

# NATIONAL Assessment Centre Services.

part 1 Jan 2001

MAAS00094829

Date In: 28/10/20 16:47	Job description	Date & Time Completed	Done by
Ref No: NBB INC20011761/T1	SAS e-filing	✓	
Veh No: SJV3952Z	E-mail (8 days 3hrs, AIC 3hrs)		
D.O.A: 28/10/20 09:40	I-Motor Claims Form	MT/110876200	28/10/2020
OD: (TP) Reporting Only	I-Motor W/O (Withdr: OD 3hrs, TP 4hrs)		10.5
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wken		

Preferred Wkep / INC Assign Wkep / QW: (	Tel:	Fax:
TP Particulars:	Veh No: SMN1253C	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 ( )	

( ) Walk-In Customer : Customer's Information strictly Confidential & Strictly NO refer of repair.

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

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

1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )		

Injury: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

NA0005711	1) AR: Accident Reporting (\$30)	
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (\$10)	
Contact No:	3) TP: Towing Fee \$40/43	
Damaged Portion:	4) PT: Follow-Through Survey \$120	
QC Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey) \$30	
Architect's Comments:	Foreclosing against INC Only (ver 10 Jan 2000)	
Ref: 1:	6) TR: Re-inspection \$75	
	7) NI: Idea DA + EMRT Survey \$160	
	8) NTUC Additional Services:	
	ON:	
	• NS: Courtesy Car / Tpt Allowance \$3	
	• NI: Repairs Co-ordination \$10	
	• PT: Post Repair Inspection \$25	
	• ND: DV / Collect Excess Co-ordination \$3	
	TP (NI) / TP (DA + INC) against INC \$20	
	9) NI: Idea 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	28/10/2020 16:47
Date Of Accident	28/10/2020 09:40
Exact Location Of Accident	PIE(CHANGI) BEFORE 16A EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJV3952Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	NILOY MUKHERJEE
NRIC No	SXXXX792G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90286462
Alternative Phone No	OFFICE-90286462

### Vehicle Particulars

Manufacturer	HONDA
Model	ACCORD
Exact Purpose for which vehicle was being used at time of accident	PRIVATE
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	5078175242-04
Cover Note Number	

### Driver

Name of Driver	VINITHA KONGOT RAMACHANDRAN
NRIC No	SXXXX874I
Date Of Birth	19/06/1971
Occupation	INDOOR
Date Of Driving Pass	30/06/2001
Driving Experience	19 YEARS AND 3 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-90286462
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 251 ARCADIA ROAD #01-04
Postcode	289847
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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	3
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

REFER TO SKETCH PLAN

#### 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	SMN1253C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	WEE LIANG LOONG,
NRIC/Passport Number	SXXXX753A
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SGV5638D
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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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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:

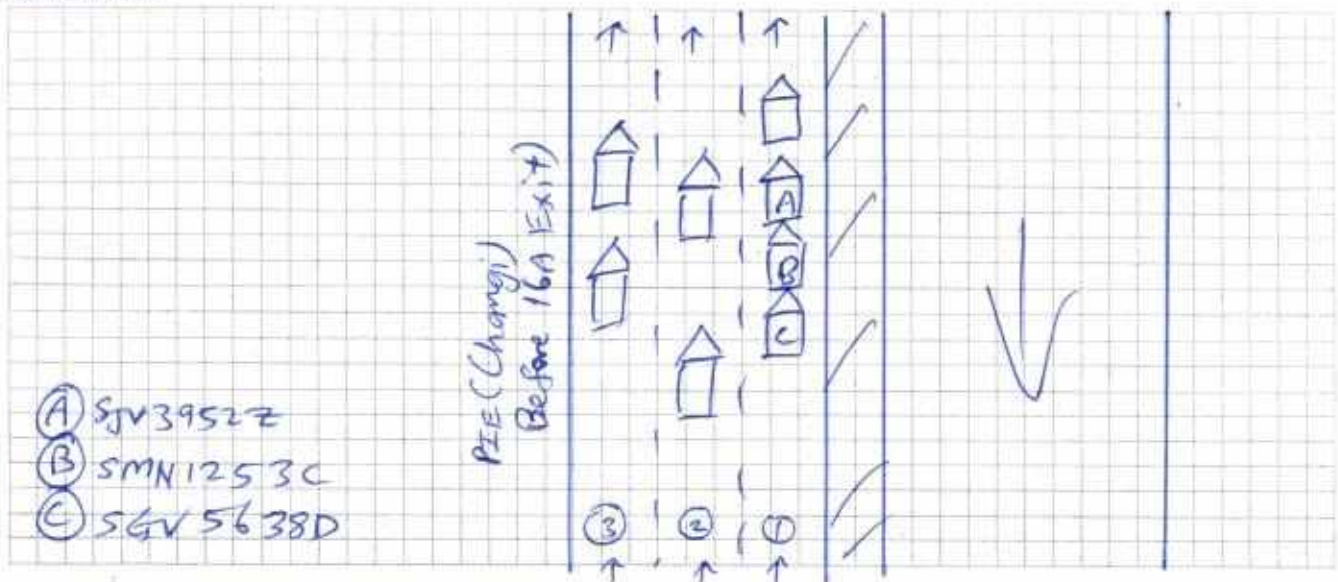
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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



- ① SJV3952Z
- ② SMN1253C
- ③ SGV5638D

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along PIE (Changi) Before 16A Exit.


I slowed down and came to a stop because the car in front of me slowed down and came to a stop due to heavy traffic.

However, I felt an impact from the rear after my car ① came to a complete stop.

I alighted from my car ① and realised that it was a chain collision of 3 cars in total.

## 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.:



PERSONAL PARTICULARS

Date of Accident: 28/10/2020

Time of Accident: 09:40 (24Hrs)

Vehicle No: STV39528

Vehicle Make/Model: Honda Accord 2.0

Exact Location of Accident: PIE (Changi) before 16A Exit

Owner's Name/NRIC: Nilay Mukherjee / S27071926

Driver's Name/NRIC: Vinitha Kongot Ramachandran / S21838741

Driver's Contact: 9028 6462 Insurance Co & Policy No: NTUC Income

Driver's Email Address: hancarrepairs@gmail.com

Relationship between Owner & Driver: Spouse/Children/Friend/Parents/Others specify: Husband/wife

What do you wish to claim (Please circle one only)

1) Own Insurance 2) Other Vehicle (The one you want to claim against) 3) Reporting (For Recording Purposes)

Exact Purpose for which the vehicle was being used at time of accident? (Please circle one only)

Private Use / Work Purpose

Weather Condition & Road Conditions?

Clear & Dry / Raining & Wet / After-Rain & Wet / Drizzling & Wet

Occupation

Indoor / Outdoor

Any Injuries? (MC of 3 Days or more, police report is required)

Yes / No If Yes, which police station? \_\_\_\_\_

The Other Party (Vehicle B) Details

Driver's Name/IC: Wee Liang Loong, Alex S9118753A

Vehicle No: SMN 1253C

Insurance Company: \_\_\_\_\_

Driver's Contact: \_\_\_\_\_

(If more than 2 vehicles involved, please indicate the other party vehicle numbers below)

Other Vehicle (Vehicle C): SGV5638D

Independent Witness (if Any): \_\_\_\_\_ Contact: \_\_\_\_\_

Preferred Workshop (if Any): \_\_\_\_\_ Contact: \_\_\_\_\_

\* If no proper document are produced, IDAC should not file the report.

\* Information will be discarded after one week.

## Claim Handling

Accident MT/1108262

Policy No.	5078175242-04	Vehicle No.	SJV3952Z	GST Registration No.
Certificate No.				
Policyholder Name	NILOY MUKHERJEE			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	Drive CLASSIC	Loading
Contact No.(Mobile)	90286462	Contact No.(Office)		Contact No.(Home)
Email Address		Special Remark		eCode
KFK	No Yes	TCA	No Yes	eCode Reason
NCD Protection	Yes	NCD Entitlement(%)	30	Private Hire
<b>Accident Details</b>				
Report Date	29/10/2020 10:50	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	28/10/2020	Time of Accident hh:mm	09:40	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	PIE(CHANGI) BEFORE 16A EXIT			
<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?
Additional Excess	0			
Total OD Excess Applicable	600.00	Total TP Excess Applicable	0.00	
<b>Benefits</b>				
<b>GST Registered Information</b>				
GST Registered	No	GST Registration Date		
GST Registration No.		GST Status Verified	Yes	
Modification History				
<b>Policyholder Mailing Address</b>				
Address 1	251 ARCADIA ROAD	Address 2	#01-04 HILLCREST ARCADIA	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	01-04	Related Policy Number	5078175242-04	
<b>OI Driver Info</b>				
Driver Name	Vinitha Ramachandran	Driver Type	Named Driver	
Unnamed driver Name		Driver NRIC	S71838741	Driver DOB
Register Date of Driver License	01/01/2000	Driver Age	49	Driving Experience
Contact No.(Mobile)	90286462	Contact No.(Office)		Contact No.(Home)
Address 1		Address 2		Address 3
Address 4		Address Type	Foreign address	Post Code
Unit No.				
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.	SJV3952Z	Driver Insurer Comp.
Declaration				
Breathalyser or Blood Test Reading?	0 mg	Any Injury?	Yes No	

Modification History

Claim 001 **New**

Claim Type *	OO-MX	Insured Name	NILOY MI
Contact No.(Mobile)		Contact No.(Home)	NIL
Email Address		OI Vehicle Number	SJV3952Z
Claim Description	SJV3952Z / 9MN1253C ON 28 Oct 2020		
Preferred Workshop		Insured Liability	Not at Fault
Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered	29/10/2020 10:56	GIA report	Received
		Claim Close Date	



Print Doc Settings

Save Submit

Submit

Attachment

Accident No.	NT/1108263	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	29/10/2020 10:57

Path =

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Clear

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Category: \*

Confidential

Please Select  NO 

Please Select 

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**Attachment List**

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o n 29 Oct 2020 10:57	Photos	Normal	Photos 21
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o n 29 Oct 2020 10:57	Photos	Normal	Photos 21
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o n 29 Oct 2020 10:57	Photos	Normal	Photos 21
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o n 29 Oct 2020 10:57	Photos	Normal	Photos 21
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o n 29 Oct 2020 10:56	Photos	Normal	Photos 21
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o n 29 Oct 2020 10:56	Photos	Normal	Photos 21
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o n 29 Oct 2020 10:56	NRIC/ Driving License	Y	NRIC/ Driving Lic
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o n 29 Oct 2020 10:56	NRIC/ Driving License	Y	NRIC/ Driving Lic
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o n 29 Oct 2020 10:56	SAS	Normal	SAS 20

79 Video List

Uploaded By/Date	Folder Date	File Name	
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Display on New Windows

### Scan and uploading

## Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)  
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960  
ROAD TRANSPORT ACT, 1987 (MALAYSIA)  
ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)  
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

**Certificate Number:** 5078175242-04

**Cover :** drivo CLASSIC

1. Index mark and Registration Number of Vehicle : **SJV3952Z**  
Chassis Number : MRHCM46405P200360
2. Name of Policyholder : NILOY MUKHERJEE
3. Effective Date of Insurance : 15 Mar 2020
4. Expiry Date of Insurance : 14 Mar 2021
5. Persons or Classes of Persons entitled to drive#  
(a) The Policyholder.  
(b) Any other person who is driving on the Policyholder's order or with his/her permission.  
Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

**6. Limitations as to Use#**

- (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

**This Policy does not cover**

- (a) Use for hire or reward.  
(b) Use for racing, pace-making, reliability trial or speed-testing.  
(c) Use for the carriage of goods (other than samples) in connection with any trade or business.  
(d) Use for any purpose in connection with the Motor Trade.

# Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: S\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: YES (FREE)
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: NILOY MUKHERJEE
NAMED DRIVER (1)	: VINITHA RAMACHANDRAN
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : INSMART (INSURANCE) AGENCY PTE LTD (00000615165)  
Date of Issue : 09 Mar 2020 14:58 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive