

NATIONAL Assessment Centre Services.

[wef 1 Jan'05]

SN09288D002

Date In: 13/02/2021 11/02	Job description	Date & Time Completed	Done by
Ref No: NA/INC 21003305/4	SAS e-filing		
Veh No: SJR 9804L	E-mail (within 3hrs, AIC 2hrs)		
D.O.A : 12/02/2021 10/00	i-Motor Claim Form	MT/1124219-001	13/08/2021
OD : TP / Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		11-51
	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: SJR 4583Y

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: ()

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/2101922	Invoice Preparation Checklist		Amt (\$) In 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			
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30			
Auditors' Comments:	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:-			
	OD*			
	*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			
	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	13/03/2021 11:07 (SGT)
Date of Accident	12/03/2021 10:00 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	TOWARDS TOH TUCK AVENUE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJK9804L
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	BEE JAY MANPOWER SERVICES
Company Reg No	5XXXX238L
Email Address	chandranbeejay@gmail.com
Mobile Phone No	(Phone) +65-91445541
Alternative Phone No	+65-91445541

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Corolla
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	5077180007-05
Cover Note Number	-

DRIVER

Name of Driver	RAVICHANDRAN SAMIKKANNU
NRIC No	SXXXX112G
Date Of Birth	10/05/1965
Occupation	Outdoor

Date Of Driving Pass	07/05/2007
Driving experience	13 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91445541
Alt. Phone Number	-
Email Address	chandranbeejay@gmail.com
Address	BLK 17A CIRCUIT ROAD #14-204
Address complement	-
Postcode	371017
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	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

PLEASE REFER TO SKETCH PLAN

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	SGJ4583Y
Vehicle Manufacturer	Mitsubishi
Vehicle Model	Lancer
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	VELAYUTHAN NAIR BALAKRISHNAN
NRIC No	SXXXX772A
Contact Number	(Phone) +65-81800064
Address	-
Address complement	-
Postcode	-

Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

SKETCH PLAN

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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.

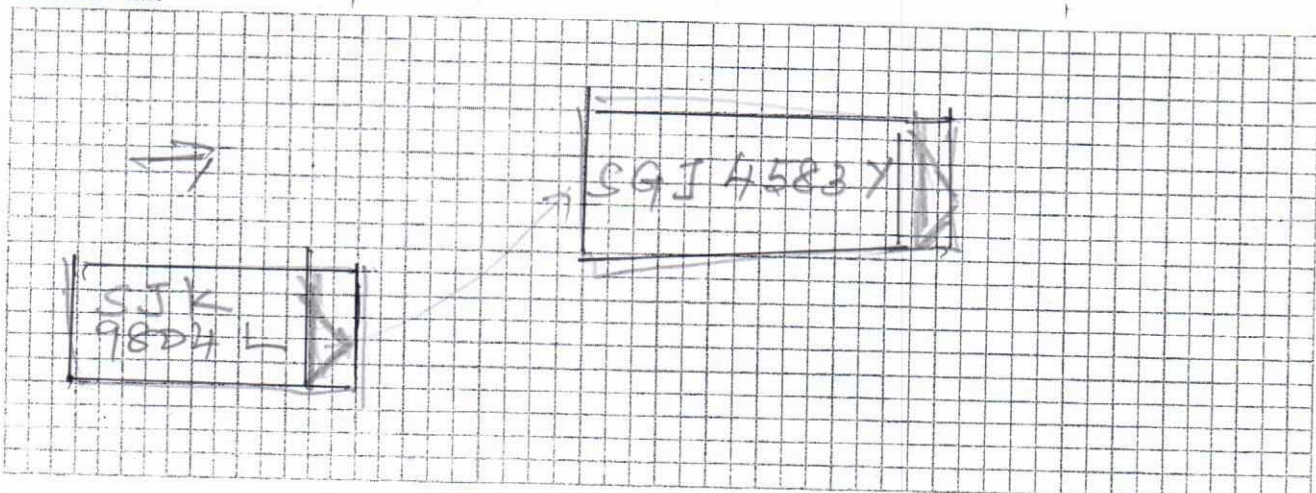


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

I drive from PIE to Toh Tuck Ave Slip road.
front vehicle already move so I check Right
side on coming vehicle and move. But
front vehicle stop, I hit in his car rear
side

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date &
Time

[Signature] 13/03/21 09:40 AM

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

[Signature] 13/03/2021
Witnessed by Reporting Centre
Personnel

SKR 6923 K

Claim Handling

Accident MT/1124219

Policy No.	5077180007-05	Vehicle No.	SJK9804L	GST Registration No.	
Certificate No.					
Policyholder Name	BEE JAY MANPOWER SERVICES			Policyholder NRIC	52977238L
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	0
Contact No.(Mobile)	91445541	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	No

Accident Details

Report Date	13/03/2021 11:10	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	12/03/2021	Time of Accident hh:mm	10:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	PIE TOWARDS TOH TUCK AVENUE				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	600.00	TP Standard Excess	0.00	Driver is Covered?	Covered
YIED OD Excess	0.00	YIED TP Excess	0.00		
Additional Excess	0.00				
Total OD Excess Applicable	600.00	Total TP Excess Applicable	0.00		

Benefits

GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History	13/03/2021 11:13:20 System changed GST Status Verified from No to Yes		

Policyholder Mailing Address

Address 1	NIL	Address 2		Address 3	
Address 4		Address Type	Singapore address	Post Code	999999
Unit No.		Related Policy Number	5077180007-05		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	10/05/1965
Unnamed driver Name	RAVICHANDRAN SAMIKKANNU	Driver NRIC	S2651112G	Driving Experience	13
Register Date of Driver License	07/05/2007	Driver Age	55	Contact No.(Home)	
Contact No.(Mobile)	91445541	Contact No.(Office)		Address 3	MACPHERSON RESIDENCY
Address 1	BLK 17A #14-204	Address 2	CIRCUIT ROAD	Post Code	371017
Address 4	SINGAPORE 371017	Address Type	Foreign address		
Unit No.	14-204				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.	SJK9804L	Driver Insurer Company	NTUC

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any Injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No
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Modification History

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	BEE JAY MANPOWER SERVICES	Insured NRIC	52977238L
Contact No.(Mobile)	91445541	Contact No.(Home)		Contact No.(Office)	NIL
Email Address		OI Vehicle Number	SJK9804L	TP Vehicle Number	SGJ4583Y
Claim Description	SJK9804L / SGJ4583Y ON 12 Mar 2021			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Fully at Fault	GIA report	Received
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	13/03/2021 11:15
Date Registered	13/03/2021 11:14	Claim Close Date		Total Loss but Repaired	
Report Taken By	ROSLI WAHAB	Workshop Repairer			

☒ Print AK letter

Attachment

Accident No.	MT/1124219	Claim No.	001		
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	13/03/2021 11:51		
Path *		Category *	Confidential	Urgency *	Description
<input type="button" value="Choose File"/> No file chosen		<input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/> <input type="button" value="Normal"/>	<input type="button" value="Normal"/>	
<input type="button" value="Choose File"/> No file chosen		<input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/> <input type="button" value="Normal"/>	<input type="button" value="Normal"/>	
<input type="button" value="Choose File"/> No file chosen		<input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/> <input type="button" value="Normal"/>	<input type="button" value="Normal"/>	
<input type="button" value="Choose File"/> No file chosen		<input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/> <input type="button" value="Normal"/>	<input type="button" value="Normal"/>	
<input type="button" value="Choose File"/> No file chosen		<input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/> <input type="button" value="Normal"/>	<input type="button" value="Normal"/>	
<input type="button" value="Choose File"/> No file chosen		<input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/> <input type="button" value="Normal"/>	<input type="button" value="Normal"/>	
<input type="button" value="Message Read"/>					

Attachment List

<https://gicclaim.income.com.sg/gcs/icm/eclaim/icmmyTaskForward.do?taskInstanceId=278860058&caseId=2778054&taskId=501&objectId=&actio...> 2/2

8793K483

ACCIDENT STATEMENT

ACCIDENT DATE: (12/03/2021) (DD/MM/YYYY), TIME: (10:00) (HH:MM)

LOCATION: PLE TO TOH TUCK AVE

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJK9804L
b) INSURANCE COMPANY: NTUC INCOME
c) POLICY NUMBER: 5077180007-0A 05
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: TOYOTA ALTIS
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: PICKUP WORKER
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: BEE JAY MANPOWER SERVICES (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S24728L CONTACT: _____
c) ADDRESS: BLK 996 BENDAMEER ROAD
#06-02 Singapore 339944

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: RAVICHANDRAN SAMIKKANNU (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S26511126 CONTACT: 91445541
c) ADDRESS: BLK 17A CIRCUIT ROAD #14-204
CIRCUIT ROAD SINGAPORE 371017
*d) DATE OF BIRTH: (10/05/1965) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 11 yrs

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: SGJA583Y MODEL: MITSUBISHI LANCER
b) DRIVER'S NAME: VELAYUTHAN NAIR BALAKRISHNAN
c) NRIC/FIN/PASSPORT: S2716772A CONTACT: 81800064

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)
(1)

* No of passenger
(Including driver)
()

Email = chandranbeejay@gmail.com

Fax =

Video =

Hello, NAC_PAYA_UBI_800601

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

Policy Query

Policy No.

Vehicle No.(For Motor)

Date of Accident

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"/>	5077180007-05		BEE JAY MANPOWER SERVICES	52977238L	GPC	drivo CLASSIC	SJK9804L	SJK9804L	12/11/2020	11/11/2021