

NATIONAL Assessment Centre Services.

Print 1 Jan 2003

SH0920CS000B

Date In: 28/12/20 15:12	Job description	Date & Time Completed	Done by
Ref No: MAL INC 20914538/44	SAS e-filing		
Veh No: SK2 8152A	E-mail (within 3hrs, A/C 2hrs)		
IP/A: 26/12/20 22:55	I-Motor Claim Form	MT/1115307 ⁰⁰¹	28/12/20 19:11
(11) <input checked="" type="radio"/> 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: SMW 5965 H	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 repaler.
() Total Loss Case: to e-mail Insurer URGENTLY.
Drive-In () / Towed-In (); Invoice: YES () / NO (); Towing Co: (

Remarks:	INC () / Non-INC ()	Done by
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: ()

Options:	Actions:

NA2100804	Invoice Ref: NA2100804	Amount: \$0
Driver/Owner:	1) AR: Accident Reporting (\$30)	
Contact No:	2) DA: Damage Assessment (\$100) INC (\$30)	
Damaged Portion:	3) TP: Towing Fee \$40/\$45	
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey \$120	
	5) PT: Follow-Through Survey (Resurvey) \$30	
	For claiming against INC Only (wef 10 Jan 2003)	
	6) TR: Re-inspection \$75	
	7) NI: Idao DA + SMRT Survey \$160	
	8) NIUC Additional Services:	
	ON:	
	*N5: Courtesy Car / Tpt Allowance \$3	
	*N6: Repair Co-ordination \$10	
	*N7: Post Repair Inspection \$25	
	*N8: DV / Collect Excess Coordination \$3	
	TP (N11): TP (INC) against INC \$20	
	9) NI2: Idao Mobile \$0	
	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	28/12/2020 15:12 (SGT)
Date of Accident	26/12/2020 22:55 (SGT)
Exact Location of Accident	SLE, Singapore
Additional Location Information	EXIT WOODLANDS AVE 12
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKZ8152A
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	S MOGANA ROOBAN S/O SIVAN
NRIC No	SXXXX773C
Email Address	TKMOTORWORKSHOP@GMAIL.COM
Mobile Phone No	(Phone) +65-97580043
Alternative Phone No	+65-97580043

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Vezel
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?	No - Claiming third party
Vehicle Category	Private car

INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5120087608
Cover Note Number	-

DRIVER

Name of Driver	S MOGANA ROOBAN S/O SIVAN
NRIC No	SXXXX773C
Date Of Birth	13/10/1993

Date Of Driving Pass	03/05/2013
Driving experience	7 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97580043
Alt. Phone Number	+65-97580043
Email Address	TKMOTORWORKSHOP@GMAIL.COM
Address	BLK 306A PUNGGOL PLACE #06-37
Address complement	-
Postcode	821306
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	UNKNOWN
Gender	Female

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?	No
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMW5965H
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	SNG KWANG YANG

Contact Number	(Phone) +65-91712767
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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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 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.
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.


28/12/20
Policyholder's Signature / Date &
Time


28/12/20
Driver's Signature (If driver is not the policyholder) / Date
& Time


Witnessed by Reporting Centre
Personnel

Sketch Plan

SLE Exit Woodlands Ave 12

(A) SKZ 8152 A

(B) SMW 5965 H



Describe Circumstances of the Accident

* On 26/12/2020 at about 22:55 hrs I was travelling along SLE exit Woodlands Ave 12. Due to red light traffic, My vehicle A was stop at the junction suddenly vehicle B hit onto my vehicle A rear portion. the driver of vehicle B admitted it was his fault and ask me to make a third party claim under vehicle A insurance policy. Nobody was injured at the accident.

Declaration

We declare the foregoing particulars are true in every respect.



28/12/20

Policyholder's Signature / Date & Time



28/12/20.

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



Witnessed by Reporting Centre Personnel

Hello, NAC_PAYA_UBI_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No.

Date of Accident

26/12/2020 15:03

Vehicle No.(For Motor)

SKZ8152A

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"/>	5120087608		S MOGANA ROOBAN S/O SIVAN	S9340773C	GPC	drive CLASSIC	SKZ8152A	SKZ8152A	04/12/2020	03/12/2021

ACCIDENT STATEMENT

ACCIDENT DATE: 26 / 12 / 2020 (DD/MM/YYYY), TIME: 22:55 (HH:MM)

LOCATION: SLE Tower Exit Woodlands Ave 12

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKZ 8152A
b) INSURANCE COMPANY: NTUC
c) POLICY NUMBER: 5120087608
d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: Honda Vezel
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS) SUV
g) VEHICLE CATEGORY: PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Pte Use
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: S Mogana Rooban 40 Sivan (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S9340773-C CONTACT: 97580043
c) ADDRESS: Blk 306-A, Punggol Place #06-37
S 821306

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

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

*d) DATE OF BIRTH: 13 / 10 / 1993 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 3/3/2013

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)

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: SMW 5965H MODEL: Honda Stream
b) DRIVER'S NAME: Sng Kwang Yang
c) NRIC/FIN/PASSPORT: S9312883-D CONTACT: 91712767

9. THIRD PARTY VEHICLE

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

Email = TKmotorworkshop@gmail.com

fax = _____