

# NATIONAL Assessment Centre Services

Part 1 Jan 2021

SN09212 H0008

Date Inc: 17/02/2021 11:49	Job description	Date & Time Completed	Done by
Ref No NA/INC21002233/U	SAS e-filing		
Veh No SLN 9515 G	E-mail (within 3hrs, AIC 2hrs)		
DDA: 14/02/2021 11:00	I-Motor Claim Form	MT/1121316-001	17/02/2021 12:01
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		

Preferred Wksp / INC Assign Wksp / OW: (	Tel: (	Fax: (
TP Particulars:	Veh No: UNKNOWN	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 of Claim	Location

NA2101845

Claimant's Particulars:	1) AIC: Accident Reporting (\$30);	20
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$30)	
Contact No:	3) TP: Towing Fee \$40/\$45	
Damaged Portion:	4) PT: Follow-Through Survey \$120	
QC Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey) \$30	
Assessor's Comments:	For claiming against INC Only (wef 10 Jan 2021)	
	6) TR: Re-inspection \$75	
	7) NI: Idao DA + SMRT Survey \$160	
	8) NTUC Additional Services:	
	ON:	
	*NS: Courtesy Car / Tpt Allowance \$5	
	*NG: Repair Co-ordination \$10	
	*NT: Post Repair Inspection \$25	
	*NI: DV / Collect Excess Coordination \$5	
	TP (NI): TP (Non INC) against INC \$20	
	9) NI2: 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	17/02/2021 11:49 (SGT)
Date of Accident	14/02/2021 11:00 (SGT)
Exact Location of Accident	Veerasamy Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLN9515G
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	THARMALINGAM MURUGAN
NRIC No	SXXXX520F
Email Address	MUR_SING@YAHOO.COM.SG
Mobile Phone No	(Phone) +65-93869364
Alternative Phone No	+65-93869364

#### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Harrier
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	5090996692-03
Cover Note Number	-

#### DRIVER

Name of Driver	THARMALINGAM MURUGAN
NRIC No	SXXXX520F
Date Of Birth	29/10/1978
Occupation	Outdoor

Date Of Driving Pass .....	22/05/2009
Driving experience .....	11 YEARS AND 9 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-93869364
Alt. Phone Number .....	+65-93869364
Email Address .....	MUR_SING@YAHOO.COM.SG
Address .....	BLK 64 CIRCUIT ROAD #03-341
Address complement .....	-
Postcode .....	370064
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 .....	Hit and run / Vandalism / Damaged whilst parked
Weather Conditions .....	Clear
Road Surface .....	Dry

#### 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? .....	Yes
Police Station Name .....	Traffic Police
Police Station Phone No .....	(Phone) +65-65470000
Alt. Police Station Phone No .....	(Fax) +65-65474900
Police Station Address .....	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT T/20210216/7021

#### 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 .....	UNKNOWN
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) .....	-



## 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.

T. Purnomo

Policyholder's Signature / Date & Time

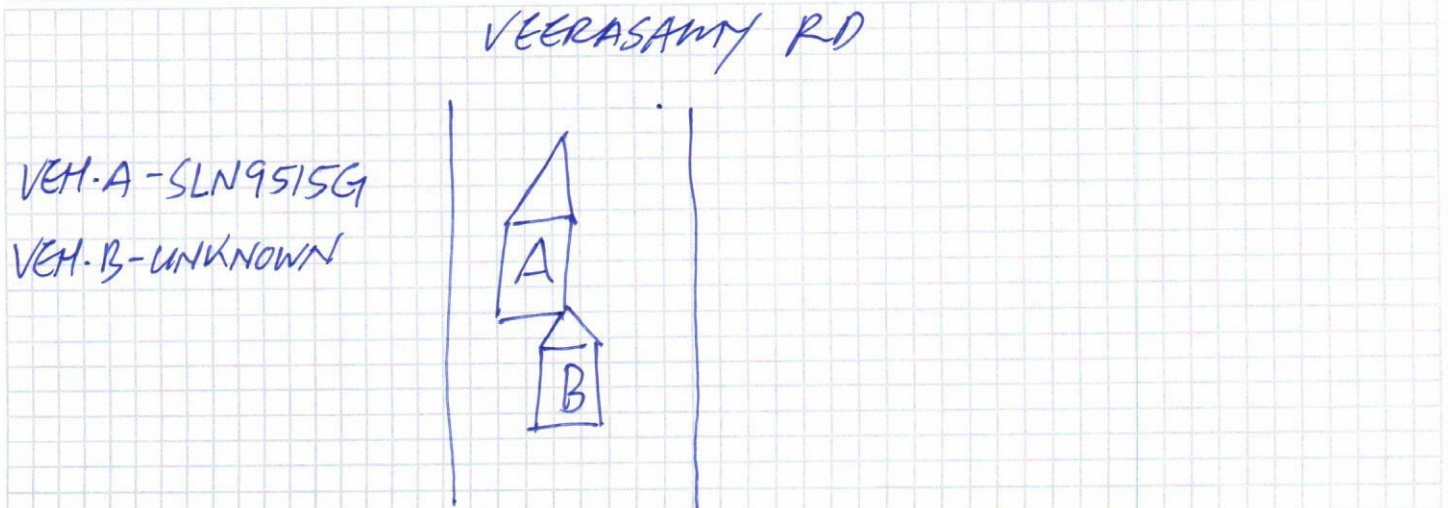
T. Purnomo

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

W

Witnessed by Reporting Centre Personnel

### Sketch Plan



**Describe Circumstances of the Accident**

REFER TO POLICE REPORT.

**Declaration**

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

*T. Murray*

Policyholder's Signature / Date &  
Time

*T. Murray*

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

*HA*

Witnessed by Reporting Centre  
Personnel





Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

Report No. T/20210216/7021

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 16/02/2021 14:22		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: THARMALINGAM MURUGAN			Address: 64 CIRCUIT ROAD #03-341 SINGAPORE 370064		
ID Type / ID No.: NRIC NO / S7861520F			Contact No.: Home/Office: Mobile: 93869364		
Nationality: INDIAN			Email: mur_sing@yahoo.com.sg		
Sex: Male	Age: 42	Date of Birth: 29/10/1978	Type of Informant: Vehicle Owner		
Race: Indian			Language: English		Institution / School Name:
Occupation: Retail/Shop sales manager			Driving Licence Information: Class: 3 Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 14/02/2021 11:00	Type of Location:
Location:  veerasamy road				
Weather:		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:				Anyone conveyed by ambulance: No

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
SLN9515G	Car		harrier			0

<b>Details of Person Involved</b>	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE  
POLICE FORCE**



T/20210216/7021

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

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Report No. T/20210216/7021

**CONTINUATION OF REPORT**

Vehicle Owner			
Name	THARMALINGAM MURUGAN		ID No. S7861520F
Related Vehicle	SLN9515G (Car)		Contact No. 93869364
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: 3 Date of Expiry: NIL
Date	NIL		Date NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

i had parked my car sln9515g at the veerasamy rd behind the carpark lot number 41 on 14 feb 2021 11 am to 1.30 pm and 15 feb 2021 11.15am to 12.30 pm at lot number 41. some one hit the car right side back . car got big dented . but today only i checked my back of the car right side got damaged. after this place i parked in my house near by 66A multistorey car park at circuit road. there is no chance of being damaged at circuit rd. i need to claim for insurance so i made this report. near got camera so is it possible to find the hit vechile.





# SINGAPORE POLICE FORCE



T/20210216/7021

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Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

Report No. T/20210216/7021

## CONTINUATION OF REPORT

### Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIB /  
GOH GEOK LYE  
Contact No.: 65476148

Authentication Stamp  
NP168

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by SingPass. No signature is  
required.

Date/Time:  
16/02/2021 14:22

Classification Of Case:

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="14/02/2021 17:28"/>
Vehicle No.(For Motor)	<input type="text" value="SLN9515G"/>	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"/>	5090996692-03		THARMALINGAM MURUGAN	S7861520F	GPC	drivo CLASSIC	SLN9515G	SLN9515G	23/05/2020	22/05/2021





AP AUTOMOTIVE SERVICES PTE LTD  
ROC: 202022890H  
BLOCK 9006  
TAMPINES STREET 93 #01-202  
SINGAPORE 528840  
TEL: 6784 4465  
FAX: 6787 4886

Date :

Vehicle Number :

**Ref: Authorised Letter**

I, \_\_\_\_\_, (Owner / Driver Name)

\_\_\_\_\_ (NRIC / FIN Number) \_\_\_\_\_ (Vehicle No.) authorise

**AP AUTOMOBILE SERVICES PTE LTD** to do & submit accident report (GIA REPORT) on behalf  
of me /we.

Thank you.

Best Regards,

A handwritten signature in blue ink, appearing to read 'T. M. Wong', is written over a horizontal line.

Date of Accident : 14/02/2021 Accident Time: 1100 (24-HR-Format)  
Accident Place : VEERASAMY ROAD  
Vehicle. No. (Car Plate No.) : SLN 9515G Make/Model: TOYOTA HARRIER  
Insurance Company : NTUC Policy No: 5090996692-03  
Owner or Company Name /IC No. : THARMALINGAM MURUGAN 57861520F  
Owner or Company Contact No. : 93869364 Owner's Hp \_\_\_\_\_ Company Tel \_\_\_\_\_  
DRIVER'S Name / IC No. : SAME AS ABOVE  
DRIVER'S Date Of Birth : 29/10/1978 DRIVER'S License Pass Date 22/05/2009  
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: OWNER  
DRIVER'S Address : BLK 64 CIRCUMT ROAD #03-341 S370064  
DRIVER'S Contact No./ Alt No. : 1) 93869364 2) \_\_\_\_\_  
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)  
Email Address : MUR\_SING @ YAHOO.COM.SG.  
Weather & Road Surface : CLEAR & DRY RAINING & WET \ AFTER RAIN & WET  
Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance  
Number of Passengers (Including Driver): 0  
Was there any video Captured by car camera: YES \ NO  
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose  
Any Injury (If YES, Pls state): \_\_\_\_\_

**Other Party Driver's Particular (if any)**

Vehicle. No: UNKNOWN

Vehicle. No: \_\_\_\_\_

Vehicle Make\Model: \_\_\_\_\_

Vehicle Make\Model: \_\_\_\_\_

Name Driver: \_\_\_\_\_

Name Driver: \_\_\_\_\_

IC No. Driver/Contact: \_\_\_\_\_

IC No. Driver/Contact: \_\_\_\_\_

**\* NEW - Passenger's name & gender:**