

NATIONAL Assessment Centre Services.

Jan 1 Jan 2021

SV20060004

Date In: 14/12/2020 17:05	Job description	Date & Time Completed	Done by
Ref No: N/A/20013798/4	SAS e-filing		
Veh No: 887 21247	E-mail (Ejula Shis, A/C Shis)		
O.O.A: 12/12/2020 19:30	I-Motor Claims Form	mt/1135000	14/12/2020
OD: TP! Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		17:4
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / OW: (Tel:	Fax:
TP Particulars:	Veh No: GH 51508	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: _____

NA2006449	1) AR: Accident Reporting (\$30)	
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (\$10)	
Contact No:	3) TP: Towing Fee \$40/45	
Damaged Portion:	4) PT: Follow-Through Survey \$120	
QC Checked by (Engr-In-Charge):	5) PF: Follow-Through Survey (Resurvey) \$30	
	For claiming against INC Only (var 10 Jan 2020)	
	6) TR: Re-inspection \$75	
	7) NI: Idea DA + SMRT Survey \$160	
	8) NTUC Additional Services:	
	ON:	
	*NI: Courtesy Car / Tpt Allowance \$3	
	*NI: Repair Coordination \$10	
	*NI: Post Repair Inspection \$25	
	*NI: DV / Collect Excess Coordination \$3	
	TE (NI): TP (Non INC) against LRG \$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 Submission	14/12/2020 17:05 (SGT)
Date of Accident	12/12/2020 19:30 (SGT)
Exact Location of Accident	Tampines Ave 7, Singapore
Additional Location Information	TAMPINES AVENUE 9 JUNCTION
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGT2724T
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	KARUNANETHY S/O SINNAIYA PILLAI
NRIC No	SXXXX523C
Email Address	karunanethy@yahoo.com
Mobile Phone No	(Phone) +65-94879775
Alternative Phone No	+65-94879775

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Latio
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Reporting only
Vehicle Category	Private car

INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	ThirdParty
Fleet Policy	No
Policy Number	5089363856-03
Cover Note Number	-

DRIVER

Name of Driver	KARUNANETHY S/O SINNAIYA PILLAI
NRIC No	SXXXX523C

Date Of Driving Pass	23/02/2009
Driving experience	11 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-94879775
Alt. Phone Number	+65-94879775
Email Address	karunanethy@yahoo.com
Address	BLK 407 YISHUN AVENUE 6
Address complement	#05-1300
Postcode	760407
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

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

PLEASE 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	SGH5150S
Vehicle Manufacturer	Mitsubishi
Vehicle Model	Lancer
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	DOMINIC KOO TECK POH
NRIC No	SXXXX242B
Contact Number	(Phone) +65-91800520
Address	-
Address complement	-

SKETCH PLAN

IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

 14/12/20

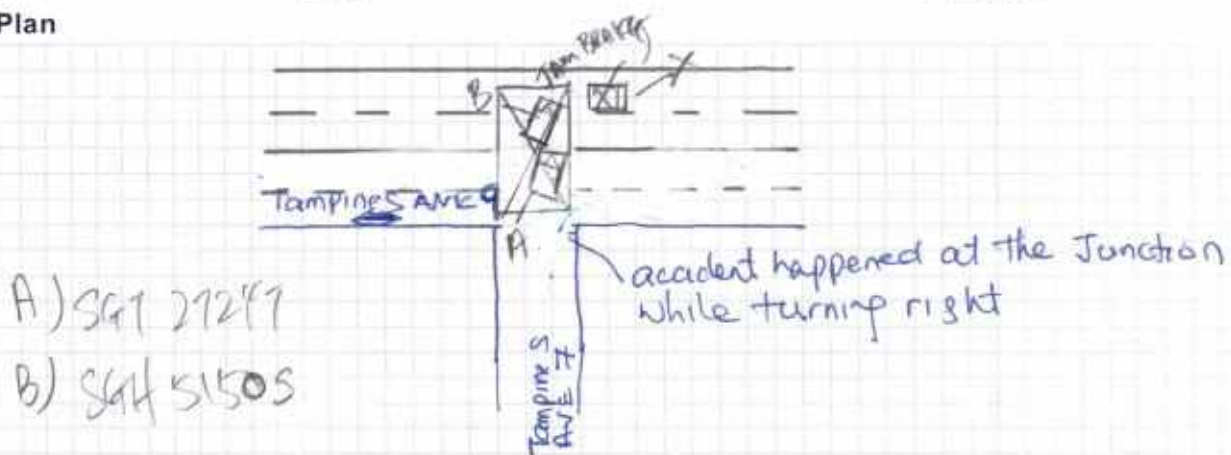
Policyholder's Signature / Date & Time 1240hrs

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

 14/12/2020

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

From Tampines Ave 7 turning right to Tampines Ave 9, the first car SGH 51505 Jammed brake while turning, I jammed my brake, but unable to prevent the accident in time. I bumped onto the rear of SGH 51505 on the Left rear.

Declaration

We declare the foregoing particulars are true in every respect.



14/12/20
1240 HOS



ACCIDENT STATEMENT

ACCIDENT DATE: (12/12/2009) (DD/MM/YYYY), TIME: (19:30) (HH:MM)

LOCATION: Tampines Ave 7 & Tampines Ave 9 Junction

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SGT 2724T
 b) INSURANCE COMPANY: NTUC
 c) POLICY NUMBER: 5089363856-02
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: NISSAN LATID
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: Going to work
 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: KARUNANETHY S/O SINNAYA PILLAI (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S2159523C CONTACT: 94879775
 c) ADDRESS: APT BUK HAT YISHUN AVE 6, #05-1300
Singapore 760407

* 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: (05/09/1955) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 23 FEB 2009

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: OWNER

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS RAINING)
 b) ROAD SURFACE: (DRY / WET / OTHERS WET)

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: SGH 5150 S MODEL: MITSUBISHI LANCER
 b) DRIVER'S NAME: Dominic Koo Teck Poh
 c) NRIC/FIN/PASSPORT: S9331242B CONTACT: 91800520

9. THIRD PARTY VEHICLE

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

Email = Karunanethy s/o@yahoo.com

VIDEO

Claim Handling

Accident MT/1113580

Policy No.	5089363856-03	Vehicle No.	SGT2724T	GST Registration No.
Certificate No.				
Policyholder Name	KARUNANETHY S/O SINNAIYA PILLAI			Policyholder NRIC
Product Code	PRIVATE CAR (INSURANCE	Cover Type	Third Party	Loading
Contact No.(Mobile)	94879775	Contact No.(Office)		Contact No.(Home)
Email Address		Special Remark		eCode
KPK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	50	Private Hire

▼ Accident Details

Report Date	14/12/2020 16:44	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	12/12/2020	Time of Accident hh:mm	19:30	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	JUNCTION OF TAMPINES AVENUE 7 AND TAMPINES AVENUE 9			

▼ Total Excess Applicable

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

▼ Benefits

▼ GST Registered Information

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

▼ Policyholder Mailing Address

Address 1	BLK 407 #05-1300	Address 2	YISHUN AVENUE 6	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5089363856-03	

▼ OI Driver Info

Driver Name	KARUNANETHY S/O SINNAIYA PILLAI	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	S2159523C	Driver DOB
Register Date of Driver License	01/01/1986	Driver Age	65	Driving Experience
Contact No.(Mobile)	94879775	Contact No.(Office)		Contact No.(Home)
Address 1	BLK 407 #05-1300	Address 2	YISHUN AVENUE 6	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.	SGT2724T	Driver Insurer Comp

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any Injury?	<input type="radio"/> Yes <input type="radio"/> No
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Modification History

Claim 001 **New**

Claim Type *	DD-MX	Insured Name	KARUNANETHY
Contact No.(Mobile)	94879775	Contact No.(Home)	6853191
Email Address	karunanethy@yahoo.com	Vehicle Number	SGT2724
Claim Description	SGT2724T / SGH51505 ON 12 Dec 2020		
Preferred Workshop	Insured Liability	Fully at Fault	
Contact No. Finalisation	Yes	Repair Option	Preferred Workshop, Name unknown
Date Registered	14/12/2020 17:09	GTA report	Received
		Claim Close Date	

Print AK letter

Save Submit

Attachment

Accident No. Claim No. 001
 Last Doc. Received ☒ Yes ☐ No Upload Date 14/12/2020 17:11

Path *

Category *

Confidential

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Clear

Clear

Clear

Clear

Clear

Clear

Clear

Please Select

Please Select

Please Select

Please Select

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NO

NO

NO

NO

NO

NO

NO

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Descr
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 14 Dec 2020 17:11	Photos	Normal	Photos 2f
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 14 Dec 2020 17:11	Photos	Normal	Photos 2f
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 14 Dec 2020 17:11	Photos	Normal	Photos 2f
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 14 Dec 2020 17:10	Photos	Normal	Photos 2f
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 14 Dec 2020 17:10	Photos	Normal	Photos 2f
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 14 Dec 2020 17:10	Photos	Normal	Photos 2f
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 14 Dec 2020 17:10	Photos	Normal	Photos 2f
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 14 Dec 2020 17:10	Photos	Normal	Photos 2f
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 14 Dec 2020 17:10	Photos	Normal	Photos 2f
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 14 Dec 2020 17:10	Photos	Normal	Photos 2f
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 14 Dec 2020 17:10	Photos	Normal	Photos 2f
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 14 Dec 2020 17:10	NRIC/ Driving License	Y	NRIC/ Driving Lic
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 14 Dec 2020 17:10	SAS	Normal	SAS 20f

Video List

Uploaded By/Date

Folder Date

File Name

Display in New Window

Scan and uploading



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="12/12/2020 16:43"/>
Vehicle No.(For Motor)	<input type="text" value="SGT2724T"/>	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"/>	5089363856-03		KARUNANETHY S/O SINNAIYA PILLAI	S2159523C	GPC	Third Party	SGT2724T	SGT2724T	05/04/2020	04/04/2021