

# NATIONAL Assessment Centre Services

Date In: 28/08/20	Job description	Date & Time Completed	Done by:
Ref No: NA/INC20009120/13	SAS e-filing		
Veh No: YQ13607	E-mail (within 8hrs, A/C 2hrs)		
D.O.A: 24/08/20 1335	i-Motor Claim Form	MT/1101523 -001	
OD: TP (Reporting Only)	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner / Wksp		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: XE1849B	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: _____
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Date/Time	Actions

NA2004480	Invoice Preparation Checklist	Am't (\$) In Bill	Am't (\$) Add Br
Claimant's Particulars:	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:	For claiming against INC Only (wef 10 Jan 2005)		
Cal 1:	6) TR: Re-inspection \$75		
Cal 2 / 3:	7) NI: Idao 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 (N/n INC) against INC \$20		
	9) N12: Idao 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	28/08/2020 12:45
Date Of Accident	24/08/2020 13:35
Exact Location Of Accident	SENOKO LOOP
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	YQ1360T
<b>Insured/Policyholder</b>	
Name Of Registered Owner	NEWAY SERVICES PTE LTD
Co Reg No	2XXXXX580H
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-97613099

### Vehicle Particulars

Manufacturer	MITSUBISHI
Model	FUSO
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	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5112852404
Cover Note Number	

### Driver

Name of Driver	KASI SOUNDRAPANDIAN
Passport No/FIN	GXXXX747N
Date Of Birth	08/03/1987
Occupation	OUTDOOR
Date Of Driving Pass	08/12/2017
Driving Experience	2 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86565236
Fax Number	
Contact Number	
E-Mail Address	SOUNDARPA068@GMAIL.COM

Address	1 CHANGI VILLAGE RD #03-3002
Postcode	100005
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	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?	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

MY VEH WAS STATIONARY AT THE STOP LINE AT SENOKO LOOP TO GIVEWAY FOR ONCOMING VEH. SUDDENLY VEH B CAME FROM BEHIND AND HIT ONTO MY REAR PORTION OF MY VEH.

#### 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	XE1849B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	ZULKIFLI BIN KASBI
NRIC/Passport Number	SXXXX451A
Contact Number	98514087
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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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.



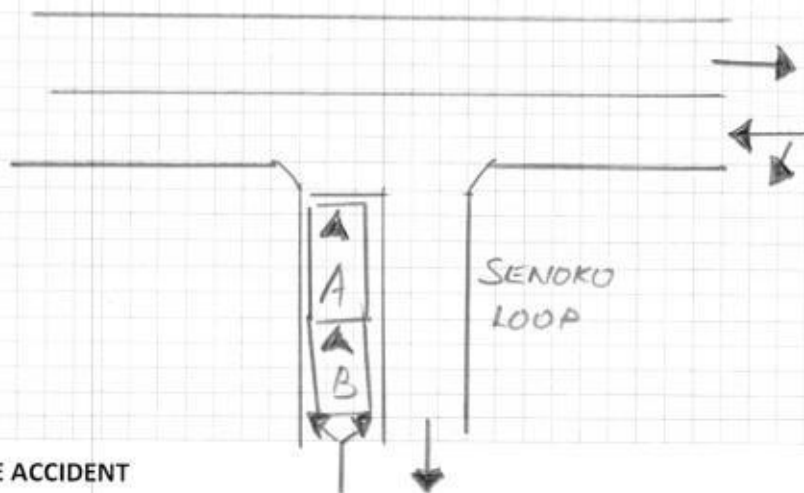
Policyholder's Signature  
Date & Time:

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

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

# SKETCH PLAN

A - YQ 1360T  
B - XE1849B



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

*pls refer to the statement.*

## DECLARATION

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



Policyholder's Signature

Date & Time:

*28/08/20*

Driver's Signature

(If driver is not the policyholder)

Date & Time:

*[Signature]* *28/08/20*

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



## ACCIDENT STATEMENT

ACCIDENT DATE: (24 / 08 / 2020) (DD/MM/YYYY), TIME: (13 : 35) (HH:MM)

LOCATION: Sendo Loop

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: 461360T  
b) INSURANCE COMPANY: NILK  
c) POLICY NUMBER: 512853404  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: \_\_\_\_\_  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: 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: NEWAY SERVICES (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 97613099  
c) ADDRESS: \_\_\_\_\_

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

### DRIVER

- a) NAME: KAST SOUNDRAPIAN (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: G18083707N CONTACT: 86515224  
c) ADDRESS: 1 Changi Village Rd Singapore - 10005  
\*d) DATE OF BIRTH: (08 / 03 / 1987) (DD/MM/YYYY)  
e) OCCUPATION: (INDOOR / OUTDOOR)  
f) YEARS OF DRIVING EXPERIENCE: 5 years

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: X51

### 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: YE 1849 B MODEL: \_\_\_\_\_  
b) DRIVER'S NAME: ZULKIFLI BIN KASBI  
c) NRIC/FIN/PASSPORT: S1292451A CONTACT: 98514087

### 9. THIRD PARTY VEHICLE

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

Email =

fax =

video =

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="28/08/2020 11:19"/>
Vehicle No.(For Motor)	<input type="text" value="YQ1360T"/>	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"/>	5112852404		NEWAY SERVICES PTE LTD	201401580H	GCV	Preferred Workshop Plan	YQ1360T	YQ1360T	27/09/2019	26/03/2021

## Claim Handling

## Accident MT/1101523

Policy No.	5112852404	Vehicle No.	YQ1360T	GST Registration No.	201401580
Certificate No.					
Policyholder Name	NEWAY SERVICES PTE LTD			Policyholder NRIC	201401580
Product Code	COMMERCIAL VEHICLE INSURA	Cover Type	Preferred Workshop Plan	Loading	0
Contact No.(Mobile)	97613099	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		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	No	NCD Entitlement(%)	0	Private Hire	No
<b>Accident Details</b>					
Report Date	28/08/2020 16:36	Accident Report Within 24 hrs	Yes	Accident Type	Collision - P
Date of Accident	24/08/2020	Time of Accident hh:mm	13:35	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	SENOKO LOOP				
<b>Total Excess Applicable</b>					
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 Covered?	Covered
Additional Excess					
Total OD Excess Applicable	600.00	Total TP Excess Applicable	0.00		
<b>Benefits</b>					
<b>GST Registered Information</b>					
GST Registered	Yes	GST Registration Date	15/09/2017		
GST Registration No.	201401580H	GST Status Verified	Yes		
Modification History	28/08/2020 16:39:35 System changed GST Registered from No to Yes 28/08/2020 16:39:35 System changed GST Registration No. from null to 201401580H 28/08/2020 16:39:35 System changed GST Registration Date from null to 15/09/2017				
<b>Policyholder Mailing Address</b>					
Address 1	BLK 487B #05-123	Address 2	TAMPINES STREET 45	Address 3	SINGAPORE
Address 4		Address Type	Singapore address	Post Code	521487
Unit No.	05-123	Related Policy Number	5102969223-02		
<b>OI Driver Info</b>					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	KASI SOUNDRAPANDIAN	Driver NRIC	G2283747N	Driver DOB	08/03/1988
Register Date of Driver License	08/12/2017	Driver Age	33	Driving Experience	2
Contact No.(Mobile)	86565236	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	1 CHANGI VILLAGE RD	Address 2		Address 3	
Address 4		Address Type	Singapore address	Post Code	100005
Unit No.	#03-3002				
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input checked="" type="radio"/> Yes <input type="radio"/> No		

Modification History

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	NEWAY SERVICES PTE LTD	In: NF
Contact No.(Mobile)	NIL	Contact No.(Home)		Co NC (O)
Email Address		Vehicle Number	YQ1360T	Ve Nu
Claim Description	YQ1360T / XE1849B ON 24 Aug 2020			
Preferred Workshop		Insured Liability	Not at Fault	Na Ph
Repair Option	Preferred	GIA report	Received	Wh
Date Registered	28/08/2020 16:41	Claim Close Date		De Re
Report Taken By	ROSLINDA	Workshop Repairer		To bu Re
<input type="checkbox"/> Print AK letter				

Save Submit

## Attachment

Accident No.	MT/1101523	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	28/08/2020 00:00
Path *		Category *	Please Select
Choose File	No file chosen	Confidential	NO
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

Thumbnail Image

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 28 Aug 2020 16:41	NRIC/ Driving License	Normal	NRIC/ Driving License 2020-8-28
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Aug 2020 16:41	SAS	Normal	SAS 2020-8-28
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Aug 2020 16:41	Photos	Normal	Photos 2020-8-28
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Aug 2020 16:41	Photos	Normal	Photos 2020-8-28
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Aug 2020 16:41	Photos	Normal	Photos 2020-8-28
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Aug 2020 16:41	Photos	Normal	Photos 2020-8-28
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Aug 2020 16:41	Photos	Normal	Photos 2020-8-28

## Video List

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