

NATIONAL Assessment Centre Services

(wef 1 Jan 2005)

Date In: 19/02/18	Job description	Date & Time Completed	Done by
Ref No: NA/INC18003155/13	SAS e-filing		
Veh No: G2954C	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 15/02/18 1830	i-Motor Claim Form	MT/0980723	
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: (HUP 800N)	Tel:	Fax:
TP Particulars:	Veh No: GV15507	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:-	NA1800993	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
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:-		
		ON:		
		*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 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 16:48
Date Of Accident	15/02/2018 18:30
Exact Location Of Accident	RIVER VALLEY RD
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-67021681

Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA
Exact Purpose for which vehicle was being used at time of accident	GOING BACK HOME
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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5076344329-02
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 6 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-88680401
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address 25 KAKI BUKIT RD 4
#06-49 SYNERGY@KB

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 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) 8

Passenger 1 NAME: : UNKNOWN
GENDER: : MALE

Passenger 2 NAME: : UNKNOWN
GENDER: : MALE

Passenger 3 NAME: : UNKNOWN
GENDER: : MALE

Passenger 4 NAME: : UNKNOWN
GENDER: : MALE

Passenger 5 NAME: : UNKNOWN
GENDER: : MALE

Passenger 6 NAME: : UNKNOWN
GENDER: : MALE

Passenger 7 NAME: : UNKNOWN
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	GV1552T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
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.

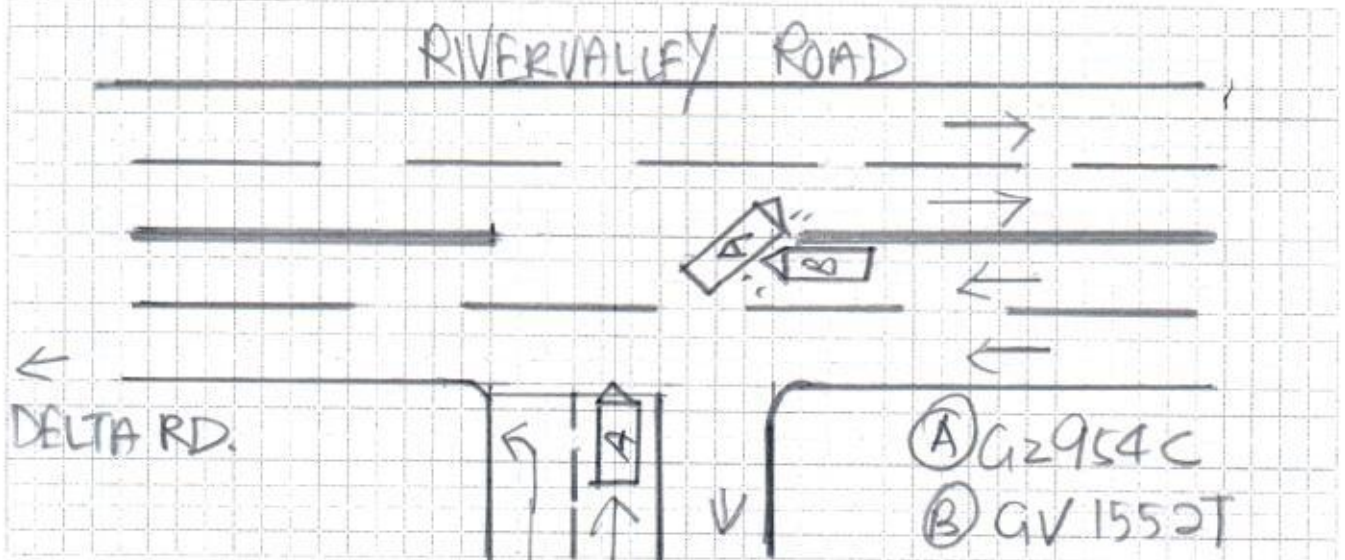


Policyholder's Signature
Date & Time:

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

LEONIE HILL

I WAS TRAVELLING FROM LEONIE HILL. AFTER CHECKING AND MAKING SURE TRAFFIC WAS CLEARED. I MADE MY EXIT ONTO RIVERVALLEY ROAD TURNING TO MY RIGHT. AS I WAS MAKING MY TURN, I SAW A FAST APPROACHING VEHICLE ON THE LEFT, I HAD TO MAKE A FEW SECOND STOP BEFORE MOVING ON. JUST AT THAT INSTANT, VEHICLE B WHO WAS ON THE MOBILE PHONE SWERVED AND HIT ONTO MY VEHICLE. MY RIGHT SIDE WAS BADLY DAMAGED.

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:

[Signature] 19/02/18

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



HS AUTOMOTIVE SERVICES

Blk 2 KAKI BUKIT AVE 2 @ KAKI BUKIT AUTOHUB #02-25 SINGAPORE 417921.

TEL: 6538 1368 FAX: 6538 1367 Email add: hsaautomotives@yahoo.com

VEHICLE NO: G2 954C

MAKE/MODEL: TOYOTA DYNA

DATE OF ACCIDENT 15/02/2018
DAY/MONTH/YEAR

TIME 18 HR 30 MIN PM

LOCATION OF ACCIDENT RIVER VALLEY ROAD

EXACT PURPOSE USE DURING ACCIDENT COMING BACK HOME

CAR OWNER

NAME OF CAR OWNER LEONG RENOVATION CONTRACT

CONTACT NO 6702 1681

NRIC ROC 5308 9360

CLAIM TYPE ☐ OD ☒ THIRD PARTY ☐ REPORTING ONLY

INSURANCE COMPANY HTUC

TYPE OF COVERAGE ☐ COMPREHENSIVE ☐ THIRD PARTY ☒ THIRD PARTY FIRE & THEFT

POLICY NO 507634432P-02

ACCIDENT DRIVER

NAME OF DRIVER TAMIL SELVAN VEERABALAMURUGAN

NRIC S035217697 NO OF PASSENGER/S 7 MALE

DATE OF BIRTH 18-6-1986

OCCUPATION PROJECT SUPERVISOR ☒ OUTDOOR ☐ INDOOR

DATE OF DRIVING PASS 17/07/2017 ☒ MALE ☐ FEMALE

GENDER

CONTACT NO 8868 0401

ADDRESS 25 KAKI BUKIT RD 4 #06-49 SYNERGY @ KB(S) 41780.

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

RELATIONSHIP ☒ EMPLOYEE IF NOT: NA

WEATHER CONDITION ☒ CLEAR ☐ RAINING OTHER: ☐ DRY ☐ WET OTHER: ☐

ROAD SURFACE

ANY INJURIES ☒ NO/ IF YES- NAME: ☐

CONTACT NO

POLICE REPORT NO/ IF YES- LOCATION: ☐

VIDEO FOOTAGE NO/ YES ☐

3RD PARTY INFO

VEHICLE B NO GV 155 2T NO OF PASSENGER/S 0

NAME

CONTACT NO

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

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **G5072466U**

Name: **TAMILSELVAN VEERABALAMURUGAN**

Birth Date: **18 Jun 1986**

Issue Date: **26 Jul 2016**

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

0025022638

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.: **O 35217657**

Date of Application: **31-10-2016**

Date of Issue: **26-11-2016**

Date of Expiry: **29-12-2018**

L7422668

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

		EFFECTIVE DATE
C Class 2B	Motorcycles <= 200 CC	11 Aug 2011
C Class 3	Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 2500 kg	17 Jul 2017

C

S / No. 9000301347

G5072466U

Licence No: G5072466U

NP 428A

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.

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 : 5076344329-02

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

: 09 Dec 2017

4. Expiry Date of Insurance

: 08 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 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 : 24 Nov 2017 14:45 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer



Chief Executive

Claim Handling

Accident MT/0982723

Policy No.	5076344329-02	Vehicle No.	GZ954C	GST Registration No.	
Policyholder Name	LEONG RENOVATION CONTRACT	Cover Type	Third Party, Fire & Theft	Policyholder NRIC	5301
Product Code	COMMERCIAL VEHICLE INSURANCE	Contact No.(Office)	67021681	Loading	0
Contact No.(Mobile)	0	Special Remark		Contact No.(Home)	0
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	No
KFK	<input type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	20	eCode Reason	
NCD Protection	No			Private Hire	No
▼ Accident Details					
Report Date	19/02/2018 20:10	Accident Report Within 24 hrs	Yes	Accident Type	Other
Date of Accident	15/02/2018	Time of Accident hh:mm	18:30	Country of Accident	Sing
Reporting Centre		Orange Force		ICM No.	
Accident Location	RIVER VALLEY RD				
▼ 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	25 KAKI BUKIT ROAD 4	Address 2	#06-49 SYNERGY @ KB	Address 3	SINGAPORE
Address 4		Address Type	Singapore address	Post Code	4171
Unit No.	02-87	Related Policy Number	5076344329-02		
▼ OI Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	18/01/1980
Unnamed driver Name	TAMILSELVAN VEERABALAMURU	Driver NRIC	G5072466U	Driving Experience	0
Register Date of Driver License	17/07/2017	Driver Age	31	Contact No.(Home)	0
Contact No.(Mobile)	88680401	Contact No.(Office)	0	Address 3	SINGAPORE
Address 1	25 KAKI BUKIT ROAD 4	Address 2	SYNERGY @ KB	Post Code	4171
Address 4		Address Type	Singapore address		
Unit No.	#06-49				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		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	LEONG RENOVATION CONTRACT	Insured NRIC	5301
Contact No.(Mobile)	93256953	Contact No.(Home)		Contact No.(Office)	
Email Address		OI Vehicle Number	GZ954C	TP Vehicle Number	GV1
Claim Description	GZ954C / GV1552T ON 15 Feb 2018			Name of Preferred Workshop	HUP
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	GIA report	Rec
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop (refer below)	Date Received	19/02/2018
Date Registered	19/02/2018 20:15	Claim Close Date		Total Loss but Repaired	
Report Taken By	ROSINDA	Workshop Repairer			
<input checked="" type="checkbox"/> Print AK letter					
<div>Save</div> <div>Submit</div>					

Attachment

2/19/2018

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

Accident No.

MT/0982723

Claim No.

001

Last Doc. Received

☒ Yes
 ☐ No

Upload Date

19/02/2018 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

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

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Describe
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Feb 2018 20:15	NRIC/ Driving License	Normal	NRIC/ Driving License
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Feb 2018 20:15	SAS	Normal	SAS 2018
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Feb 2018 20:15	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Feb 2018 20:15	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Feb 2018 20:14	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Feb 2018 20:14	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Feb 2018 20:14	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Feb 2018 20:14	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Feb 2018 20:14	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Feb 2018 20:14	Photos	Normal	Photos 20:

Video List

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