

NATIONAL Assessment Centre Services

Date In: 13/02/18	Job description	Date & Time Completed	Done by
Ref No: NA/INC18002842/13	SAS e-filing		
Veh No: PA9903R	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 12/02/18 1105	i-Motor Claim Form	MS/0982297	
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: (MOTOR INTEL	Tel:	Fax:
TP Particulars:	Veh No: PC10857	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:-	Date & Time Completed	Done by
(INC hotline: 6788 6616)		
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 Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TP: Towing Fee \$40/\$45		
	4) FT: Follow-Through Survey \$120		
	5) RT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) NI: 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 (N11) against INC \$20		
	9) N12: Idac Mobile 30		
Auditors' Comments:-	Invoice dated	Fee Charged	
Cat. 1:	Invoice dated	Fee Charged	
Cat. 2 / 3:			

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	13/02/2018 10:39
Date Of Accident	12/02/2018 11:25
Exact Location Of Accident	PIONEER RD TWDS PIONEER RD NORTH(B4 ROUNDABOUT)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PA9903R
Insured/Policyholder	
Name Of Registered Owner	BRK INTERNATIONAL PTE. LTD.
Co Reg No	201529107R
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-69092544

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE
Exact Purpose for which vehicle was being used at time of accident	OT THE WAY TO CITY
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	5096974654
Cover Note Number	

Driver

Name of Driver	SAMIKUTTI SANKAR
Passport No/FIN	8243690T
Date Of Birth	13/06/1988
Occupation	OUTDOOR
Date Of Driving Pass	17/06/2015
Driving Experience	2 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98117523
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	16 SHAW ROAD #04-08 KIN BUILDING
Postcode	367954
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	COLLISION - HEAD TO REAR
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	PC1085T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	CHEN GUOTONG
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	SAMIKUTTI SANKAR
------	------------------

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

SLIGHT

PA9903R

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:

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

SKETCH PLAN

veh A PA 9903R

veh B PC 1085T

Pioneer Rd

Pioneer Rd North

(towards AYE (TUAS))

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along Pioneer Rd on the center lane of a 3-lane road towards Pioneer Rd North. Somewhere before roundabout of Pioneer Rd, I stopped at the stop line to give way to vehicles at the roundabout. Moments after I stopped, as I was waiting for the vehicles to clear, I suddenly felt a strong impact from the rear portion of my vehicle. After the accident, I alight from my vehicle and saw that vehicle B had collided into the rear portion of my vehicle.

veh A PA 9903R.

veh B PC 1085T.

DECLARATION

I declare that the foregoing particulars are true in every respect.



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

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

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

13/02/18

Vehicle No.

PA 9903R

Make / Model:

Toyota Hiace.

Date of Accident

12 Feb 2018.

Time of Accident

1125hrs.

Location of Accident

Pioneer Rd towards Pioneer Rd North (before roundabout).

Purpose of Use

On the way to city.

Name of Owner

BRK International Dte Ltd.

NRIC / Business UEN :

201529107R

Contact No :

HP :

Home : 6909 2544 (office).

Claim Type :

Own Damage

Third Party

Reporting Only

Private Hire :

Uber / Grab

Insurance Company :

NTUC.

Type Of Coverage :

Comprehensive

Third Party

TPFT

Policy No :

5096974654.

Name Of Driver : (as above)

Samikutti Sankar.

No. Of Passenger : —

NRIC :

G8243690T.

Male : —

Female : —

Date Of Birth :

13 Jun 1988.

License Pass Date :

17 Jun 2015.

Gender :

Male

Female

Occupation :

Driver.

Contact No. :

HP: 98117523.

Home :

Address :

16 Shaw Road #04-08 KIN Building S(367954)

Driver Own Vehicle :

Relationship :

Employee / Relative / Friend

Weather Condition :

Day

Night

Raining

Road Surface :

Dry

Wet

Any Injuries :

Yes Driver

Contact No. :

98117523.

Police Report :

Vehicle B No. :

PC 1035 T.

No. Of Passenger : —

Driver / NRIC

Chen Guoteng

Male : —

Female : —

Driver Contact :

Vehicle C :

No. Of Passenger : —

Driver / NRIC

Male : —

Female : —

Driver Contact :

Vehicle D :

No. Of Passenger : —

Driver / NRIC

Male : —

Female : —

Driver Contact :

Vehicle E :

No. Of Passenger : —

Driver / NRIC

Male : —

Female : —

Driver Contact :

Particulars of Workshop :

Motor Intel Automo Pte. Ltd.

Tel no : 6281 0087

Fax No: 6281 0187

Person In Charge :

Wilson Ong (HP : 8838 3318)

Address :

Bartley Biz Centre, 13 Kaki Bukit Rd 4, #01-20 S(417807)

Email :

sales@mia.com.sg

VISIT PASS
Immigration Regulations

02-01-2018

Name
SAMIKUTTI SANKAR

IN
G8243690T

Date of Birth
13-06-1988

Sex
M

Nationality
INDIAN

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.

Download SGWorkPass
App to check status



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

Class 3

Motor Ctrs =< 2000kg with =<7 passengers, exclusive 17 Jun 2015
of the driver, and other motor vehicles =< 2500kg

EFFECTIVE DATE

NP 428A



Licence No. G8243690T

9 3 7 2 8 0 0 X



CONSTRUCTION

Work Permit No. 07E35833

Name
SAMIKUTTI SANKAR



WORK PERMIT
Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore

Employer
BRK INTERNATIONAL PTE. LTD.

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number
G 8243690T

Name
SAMIKUTTI SANKAR

Birth Date: 13 Jun 1988
Issue Date: 17 Jun 2015
Valid Till: 16/06/2020



002440322K



Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1980

ROAD TRANSPORT ACT, 1987 (MALAYSIA)

MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1989 (MALAYSIA)

Certificate Number	5096974654	Cover	Comprehensive
1. Index mark and Registration Number of Vehicle	PA9903R		
2. Chassis Number	KDH201005643B		
3. Name of Policyholder	BAK INTERNATIONAL PTE. LTD.		
4. Effective Date of Insurance	02 Jan 2018		
5. Expiry Date of Insurance	02 Jan 2019		
6. 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.		
7. Limitations as to use*			
(a)	Use for the carriage of passengers in connection with the Policyholder's business.		
(b)	Limited to carry 12 passengers.		
This Policy does not cover			
(a)	Use for racing, pace-making, reliability trial or speed-testing.		
(b)	Use whilst drawing a trailer except the towing (Other than for reward) 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.

GEOGRAPHICAL LIMIT	WITHIN THE REPUBLIC OF SINGAPORE ONLY
EXCESS (SECTION I)	S\$2,000
EXCESS (SECTION II)	S\$3,000
WINDSCREEN EXCESS	S\$100
INSURE WITH COE	YES
HIRE PURCHASE COMPANY	N/A
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: THINK ONE AUTOMOBILE & TRADING PTE. LTD. (00000574089)

Date of Issue: 02 Jan 2018 10:47 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:



Authorised Officer



Chief Executive



Think One Authorised Workshop

Accident No.: 9128 8488 / 6844 3300

18 Defu Avenue 2 S(539522)

Renewal No.: 6555 3300

20 Ubi Road 4, #02-03 S(408622)

Claim Handling

Accident MT/0982297

Policy No.	5096974654	Vehicle No.	PA9903R	GST Registration No.	
Policyholder Name	BRK INTERNATIONAL PTE. LTD.			Policyholder NRIC	201
Product Code	BUS INSURANCE	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	0	Contact No.(Office)	69092544	Contact No.(Home)	0
Email Address		Special Remark		eCode	No
KPK	<input 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	Private Hire	No

▼ Accident Details

Report Date	13/02/2018 18:39	Accident Report Within 24 hrs	Yes	Accident Type	Coll
Date of Accident	12/02/2018	Time of Accident hh:mm	11:25	Country of Accident	Sing
Reporting Centre		Orange Force		ICM No.	
Accident Location	PIONEER RD TWDS PIONEER RD NORTH(B4 ROUNDABOUT)				

▼ Benefits

▼ Excess

Own damage Excess	2,000.00	Additional Excess	Windscreen Excess
Unnamed Driver Excess		Outside Singapore OD Excess	
Third Party Excess	3,000.00	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	16 SHAW ROAD	Address 2	#04-08 KIN BUILDING	Address 3	SIN
Address 4		Address Type	Singapore address	Post Code	367
Unit No.	07-65	Related Policy Number	5096974654		

▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	13/0
Unnamed driver Name	SAMIKUTTI SANKAR	Driver NRIC	G8243690T	Driving Experience	2
Register Date of Driver License	17/06/2015	Driver Age	29	Contact No.(Home)	0
Contact No.(Mobile)	98117523	Contact No.(Office)	0	Address 3	SIN
Address 1	16 SHAW ROAD	Address 2	KIN BUILDING	Post Code	367
Address 4		Address Type	Singapore address		
Unit No.	#04-08				
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	
Declaration					

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

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	BRK INTERNATIONAL PTE. LTD.	Insured NRIC	201
Contact No.(Mobile)		Contact No.(Home)	NIL	Contact No.(Office)	
Email Address		OI Vehicle Number	PA9903R	TP Vehicle Number	PC1
Claim Description	PA9903R / PC108ST ON 12 Feb 2018			Name of Preferred Workshop	MOT
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	GIA report	Rec
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop (refer below)	Date Received	13/0
Date Registered	13/02/2018 18:47	Claim Close Date		Total Loss but Repaired	
Report Taken By	ROSLINDA	Workshop Repairer			
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

Attachment

2/13/2018

Claim Handling(accident reporting Claim Task 001 OD-MX)

Accident No.

MT/0982297

Claim No.

001

Last Doc. Received

☒ Yes
 ☐ No

Upload Date

13/02/2018 00:00

Path *

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Message Read

Category *

Confidential

Urgency *

Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal
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Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Descr
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Feb 2018 18:47	NRIC/ Driving License	Normal	NRIC/ Driving License
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Feb 2018 18:47	SAS	Normal	SAS 2018
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Feb 2018 18:47	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Feb 2018 18:47	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Feb 2018 18:46	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Feb 2018 18:46	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Feb 2018 18:46	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Feb 2018 18:46	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Feb 2018 18:46	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Feb 2018 18:46	Photos	Normal	Photos 20:

Video List

Uploaded By/Date	Folder Date	File Name	Source
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Display in New Window

Scan and uploading