

NATIONAL Assessment Centre Services

SN0921280003-01

Date In: 08/02/2021 09:31	Job description	Date & Time Completed	Done by
Ref No NA/INC21001793/h4	SAS e-illing		
Veh No GBF 5748M	E-mail (within 3hrs, AIC 2hrs)		
UIC A: 28/01/2021 17:00	I-Motor Claim Form	MT/1119230-002	08/02/2021 10:35
OD - TP (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		

Profund Wksp / INC Assign Wksp / OW: ( ) Tol: ( ) Fax: ( )

TP Particulars: Vch No: SKR 6219Y 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 rep/ler.

( ) Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In ( ) / Towed-In ( ); Invoice: YES ( ) / NO ( ); Towing Co: ( )

Completed	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	Action

Particulars	Amount	Balance
NA2101561		
1) AR: Accident Reporting (\$30);		30
2) DA: Damage Assessment (\$100); INC (\$40)		
3) TP: Towing Fee \$40/\$45		
4) FT: Follow-Through Survey \$120		
5) FT: Follow-Through Survey (Resurvey) \$30		
6) TR: Re-inspection \$75		
7) NI: Idao DA + SMRT Survey \$160		
8) NTUC Additional Services:		
QD:		
*NS: Courtesy Car / Tpt Allowance \$5		
*NG: Repair Co-ordination \$10		
*NY: Post Repair Inspection \$25		
*NB: DV / Collect Excess Coordination \$3		
TP (NIL): TP (Non INC) against INC \$20		
9) NIZ: Idao 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 .....	08/02/2021 09:31 (SGT)
Date of Accident .....	28/01/2021 17:00 (SGT)
Exact Location of Accident .....	Kaki Bukit Ave 2, Singapore
Additional Location Information .....	-
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	GBF5748M
-----------------------------------	----------

#### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	MODERN POOLS PTE. LTD.
Company Reg No .....	2XXXXXX97H
Email Address .....	KAVIEEE91@GMAIL.COM
Mobile Phone No .....	(Phone) +65-90028366
Alternative Phone No .....	+65-90028366

#### 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 - Reporting only
Vehicle Category .....	Commercial vehicle

#### INSURANCE COMPANY

Name of Insurance Company .....	NTUC
Type of Coverage .....	Comprehensive
Fleet Policy .....	No
Policy Number .....	5114430353-01
Cover Note Number .....	-

#### DRIVER

Name of Driver .....	VENKATACHALAM KAVIYARASAN
Work Permit No .....	GXXXX475P
Date Of Birth .....	20/07/1991
Occupation .....	Outdoor

Date Of Driving Pass .....	24/01/2020
Driving experience .....	1 YEAR
Gender .....	Male
Mobile Number .....	(Phone) +65-91358995
Alt. Phone Number .....	-
Email Address .....	KAVIEEE91@GMAIL.COM
Address .....	10 SHAW ROAD
Address complement .....	-
Postcode .....	367950
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 .....	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

#### 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 .....	SKR6219Y
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	-
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-

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

**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 : SN0921280003 Vehicle Registration No: GBF 5748M  
 Name(as shown in NRIC) : VENKATA CHALAM KAVI YARASAN NRIC/FIN/Passport No : Gxxxx475P  
 (\*Vehicle Driver/ Vehicle Owner) (\*) Please delete as appropriate  
 Address : \_\_\_\_\_ Singapore( )  
 Contact (Tel) : \_\_\_\_\_ Mobile No. : 91358995  
 Email Address : \_\_\_\_\_  
 Date of Accident : 28/01/2021 Time of Accident : 17:00  
 Place of Accident : KAKI BUKIT AVE 2  
 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 - THIRD PARTY VEHICLE NUMBER

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Policyholder / Driver's Signature  
Date:

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

## 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 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.



Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

### Sketch Plan

	<p>A: GBF 5748M</p> <p>B: SKR 6219Y</p>
--	---

**Describe Circumstances of the Accident**

On stated date and time, I was travelling on Kaki Bukit Road. My  
was  
vehicle B making a right turn to Kaki Bukit Ave 2 at the cross  
junction. Vehicle B (SKR 6219Y) in front was making a right  
turn but suddenly stopped. I braked my vehicle but due to  
the slippery road (raining), I could not stop totally and hit  
the vehicle B. Only slight damage.

**Declaration**

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

  
\_\_\_\_\_  
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.	<input type="text"/>	Date of Accident	<input type="text" value="28/01/2021 09:15"/>
Vehicle No.(For Motor)	<input type="text" value="GBF5748M"/>	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"/>	5114430353-01		MODERN POOLS PTE. LTD.	200908897H	GCV	Comprehensive	GBF5748M	GBF5748M	20/12/2020	19/12/2021

# ACCIDENT STATEMENT

ACCIDENT DATE: (28 / 01 / 2021) (DD/MM/YYYY), TIME: (17 : 00) (HH:MM)

LOCATION: KAKI BUKIT AVE 2

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBF 5748 M  
b) INSURANCE COMPANY: NTUC  
c) POLICY NUMBER: \_\_\_\_\_  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: Toyota  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: 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: \_\_\_\_\_ (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 90028366  
c) ADDRESS: \_\_\_\_\_

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

### DRIVER

- a) NAME: \_\_\_\_\_ (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 91358995  
c) ADDRESS: 10 Shaw Rd Domanry

\*d) DATE OF BIRTH: (\_\_\_\_/\_\_\_\_/\_\_\_\_) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: \_\_\_\_\_

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

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: SKR 6219Y MODEL: \_\_\_\_\_  
b) DRIVER'S NAME: \_\_\_\_\_  
c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

## 9. THIRD PARTY VEHICLE

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

\* No of passenger  
(Including driver)  
(1)

\* No of passenger  
(Including driver)  
( )

\* No of passenger  
(Including driver)  
( )

www.modernpools.com.sg

Email = Kavieeeg1@gmail.com

fax =

VIDEO = NO