

NATIONAL Assessment Centre Services Form 1-20-093

Date In: 28/12/2017 16:45	Job description	Date & Time Completed	Done by
Ref No: NA/INC17024629/K4	SAS e-filing		
Veh No: 7J9954P	E-mail (within 8hrs, AIG 2hrs)		
DOA: 27/12/2017 11:40	i-Motor Claim Form	MT/0975568	29/12/17 09:50
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 Assgn Wksp / QW: () Tel: () Fax: ()

TP Particulars: Veh No: SLU304X 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

Claimant's Particulars:-	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) Add On
NA1708033	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$30)		
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 2003)		
Cat. 1:	6) TR: Re-inspection \$75		
Cat. 2/3:	7) NI: 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 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	28/12/2017 16:45
Date Of Accident	27/12/2017 11:40
Exact Location Of Accident	CTE TWDS CITY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YJ9954P
Insured/Policyholder	
Name Of Registered Owner	IMPEX FORWARDERS PTE LTD
Co Reg No	198305701D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93840446
Alternative Phone No	OFFICE-93840446

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	FE639E6RDEA
Exact Purpose for which vehicle was being used at time of accident	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
Fleet Policy	NO
Policy Number	5054967800-05
Cover Note Number	

Driver

Name of Driver	SARBJIT SINGH TULSI
NRIC No	S1216725C
Date Of Birth	03/04/1956
Occupation	OUTDOOR
Date Of Driving Pass	02/05/1974
Driving Experience	43 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93840446
Fax Number	
Contact Number	OTHERS-93840446
EMail Address	NOEMAIL

Address	BLK 83 REDHILL LANE
	#06-79
Postcode	150083
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	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	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)	2
Passenger 1	NAME: : SUBRAMANIAM S/O MANIKAM
	GENDER: : MALE

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	SLU304X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LIM HONG CHIN
NRIC/Passport Number	S2162975H
Contact Number	98322158
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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.



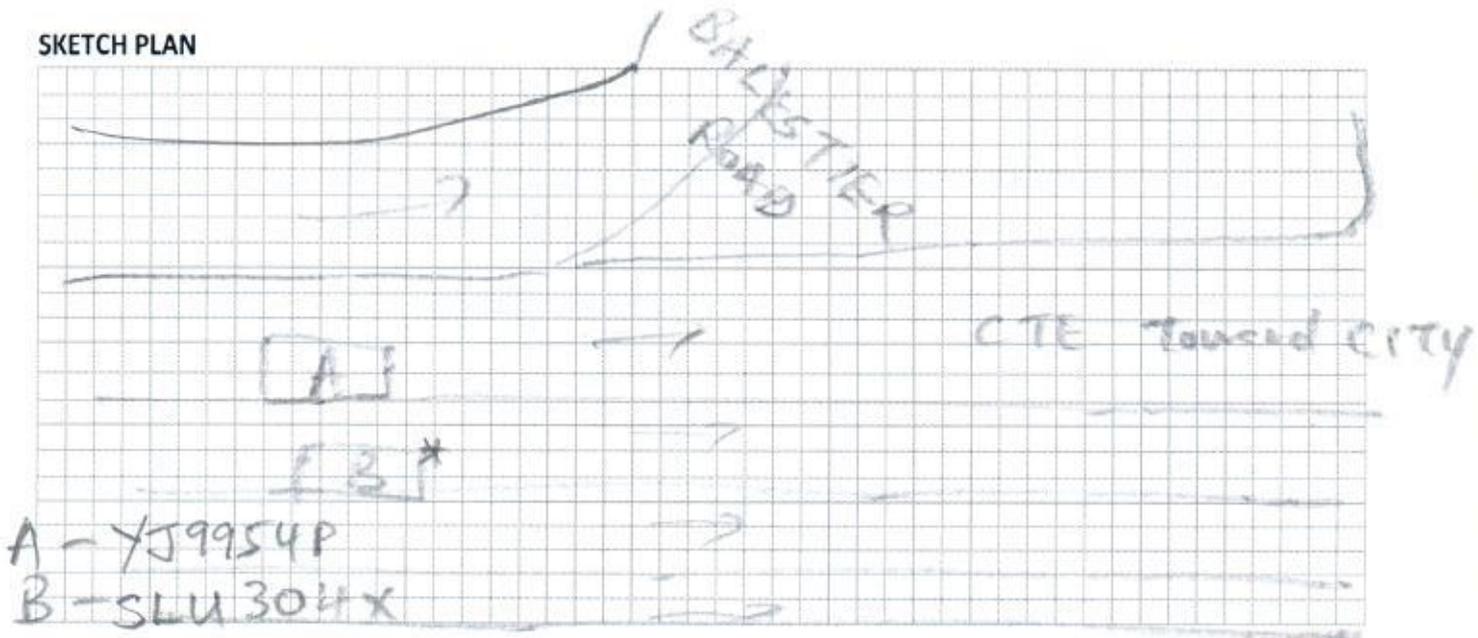
Policyholder's Signature
Date & Time:

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

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

28/12/2017

SKETCH PLAN



A - YJ9954P

B - SLU304X

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

BOTH VEHICLES WERE TRAVELLING TOWARDS CITY. VEHICLE B SLOWED DOWN ON THIRD LANE SIGNALLING TO FILTER LEFT AND DOWN AT ABOUT 30 KMPH CAUSING ALL VEHICLES ON THE REAR OF IT TO TAILGATE. AS I PASSED VEHICLE B, IT WAS TRYING TO CHANGE LANE AND WAS VERY CLOSE TO THE LINE BETWEEN THE TWO LANES. VEHICLE B REAR VIEW MIRROR HIT THE SIDE OF MY LOCOM AND BROKE. MY VEHICLE HAD NO DAMAGE.

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.:

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1216725C



Name
SARBJIT SINGH TULSI



Race
SIKH

Date of Birth
03-04-1956

Sex
M

Country of Birth
SINGAPORE

3035714

3035714



NRIC No. **S1216725C**



Direct Group
AB

Date of issue
30-06-1996

APT BLK 83 REDHILL LANE #06-79
SINGAPORE 150083

NRIC No: **S1216725C** Date: **25/09/2012** No: **710350**

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: **S1216725C**

Name
SARBJIT SINGH TULSI



Birth Date: **03 Apr 1956**

Issue Date: **07 Oct 2003**

0008955518



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

	PASS DATE
Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	02 May 1974
Class 4 Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kilograms	29 Oct 1963
Class 5 Motor Vehicles which are not constructed themselves to carry any load and the weight of which unladen exceeds 7250 kilograms	03 Jan 1984

NP 420A

License No: S1216725C



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 : 5054967800-05

Cover : Third Party

- | | | |
|---|---|--------------------------|
| 1. Index mark and Registration Number of Vehicle | : | YJ9954P |
| Chassis Number | : | FE639EA02436 |
| 2. Name of Policyholder | : | IMPEX FORWARDERS PTE LTD |
| 3. Effective Date of Insurance | : | 01 Oct 2017 |
| 4. Expiry Date of Insurance | : | 30 Sep 2018 |
| 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	:	N/A
HIRE PURCHASE COMPANY	:	N/A
SUM INSURED	:	N/A

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 : ACR INSURANCE AGENCY (00000572680)
 Date of Issue : 27 Sep 2017 18:11 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

 Authorised Officer



 Chief Executive

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)

Search

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5054967800-05	IMPEX FORWARDERS PTE LTD	198305701D	GCV	Third Party	YJ9954P	YJ9954P	01/10/2017	30/09/2018

Continue

 Policy Information

Policy No.	5054967800-05	Policyholder Name	IMPEX FORWARDERS PTE LTD	Policyholder NRIC	198305701D
Address	317 OUTRAM ROAD #01-21/20 CONCORDE SHOPPING CENTRE SINGAPORE 169075				
Product Name	COMMERCIAL VEHICLE INSURAI Plan			Group Policy Flag	N
Policy Issue Date	27/09/2017	Effective Date	01/10/2017 00:00	Expiry Date	30/09/2018 23:59
Third Party Excess	0	Own damage Excess	0	Windscreen Excess	0
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess			
Agent	ACR INSURANCE AGENCY	Agent Tel.	66462745	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info Certificate Info					

 Policyholder Mailing Address

Address 1	317 OUTRAM ROAD	Address 2	#01-21/20 CONCORDE SHOPPING CENTRE	Address 3	SINGAPORE 169075
Address 4		Address Type	Singapore address	Post Code	169075
Unit No.	01-20/21	Related Policy Number	5054967800-05		

 Insured Object: YJ9954P

 Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
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Claim Handling

Accident MT/0975568

Policy No.	5054967800-05	Vehicle No.	YJ9954P	GST Registration No.	
Policyholder Name	IMPEX FORWARDERS PTE LTD	Cover Type	Third Party	Policyholder NRIC	
Product Code	COMMERCIAL VEHICLE INSURAN	Contact No.(Office)	0	Loading	
Contact No.(Mobile)	93840446	Special Remark		Contact No.(Home)	
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	20	eCode Reason	
NCD Protection	No	Private Hire		No	

Accident Details

Report Date	29/12/2017 09:37	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	27/12/2017	Time of Accident hh:mm	11:40	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	CTE TWDS CITY				

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	No	GST Registration Date	
GST Registration No.		GST Status Verified	No
Modification History			

Policyholder Mailing Address

Address 1	317 OUTRAM ROAD	Address 2	#01-21/20 CONCORDE SHOPPII	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.	01-20/21	Related Policy Number	5054967800-05		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	
Unnamed driver Name	SARBJIT SINGH TULSI	Driver NRIC	S1216725C	Driving Experience	
Register Date of Driver License	02/05/1974	Driver Age	61	Contact No.(Home)	
Contact No.(Mobile)	93840446	Contact No.(Office)	0	Address 3	
Address 1	BLK 83	Address 2	REDHILL LANE	Post Code	
Address 4		Address Type	Singapore address		
Unit No.	#06-79	Driver Vehicle No.		Driver Insurer Company	
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No				

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	IMPEX FORWARDERS PTE LTD	Insured NRIC	
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	
Email Address		O1 Vehicle Number	YJ9954P	TP Vehicle Number	
Claim Description	YJ9954P / SLU304X ON 27 Dec 2017			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Partially at Fault	GIA report	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	
Date Registered	29/12/2017 09:46	Claim Close Date		Total Loss but Repaired	
Report Taken By	KRISHNASAMY	Workshop Repairer			

Print AK letter

Save Submit

Attachment

Accident No.	MT/0975568	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	29/12/2017 09:50
Path *	Category *		
Browse...	Clear	Please Select	Confidential Urgency
			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
<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

Message Read

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	De
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Dec 2017 09:46	NRIC/ Driving License	Normal	NRIC/ Driving
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Dec 2017 09:43	SAS	Normal	SAS ;
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Dec 2017 09:43	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Dec 2017 09:43	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Dec 2017 09:43	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Dec 2017 09:43	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Dec 2017 09:43	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Dec 2017 09:42	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Dec 2017 09:42	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Dec 2017 09:42	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Dec 2017 09:42	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Dec 2017 09:42	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Dec 2017 09:42	Photos	Normal	Photos

Video List

Uploaded By/Date	Folder Date	File Name	Sour
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