

NATIONAL Assessment Centre Services [Ref: J2-102] # 2

Date In: 28/10/20	Job description	Date & Time Completed	Done by
Ref No: NA/INC20011722/13	SAS e-filing		
Veh No: SLR7029K	E-mail (within 8hrs, N/C 2hrs)		
D.O.A: 27/10/20 1800	I-Motor Claim Form	MT/1108142-001	
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: SLX1914M 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:	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	Am't (\$)	Am't (\$)
		Int. Bill	Add Bill
NA2005752	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)		
Dat. 1:	6) TR: Re-Inspection \$75		
Dat. 2/3:	7) NI: Idno 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: Idno 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 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	28/10/2020 10:39
Date Of Accident	27/10/2020 18:00
Exact Location Of Accident	INSIDE KPE TUNNEL TWDS TAMPINES
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLR7029K
Insured/Policyholder	
Name Of Registered Owner	THANGASAMY KATERAVELU
NRIC No	SXXXX889J
Email Address	KATERAVELU@YAHOO.COM
Mobile Phone No	(LOCAL) +65-91078033
Alternative Phone No	OTHERS-91078033

Vehicle Particulars

Manufacturer	HYUNDAI
Model	ELANTRA
Exact Purpose for which vehicle was being used at time of accident	AFTER WORK
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	5101030741-02
Cover Note Number	

Driver

Name of Driver	THANGASAMY KATERAVELU
NRIC No	SXXXX889J
Date Of Birth	30/04/1956
Occupation	OUTDOOR
Date Of Driving Pass	10/05/1977
Driving Experience	43 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91078033
Fax Number	
Contact Number	OTHERS-91078033
Email Address	KATERAVELU@YAHOO.COM

Address	BLK 175C PUNGGOL FIELD #06-551
Postcode	823175
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?	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)	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

I WAS TRAVELLING INSIDE KPE TUNNEL TWDS TAMPINES. INFRT OF MY VEH SLOW DOWN AND STOP AND I FOLLOWED SUIT TO STOP WITHOUT ANY IMPACT TO THE FRT VEH. SUDDENLY I FELT THE STRONG IMPACT FROM MY REAR. VEH B CAME FROM BEHIND AND HIT ONTO MY REAR PORTION OF MY VEH. I SUSTAINED CHEST PAIN AND MY FRT VEH ALSO DAMAGE DUE TO THE STRONG IMPACT.

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	SLX1914M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	PAY SIK KOK
NRIC/Passport Number	SXXXX472Z
Contact Number	91965003
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	THANGASAMY KATERAVELU
Approximate Age	
Injuries Sustain	CHEST PAIN
Injured person in which vehicle?	SLR7029K
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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:

28/10/2020

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



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

SKETCH PLAN

INSIDE KPE TUNNEL TOWARDS GAMPINES



A - SLR 7029K

B - SLX 1914M

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:

28/10/2020

GIARMC SketchPlanForm_V3

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

ACCIDENT STATEMENT

ACCIDENT DATE: (27/10/20) (DD/MM/YYYY), TIME: (18:00) (HH:MM)

LOCATION: KPE TUNNEL TWOS TAMPINES

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLR 7029K
b) INSURANCE COMPANY: NIFUC
c) POLICY NUMBER: STD1230741-02
d) POLICY TYPE: [COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT]
e) MAKE & MODEL: HYUNDAI
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE) PRIVATE HIRE
h) PURPOSE OF USING AT ACCIDENT TIME: OFF WORK
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: THANGASAMY KATERAVELU (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S1156889J CONTACT: 91078033
c) ADDRESS: BLK 175C PUNGGOL FIELD
#106-551 (823175)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: AS ABOVE (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

*d) DATE OF BIRTH: (30/04/1956) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 10/05/1977

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) (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) Chest

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SLX 1914M MODEL: _____
b) DRIVER'S NAME: PAY SIK EWE
c) NRIC/FIN/PASSPORT: S88594722 CONTACT: 91965003

9. THIRD PARTY VEHICLE

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

* No of passengers
(Including driver)
(1)

* No of passengers
(Including driver)
()

* No of passenger
(Including driver)
()

Email = kateravelu@yahoo.com

fax =

video =

Hello, NAC_PAYA_UBI_800601

Change Language Change Password Log Out

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"/>	5101030741-02		THANGASAMY KATERAVELU	S1156889J	GCV	Comprehensive	SLR7029K	SLR7029K	25/08/2020	24/08/2021

Continue

THE SCHEDULE

Commercial Vehicle Insurance Policy

This Policy sets out the terms of a contract between NTUC Income Insurance Co-operative Limited (INCOME) and you (the Insured named in the schedule to this Policy).

The statements, information and declaration provided by you at the time of proposal shall form the basis of this contract.

We (INCOME) will provide the insurance set out in this Policy in respect of events occurring during the Period of Insurance shown in the Schedule and any further period for which we may accept a renewal premium.

The provision of this insurance is subject to:

1. any Endorsement specified as operative in the Schedule
2. the Conditions and General Exclusions of this Policy, and
3. the payment of the premium specified in the Schedule.

This Policy, the Schedule and the Certificate of Insurance are to be read together as one document.

GST Reg No. M90372806G

Policy Number	: 5101030741-02
The Policyholder	: THANGASAMY KATERAVELU BLK 175C #06-551 PUNGGOL FIELD SINGAPORE 823175

Period of Insurance	: 25 Aug 2020 To 24 Aug 2021
Sum Insured	: Market Value of Insured Vehicle at Time of Loss
Premium (inclusive GST)	: S\$1,869.29

Interest Insured

Cover Type	: Comprehensive	Number of Seater	: 5
Make/Model	: HYUNDAI/OTHERS	Registration Date	: 25 Aug 2017
Capacity	: 1.59 ton(s)	Insure with COE	: Yes
Registration Number	: SLR7029K	NCD Entitlement	: 0%
Chassis Number	: KMHD841CMJU503531		
Excess (All Claims)	: S\$2,000		

Windscreen Excess	: S\$100
Hire Purchase Company	: TOKYO CENTURY LEASING (SINGAPORE) PTE LTD

Memo A : 1) The Policy does not cover any driver who is below 21 years old or with less than 2 years driving experience.
 2) Section 1 clause 8 on Young and inexperienced driver excess will not apply.
 3) MAKE/MODEL: HYUNDAI ELANTRA AD 1.6 GLS AT
 4) CC: 1591 cc
 5) All Claims Excess of \$2000 is applicable.

Endorsement Operative : E1

Agency	: GRBCAR PTE. LTD. (00000601726)
Date of Issue	: 12 Aug 2020 21:29 hrs

DUTY OF DISCLOSURE

We would remind you that you must disclose to us, fully and faithfully, the facts you know or ought to know, otherwise you may not receive any benefit from your Policy.

Signed in Singapore by order of the Board of Directors



Chief Executive

Claim Handling

Accident MT/1108142

Policy No.	5101030741-02	Vehicle No.	SLR7029K	GST Registration No.	
Certificate No.					
Policyholder Name	THANGASAMY KATERAVELU			Policyholder NRIC	S1156889J
Product Code	COMMERCIAL VEHICLE INSURA	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	91078033	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	No
KFX	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	Yes

▼ Accident Details

Report Date	28/10/2020 11:43	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to
Date of Accident	27/10/2020	Time of Accident hh:mm	18:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	INSIDE KPE TUNNEL TWDS TAMPINES				

▼ Total Excess Applicable

Excess Type	All Claims Excess	Windscreen Excess	100.00
All Claims Excess	2,000.00		
YIED All Claim Excess	0.00	Driver is Covered?	Covered
Total All Claim Excess Applicable	2,000.00		

▼ Benefits

▼ GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History	28/10/2020 11:45:51 System changed GST Status Verified from No to Yes		

▼ Policyholder Mailing Address

Address 1	BLK 175C #06-551	Address 2	PUNGGOL FIELD	Address 3	SINGAPORE 8231
Address 4		Address Type	Singapore address	Post Code	823175
Unit No.	06-551	Related Policy Number	5101030741-02		

▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	THANGASAMY KATERAVELU	Driver NRIC	S1156889J	Driver DOB	30/04/1956
Register Date of Driver License	10/05/1977	Driver Age	64	Driving Experience	43
Contact No.(Mobile)	91078033	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 175C	Address 2	PUNGGOL FIELD	Address 3	SINGAPORE 8231
Address 4		Address Type	Singapore address	Post Code	823175
Unit No.	#06-551				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" 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
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Modification History

Claim 001 OD-MX **New**

Claim Type *	OD-MX	Insured Name	THANGASAMY KATERAVELU	Insured NRIC	
Contact No.(Mobile)	91078033	Contact No. (Home)	63980629	Contact No. (Office)	
Email Address	kateravelu@gmail.com	OI Vehicle Number	SLR7029K	TP Vehicle Number	
Claim Description	SLR7029K / SLX1914M ON 27 Oct 2020				Name of Preferred Workshop
Preferred Workshop	Insured Liability	Not at Fault			
Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received		
Date Registered	28/10/2020 11:57	Claim Close Date		Date Received	
Report Taken By	ROSLINDA	Workshop Repairer		Total Loss but Repaired	

 Print AK letter

Save Submit

Attachment

Accident No.	MT/1108142	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	28/10/2020 00:00

