

NATIONAL Assessment Centre Services

MAA48035431

Duke No: 15103/2018 09:41	Job description	Date & Time Completed	Done by
Ref No: NAB/10118004906/Y	SAS e-illing		
Veh No: GW 471 U	E-mail (with photo, AIC photo)		
D.O.A: 14/03/2018 12:10	1-Motor Claim Form		
OD: TP / Reporting Only	1-Motor VVO (with photo, AIC photo)		
TP Insured:	1-Photo Uploaded		
	Assessment/Survey Report		
	Assy Report by Fax/Hand to Owner/VWasp		

Preferred Wksp / INC Assign Wksp / QW:	Tel:	Fax:
TP Particulars: Yell No: GBA 7236L	INC () / Non-INC ()	
Owner / Driver: ()	Tel:	
Policy No: ()	Period: ()	Cover Type: ()
Confirmed by: ()	Date:	Time:
Insured/Driver Liability: () % (Note: B/L Status (WO): N1 0-20%, P1 21-79%, P1 80-100%)		
Year of Registration: ()	Warranty: YES () / NO ()	
Excess: (\$)	Loading: \$1,000 () / \$2,000 ()	

General Remarks:

() Work-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 601 line 5788 601	Date & Time Completed	Done by
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Recovery Photo (Repair Cost > \$3000) ()		

Injury: _____

Other: _____

MAA480/688	Invoice Breakdown	Amount	Balance
Driver/Owner:	1) AR: Accident Reporting (300)		
Contact No:	2) DA: Damage Assessment (500)	INC (500)	
Assigned Person:	3) TP: Towing Fee	\$40/5.0	
	4) FT: Follow Through Survey	110	
	5) PT: Follow Through Survey (Recovery)	110	
	6) TR: Repairs/Upkeep	110	
	7) NTUC Additional Services	110	
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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	15/03/2018 09:41
Date Of Accident	14/03/2018 12:10
Exact Location Of Accident	BLK 31 KELANTAN ROAD CARPARK GANTRY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GW471U
Insured/Policyholder	
Name Of Registered Owner	IDO ELECTRICAL & PLUMBING
Co Reg No	53128958C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98534833
Alternative Phone No	OFFICE-82630488

Vehicle Particulars

Manufacturer	NISSAN
Model	URVAN
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	UNITED OVERSEAS INSURANCE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	DHOM110159181700
Cover Note Number	

Driver

Name of Driver	SONG NING ANN
Passport No/FIN	F0261272X
Date Of Birth	23/09/1965
Occupation	INDOOR
Date Of Driving Pass	28/03/1990
Driving Experience	27 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98534833
Fax Number	
Contact Number	OTHERS-82630488
Email Address	NOEMAIL

Address	BLK 711 WOODLANDS STREET 71 #10-67
Postcode	730711
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	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: : WORKING PARTNER 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

AS I WAS EXITING THE CARPARK THE LORRY GBA7236L WAS STATIONARY AT THE SIDE ROAD. WHEN I EXIT HE SUDDENLY DRIVE OUT AND HIT MY VAN GW471U THAT ALL.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	NOT GIVEN
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBA7236L
Vehicle Make/Model/Colour	TOYOTA DYNA
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	DURAIPANDI VENKATESWARAN
NRIC/Passport Number	G8305931T
Contact Number	
Address	
Postcode	
Insurance Company Name	

SKETCH PLAN

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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:

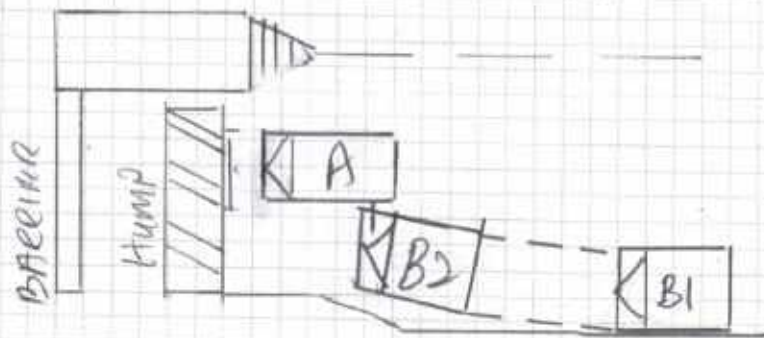
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

SKETCH PLAN

BLK 31 KECANTHAN ROAD GARPARIC GALLERY

A) GW471U
B) GBA 7236L



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As I was exit the carpark, the lobby
GBA 7236L was station at the side.
When I exit he suddenly drive out
and hit my van.

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.:

Date of Accident : 14 March 18 Accident Time: 12-09 (24-HR-FORMAT)
 Accident Place : BK 31 Kelantan Road
 Vehicle Reg. No (Car plate No.) : GWH714
 Vehicle Make/Model : NISSAN VAN.
 Insurance Company : NOI Policy No. PHM11019181700
 Owner or Company Names /IC NO: 120 ELECTRICAL & PLUMBING 53128958C
 Owner or Company Contact No. : 98534833 Owner's HP 98534833 Company Tel
 DRIVER'S Name & IC no. : Song Ning Ann CF0261272X
 DRIVER'S Date of Birth : 23-09-65 DRIVER'S License Pass Date _____
 Relationship bet. Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: _____
 DRIVER'S Address : B104K 711, Woodland ST 71, #10-67
 DRIVER'S Contact No./ Alt No. : 1) 82630488 2) 157307117
 DRIVER'S Occupation : INDOOR \ OUTDOOR (eg. working inside or outside of an ofc)
 Email Address : _____
 Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
 Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Ins
 Number of Passengers (including Driver): 2 FORMER
 Was the accident reported to the police? YES \ NO
 Was there any video Captured by car camera: YES \ NO
 Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Other Party Driver's Particulars (if any)

Vehicle Reg No: <u>G8A 7236L</u>	Vehicle Reg No: _____
Vehicle Make/Model: <u>Dyna 1000</u>	Vehicle Make/Model: _____
Name DRIVER: <u>Buraipandi Venkateswaran</u>	Name DRIVER: _____
IC No. DRIVER: <u>G8305921T</u>	IC NO. DRIVER: _____
DRIVER'S Contact & add: <u>NIL</u>	DRIVER'S Contact & add: _____

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

Employer:
IDO ELECTRICAL & PLUMBING

Sector: **CONSTRUCTION**

Name:
SONG NING ANN

Occupation:
CONSTRUCTION WORKER




Work Permit No.: **5 02666838**

Date of Application: **13-04-2015**

Date of Issue: **06-04-2017**

Date of Expiry: **26-04-2019**

L7802690

REPUBLIC OF SINGAPORE **DRIVING LICENCE**

Licence Number: **F0261272X**

Name: **SONG NING ANN**

Birth Date: **23 Sep 1965**

Issue Date: **04 Oct 2014**

Valid Till: **26 Oct 2019**

002348224F





VISIT PASS
Immigration Regulations

Name:
SONG NING ANN

Date of Birth: **23-09-1965** Sex: **M** Nationality: **MALAYSIAN**

Date of Issue: **F0261272X** Date of Expiry: **06-04-2017** Date of Expiry: **26-04-2019**

YOU ARE TO SURRENDER THIS PASS WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW PASS IS ISSUED TO YOU.




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

EFFECTIVE DATE

Class 2B Motorcycles <= 200 cc 26 Mar 1990
Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver, and other motor vehicles <= 2500kg 26 Mar 1990

NP 428A





MEMBER OF THE UOB GROUP

United Overseas Insurance Limited
3 Anson Road
#28-01 Springleaf Tower
Singapore 079909
Tel (65) 6221 7733
Fax (65) 6337 3869 / 6327 3870
Email: ContactUs@uoi.com.sg
uoi.com.sg
Co. Reg. No: 197100520

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)

ORIGINAL

CERTIFICATE NO.	DHDM110159181700	Excess:	\$3000/-APPL TO <25 YRS. & OR <3YRS. EXP
Type of Cover	THIRD PARTY		
Vehicle Number	GW471U		
Name of Insured	IDO ELECTRICAL & PLUMBING		
Restricted Driver(s)	NOT APPLICABLE		

Period of Insurance 28 October 2017 to 27 October 2018

Engine# ZD30025819
Chassis# JN1MG4E25Z0700842

Goods carrying - Private Type [MZ 300]

AUTHORISED DRIVER

Any person who is driving on the Insured's order or with their permission

LIMITATIONS AS TO USE

- (1) Use in connection with the Insured's business
- (2) Use for the carriage of passengers (other than for hire or reward) in connection with the Insured's business
- (3) Use for social domestic and pleasure purposes

THE POLICY DOES NOT COVER

- (1) Use for hire or reward or for racing pace-making reliability trial or speed-testing
- (2) Use whilst drawing a trailer except the towing of any disabled mechanically propelled vehicle

Provided that the person 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.

*Limitation rendered inoperative by Section 8 of the Motor Vehicles (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.

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).

Insurance Agent
The Insurance Company
100-101, 102-103, 104-105, 106-107, 108-109, 110-111, 112-113, 114-115, 116-117, 118-119, 120-121, 122-123, 124-125, 126-127, 128-129, 130-131, 132-133, 134-135, 136-137, 138-139, 140-141, 142-143, 144-145, 146-147, 148-149, 150-151, 152-153, 154-155, 156-157, 158-159, 160-161, 162-163, 164-165, 166-167, 168-169, 170-171, 172-173, 174-175, 176-177, 178-179, 180-181, 182-183, 184-185, 186-187, 188-189, 190-191, 192-193, 194-195, 196-197, 198-199, 200-201, 202-203, 204-205, 206-207, 208-209, 210-211, 212-213, 214-215, 216-217, 218-219, 220-221, 222-223, 224-225, 226-227, 228-229, 230-231, 232-233, 234-235, 236-237, 238-239, 240-241, 242-243, 244-245, 246-247, 248-249, 250-251, 252-253, 254-255, 256-257, 258-259, 260-261, 262-263, 264-265, 266-267, 268-269, 270-271, 272-273, 274-275, 276-277, 278-279, 280-281, 282-283, 284-285, 286-287, 288-289, 290-291, 292-293, 294-295, 296-297, 298-299, 300-301, 302-303, 304-305, 306-307, 308-309, 310-311, 312-313, 314-315, 316-317, 318-319, 320-321, 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