

NATIONAL Assessment Centre Services

Date In: 11/03/21	Job description	Date & Time Completed	Done by
Ref No: NA/INC01003197/13	SAS e-filing		
Veh No: SJV7209K	E-mail (within 8hrs, A/C 2hrs)		
D.O.A: 10/03/21 0720	i-Motor Claim Form 31/03 MT/1135490-001		
OD (TP) Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars:	Veh No: 585 60380	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% F: 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. ()

Remarks:- (INC hotline: 6788 6616)	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	Actions

NA/INC01003197/13	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) Add Bill
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);		
Driver/Owner:	2) DA : Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF : Towing Fee \$40/\$45		
Damaged Portion:	4) FT : Follow-Through Survey \$120		
	5) RT : Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR : Re-inspection \$75		
	7) N1 : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	QD*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11) : TP (Non INC) against INC \$20		
	9) N12: Idac Mobile 30		
QC Checked by (Engr-In-Charge):	Invoice dated	Fee Charged	
Auditors' Comments :-	Invoice dated	Fee Charged	
Cat. 1:			
Cat. 2 / 3:			

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	11/03/2021 09:44 (SGT)
Date of Accident	10/03/2021 07:20 (SGT)
Exact Location of Accident	Upper Serangoon Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJV7209K
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	ARUNASALAM BALAKRISHNAN
NRIC No	SXXXX435I
Email Address	FIREBALAJI20@HOTMAIL.COM
Mobile Phone No	(Phone) +65-96430484
Alternative Phone No	+65-96430484

VEHICLE PARTICULARS

Manufacturer	Kia
Model	Cerato
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	5115538643-01
Cover Note Number	-

DRIVER

Name of Driver	ARUNASALAM BALAKRISHNAN
NRIC No	SXXXX435I
Date Of Birth	09/10/1953
Occupation	Outdoor

Date Of Driving Pass	12/06/1978
Driving experience	42 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96430484
Alt. Phone Number	+65-96430484
Email Address	FIREBALAJI20@HOTMAIL.COM
Address	24F KOVAN RD
Address complement	-
Postcode	548076
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	Side Swipe
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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE ATTACHED 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	SBS6038D
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Bus
Name of Driver	NEOH WEI JIAN
Contact Number	(Phone) +65-96770904
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

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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

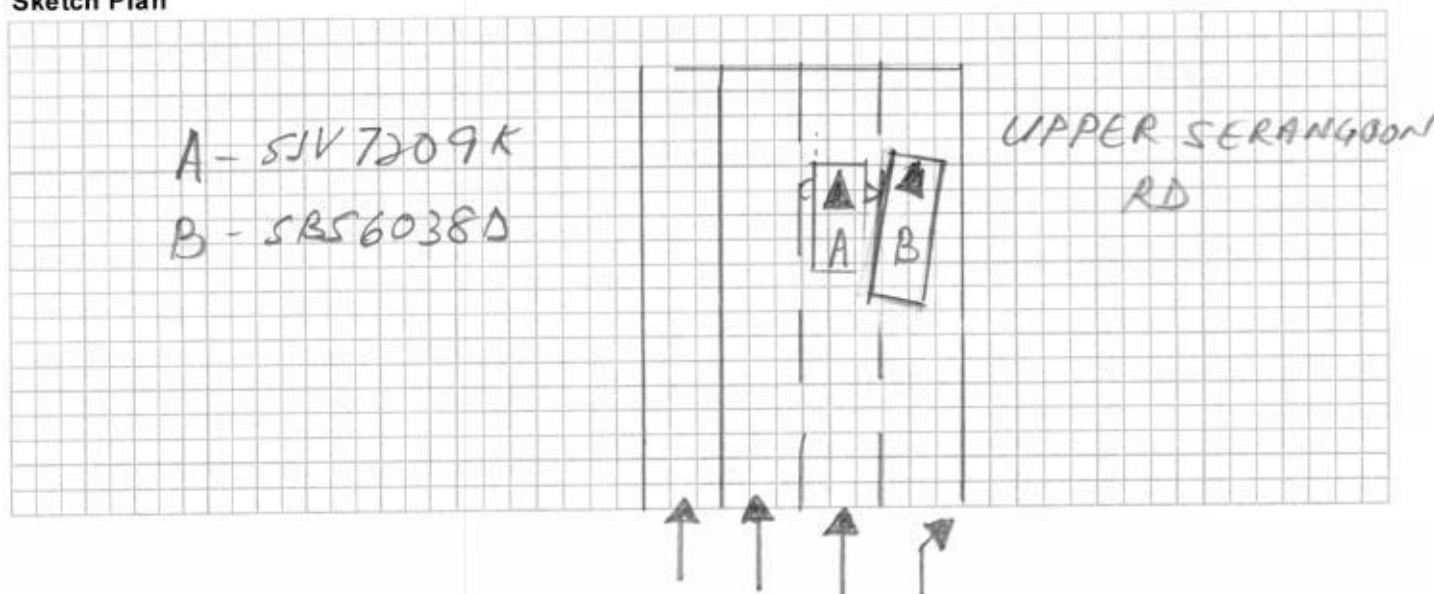
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

 10/3/2021
Policyholder's Signature / Date & Time

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

 11/03/21
Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

On 10/3/2021 at about 7.23am traveling towards
Seremban Ave via Upper Seremban Road suddenly
SBS NO53 license plate no SBS 6038 D hit my right side
mirror there is a loud source sound and I stop
my vehicle I notice my right side mirror damage.
Then we exchange particulars and he told
me to report thru SBS hot line.

Declaration

We declare the foregoing particulars are true in every respect.

10/3/2021
Policyholder's Signature / Date &
Time

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

11/03/21
Witnessed by Reporting Centre
Personnel

ACCIDENT STATEMENT

ACCIDENT DATE: (10 / 03 / 2011) (DD/MM/YYYY), TIME: (07 : 20) (HH:MM)

LOCATION: 44P SERANGOON ROAD

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SV 7209K
b) INSURANCE COMPANY: MAUC
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: Lin Gato (A) 1.6
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE 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: ARUNASALAM BALAKRISHNAN (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S00114351 CONTACT: 96430484
c) ADDRESS: 24F LOUAN RD
548076

* 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: (07 / 10 / 1953) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 12/26/1978

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: SBS 6038D MODEL: _____
b) DRIVER'S NAME: NEOH WEI JIAN
c) NRIC/FIN/PASSPORT: _____ CONTACT: 96770904

9. THIRD PARTY VEHICLE

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

Email = firebalaji20@hotmail.com

fax =

video =

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="10/03/2021 07:20"/>
Vehicle No.(For Motor)	<input type="text" value="SJV7209K"/>	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"/>	5115538643-01		ARUNASALAM BALAKRISHNAN	S00114351	GPC	drivo CLASSIC	SJV7209K	SJV7209K	08/02/2021	07/02/2022

Claim Handling

Accident MT/1125490

Policy No.	5115538643-01	Vehicle No.	SJV7209K	GST Registration No.	
Certificate No.					
Policyholder Name	ARUNASALAM BALAKRISHNAN			Policyholder NRIC	500114351
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	96430484	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	No
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	No
▼ Accident Details					
Report Date	24/03/2021 11:17	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	10/03/2021	Time of Accident hh:mm	07:20	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	UPPER SERANGOON RD				
▼ Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	600.00	TP Standard Excess	0.00		
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Covered
Additional Excess	0.00				
Total OD Excess Applicable	600.00	Total TP Excess Applicable	0.00		
▼ Benefits					
Coverage		Sum Insured	99999999.99		
Transport Allowance					
▼ GST Registered Information					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified	Yes		
Modification History					
▼ Policyholder Mailing Address					
Address 1	24F KOVAN ROAD	Address 2	SINGAPORE 548076	Address 3	
Address 4		Address Type	Singapore address	Post Code	548076
Unit No.		Related Policy Number	5115538643-01		
▼ OI Driver Info					
Driver Name	ARUNASALAM BALAKRISHNAN	Driver Type	Main Driver	Driver DOB	09/10/1953
Unnamed driver Name		Driver NRIC	500114351	Driving Experience	42
Register Date of Driver License	12/06/1978	Driver Age	67	Contact No.(Home)	0
Contact No.(Mobile)	843594	Contact No.(Office)	0	Address 3	
Address 1	24F KOVAN ROAD	Address 2	SINGAPORE 548076	Post Code	548076
Address 4		Address Type	Singapore address		
Unit No.					
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input type="radio"/> No		
Modification History					

Claim 001 OD-MX **New**

Claim Type *	OD-MX	Insured Name	ARUNASALAM BALAKRISHNAN	Insured NRIC	500114351
Contact No.(Mobile)	96430484	Contact No.(Home)	62844958	Contact No.(Office)	
Email Address	firebalaji20@hotmail.com	OT Vehicle Number	SJV7209K	TP Vehicle Number	5856038D
Claim Description	SJV7209K / 5856038D ON 10 Mar 2021			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	GIA report	Received
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	24/03/2021 00:00
Date Registered	24/03/2021 11:24	Claim Close Date		Total Loss but Repaired	
Report Taken By	ROSINDA	Workshop Repairer			
<input type="checkbox"/> Print AK letter					

Save Submit

Attachment

Accident No.	MT/1125490	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	24/03/2021 00:00
Path *		Category *	Confidential
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/>	Normal
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/>	Normal
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/>	Normal
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/>	Normal
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/>	Normal
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/>	Normal
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/>	Normal

Message Read

Send Mes

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description	Msg Sent? (CO)
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 24 Mar 2021 11:23	NRJC/ Driving License	Y	Normal	NRJC/ Driving License 2021-3-24	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 24 Mar 2021 11:23	SAS		Normal	SAS 2021-3-24	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 24 Mar 2021 11:23	Photos		Normal	Photos 2021-3-24	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 24 Mar 2021 11:23	Photos		Normal	Photos 2021-3-24	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 24 Mar 2021 11:23	Photos		Normal	Photos 2021-3-24	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 24 Mar 2021 11:23	Photos		Normal	Photos 2021-3-24	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 24 Mar 2021 11:21	Photos		Normal	Photos 2021-3-24	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 24 Mar 2021 11:21	Photos		Normal	Photos 2021-3-24	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 24 Mar 2021 11:21	Photos		Normal	Photos 2021-3-24	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 24 Mar 2021 11:21	Photos		Normal	Photos 2021-3-24	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 24 Mar 2021 11:21	Photos		Normal	Photos 2021-3-24	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 24 Mar 2021 11:21	Photos		Normal	Photos 2021-3-24	

Video List

Uploaded By/Date	Folder Date	File Name		Source
		Display in New Window	Scan and uploading	

LKK Paya Ubi

From: Teng Ken Leong <kenleong.teng@income.com.sg>
Sent: Wednesday, 24 March 2021 11:14 AM
To: NAC Paya Ubi
Cc: Desmond Foo Guo Hui; Ignatius Koh; Jamaliah Bte Hashim; Teng Ken Leong
Subject: Vehicle No SJV7209K - Unable to Login to eBao GCS

Importance: High

Dear Ms Roslinda

Please try and register vehicle no SJV7209K in eBao GCS again.

Please update us on the outcome.

Thanks & regards

Teng Ken Leong
Assistant Manager
Operations, Motor & Personal Lines
T +65 6430 7881



From: LKK Paya Ubi [mailto:rpu@lkkauto.com]
Sent: Friday, 12 March 2021 4:46 PM
To: Teng Ken Leong <kenleong.teng@income.com.sg>
Subject: RE: Vehicle No SJV7209K - Unable to Login to eBao GCS

Hi,

yes

thanks

Best Regards,
Roslinda | Admin
National Assessment Centre Services (LKK Group)
Phone: 6841-0055 | email: rpu@lkkauto.com | fax: 6841-6315
Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: Teng Ken Leong [mailto:kenleong.teng@income.com.sg]
Sent: Thursday, 11 March 2021 6:53 PM
To: NAC Paya Ubi

Cc: Desmond Foo Guo Hui; Jamaliah Bte Hashim; Teng Ken Leong
Subject: Vehicle No SJV7209K - Unable to Login to eBao GCS

Dear Ms Roslinda

Can we confirm that you are unable to login to eBao GCS for vehicle no SJV7209K only?

No issue for other vehicle numbers?

With Regards

Teng Ken Leong
Assistant Manager
Operations, Motor & Personal Lines
T +65 6430 7881



From: LKK Paya Ubi [<mailto:rspu@lkkauto.com>]
Sent: Thursday, 11 March 2021 6:06 PM
To: Teng Ken Leong <kenleong.teng@income.com.sg>
Subject: SJV7209K E-BAO CAN'T LOG IN

Hi Mr Teng

These veh no E-Bao Can't log in. When I press select and continue it prompt out error.

Best Regards,
Roslinda | Admin
National Assessment Centre Services (LKK Group)
Phone: 6841-0055 | email: rspu@lkkauto.com | fax: 6841-6315
Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

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