

NATIONAL Assessment Centre Services.

[wef 1 Jan'05]

MA12010472

Date In: 25/11/22-12.05	Job description	Date & Time Completed	Done by
Ref No: NA1111122298222	SAS e-filing		
Veh No: JM490567	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 21/11/22-5:50	i-Motor Claim Form	NA1111352-001	25/11/22 10:12
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:

6V2262

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

NA1206495

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Pat. 1:

Pat. 2 / 3:

Invoice Preparation Checklist

Amt (\$)

Est Bill

Amt (\$)

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) N1: Idac DA + SMRT Survey \$160

8) NTUC Additional Services:-

OD*

*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 (Non INC) against INC \$20

9) N12: Idac 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 Submission	25/11/2020 10:09 (SGT)
Date of Accident	21/11/2020 15:50 (SGT)
Exact Location of Accident	Amber Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMH9056J
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	KAPIL SALUJA
NRIC No	SXXXX751F
Email Address	kapil.saluja2007@gmail.com
Mobile Phone No	(Phone) +65-81273192
Alternative Phone No	+65-81273192

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	HARRIER G GRADE
Variant	-
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?	Yes
Vehicle Category	Private car

INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5115709713
Cover Note Number	-

DRIVER

Name of Driver	SHILPI MEHTA
NRIC No	SXXXX800E
Date Of Birth	21/08/1979
Occupation	Indoor

Date Of Driving Pass	29/05/2014
Driving experience	6 YEARS AND 6 MONTHS
Gender	Female
Mobile Number	(Phone) +65-81832330
Alt. Phone Number	+65-81832330
Email Address	kapil.saluja2007@gmail.com
Address	75 JALAN TUA KONG
Address complement	#03-04
Postcode	457267
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Head to Rear
Weather Conditions	Raining
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	-
Gender	Male

PASSENGER 2

Name	-
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO STATEMENT.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GV2262Z
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-



Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	RAJ KUMAR
NRIC No	SXXXX520I
Contact Number	-
Address	
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

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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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving at the amber road going to ECP towards Changi. The car in front of me braked so did I maintaining a decent distance. Suddenly a van from behind hit my car. My car got a dent on the ~~at~~ back side.

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.:

ACCIDENT STATEMENT

ACCIDENT DATE: 21/11/2020 (DD/MM/YYYY), TIME: 3:51 ^{pm} (HH:MM)

LOCATION: Amber Road

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SMH9056J
b) INSURANCE COMPANY: NTUC
c) POLICY NUMBER: 5115709713
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: Personal
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: Kapil Saluja (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S776375105 CONTACT: 01273192
c) ADDRESS: 75 Jalan Tua Kong 03-04
S-457267

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: SHILPI MEHTA (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S7985800E CONTACT: 812 81832530
c) ADDRESS: 75 Jalan Tua Kong 03-04
S 457267

*d) DATE OF BIRTH: 22/00/1979 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 6

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: WIFE

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: GV 2262 Z MODEL: Van

b) DRIVER'S NAME: Raj kumar

c) NRIC/FIN/PASSPORT: S80365201 CONTACT: _____

9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: _____ MODEL: _____

e) DRIVER'S NAME: _____

f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

Email = shilpi.saluja 22@gmail.com

fax = _____

VIDEO = ☒

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MNA 120104727 Vehicle Registration No: SMH 9056
Name(as shown in NRIC) : Kapil Saluja NRIC/FIN/Passport No : _____
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore()
Contact (Tel) : _____ Mobile No. : 81832330
Email Address : kapil.saluja2007@gmail.com
Date of Accident : 21/1/12 Time of Accident : 15:50
Place of Accident : Amber Rd
Insurance Company: NTUC

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

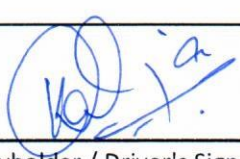
- Amend to own damage claim.

- Add in third party contact number 8923289.


Workshop: Toyota.

17 ubi rd 4 (400611)

6631 1188.



Policyholder / Driver's Signature
Date:



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

eBaoTech

GeneralClaim

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

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5115709713		KAPIL SALUJA	S7763751F	GPC	drivo PREMIUM	SMH9056J	SMH9056J	15/02/2020	14/02/2021

▼ Policy Information

Policy No.	5115709713	Policyholder Name	KAPIL SALUJA	Policyholder NRIC	S7763751F
Certificate No.					
Address	75 JALAN TUA KONG #03-04 PARK EAST SINGAPORE 457267				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	03/02/2020	Effective Date	15/02/2020 00:00	Expiry Date	14/02/2021 23:59
Excess Type	Per Accident	All Claims Excess			
Third Party Excess	0	Own damage Excess	0	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	0	Outside Singapore TP Excess	0	Young/Inexperience Driver Excess	
Agent	META AGENCY PTE. LTD.	Agent Tel.	98585076	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ Policyholder Mailing Address

Address 1	75 JALAN TUA KONG	Address 2	#03-04 PARK EAST	Address 3	SINGAPORE 457267
Address 4		Address Type	Singapore address	Post Code	457267
Unit No.	03-04	Related Policy Number	5116253390		

▶ Insured Object: SMH9056J

▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
<div>Continue Cancel</div>				

Claim Handling

Accident MT/1111352

Policy No.	5115709713	Vehicle No.	SMH9056J	GST Registration No.	
Certificate No.					
Policyholder Name	KAPIL SALUJA			Policyholder NRIC	S7763751F
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo PREMIUM	Loading	0
Contact No.(Mobile)	81273192	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	N/A
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	40	Private Hire	No

▼ Accident Details

Report Date	25/11/2020 10:02	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	21/11/2020	Time of Accident hh:mm	15:50	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	AMBER RD				

▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	0.00	TP Standard Excess	0.00		
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Covered
Additional Excess	0				
Total OD Excess Applicable	0.00	Total TP Excess Applicable	0.00		

▼ Benefits

Coverage	Sum Insured	
Excess Waiver	99999999.99	
Transport Allowance	99999999.99	

▼ GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

▼ Policyholder Mailing Address

Address 1	75 JALAN TUA KONG	Address 2	#03-04 PARK EAST	Address 3	SINGAPORE 457267
Address 4		Address Type	Singapore address	Post Code	457267
Unit No.	03-04	Related Policy Number	5116253390		

▼ OI Driver Info

Driver Name	SHILPI MEHTA	Driver Type	Named Driver		
Unnamed driver Name		Driver NRIC	S7985800E	Driver DOB	22/08/1979
Register Date of Driver License	29/05/2014	Driver Age	41	Driving Experience	6
Contact No.(Mobile)	81832330	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	75 JALAN TUA KONG	Address 2	PARK EAST	Address 3	SINGAPORE 457267
Address 4		Address Type	Singapore address	Post Code	457267
Unit No.	03-04				
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 type="radio"/> Yes <input checked="" type="radio"/> No
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Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	KAPIL SALUJA	Insured NRIC	S7763751F
Contact No.(Mobile)	81273192	Contact No.(Home)	NIL	Contact No.(Office)	
Email Address	KAPIL.SALUJA2007@GMAIL.CO	OI Vehicle Number	SMH9056J	TP Vehicle Number	GV2262Z
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *	>>>	Claimant NRIC *			
Claimant Address					
Claim Description	SMH9056J / GV2262Z ON 21 Nov 2020				
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	25/11/2020 10:12	Claim Close Date		Date Received	25/11/2020 00:00
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

Attachment

Accident No.	MT/1111352	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	25/11/2020 10:15

Path *	Category *	Confidential	Urgency *	Description *
<input type="text"/> Browse... Clear	Please Select	NO	Normal	
<input type="text"/> Browse... Clear	Please Select	NO	Normal	
<input type="text"/> Browse... Clear	Please Select	NO	Normal	

<input type="text"/>	<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>	<input type="text"/>
<input type="text"/>	<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>	<input type="text"/>
<input type="text"/>	<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>	<input type="text"/>

☐ Send Message

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 25 Nov 2020 10:15	NRIC/ Driving License	Y	NRIC/ Driving License 2020-11-25	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 25 Nov 2020 10:15	SAS		SAS 2020-11-25	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 25 Nov 2020 10:14	Photos		Photos 2020-11-25	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 25 Nov 2020 10:14	Photos		Photos 2020-11-25	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 25 Nov 2020 10:14	Photos		Photos 2020-11-25	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 25 Nov 2020 10:14	Photos		Photos 2020-11-25	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 25 Nov 2020 10:14	Photos		Photos 2020-11-25	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 25 Nov 2020 10:14	Photos		Photos 2020-11-25	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 25 Nov 2020 10:14	Photos		Photos 2020-11-25	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 25 Nov 2020 10:14	Photos		Photos 2020-11-25	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 25 Nov 2020 10:12	Photos		Photos 2020-11-25	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 25 Nov 2020 10:12	Photos		Photos 2020-11-25	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 25 Nov 2020 10:12	Photos		Photos 2020-11-25	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 25 Nov 2020 10:12	Photos		Photos 2020-11-25	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 25 Nov 2020 10:12	Photos		Photos 2020-11-25	

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
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