

NATIONAL Assessment Centre Services

Date In: 24/11/17	Job description	Date & Time Completed	Done by
Ref No: NA/INC17022447/13	SAS e-filing		
Veh No: G2954C	E-mail (within 2hrs, ABC 2hrs)		
D.O.A: 23/11/17 0735	i-Motor Claim Form	MT/0970988	
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: SUB4254D	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

NA1707268

Invoice Preparation Checklist

Ant (\$)	Ant (\$)
1st Bill	Add Bill

Claimant's Particulars :-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments :-

Cat. 1:

Cat. 2 / 3:

1) AR: Accident Reporting (\$30);	
2) DA: Damage Assessment (\$100); INC (\$80)	
3) TF: Towing Fee \$40/\$45	
4) FT: Follow-Through Survey \$120	
5) FT: Follow-Through Survey (Resurvey) \$30	
For claiming against INC Only (wef 10 Jan 2005)	
6) TR: Re-inspection \$75	
7) N1: Idac DA + SMRI 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 \$10	

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	24/11/2017 16:24
Date Of Accident	23/11/2017 07:35
Exact Location Of Accident	KAKI BUKIT AVE 6
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GZ954C
Insured/Policyholder	
Name Of Registered Owner	LEONG RENOVATION CONTRACT
Co Reg No	53089360J
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-93256953

Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA
Exact Purpose for which vehicle was being used at time of accident	GOING TO WORK
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5076344329-01
Cover Note Number	

Driver

Name of Driver	TAMILSELVAN VEERABALAMURUGAN
Passport No/FIN	G5072466U
Date Of Birth	18/06/1986
Occupation	OUTDOOR
Date Of Driving Pass	17/07/2017
Driving Experience	0 YEAR AND 4 MONTH
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	25 KAKI BUKIT RD 4 #06-49
Postcode	417800
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	COLLIDED INTO PARKED VEHICLE
Weather Conditions	CLEAR
Road Surface	DRY

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

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	SJB4254D
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	
NRIC/Passport Number	
Contact Number	91527994/96877799
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.
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 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)

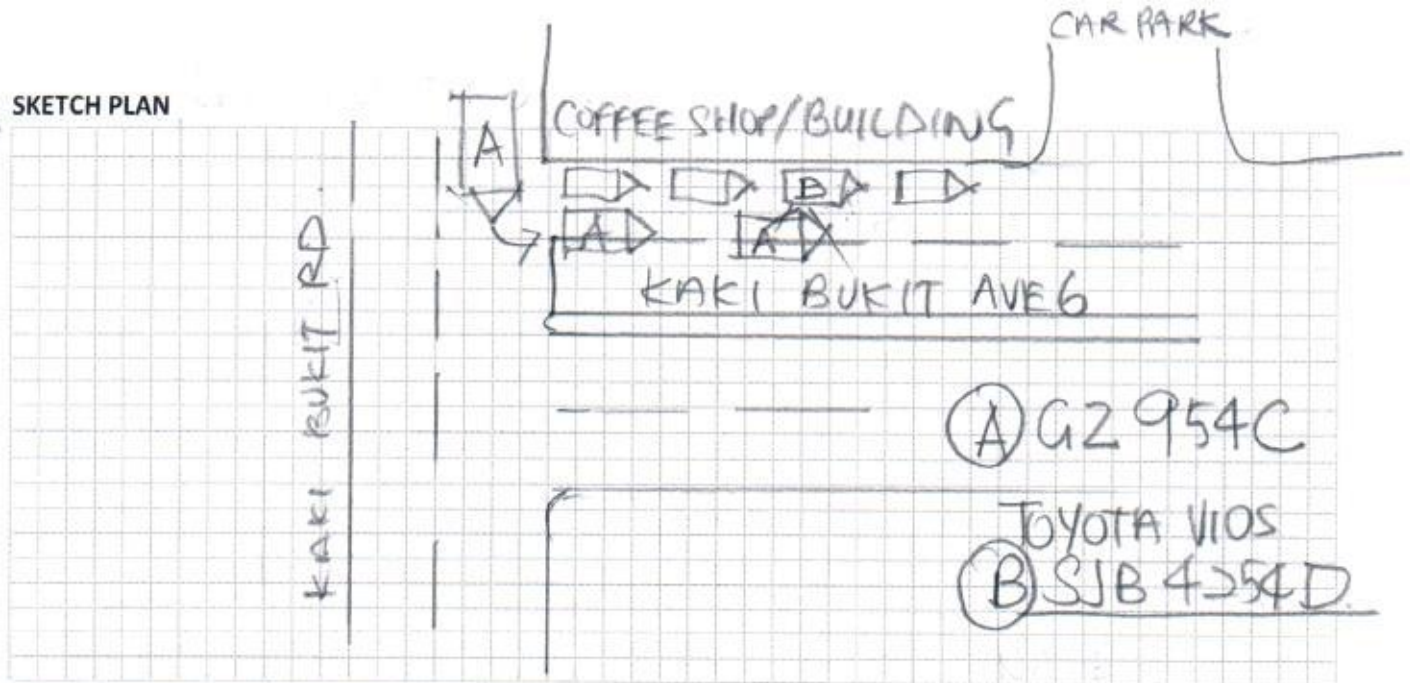
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AS I WAS TRAVELLING ALONG KAKI BUKIT AVE 6 ,

I SUDDENLY LOST CONTROL AND HIT ONTO THE VEHICLE

B WHICH WAS PARKING ILLEGALLY ON THE ROAD SIDE .

DECLARATION

I/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:

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

VEHICLE NO: G2 954C MAKE/MODEL: TOYOTA DYNA
DATE OF ACCIDENT 23, 11, 2017 TIME 07 HR 35 MIN 2 AM/PM
DAY/MONTH/YEAR
LOCATION OF ACCIDENT KAKI BUKIT AVE 6
EXACT PURPOSE USE DURING ACCIDENT GOING TO WORK

CAR OWNER

NAME OF CAR OWNER LEONG RENDUATION CONTRACT
CONTACT NO ✓
NRIC UP
CLAIM TYPE ☐ OD ☐ THIRD PARTY ☒ REPORTING ONLY
INSURANCE COMPANY ✓
TYPE OF COVERAGE ☐ COMPREHENSIVE ☐ THIRD PARTY ☐ THIRD PARTY FIRE & THEFT
POLICY NO ✓

ACCIDENT DRIVER

☐ AS ABOVE ☐ IF NOT- KINDLY FILL IN BELOW
NAME OF DRIVER TAMIL SELVAN VEERABACAMURUGAN
NRIC 035217657 NO OF PASSENGER/S ☐
DATE OF BIRTH 18.06.1986
OCCUPATION PROJECT SUPERVISOR ☒ OUTDOOR ☐ INDOOR
DATE OF DRIVING PASS 17, 07, 2017
GENDER ☒ MALE ☐ FEMALE
CONTACT NO 8868 0401
ADDRESS ✓

DRIVER OWN ANY VEHIC ☒ NO/ IF YES- REGISTRATION NO

RELATIONSHIP EMPLOYEE IF NOT:
WEATHER CONDITION ☒ CLEAR ☐ RAINING OTHER: _____
ROAD SURFACE ☒ DRY ☐ WET OTHER: _____
ANY INJURIES ☒ NO/ IF YES- NAME: _____
CONTACT NO _____
POLICE REPORT ☒ NO/ IF YES- LOCATION: _____
VIDEO FOOTAGE ☒ NO/ YES

3RD PARTY INFO

VEHICLE B NO SJB4254D NO OF PASSENGER/S ☐
NAME _____
CONTACT NO 91527794 19687779
VEHICLE C NO _____ NO OF PASSENGER/S ☐
VEHICLE D NO _____ NO OF PASSENGER/S ☐
VEHICLE E NO _____ NO OF PASSENGER/S ☐
VEHICLE F NO _____ NO OF PASSENGER/S ☐
ANY WITNESS _____
WITNESS CONTACT NO _____

HS AUTOMOTIVE SERVICES
Reg. No: 53081191W
Block 2 Kaki Bukit Avenue 2,
@ Kaki Bukit Autohub #02-25
Singapore 417921
Tel: 6538 1368 Fax: 6538 1367

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

Employer:
LEONG RENOVATION CONTRACT

Sector: **CONSTRUCTION**

Name:
TAMILSELVAN VEERABALAMURUGAN

Occupation:
PROJECT SUPERVISOR

S Pass No.
0 35217657

Date of Application:
31-10-2016

Date of Issue:
26-11-2016

Date of Expiry:
29-12-2018

L7422668





REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **G5072466U**



Holder:
TAMILSELVAN VEERABALAMURUGAN

Birth Date: **18 Jun 1986**

Issue Date: **26 Jul 2016**

Valid Till: **10/08/2021**

0025922638

VISIT PASS
Immigration Regulations

Name:
TAMILSELVAN VEERABALAMURUGAN

Date of Birth: **18-06-1986** Sex: **M** Nationality: **INDIAN**

FIN: **G5072466U** Date of Issue: **26-11-2016** Date of Expiry: **29-12-2018**

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.




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

EFFECTIVE DATE

C Class 2B	Motorcycles <= 200 CC	11 Aug 2011
C Class 3	Motor cars <= 3500 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 2500 kg	17 Jul 2017

G5071466U

S / No. 9000301347

NP 428A

Licence No: G5072466U



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7664498E



Name
HEY WEE LEONG

侯良龍

Race
CHINESE

Date of birth
21-05-1976

Sex
M

Country of birth
MALAYSIA



8904251



NRIC No. S7664498E



Nationality
MALAYSIAN

Date of issue
02-01-2008

APT BLK 410 WOODLANDS STREET 41 #02-87
SINGAPORE 730410

NRIC No: S7664498E

Date 25/07/2012

No: 7131566

Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number : 5076344329-01 **Cover :** Third Party, Fire & Theft

1. Index mark and Registration Number of Vehicle : **GZ954C**
Chassis Number : JTFUF34Y403011350

2. Name of Policyholder : **LEONG RENOVATION CONTRACT**

3. Effective Date of Insurance : **22 Dec 2016**

4. Expiry Date of Insurance : **08 Dec 2017**

5. Persons or Classes of Persons entitled to drive#
(a) The Policyholder.
(b) Any other person who is driving on the Policyholder's order or with his/her permission.
Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to Use#
(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.
(b) Use for the carriage of passengers or goods in connection with the Policyholder's business.

This Policy does not cover
(a) Use for hire or reward.
(b) Use for racing, pace-making, reliability trial or speed-testing.
(c) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: N/A
EXCESS (SECTION 2)	: N/A
INSURE WITH COE	: YES
HIRE PURCHASE COMPANY	: ABWIN PTE LTD
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : NLE INSURANCE AGENCIES PTE LTD (00000614580)
Date of Issue : 17 Nov 2016 13:07 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer



Chief Executive

Claim Handling

Accident MT/0970988

Policy No.	5076344329-01	Vehicle No.	GZ954C	GST Registration No.	
Policyholder Name	LEONG RENOVATION CONTRACT	Cover Type	Third Party, Fire & Theft	Policyholder NRIC	
Product Code	COMMERCIAL VEHICLE INSURANCE	Contact No.(Office)		Loading	
Contact No.(Mobile)	NA	Special Remark		Contact No.(Home)	
Email Address		TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode	
KFK	<input type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	20	eCode Reason	
NCD Protection	No				
Accident Details					
Report Date	24/11/2017 10:02	Accident Report Within 24 hrs	Yes	Accident Type	Unknown
Date of Accident	23/11/2017	Time of Accident hh:mm	07:15	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	KAKI BUKIT AVE 6				
Benefits					
Excess					
Own damage Excess	0.00	Additional Excess		Windscreen Excess	
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			
GST Registered Information					
GST Registered	Yes	GST Registration Date	01/12/2013		
GST Registration No.	530893603	GST Status Verified	Yes		
Modification History	24/11/2017 10:22:59 Karthlyn Yuen changed GST Registered from No to Yes 24/11/2017 10:22:59 Karthlyn Yuen changed GST Registration No. from null to 530893603 24/11/2017 10:22:59 Karthlyn Yuen changed GST Registration Date from null to 01/12/2013				
Policyholder Mailing Address					
Address 1	25 KAKI BUKIT ROAD 4	Address 2	#06-49 SYNERGY @ KB	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.		Related Policy Number	5088094781		
DI Driver Info					
Driver Name		Driver Type		Driver DOB	
Unnamed driver Name		Driver NRIC		Driving Experience	
Register Date of Driver License		Driver Age		Contact No.(Home)	
Contact No.(Mobile)		Contact No.(Office)		Address 3	
Address 1		Address 2		Post Code	
Address 4		Address Type	Foreign address		
Unit No.		Driver Vehicle No.		Driver Insurer Company	
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input type="radio"/> No				
Modification History					

Claim 002 OD-MX **New**

Claim Type *	OD-MX	Insured Name	LEONG RENOVATION CONTRACT	Insured NRIC		
Contact No.(Mobile)	93256953	Contact No.(Home)		Contact No.(Office)		
Email Address		OT Vehicle Number	GZ954C	TP Vehicle Number		
Claim Description	GZ954C / SJB4254D ON 23 Nov 2017				Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Fully at Fault			
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop (refer below)	GIA report		
Date Registered	24/11/2017 17:04	Claim Close Date		Date Received		
Report Taken By	ROSINDA	Workshop Repairer		Total Loss but Repaired		
<input checked="" type="checkbox"/> Print AK letter						
<div>Save</div> <div>Submit</div>						

Attachment

Accident No.	MT/0970988	Claim No.	002		
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	24/11/2017 00:00		
Path *		Category *		Confidential	Urgency
<div>Browse...</div>	<div>Clear</div>	<div>Please Select</div>	<div>NO</div>	<div>Normal</div>	
<div>Browse...</div>	<div>Clear</div>	<div>Please Select</div>	<div>NO</div>	<div>Normal</div>	
<div>Browse...</div>	<div>Clear</div>	<div>Please Select</div>	<div>NO</div>	<div>Normal</div>	
<div>Browse...</div>	<div>Clear</div>	<div>Please Select</div>	<div>NO</div>	<div>Normal</div>	

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

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	De
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Nov 2017 17:03	NRIC/ Driving License	Normal	NRIC/ Driving
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Nov 2017 17:03	SAS	Normal	SAS ;
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Nov 2017 17:02	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Nov 2017 17:02	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Nov 2017 17:02	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Nov 2017 17:02	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Nov 2017 17:02	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Nov 2017 17:02	Photos	Normal	Photos

Video List

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