

# NATIONAL Assessment Centre Services

[wef 1 Jan 05] MNA117153921

Date In: 21/11/17-12:11	Job description	Date & Time Completed	Done by
Ref No: NA/NC1702-164/24	SAS e-filing		
Veh No: YP5961M	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 20/11/17-15:00	i-Motor Claim Form	17/0970572	21/11/17 13:51
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: SJV5258G	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

NA170715	<b>Invoice Preparation Checklist</b>	Amt (\$)	Amt (\$)
Claimant's Particulars :-	1) AR: Accident Reporting (\$30);	1st Bill	Add Bill
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)		
Dat. 1:	6) TR: Re-inspection \$75		
Dat. 2/3:	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	Q1:		
	*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 \$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 ability.
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 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 Report	21/11/2017 12:11
Date Of Accident	20/11/2017 15:00
Exact Location Of Accident	BLK 20 WOODLANDS LINK JUNCTION
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP5961M
<b>Insured/Policyholder</b>	
Name Of Registered Owner	JINGSLINK MARKETING PTE LTD
Co Reg No	199308267G
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62995836

### Vehicle Particulars

Manufacturer	MITSUBISHI
Model	CANTER FEB21ER4SDEB (CBU)
Exact Purpose for which vehicle was being used at time of accident	WORKING
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5089770995
Cover Note Number	

### Driver

Name of Driver	ARUMUGAM PANDIYARAJ
Passport No/FIN	G6816450N
Date Of Birth	09/08/1987
Occupation	OUTDOOR
Date Of Driving Pass	02/11/2016
Driving Experience	1 YEAR AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90299378
Fax Number	
Contact Number	OFFICE-90299378
Email Address	NOEMAIL

Address	10 UBI CRESCENT #02-45 UBI TECHPARK
Postcode	408564
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	SIDE SWIPE
Weather Conditions	DRIZZLING
Road Surface	WET

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

#### Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
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	SJV5258G
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	LEE BOON PING
NRIC/Passport Number	S0199541C
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### Details of Witness

Name	
Phone Number	
Email Address	



## SKETCH PLAN

### IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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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.

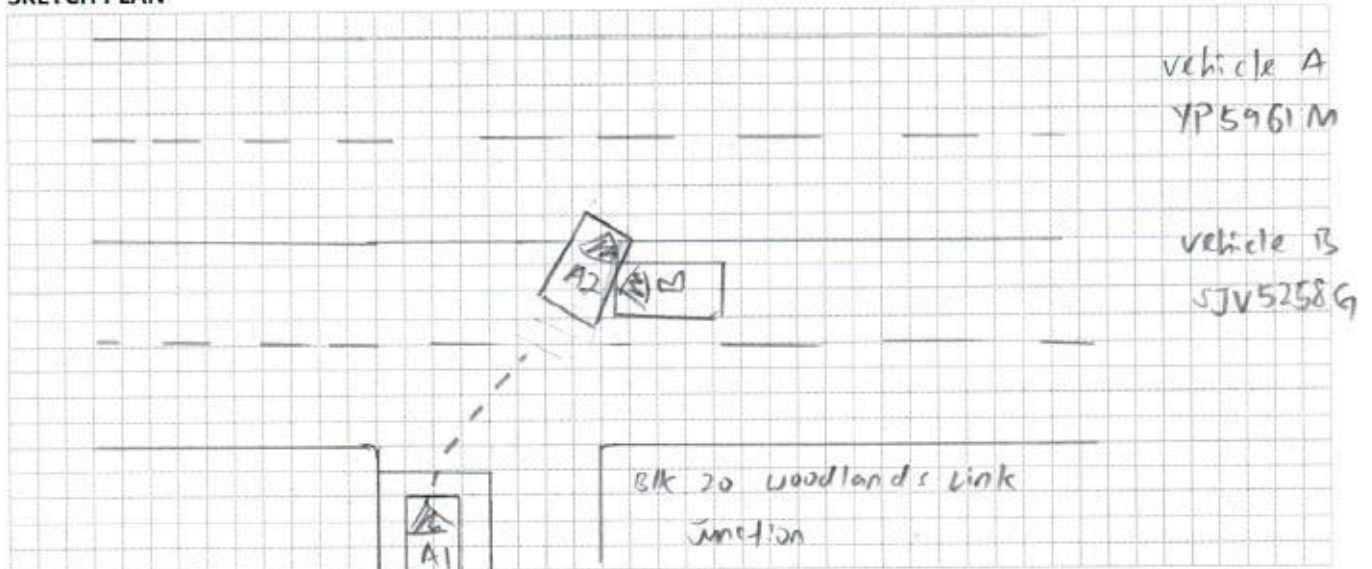


Policyholder's Signature  
Date & Time:

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

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

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 20/11/17 15:00 I was travelling from Blk 20 woodlands link towards mainroad to opposite direction. suddenly incoming vehicle along lane 1 was speeding and collided onto my vehicle <sup>(middle portion)</sup> ~~door area~~

## DECLARATION

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



Policyholder's Signature  
Date & Time:

*A. Lau*  
Driver's Signature

(If driver is not the policyholder)  
Date & Time:

*[Signature]*  
Reporting Centre Personnel's Signature

Name:  
NRIC/FIN No.:




**REPUBLIC OF SINGAPORE DRIVING LICENCE**

Licence Number: **G6816450N**

Name: **ARUMUGAM PANDIYARAJ**

Birth Date: **09 Aug 1987**  
 Issue Date: **02 Nov 2016**  
 Valid Till: **23/04/2022**

002625433C



**S PASS**  
 Employment of Foreign Manpower Act (Chapter 91A)  
 Republic of Singapore

Employer: **INFRA WATERPROOFING PTE LTD**

Sector: **CONSTRUCTION**

Name: **ARUMUGAM PANDIYARAJ**  
 Occupation: **ELECTRICAL TECHNICIAN**

S Pass No.: **0 35203540**

Date of Application: **09-05-2017**  
 Date of Issue: **11-05-2017**  
 Date of Expiry: **10-05-2018**





**L7966436**

**YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)**

		EFFECTIVE DATE
Class 2B	Motorcycles =< 200 cc	24 Apr 2012
Class 3	Motor cars with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg	24 Apr 2012
Class 4	Motor vehicles which are constructed to carry load or passengers and the unladen weight > 2500kg Motor vehicles which are not constructed to carry load or passengers and the unladen weight =< 7250kg	02 Nov 2016

NP 428A



**VISIT PASS**  
 Immigration Regulations



Name: **ARUMUGAM PANDIYARAJ**

Date of Birth: **09-08-1987** Sex: **M** Nationality: **INDIAN**

FIN: **G6816450N** Date of Issue: **26-05-2017** Date of Expiry: **10-05-2018**

**MULTIPLE JOURNEY VISA ISSUED**

**YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.**

eBaoTech

GeneralClaim

Hello, NAC\_PAYA\_UBI\_800601

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

## Policy Query

Policy No.  Date of Accident   
Vehicle No. (For Motor)

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="checkbox"/>	5089770995	JINGSLINK MARKETING PTE LTD	199308267G	GCV	Comprehensive	YP5961M	YP5961M	05/04/2017	04/04/2018

## ▼ Policy Information

Policy No.	5089770995	Policyholder Name	JINGSLINK MARKETING PTE LTD	Policyholder NRIC	199308267G
Address	10 UBI CRESCENT #02-45 UBI TECHPARK SINGAPORE 408564				
Product Name	COMMERCIAL VEHICLE INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	05/04/2017	Effective Date	05/04/2017 00:00	Expiry Date	04/04/2018 23:59
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess			
Agent	PRO-LINK INSURANCE AGENCY	Agent Tel.	65672149	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

## ▼ Policyholder Mailing Address

Address 1	10 UBI CRESCENT #02-45	Address 2	UBI TECHPARK	Address 3	SINGAPORE 408564
Address 4		Address Type	Singapore address	Post Code	408564
Unit No.		Related Policy Number	5089770995		

## ► Insured Object: YP5961M

## ▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
1	05/04/2017 00:00	Basic Information Endorsement	Entry Rejected	Thank you for giving us the opportunity to serve you. We confirm that from 05 Apr 2017, the following amendment(s) is/are made to this policy:  Thank you for giving us the opportunity to serve you. We confirm that from 05 Apr 2017, the following amendment(s) is/are made to this policy: 1) VEHICLE REGISTRATION NUMBER: YP5961M 2) VEHICLE MODEL: CANTER
2	05/04/2017 00:00	Basic Information Endorsement	Endorsement Take Effective	

Continue

Cancel



### Claim Handling

Accident MT/0970572

Policy No.	5089770995	Vehicle No.	YP5961M	GST Registration No.	
Policyholder Name	JINGSLINK MARKETING PTE LTD			Policyholder NRIC	
Product Code	COMMERCIAL VEHICLE INSURANCE	Cover Type	Comprehensive	Loading	
Contact No.(Mobile)	0	Contact No.(Office)	62995836	Contact No.(Home)	
Email Address		Special Remark		eCode	
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0		
<b>▼ Accident Details</b>					
Report Date	21/11/2017 13:48	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head
Date of Accident	20/11/2017	Time of Accident hh:mm	15:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BLK 20 WOODLANDS LINK JUNCTION				
<b>▼ Benefits</b>					
<b>▼ Excess</b>					
Own damage Excess	600.00	Additional Excess		Windscreen Excess	
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			
<b>▼ GST Registered Information</b>					
GST Registered	Yes	GST Registration Date		01/04/1994	
GST Registration No.	M201192170	GST Status Verified		Yes	
Modification History					
<b>▼ Policyholder Mailing Address</b>					
Address 1	10 UBI CRESCENT #02-45	Address 2	UBI TECHPARK	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.		Related Policy Number	5089770995		
<b>▼ OI Driver Info</b>					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	ARUMUGAM PANDIYARAJ	Driver NRIC	G6816450N	Driver DOB	
Register Date of Driver License	02/11/2016	Driver Age	30	Driving Experience	
Contact No.(Mobile)	90299378	Contact No.(Office)	0	Contact No.(Home)	
Address 1	10 UBI CRESCENT	Address 2	UBI TECHPARK	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.	02-45				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	
<b>Declaration</b>					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No		

#### Modification History

Claim 001 [New](#)

Claim Type *	OD-MX	Insured Name	JINGSLINK MARKETING PTE LTD	Insured NRJC
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)
Email Address		OI Vehicle Number	YP5961M	TP Vehicle Number
Claim Description	YP5961M / SJV5258G ON 20 Nov 2017			Name of Preferred Workshop
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report
Date Registered	21/11/2017 13:51	Claim Close Date		Date Received
Report Taken By	Jackson			
<input checked="" type="checkbox"/> Print AK letter				

Save Submit

Attachment

Accident No.	MT/D970572	Claim No.	001
Last Doc. Received	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Upload Date	21/11/2017 13:52
Path *		Category *	Confidential
<input type="text"/> <input type="button" value="Browse..."/> <input type="button" value="Clear"/>		Please Select ▼	NO *
			Normal

<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	NO	Normal
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	NO	Normal
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<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	NO	Normal
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	NO	Normal

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	De
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Nov 2017 13:52	NRIC/ Driving License	Normal	NRIC/ Driving
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Nov 2017 13:52	SAS	Normal	SAS :
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Nov 2017 13:52	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Nov 2017 13:52	Photos	Normal	Photos
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Nov 2017 13:51	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Nov 2017 13:51	Photos	Normal	Photos
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Nov 2017 13:51	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Nov 2017 13:51	Photos	Normal	Photos

## Video List

Uploaded By/Date	Folder Date	File Name	Source
		<input type="button" value="Display in New Window"/>	<input type="button" value="Scan and uploading"/>