

NATIONAL Assessment Centre Services

(wef 1 Jan'05)

MNA100102315

Date In: 17/11/2014 14:04	Job description	Date & Time Completed	Done by
Ref No: MNA100102315/24	SAS e-filing		
Veh No: JKS72789	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 17/11/2014 14:04	i-Motor Claim Form	M/1110587-001	18/11/2014 14:16
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: 6802831K

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:

(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

Invoice Preparation Checklist

Amf (\$)

Amf (\$)

Int Bill

Add Bill

1) AR: Accident Reporting (\$30);

2) DA: Damage Assessment (\$100); INC (\$80)

3) TF: Towing Fee \$40/\$45

4) FT: Follow-Through Survey \$120

5) FT: Follow-Through Survey (Resurvey) \$30

For claiming against INC Only (wef 10 Jan 2005)

6) TR: Re-inspection \$75

7) NI: Idac DA + SMRT Survey \$160

8) NTUC Additional Services:-

QJ*

*N5: Courtesy Car / Tpt 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: Idac Mobile 30

Invoice dated Fee Charged

Invoice dated Fee Charged

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Pat. 1:

Pat. 2 / 3:

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	18/11/2020 14:04
Date Of Accident	17/11/2020 14:40
Exact Location Of Accident	LOR 1 GEYLANG
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKS7278P
Insured/Policyholder	
Name Of Registered Owner	VELLAIKKANNU LATHA
NRIC No	SXXXX6611
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97371612
Alternative Phone No	OFFICE-97371612

Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL 1.5X CVT
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	5119040439
Cover Note Number	

Driver

Name of Driver	VELUCHAMY KANNAN
NRIC No	SXXXX132I
Date Of Birth	06/05/1969
Occupation	INDOOR
Date Of Driving Pass	31/12/2013
Driving Experience	6 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97371612
Fax Number	
Contact Number	OFFICE-97371612
Email Address	NOEMAIL

Address	BLK 711 HOUGANG AVENUE 2 #02-145
Postcode	530711
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 - CHANGE/CROSS LANE
Weather Conditions	CLEAR
Road Surface	WET

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?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
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/20201118/7009.

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	GBD2831K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	CHEONG AH SENG
NRIC/Passport Number	SXXXX701E
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name VELUCHAMY KANNAN

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SKS7278P

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO


Address


Postcode

SKETCH PLAN

IMPORTANT NOTICE

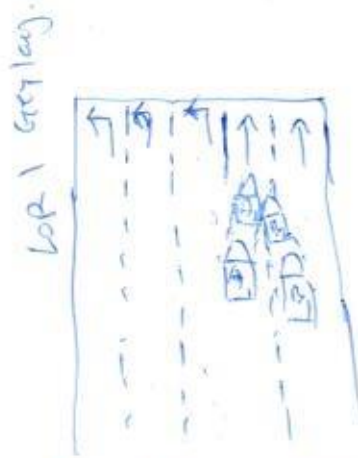
- 1) Please report correctly the details of the accident to speed up the claims process.
- 2) This Form must be completely by the Policyholder and/ or the Authorised Driver.
- 3) Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material fact 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 as 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 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) in this accident shall be collectively referred to as the "Insurers"). The Insurers' lawyer/ 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 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 or corresponding, statement, invoices, reports, or notices to me, which could involve disclosure of certain personal data about me to bring 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 Insurer's lawyers/ law firms, may/ are permitted to collect, use or 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 lawyer/ 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 purposed stated, or;
 - ii. For complying with the requirements under any regulations, law or court orders.


Policyholder's Signature
Date & Time:


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


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

SKETCH PLAN



Vehicle A: SKS 7278 P


Vehicle B: GBD 2831 K

On the stated date, time and venue, I was traveling straight coming to a stop at the traffic light when suddenly vehicle B change lane abruptly and hit the right side of my vehicle.

DECLARATION

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


Policyholder's Signature
Date & Time:


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


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

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 17 / 11 / 2020 (dd/mm/yy) Time of Accident: 14 : 43 (24-HR-FORMAT)
Vehicle No.: SKS 7278 P Vehicle Make & Model: HONDA VEZEL
Exact location of Accident: LOR 1 Geylang.
Policyholder's Name/ IC No.: VELLAKH ANNUN LATHIA 550726611
Driver's Name/ IC No.: VELUCHAMY KANNAN 569511324 (As Above) ☐
Driver's Contact No.: 9737 1612 Company Contact No.: _____
Driver's Address: BLK 927 711 Hougang Ave 2 #02-145 S (530711).
Insurance Company: NTUC Email address (if any): Sales @ Garage 13 . com . sg

Relationship between Owner & Driver:

Owner / Spouse / Children / Friend / Parent / or Others specify: _____

What do you wish to claim? (Please TICK ONE only)

☐ Own Insurance/ ☒ Other Vehicle (The one you want to claim against)/ Reporting (For Record Purpose)

Exact purpose for which the vehicle was being used at time of accident?

☒ Private use/ ☐ Work purpose

Occupation (nature of job): ☒ Indoor/ ☐ Outdoor

No. of Passengers (Including Driver): 01

Passenger Name: _____

Gender: _____

Passenger Name: _____

Gender: _____

Weather Condition & Road Conditions? (On the day of accident)

☐ Clear & Dry/ ☐ Raining & Wet/ ☒ After-Rain & Wet/ ☐ Drizzling & Wet/ Others: _____

Was there any video captured by your Car Camera? ☐ Yes/ ☒ No

Any Injuries: ☒ Yes/ ☐ No

(If YES) Injured Person's Name: VELUCHAMY KANNAN

Injuries Sustain: _____ Injured Person's in which vehicle: SKS 7278 P

Police Report filed: ☒ Yes/ ☐ No (If YES) Which Police Station: Online

The Other Party(s) Details:

1. Driver's Name/ IC No.: CHENG AN SEN 516437015 Vehicle No. G3D 2831 K.
Driver's Contact No.: _____ Insurance Company (If any): _____
2. Driver's Name/ IC No.: _____ Vehicle No. _____
Driver's Contact No.: _____ Insurance Company (If any): _____

*Independent Witness (If Any): _____ Contact No.: _____

Preferred Workshop Name: _____ Contact No.: _____

*If no proper documents are produced, IDAC should not file the report. Information will be discarded after one week.



SINGAPORE POLICE FORCE



T/20201118/7009

1 of 3

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

Report No. T/20201118/7009

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/11/2020 11:14			Vide Report No.:		Station Diary No.:	
Informant's Particulars						
Name of Informant: VELUCHAMY KANNAN			Address: 711 HOUGANG AVENUE 2 #02-145 SINGAPORE 530711			
ID Type / ID No.: NRIC NO / S6981132I			Contact No.: Home/Office: Mobile: 97371612			
Nationality: INDIAN			Email: KANNAHH@GMAIL.COM			
Sex: Male	Age: 51	Date of Birth: 06/05/1969	Type of Informant: Driver			
Race: Indian			Language: English		Institution / School Name:	
Occupation: Accountant			Driving Licence Information: Class: 3		Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 17/11/2020 14:45	Type of Location: Straight Road
Location: LORONG 1 GEYLANG				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
GBD2831K	Car					0
SKS7278P	Car					0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20201118/7009

2 of 3

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

Report No. T/20201118/7009

CONTINUATION OF REPORT

Driver			
Name	VELUCHAMY KANNAN	ID No.	S6981132I
Related Vehicle	SKS7278P (Car)	Contact No.	97371612
Hospital/Clinic	24 HOUR WALK-IN CLINIC	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	17/11/2020	Date	17/11/2020
No. of Days granted Medical Leave	04	Degree of	Serious

Brief Details.

I was travelling straight along Lor 1 Geylang when suddenly vehicle bearing number plate GBD2831K changed lane abruptly and hit onto the right side of my vehicle. After the accident, I felt discomfort and consulted doctor at Intermedical clinic at Ang mo kio.



**SINGAPORE
POLICE FORCE**



T/20201118/7009

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

3 of 3

Report No. T/20201118/7009

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 /
SYED ZAYID MUHAMMAD BIN SYED ABDUL
WAHID ALHINDUAN
Contact No.: 65476404

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:
18/11/2020 11:14

Classification Of Case: