

NATIONAL Assessment Centre Services [ref: JAR02]

Date In: 25/08/20	Job description	Date & Time Completed	Done by:
Ref No: NA/INC 20008967/13	SAS e-filing		
Veh No: XD8539E	E-mail (within 8hrs, A/D 2hrs)		
D.O.A: 24/08/20 1100	I-Motor Claim Form	MT/1101250 -001	
OD: TP 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 / QW: (	Tel:	Fax:
TP Particulars:	Veh No: SL254174	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%. F: 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 hotline: 6788 6616)	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

Claimant's Particulars:	Invoice Preparation Checklist		Ant (\$)	Ant (\$)
			In Bill	Add Bl
Driver/Owner:	1) AR: Accident Reporting (\$30)			
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)			
Damaged Portion:	3) TF: Towing Fee \$40/\$45			
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120			
Auditors' Comments:	5) FT: Follow-Through Survey (Resurvey) \$30			
Date 1:	6) TR: Re-inspection \$75			
Date 2/3:	7) NI: Idaho DA + SMRT Survey \$160			
	8) NTUC Additional Services:			
	ON:			
	*N5: Courtesy Car / Tp Allowance \$5			
	*N6: Repair Co-ordination \$10			
	*N7: Post Repair Inspection \$25			
	*N8: DV / Collect Excess Coordination \$5			
	TP (N11): TP (Non INC) against INC \$20			
	9) N12: Idaho 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 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	25/08/2020 11:49
Date Of Accident	24/08/2020 11:00
Exact Location Of Accident	CHANGI NORTH CRESCENT MERGING ONTO PIE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	XD8539E
<b>Insured/Policyholder</b>	
Name Of Registered Owner	JIA XIU CONTRACTORS
Co Reg No	5XXXX853X
Email Address	MIN@JXC.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-88582726
<b>Vehicle Particulars</b>	
Manufacturer	ISUZU
Model	TIPPER TRUCK FXZ77M
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	COMMERCIAL VEHICLE
<b>Insurance Company</b>	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5115579359
Cover Note Number	
<b>Driver</b>	
Name of Driver	ANDIAPPAN MUTHU
Passport No/FIN	GXXXX892R
Date Of Birth	20/05/1975
Occupation	OUTDOOR
Date Of Driving Pass	06/02/2020
Driving Experience	0 YEAR AND 6 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-93645454
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	4 CHANGI NORTH STREET 2
Postcode	498832
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)	2
Passenger 1	NAME: : KAVIYARASAN 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

PLS REFER TO THE ATTACHED 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	SLZ5417U
Vehicle Make/Model/Colour	MAZDA
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

1. Please report **correctly** the details of the accident to speed up the claims process.
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### 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.

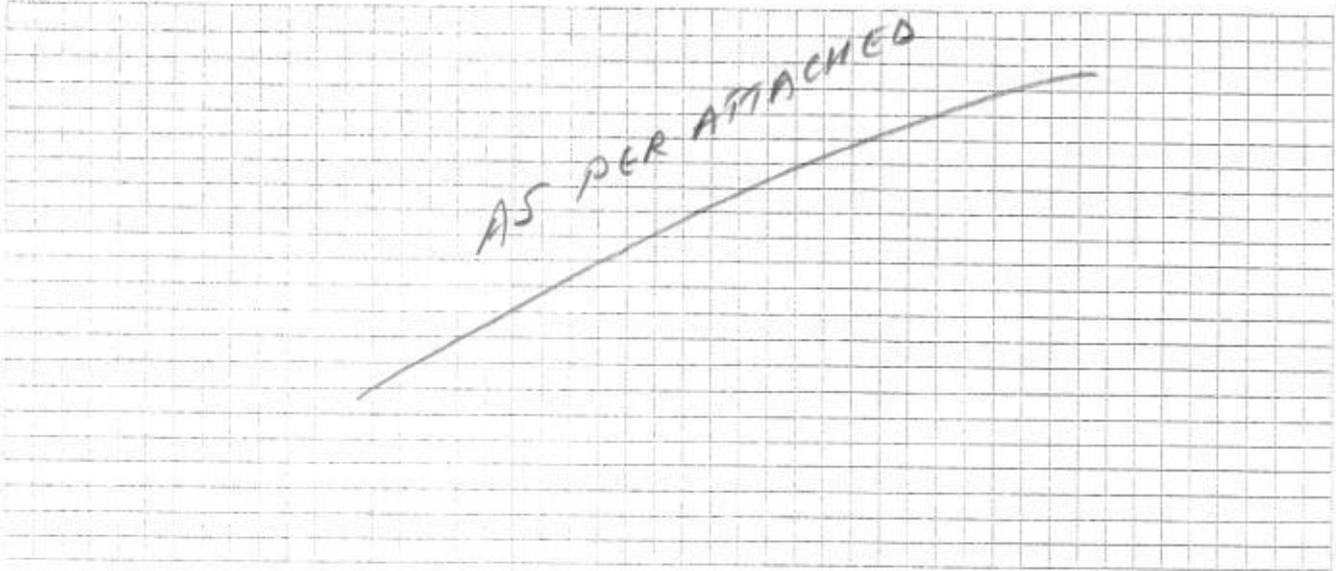
Policyholder's Signature  
Date & Time:



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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

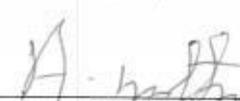
I WAS TRAVELLING ALONG CHIANGI NORTH CRESCENT MERGING ONTO PIE  
 WHEN A MAZDA CAME FROM BEHIND AND CUT INTO MY LANE. HE HIT MY LEFT  
 FRONT SIDE OF MY VEHICLE WHILE DOING 30. I WAS ALREADY IN FRONT  
 ON PIE WHEN THE MAZDA OVERTOOK ME.

DECLARATION

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

  
 Policyholder's Signature  
 Date & Time: 25/10/20



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

 25/10/20  
 Reporting Centre Personnel's Signature  
 Name:  
 NRIC/FIN No.:

Google Maps Singapore *CHANGI NORTH CRESCENT*



Image capture: Sep 2019 © 2020 Google

Google

Street View



*A - XD8539E*  
*B - SL25417U*

# ACCIDENT STATEMENT

ACCIDENT DATE: (24 / 05 / 2020) (DD/MM/YYYY), TIME: (11 : 00) (HH:MM)

LOCATION: MINO NORTH CREST MERRING ONTO PE

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: X685396  
b) INSURANCE COMPANY: NTUC INSURE  
c) POLICY NUMBER: \_\_\_\_\_  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: \_\_\_\_\_  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS) TRUCK  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: LOADING  
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: 88582726  
c) ADDRESS: \_\_\_\_\_

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

### DRIVER

- a) NAME: ANDIANPAN MUTHU (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 85 93645454  
c) ADDRESS: 4 CHANGI NORTH ST 2 (498832)

\*d) DATE OF BIRTH: (20 / 05 / 1975) (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: 3L25117U MODEL: MAZDA  
b) DRIVER'S NAME: \_\_\_\_\_  
c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

## 9. THIRD PARTY VEHICLE

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

% No of passenger  
(Including driver)  
(1)

REAVIYARASAN  
(M)

% No of passenger  
(Including driver)  
( )

% No of passenger  
(Including driver)  
( )

Email = mm@jxc.com.sg (9670 6179) mm

fax =

VIDEO =

My Desktop

Notice of Loss

Policy Query

Policy No.  Date of Accident

Vehicle No.(For Motor)  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"/>	5115579359	5115579359-000013	JIA XIU CONTRACTORS	53311853X	GFM	Third Party	XD8539E	XD8539E	09/01/2020	08/01/2021

Continue

**Claim Handling**

Accident MT/1101250

Policy No.	5115579359	Vehicle No.	XD8539E	GST Registration No.	
Certificate No.	5115579359-000013				
Policyholder Name	JIA XIU CONTRACTORS			Policyholder NRIC	53311853A
Product Code	FLEET MASTER INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	98582726	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	No
KFK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No

**Accident Details**

Report Date	26/08/2020 11:24	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	24/08/2020	Time of Accident hh:mm	11:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	CHANGI NORTH CRESCENT MERGING ONTO PIE				

**Total Excess Applicable**

Excess Type	Per Accident	Windscreen Excess	0.00	Driver is Covered?	Covered
OD Standard Excess	0.00	TP Standard Excess	0.00		
YIED OD Excess	0.00	YIED TP Excess	0.00		
Additional Excess		Total TP Excess Applicable	0.00		
Total OD 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 123 #01-374	Address 2	SIMEI STREET 1	Address 3	SINGAPORE
Address 4		Address Type	Singapore address	Post Code	520123
Unit No.		Related Policy Number	5115579359		

**OI Driver Info**

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	20/05/1971
Unnamed driver Name	ANDIAPPAN MUTHU	Driver NRIC	G6680892R	Driving Experience	0
Register Date of Driver License	06/02/2020	Driver Age	45	Contact No.(Home)	0
Contact No.(Mobile)	93645454	Contact No.(Office)	0	Address 3	
Address 1	4 CHANGI NORTH STREET 2	Address 2	SINGAPORE 498832	Post Code	498832
Address 4		Address Type	Singapore address		
Unit No.		Driver Vehicle No.		Driver Insurer Company	
Does he own a Singapore Registered car?	Yes No				

Declaration		Any injury?	Yes No
Breathalyser or Blood Test Reading?	0 mg		

Modification History

**Claim 001 OD-MX** New

Claim Type *	OD-MX	Insured Name	JIA XIU CONTRACTORS	In: NF
Contact No.(Mobile)		Contact No.(Home)		Ca Nc (D)
Email Address		OI Vehicle Number	XD8539E	TP Vn Nu
Claim Description	XD8539E / SLZ5417U ON 24 Aug 2020			
Preferred Workshop		Insured Liability	Not at Fault	Na Pn Wt
SOBMT No. Finalisation	Yes	Repair Option	Preferred Workshop, Name unknown	
Date Registered		GIA report	Received	
Report Taken By		Claim Close Date	26/08/2020 11:30	Da Re
		Workshop Repairer	ROSLINDA	To bu Re
<input type="checkbox"/> Print AK letter				
<input type="button" value="Save"/> <input type="button" value="Submit"/>				

**Attachment**

Accident No.	MT/1101250	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	26/08/2020 00:00
Path *			
<input type="button" value="Choose File"/> No file chosen			
<input type="button" value="Choose File"/> No file chosen			
<input type="button" value="Choose File"/> No file chosen			
Category * Confidential Urgency *			
<input type="button" value="Clear"/>	<input type="button" value="Please Select"/>	NO	Normal
<input type="button" value="Clear"/>	<input type="button" value="Please Select"/>	NO	Normal
<input type="button" value="Clear"/>	<input type="button" value="Please Select"/>	NO	Normal

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Remove All

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 26 Aug 2020 11:30	NRIC/ Driving License	Normal	NRIC/ Driving License 2020-8-26
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Aug 2020 11:30	SAS	Normal	SAS 2020-8-26
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Aug 2020 11:30	Photos	Normal	Photos 2020-8-26
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Aug 2020 11:30	Photos	Normal	Photos 2020-8-26
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Aug 2020 11:30	Photos	Normal	Photos 2020-8-26
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Aug 2020 11:30	Photos	Normal	Photos 2020-8-26
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Aug 2020 11:30	Photos	Normal	Photos 2020-8-26
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Aug 2020 11:30	Photos	Normal	Photos 2020-8-26
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Aug 2020 11:30	Photos	Normal	Photos 2020-8-26

Video List

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