

# NATIONAL Assessment Centre Services. (Part 1 Jan 2021) SN 092124 000C

Date In: 4/12/21 12:27	Job description	Date & Time Completed	Done by
Ref No: NAI INC 210016371h4	SAS e-filing		
Veh No: GBK 4289 B	E-mail (within 3hrs, AIC 2hrs)		
DDA: 3/12/21 17:30	I-Motor Claim Form	MT/1120034001	4/12/21 17:39
(TP) <input checked="" type="checkbox"/> Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass'l Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (	Tel: *	Fax: *
TP Particulars:	Veh No: GBE 1646 E	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: (	

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

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

Date/Time:	Action:

NA2101406	Invoice/Registration/Checklist/Summary/Additional
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) FT: Follow-Through Survey \$120
	5) FT: Follow-Through Survey (Resurvey) \$30
	For claiming against INC Only (wef 10 Jan 2021)
	6) TR: Re-inspection \$75
	7) NI: Idao DA + EMRT Survey \$160
	8) NTUC Additional Services:
	ON:
	*NS: Courtesy Car / Tpt Allowance \$3
	*NG: Repair Co-ordination \$10
	*NY: Post Repair Inspection \$25
	*NB: DV / Collect Excess Coordination \$3
	TE (N11): TP (Non INC) against INC \$20
	9) N12: Idao Mobile \$0
	Invoice dated
	Fee Charged
	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 ..... 04/02/2021 12:27 (SGT)  
Date of Accident ..... 03/02/2021 17:30 (SGT)  
Exact Location of Accident ..... Airport Rd, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... GBK4289B

#### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... SAMCOM SYSTEM  
Company Reg No ..... 5XXXX320A  
Email Address ..... LIMPENG@SINGNET.COM.SG  
Mobile Phone No ..... (Phone) +65-86212004  
Alternative Phone No ..... +65-86212004

#### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... Hiace  
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 - Claiming third party  
Vehicle Category ..... Commercial vehicle

#### INSURANCE COMPANY

Name of Insurance Company ..... NTUC  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... 5118367539  
Cover Note Number ..... -

#### DRIVER

Name of Driver ..... MANIVEL THIYAGARAJAN  
Work Permit No ..... GXXXX061N  
Date of Birth ..... 20/06/1982

Date Of Driving Pass .....	23/10/2019
Driving experience .....	1 YEAR AND 4 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-86212004
Alt. Phone Number .....	-
Email Address .....	LIMPENG@SINGNET.COM.SG
Address .....	111 NORTH BRIDGE RD #27-01
Address complement .....	-
Postcode .....	179098
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Employee
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 .....	Clear
Road Surface .....	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	1
Was anybody injured in the Accident? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	No
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

#### 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 .....	GBE1646E
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
Name of Driver .....	-
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-

Nature Of Damage ..... -  
Details of property damaged in accident ..... -  
No. Of Passenger (Including Driver) ..... -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person .....	MANIVEL THIYAGARAJAN
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	BODY
Injured person in which vehicle? .....	GBK4289B
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

### SKETCH PLAN

## 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. 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.

## SAMCOM SYSTEM

52944320A

Policyholder's Signature \_\_\_\_\_  
Date & Time: \_\_\_\_\_

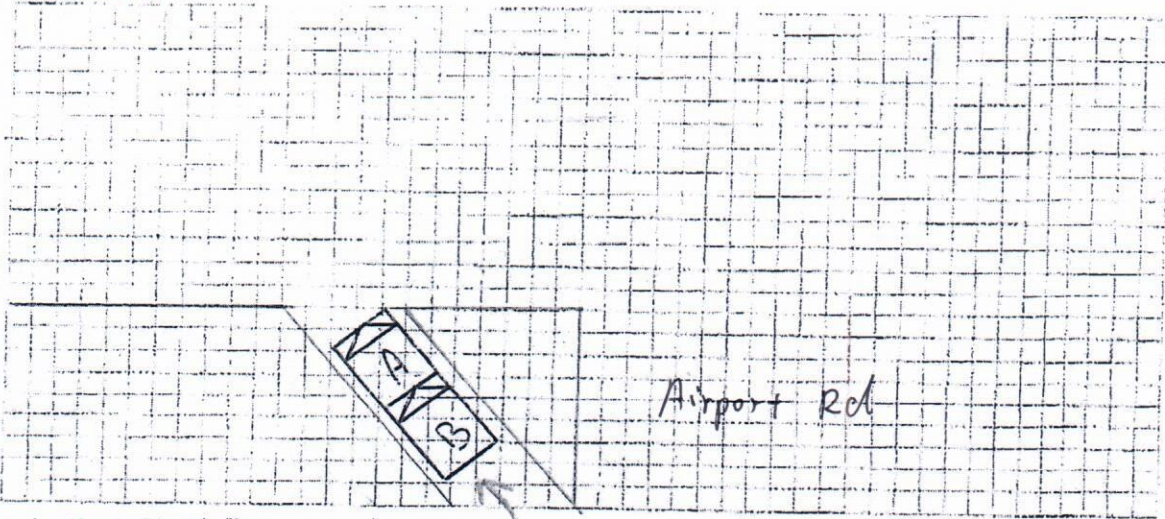
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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

A: GBK 4289 B

B: GBE 1646 E

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was stationary along the exit of airport H  
towards UNOS link. While waiting for vehicles to  
clear before exiting, I suddenly felt a huge  
impact coming from the rear of my vehicle A.  
I got down and realised vehicle B knock onto me.

DECLARATION

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

SAMCOM SYSTEM

52944320A

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.:

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="03/02/2021 12:11"/>
Vehicle No.(For Motor)	<input type="text" value="GBK4289B"/>	Certificate Number	<input type="text"/>

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5118367539		SAMCOM SYSTEM	52944320A	GCV	Preferred Workshop Plan	GBK4289B	GBK4289B	30/07/2020	29/07/2021

# SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

- ❖ Complete and submit this form to the Individual Insurance authorised reporting centre.
- ❖ Please report correctly on the details of the accident to speed up the claim process.
- ❖ This form must be filled up by the policy holder and/or authorised driver.
- ❖ Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow Insurance companies to repudiate policy liability.
- ❖ The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- ❖ Any false reporting may be referred to the traffic police department for investigation.

## Accident details

Date and time of accident	Date: 03 / 02 / 21 (DD/MM/YY) Time: 1730 (HH:MM)
Exact location of accident	AirPort rd towards Lushs Link

## Details of vehicle

Vehicle registration number	GBK 4289 B
Vehicle make and model	Toyota Hiace
Type of vehicle	Saloon <input type="checkbox"/> MPV <input type="checkbox"/> CRV <input type="checkbox"/> Van <input checked="" type="checkbox"/> Lorry <input type="checkbox"/> Bus <input type="checkbox"/> Motorcycle <input type="checkbox"/> Others: _____
Vehicle category	Private <input type="checkbox"/> Commercial <input checked="" type="checkbox"/> Motorcycle <input type="checkbox"/>
Purpose of using at said time	Working
Are you claiming under your own insurance company?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If no, please select: Third part claim <input checked="" type="checkbox"/> Reporting only <input type="checkbox"/>

## Insurance information

Insurance company	NTUC
Policy number	5118367539
Type of policy	Comprehensive <input checked="" type="checkbox"/> Third party fire & theft <input type="checkbox"/> TP only <input type="checkbox"/>

## Insured / Policy holder

Name	Sanrom System	Male <input type="checkbox"/> Female <input type="checkbox"/>
NRIC / Fin / Passport number	S2944320A	
Contact		
Address	111 North Bridge Road #27-01 Peninsula Plaza Singapore 179098	

## Driver

Same as insured above ☐ (skip to D.O.B)

Name	MANIVEL THIYAGARAJAN	Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>
NRIC / Fin / Passport number	G6551061N	
Contact	8621 2004	
Address	2902 300 UHAT ROAD	
Email address	limpeng@singnet.com.sg	
Date of birth	30 / JUN / 1982	
Occupation	Indoor <input type="checkbox"/> Outdoor <input checked="" type="checkbox"/>	
Driving date pass	23 / 10 / 2019	

### General information of the accident

Was driver an employee of the insured's company?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
If no, relationship of the driver and insured: _____	
Accident captured by camera?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Weather condition	Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others: _____
Road surface	Dry <input checked="" type="checkbox"/> Wet <input type="checkbox"/>
No of passenger	1 (Inclusive of driver)

#### Passenger 1

Name	_____
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

#### Passenger 2

Name	_____
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

#### Passenger 3

Name	_____
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

#### Passenger 4

Name	_____
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

#### Passenger 5

Name	_____
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

#### Passenger 6

Name	_____
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

### Other information

Was anybody injured?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Was other vehicle damaged?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

### Details of police action

Reported to police?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, please state which police station.
Police station name	_____

Third party vehicle 1

(b)

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	G 6BE 1646 E
Vehicle make model	

Third party vehicle 2

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 3

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 4

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 5

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 6

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Witness 1

Name	
------	--

Witness 2

Name	
------	--

Injured person 1

Name	Manivel Thiagarajan	
Injuries sustained	Body	
Which vehicle person in?	G6/C4289B	
Were seat belts worn?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Injured person 2

Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Injured person 3

Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Injured person 4

Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>