

# NATIONAL Assessment Centre Services (NACS) (ver 1.0/100)

NA1801038

Date In: 19/02/2018 18:13  
 Ref No: NBS/INC/80031487  
 Vch No: SK9 9211Y  
 D.O.A: 18/02/2018 22:30  
 OD: (TP) Reporting Only

Job description	Date & Time Completed	Done by
SAS e-billing		
E-mail (within 2hrs, A/C 3hrs)		
1-Motor Claim Form	MT/982116	19/02/2018 18:35
1-Motor W/O (within 2hrs, A/C 3hrs)		
1-Photo Uploaded		
Assessment/Survey Report		
Ass't Report by Fax/Hand to Owner/Wksp		

TP Insured:

Preferred Wksp / INC Assign Wksp / QW: ( ) Tel: ( ) Fax: ( )

TP Particulars: Ych No: SK9 7475G INC ( ) / Non-INC ( )

Owner / Drivers: ( ) Tel: ( )

Policy No: ( ) Period: ( ) Cover Type: ( )

Confirmed by: ( ) Date: ( ) Time: ( )

Insured/Driver Liability: ( ) % (Note: BSL 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 repater.

( ) Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In ( ) / Towed-In ( ) Invoice: YES ( ) / NO ( ) Towing Co: ( )

Remarks	INC/Non-INC	Date & Time Completed	Done by
1) Apply for Transition Allowance ( ) / Courtesy Car ( )			
2) QC Check / Post Repair Inspection ( )			
3) Upload Resurvey Photo (Repair Cost > \$3000) ( )			

Injury	Date/Time	Action

NA1801038	Invoice Preparation Checklist	Y/N	Adm. Bill
Driver/Owner:	1) AR: Accident Reporting (\$30)		
Contact No:	2) DA: Damage Assessment (\$100) INC (\$30)		
Damage Portion:	3) TP: Towing Fee (\$40/\$12)		
	4) FT: Follow-Through Survey (\$10)		
	5) FT: Follow-Through Survey (Resurvey) (\$10)		
	For claimant against INC Only (ver 1.0 Jan 200)		
	6) TR: Re-inspection (\$15)		
	7) NI: NI & DA + SMRT Survey (\$160)		
	8) NTUC Additional Services		
	9) NI: Courtesy Car / Tpl Allowance (\$1)		
	10) NI: Repair Coordination (\$10)		
	11) NI: Post Repair Inspection (\$15)		
	12) NI: DY / Collision Unsett Coordination (\$1)		
	13) NI: TP (INC) against INC (\$30)		
	14) NI: NI & DA (\$10)		
	Invoice dated		
	Invoice 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	19/02/2018 18:13
Date Of Accident	18/02/2018 22:30
Exact Location Of Accident	SLIP RD CHOA CHU KANG AVE 1 TO CHOA CHU KANG DR
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKW9211Y
<b>Insured/Policyholder</b>	
Name Of Registered Owner	KOMATHI D/O THANGARAJOO
NRIC No	S1696605C
Email Address	KOMATHIHC@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91919044
Alternative Phone No	OTHERS-91919044

### Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL-1.5 HYBRID (A)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5075766232-02
Cover Note Number	

### Driver

Name of Driver	KOMATHI D/O THANGARAJOO
NRIC No	S1696605C
Date Of Birth	18/07/1965
Occupation	INDOOR
Date Of Driving Pass	06/12/1990
Driving Experience	27 YEARS AND 2 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-91919044
Fax Number	
Contact Number	OTHERS-91919044
Email Address	KOMATHIHC@GMAIL.COM

Address	BLK 319 CHOA CHU KANG AVENUE 3 #18-20
Postcode	689863
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
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	2
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: : S.VIDYA GENDER: : FEMALE

#### 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

PLEASE REFER TO SKETCH PLAN

#### 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	SKT7475G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LIEW TAU YEE
NRIC/Passport Number	S1725781A
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

## 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:

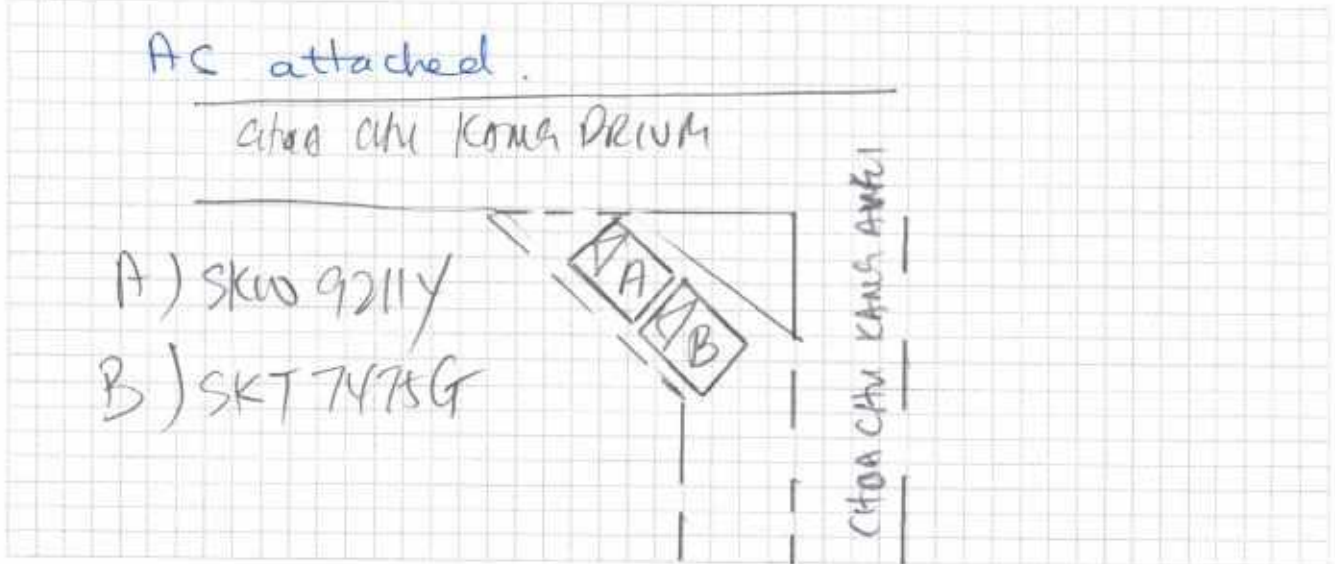
18/2/2017  
11:05 am

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

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



# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was turning <sup>left</sup> into slip road from Choa Chu Kong Ave 31 into Choa Chu Kong Drive. I stopped main road when I noticed a ~~speeding~~ white van from the rear. The car behind me then hit me my car in the rear. The weather and road was clear with little traffic at that time.

## DECLARATION

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



Policyholder's Signature

Date & Time: 19/2/2018  
11:05am

DIARIST: 38411/19/02/2018



Driver's Signature

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

  
19/02/2018  
Name: Res 1 N/A/B  
NRIC/FIN No.:



aw 19/02/2018



aw 19/02/2018



## Claim Handling

Accident MT/0982716

Policy No.	5075766232-02	Vehicle No.	SKW9211Y	GST Registration No.	
Policyholder Name	KOMATHI D/O THANGARAJOO			Policyholder NRIC	
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive-CLASSIC	Loading	
Contact No.(Mobile)	91919044	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	
KPK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	No

**Accident Details**

Report Date	19/02/2018 18:33	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head
Date of Accident	18/02/2018	Time of Accident hh:mm	22:30	Country of Accident	Singapore
Reporting Centre		Grange Force		ICM No.	
Accident Location	SLIP RD CHOA CHU KANG AVE 1 TO CHOA CHU KANG DR				

**Benefits**

**Excess**

Own damage Excess	500.00	Additional Excess	0.00	Windscreen Excess	
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	500.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		

**GST Registered Information**

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

**Policyholder Mailing Address**

Address 1	319 CHOA CHU KANG AVENUE 1	Address 2	#18-20 MT CASA	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.		Related Policy Number	5075766232-02		

**OI Driver Info**

Driver Name	KOMATHI D/O THANGARAJOO	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S1896685C	Driver DOB	
Register Date of Driver License	01/01/2000	Driver Age	52	Driving Experience	
Contact No.(Mobile)	91919044	Contact No.(Office)		Contact No.(Home)	
Address 1	319 CHOA CHU KANG AVENUE 1	Address 2	#18-20 MT CASA	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.					
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.	SKW9211Y	Driver Insurer Company	

**Declaration**

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

Modification History

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	KOMATHI D/O THANGARAJOO	Insured NRIC	
Contact No.(Mobile)	91919044	Contact No.(Home)	57652278	Contact No.(Office)	
Email Address	komathinc@gmail.com	O1 Vehicle Number	SKW9211Y	TP Vehicle Number	
Claim Description	SKW9211Y / SKT7475G ON 18 Feb 2018				
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	
Date Registered	19/02/2018 18:34	Claim Close Date		Date Received	
Report Taken By	ROSLE WAHAB	Workshop Repairer		Total Loss but Repaired	

☐ Print AK letter

Save Submit

## Attachment

Accident No.	MT/0982716	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	19/02/2018 18:35

Path \*

Browse Clear Please Select

Category \* Confidential Urgency

Normal



Telephone: 444 00

[illegible]

Uploaded By/Date: \_\_\_\_\_ Folder Date: \_\_\_\_\_ File Name: \_\_\_\_\_  500

Display in New Window    Scan and uploading

# ACCIDENT STATEMENT

ACCIDENT DATE: 18 / 2 / 2018 (DD/MM/YYYY) TIME: 10:30 (HH:MM)

LOCATION: Slip Road, Choa Chu Kang Area 1 to Choa Chu Kang Drive

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKW 92114  
 b) INSURANCE COMPANY: Income  
 c) POLICY NUMBER: SOF 507 576632-02  
 d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT  
 e) MAKE & MODEL: Hyundai Vezel Hybrid  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: personal travel  
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) (NO)  
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

## 2. INSURED / POLICY HOLDER

- A) NAME: Liew Tay Yee (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S1725781A CONTACT:  
 c) ADDRESS:

S. Vidya (F)

\* CONTINUE TO 3, d IF DRIVER ALSO POLICY HOLDER

- DRIVER  
 a) NAME: Komathi Mangaraj n (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S1696601A CONTACT: 91919044  
 c) ADDRESS: 319 Choa Chu Kang Area 3

\* d) DATE OF BIRTH: 18 / 7 / 1965 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 17/6/2003

## 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)  
 b) ROAD SURFACE: (DRY / WET / OTHERS)  
 6. WAS ANYBODY INJURED (YES/NO) (NO)  
 7. c) REPORTED TO POLICE (YES/NO) (NO)  
 IF YES, PLEASE STATE WHICH POLICE STATION:

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SKT 74756 MODEL:  
 b) DRIVER'S NAME: Liew Tay Yee  
 c) NRIC/FIN/PASSPORT: S1725781A CONTACT:

## 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: MODEL:  
 e) DRIVER'S NAME:  
 f) NRIC/FIN/PASSPORT: CONTACT:

email: komathihc@gmail.com  
 fax: komathihc@gmail.com

V1060



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S1696605C



Name

KOMATHI D/O THANGARAJOO

Race

INDIAN

Date of birth

18-07-1965

Sex

F

Country of birth

SINGAPORE

S1696605C

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S1696605C

Name

KOMATHI D/O THANGARAJOO

Birth Date 18 Jul 1965

Issue Date 17 Jun 2009



4393257

NRIC No. S1696605C



Date of issue

08-04-2009

APT BLK 318 CHOA CHU KANG AVENUE 3 #18-20  
SINGAPORE 689863

NRIC No.

0100000000

Date:

21/08/2012

No: 7128000

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

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

PNPS DATE

06 Dec 1990

NP 422A



## 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:** 5075766232-02

**Cover :** drivo CLASSIC

1. Index mark and Registration Number of Vehicle : **SKW9211Y**  
Chassis Number : **RU31114434**
2. Name of Policyholder : **KOMATHI D/O THANGARAJOO**
3. Effective Date of Insurance : **20 Nov 2017**
4. Expiry Date of Insurance : **19 Nov 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.

**This Policy does not cover**

- (a) Use for hire or reward.  
(b) Use for racing, pace-making, reliability trial or speed-testing.  
(c) Use for the carriage of goods (other than samples) in connection with any trade or business.  
(d) 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)	: S\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: YES (FREE)
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: KOMATHI D/O THANGARAJOO
NAMED DRIVER (1)	: V SUPPIAH
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: DBS BANK 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 : GOLDEN PRIME INSURANCE AGENCY (00000613808)  
Date of Issue : 16 Oct 2017 21:50 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive