date Of Birth	14/03/1992
Occupation	INDOOR
Date Of Driving Pass	04/10/2011
Driving Experience	8 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87495165
Fax Number	
Contact Number	OFFICE-87495165
EMail Address	NOEMAIL

Address	BLK 324 SEMBAWANG CLOSE #10-323
Postcode	750324
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	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?	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: : OMANA PRIYA GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT T/20200808/7018

#### 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	YP2947A
Vehicle Make/Model/Colour	
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	HARIRAGAVANTHIRA S/O MURUGAYAH
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SKN6857B
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

#### DETAILS OF INJURED PERSON 2

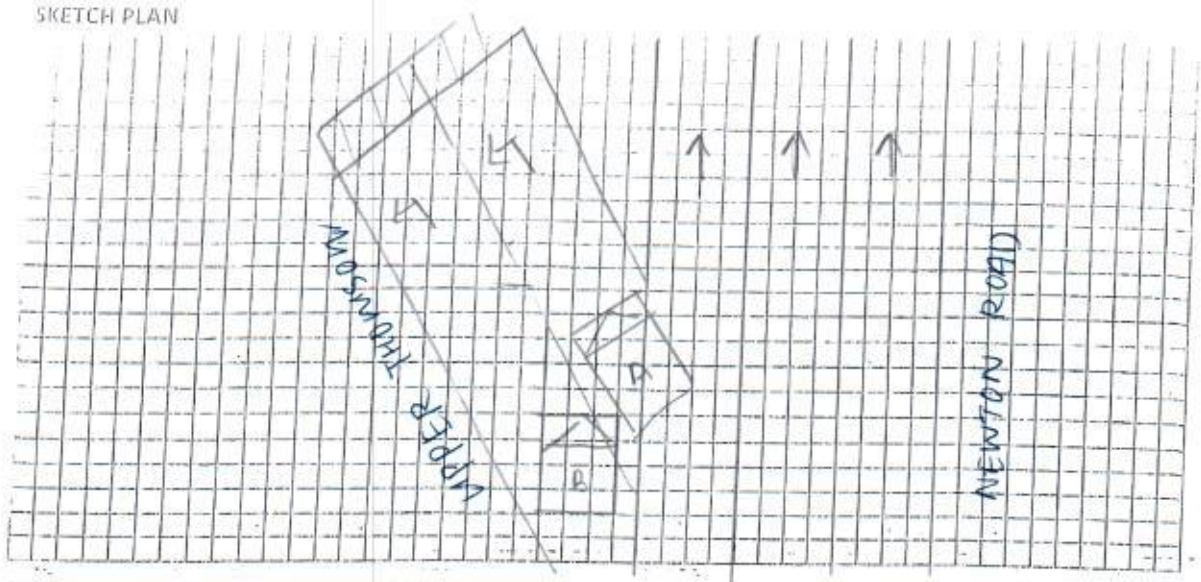
Name	OMANA PRIYA
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SKN6857B
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	



### IMPORTANT NOTICE

- I understand, acknowledge, agree and consent that:

- $$x \in \mathcal{B}(A, B) \Rightarrow \exists t \in \mathbb{R}^+ \text{ s.t. } \exists \lambda \in \mathbb{R} \text{ s.t. } x = tA + \lambda B, \quad \lambda \geq 0.$$



refer to police report. 7/20200808/7015

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

2010年 第10期 总第100期

Date &amp; Time:

NRIC/FIN No :





# SINGAPORE POLICE FORCE



T/20200808/7018

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

1 of 4

Report No. T/20200808/7018

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 08/08/2020 15:49		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: HARIRAGAVANTHIRA S/O MURUGAYAH			Address: 324 SEMBAWANG CLOSE #10-323 SINGAPORE 750324		
ID Type / ID No.: NRIC NO / S9207963E			Contact No.: Home/Office: Mobile: 87495165		
Nationality: SINGAPORE CITIZEN			Email: HARIRAGA@HOTMAIL.COM		
Sex: Male	Age: 28	Date of Birth: 14/03/1992	Type of Informant: Driver		
Race: Indian			Language: English		Institution / School Name:
Occupation: Aeronautical engineer			Driving Licence Information: Class: Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 08/08/2020 11:45	Type of Location: Y-Junction
Location:  NEWTON ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 50 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: No Traffic	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SKN6857B	Car	VOLKSWAGO N	SCIROCCO 1.4L AT TSI 1372Q5 HID	White		0
YP2947A	Lorry	FUSO	MITSUBISHI	White		1



**SINGAPORE  
POLICE FORCE**



T/20200808/7018

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

2 of 4

Report No. T/20200808/7018

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKN6857B	NTUC Income Insurance Co-Operative Limited	5118429383	30/07/2020	29/07/2021

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Passenger				
Name	OMANA PRIYA		ID No.	S9244653J
Related Vehicle	SKN6857B (Car)		Contact No.	93691194
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	08/08/2020		Date	08/08/2020
No. of Days granted Medical Leave		05	Degree of	Slight
Driver				
Name	HARIRAGAVANTHIRA S/O MURUGAYAH		ID No.	S9207963E
Related Vehicle	SKN6857B (Car)		Contact No.	87495165
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	08/08/2020		Date	08/08/2020
No. of Days granted Medical Leave		05	Degree of	Slight

Brief Details.

ON THE STATED TIME AND DATE,  
I WAS TRAVELLING ON MY VEHICLE BEARING CARPLATE NUMBER SKN6857B ALONG NEWTON ROAD TOWARDS UPPER THOMSON, THE 2 LANES ON THE LEFT ARE TURN LEFT ONLY LANES. WHILST I WAS AT THE TURN LEFT ONLY LANE, THERE WAS A LORRY WHO WAS TRAVELLING ON THE MOST EXTREME LEFT LANE, WENT STRAIGHT INSTEAD OF TURNING LEFT WHEN IT IS A MANDATORY TURN LEFT LANE WHICH CAUSED A COLLISION TO THE SIDE OF MY VEHICLE. THE IMPACT CAUSED ME TO FEEL UNWELL IN WHICH I WENT TO SEEK MEDICAL ATTENTION AND WAS PRESCRIBED WITH A 5 DAYS MC.

I DO NOT HAVE A DASH CAM IN MY VEHICLE.





**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000



T/20200808/7018

3 of 4

Report No. T/20200808/7018

**CONTINUATION OF REPORT**



**SINGAPORE  
POLICE FORCE**



T/20200808/7018

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

4 of 4

Report No. T/20200808/7018

**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPHQ /  
JUREMAH BINTE AHMAD  
Contact No.: 65476219

Authentication Stamp  
NP168

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by SingPass. No signature is  
required.

Date/Time:  
08/08/2020 15:49

Classification Of Case:



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="08/08/2020 16:34"/>							
Vehicle No.(For Motor)	<input type="text" value="SKN6857B"/>	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"/>	5118429383		HARIRAGAVANTHIRA S/O MURUGAYAH	S9207963E	GPC	drivo CLASSIC	SKN6857B	SKN6857B	30/07/2020	29/07/2021
<input type="button" value="Continue"/>										

Date of Accident : 8 Aug 2020 . Accident Time: 11.45am (24-HR-Format)  
Accident Place : Hong newton road towards upper thomson.  
Vehicle Reg. No. (Car Plate No.) : SKN6857B.  
Vehicle Make/Model : volkswagon scirocco.  
Insurance Company : NTUC. Policy No. 5118429383.  
Owner or Company Name /IC No. : Hariragavanthira s/o murugayah.  
Owner or Company Contact No. : 87495165 Owner's Hp \_\_\_\_\_ Company Tel \_\_\_\_\_  
DRIVER'S Name / IC No. : S9207963E  
DRIVER'S Date Of Birth : 14/03/1992 DRIVER'S License Pass Date 09/10/2011  
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: \_\_\_\_\_  
DRIVER'S Address : Blk 324 Sembawang Close #01-323  
DRIVER'S Contact No / Alt No. : 1) \_\_\_\_\_ 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): 2.  
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: YP2947A  
Vehicle Make/Model: \_\_\_\_\_  
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/1099306

Policy No.	5118429383	Vehicle No.	SKN6857B	GST Registrati
Certificate No.				
Policyholder Name	HARIRAGAVANTHIRA S/O MURUGAYAH			Policyholder NI
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading
Contact No.(Mobile)	87495165	Contact No.(Office)		Contact No.(Hi
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	No	NCD Entitlement(%)	0	Private Hire

## ▼ Accident Details

Report Date	08/08/2020 17:08	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	08/08/2020	Time of Accident hh:mm	11:45	Country of Acc
Reporting Centre		Orange Force		ICM No.
Accident Location	ALONG NEWTON RD TWDS UPP THOMSON			

## ▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00	
OD Standard Excess	600.00	TP Standard Excess	0.00	
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver Is Cover
Additional Excess	0			
Total OD Excess Applicable	600.00	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	BLK 324 #10-323	Address 2	SEBBAWANG CLOSE	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	10-323	Related Policy Number	5118429383	

## ▼ OI Driver Info

Driver Name	HARIRAGAVANTHIRA S/O MURUGAYAH	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	S9207963E	Driver DOB
Register Date of Driver License	04/10/2011	Driver Age	28	Driving Experi
Contact No.(Mobile)	87495165	Contact No.(Office)		Contact No.(Hi
Address 1	BLK 324 #10-323	Address 2	SEBBAWANG CLOSE	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	10-323			
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	HA
Contact No.(Mobile)		Contact No. (Home)	NI
Email Address		Vehicle Number	SK
Claim Description	SKN6857B / YP2947A ON 8 Aug 2020		
Preferred Workshop	Insured Liability	Not at Fault	
Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	08/08/2020 17:10	Claim Close Date	
Report Taken By	SHAN HUI		

☐ Print AK letter

## Attachment

Accident No.	MT/1099306	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	08/08/2020 17:11
Path *		Category *	
<input type="button" value="Choose File"/> No file chosen		<input type="button" value="Clear"/> Please Select	<input type="text" value="NO"/>
<input type="button" value="Choose File"/> No file chosen		<input type="button" value="Clear"/> Please Select	<input type="text" value="NO"/>
<input type="button" value="Choose File"/> No file chosen		<input type="button" value="Clear"/> Please Select	<input type="text" value="NO"/>
<input type="button" value="Choose File"/> No file chosen		<input type="button" value="Clear"/> Please Select	<input type="text" value="NO"/>
<input type="button" value="Choose File"/> No file chosen		<input type="button" value="Clear"/> Please Select	<input type="text" value="NO"/>
<input type="button" value="Choose File"/> No file chosen		<input type="button" value="Clear"/> Please Select	<input type="text" value="NO"/>
<input type="button" value="Choose File"/> No file chosen		<input type="button" value="Clear"/> Please Select	<input type="text" value="NO"/>
<input type="button" value="Previous Page"/>			

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Confider
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 08 Aug 2020 17:11	SAS	Normal	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 08 Aug 2020 17:11	NRIC/ Driving License	Normal	NRIC/ Dri
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 08 Aug 2020 17:11	Photos	Normal	PI
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 08 Aug 2020 17:11	Photos	Normal	PI
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 08 Aug 2020 17:11	Photos	Normal	PI
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 08 Aug 2020 17:11	Photos	Normal	PI
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 08 Aug 2020 17:11	Photos	Normal	PI
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 08 Aug 2020 17:11	Photos	Normal	PI
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 08 Aug 2020 17:11	Photos	Normal	PI
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 08 Aug 2020 17:11	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"/>