

NATIONAL Assessment Centre Services

Date In: 05/02/18	Job description	Date & Time Completed	Done by
Ref No: NA/INC18002281/13	SAS e-filing		
Veh No: SJM7394E	E-mail (within 8hrs, A/C 2hrs)		
D.O.A. 04/02/18 0915	i-Motor Claim Form	MT/0981091-001	
OD (TP) Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (N-51	Tel:	Fax:
TP Particulars:	Veh No: SHB7603J	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:-	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	Ant (\$) In Bill	Ant (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$30)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors' Comments:-	5) FT: Follow-Through Survey (Resurvey) \$30		
Cat. 1:	For claiming against INC Only (wef 10 Jan 2005)		
Cat. 2 / 3:	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 (N-in 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 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	05/02/2018 18:21
Date Of Accident	04/02/2018 09:15
Exact Location Of Accident	TEMBELING RD TWDS EAST COAST RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJM7394E
Insured/Policyholder	
Name Of Registered Owner	EXCEL MOTORING
Co Reg No	53180222A
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-97575921

Vehicle Particulars

Manufacturer	HYUNDAI
Model	AVANTE
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	PRIVATE CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5095049081
Cover Note Number	

Driver

Name of Driver	MANGESVARAN S/O SANGILY
NRIC No	S7817363G
Date Of Birth	27/05/1978
Occupation	OUTDOOR
Date Of Driving Pass	20/02/1999
Driving Experience	18 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LQCAL) +65-93889123
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 178A RIVERVALE CRESCENT
	#07-447
Postcode	541178
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-

General Information of the Accident

Type Of Accident	COLLISION - CROSS JUNCTION
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?	YES
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)	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	SHB7603J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	MANGESVARAN S/O SANGILY
------	-------------------------

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

SLIGHT

SJM7394E

YES

NO

SKETCH PLAN

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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.



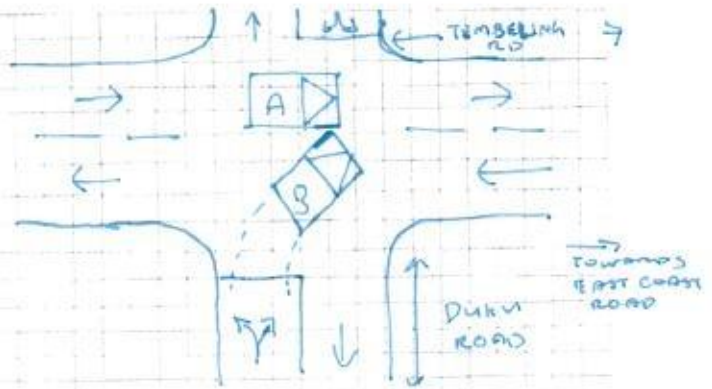
Policyholder's Signature
Date & Time:


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

 05/02/18
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

VEHICLE A - SJM 7394E
VEHICLE B - SHB 7603J



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS DRIVING ALONG TEMBELING ROAD TOWARDS EAST COAST ROAD ON A (2 LANE / 2 WAY) TRAFFIC.
WHILE PASSING THE JUNCTION OF TEMBELING ROAD / DUKUN ROAD, SUDDENLY A VEHICLE TURNED OUT FROM DUKUN ROAD, FAILING TO STOP AT THE STOP LINE. AND I COULDN'T REACT ON TIME EVEN I SWERVED SLIGHTLY TO THE LEFT. THE VEHICLE HIT ONTO THE RIGHT FRONT OF MY VEHICLE EVEN THOUGH I DID HORNED TO WARN THE DRIVER.
ALIGHTED FROM MY VEHICLE AND RECOVERED A VEHICLE BEARING (SHB 7603J) HAD COLLIDED TO THE RIGHT FRONT OF MY VEHICLE WHILE I WAS TRAVELLING STRAIGHT ON THE RIGHT OF WAY, WHEN HE TURNED OUT FROM DUKUN ROAD FAILING TO STOP AT THE STOP LINE.
VEHICLE A - SJM 7394E
VEHICLE B - SHB 7603J

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.	SJM 7394E		Model / Make	HYUNDAI AVANTE	
Date of Accident	04/02/2018				
Time of Accident	0915		HRS		
Location of Accident	TEMBELING RD TOWARDS EAST COAST RD (JUNCTION OF DUKUN RD/TEMBELING RD)				
Exact purpose use during accident	WORKING HOUR				
Name of Owner	EXCEL MOTORING				
Telephone No.	H/P: 97575921		Home:		Office:
NRIC	53180222A				
Address	210 TUAH CLUB ROAD #LOT-860 THE GRANDSTAND S(287995)				
Claim type	OD THIRD PARTY REPORTING ONLY				
Insurance Company	NTAC				
Type of Coverage	Comprehensive		Third Party		Third Party / Fire / Theft
Policy No.	5095049081				
Name of Driver	As Above If No, MAGESVARAN S/O SANKILY				
NRIC	57817363G		Any Passengers: NIL		
Date of birth	27/05/1978				
Occupation	Outdoor		/ Indoor		
Driving License Pass Date	20 FEB 1999				
Gender	Male / Female				
Contact No.	H/P: 93889123		Home:		Office:
Address	BLK 178A RIVERVALE CRESCENT #07-447 S(541178)				
Driver have any own vehicle	No		If yes, Reg No.		
Relationship	Employee,		If no, state RENTAL / LEASING		
Weather condition	Clear		Raining Other		
Road Surface	Dry		Wet Other		
Any Injuries	No		If Yes, Who?		
Name And Contact No.	MAGESVARAN S/O SANKILY 93889123				
Name And Contact No.					
Police Report	No		If Yes, Where?		
Vehicle B No.	SHB 7603 J		Any Passengers:		
Name of Driver			Contact No.:		
Vehicle C No.			Any Passengers:		
Vehicle D No.			Any Passengers:		
Vehicle E no.			Any Passengers:		
Vehicle F No.			Any Passengers:		
Vehicle G No.			Any Passengers:		
Witness Name			Witness Contact:		
Accident Portion	FRONT RIGHT PORTION				
Camera Recorder	Yes / No				
Email Address					
HAVE YOU BEEN APPROACH BY UNKNOWN PERSON SOLICITING / OFFERING ACCIDENT CLAIMS ASSISTANCE?					
					Yes / No
PARTICULAR WORKSHOP	NSI AUTOMOTIVE PTE LTD				
CONTACT NO.	6842 0051 / 6744 0510				
CONTACT PERSON	IAN				
FAX NO	6741 0510				
WORKSHOP EMAIL ADDRESS	Sales@nsi.com.sg				

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7817363G



Name

MAGESVARAN S/O SANGILY

மகேஸ்வரன்

Race

INDIAN

Date of birth

27-05-1978

Sex

M

S7817363G

Country of birth

SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S7817363G

Name

MAGESVARAN S/O SANGILY

Birth Date: 27 May 1978

Issue Date: 31 May 2011



4772472

NRIC No. S7817363G



Date of issue

01-09-2011

APT BLK 178A RIVERVALE CRESCENT #07-447
SINGAPORE 541178

NRIC No: S7817363G

Date: 27/05/2014

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

EFFECTIVE DATE

Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg 20 Feb 1999

NP 428A



Licence No: S7817363G

29-12-17;17:07 ; Insure Link

EXCEL MOTORING ; 64440040

1/ 3



Certificate of Insurance

5

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: 5095049081

Cover : Third Party

1. Index mark and Registration Number of Vehicle : SJM7394E
 Chassis Number : KMH0U41BR9U657224
2. Name of Policyholder : EXCEL MOTORING
3. Effective Date of Insurance : 29 Dec 2017
4. Expiry Date of Insurance : 28 Dec 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 or Hirer's business.
 This Policy does not cover
 (a) Use for racing, pace-making, reliability trial or speed-testing.
 (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
 (c) Use for any purpose in connection with the Motor Trade.
 # 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)	: S\$1,500
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: N/A
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: N/A
NCD PROTECTION	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: 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 : INSURE LINK PTE LTD (00000614836)
 Date of Issue : 13 Oct 2017 14:18 hrs

Insure Link Pte Ltd
 2 Kallang Road #08-16
 CT 101
 Off : 6444 4014
 Fax : 6444 0040

Countersigned By:

Authorised Officer

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive

Vehicle Registration Detail Information

Page 1 of 2

Enquire Vehicle Registration Details

Owner Particulars

NRIC/Passport/Company Cert No.:	53180222A
Owner ID Type:	Business
Owner Name:	EXCEL MOTORING
Registered Address:	210 TURF CLUB ROAD #B-60 THE GRANDSTAND SINGAPORE 287995
Mailing Address:	-
Birth Date:	-

Vehicle Particulars

Vehicle No.:	SJM7394E
Previous Vehicle No.:	-
Effective Date of Ownership:	30 Dec 2017
Original Regn Date:	15 Jan 2009
Registration Date:	15 Jan 2009
Year of Manufacture:	2008
Vehicle Type:	Private Hire (Chauffeur) Motor Car
Vehicle Scheme:	-
Vehicle Attachment 1:	No Attachment
Vehicle Attachment 2:	-
Vehicle Attachment 3:	-
Vehicle Make:	HYUNDAI
Vehicle Model:	HD AVANTE 1.6 A
Primary Colour:	Black
Secondary Colour:	-
Passenger Capacity:	4
Chassis No.:	KMH DU41BR9U657224
Engine No.:	G4FC8U573971
Engine Capacity / Power Rating:	1591 cc / -
Maximum Power Output:	89.7 kW (120 bhp)
Propellant:	Petrol
Max Unladen Weight:	1264 kg
Maximum Laden Weight:	1760 kg
Open Market Value:	\$11,527.00
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	14 Jan 2019
Minimum PARF Benefit:	\$1,554.00

Vehicle Registration Detail Information

Page 2 of 2

No. of Transfers :	1
IU Label No. :	1122729924
COE No. :	2009010107000544D
COE Expiry Date :	14 Jan 2019
COE Category :	E - Open Category
COE Registration Category :	A - Car (1600cc & below)
Quota Premium (QP) / Prevailing Quota Premium :	\$7,589.00 / -
Actual QP Paid :	\$799.00
QP (Regn Cat) :	\$7,721.00
OPC Cash Rebate Eligibility :	No
QP during COE Bidding Exercise :	\$7,589.00
Additional Registration Fee Rate :	100.00 %
Actual ARF Paid :	\$3,109.00
Vehicle Lifespan Expiry Date :	No Lifespan
CO2 Emission :	-
CO Emission :	-
HC Emission :	-
NOx Emission :	-
PM Emission :	-

Message :

COE rebate, if applicable, will be based on the QP of \$7,589.00. This is the lower of QP from Category E and the corresponding Category A in the same tender exercise. To renew the COE, the Prevailing Quota Premium payable is that of Category A. You are required to affix a pair of PHC decals on your vehicle windscreens at Authorised Inspection Centres within 3 calendar days, regardless of usage. The vehicle cannot be converted out until the decals have been affixed. This is a public service vehicle.

Print

OK

Save as PDF

LKK Paya Ubi

From: Desmond Foo Guo Hui <desmond.foogh@income.com.sg>
Sent: Tuesday, 6 February 2018 9:14 AM
To: rspu@lkkauto.com
Cc: Clarence Richard Anthony
Subject: RE: SJM7394E DOA:04/02/2018

Hi Roslinda

You may quote, MT/0981091-001 when billing us.

Desmond Foo
Assistant Manager, Motor Insurance
T +65 6430 7976
www.income.com.sg



From: LKK Paya Ubi [<mailto:rspu@lkkauto.com>]
Sent: 5 February, 2018 8:10 PM
To: Clarence Richard Anthony <clarence.anthony@income.com.sg>
Subject: SJM7394E DOA:04/02/2018

Hi Clarence

As our conversation, I try to do E-Bao before I finish work at 20:00hrs still can't go thru. so I attached all the document.

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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