

NATIONAL Assessment Centre Services

[wef 1 Jan 05]

MMA 118038855

Date In: 22/3/18 11:35	Job description	Date & Time Completed	Done by
Ref No: NA1INC18005353164	SAS e-filing		
Veh No: GBF 3789H	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 21/3/18 13:05	i-Motor Claim Form	MT/0987260	22/3/18 17:54
OD: (IP) Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (

Tel: (

Fax: (

)

TP Particulars:	Veh No: SLG 6388 M.	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

MA1801841	Invoice Preparation Checklist	Ant (\$) Est Bill	Ant (\$) Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);	30.00	
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
QC Checked by (Engr-In-Charge):	QD:		
	*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 \$0		
Auditors' Comments:-	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	22/03/2018 11:35
Date Of Accident	21/03/2018 13:05
Exact Location Of Accident	RIDGEWOOD CLOSE BESIDE TRIZON CONDO
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF3789H
Insured/Policyholder	
Name Of Registered Owner	KOHUP SPORTS PTE LTD
Co Reg No	198802543R
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62812009

Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA
Exact Purpose for which vehicle was being used at time of accident	PARKED
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	5093545222
Cover Note Number	-

Driver

Name of Driver	MANICKAM SIVAKUMAR
NRIC No	G7973170L
Date Of Birth	20/01/1985
Occupation	OUTDOOR
Date Of Driving Pass	25/05/2011
Driving Experience	6 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-88095116
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	NO 8 SELETAR NORTH LINK
Postcode	797455
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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?	
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)	0

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 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	SLG6388M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SIM CHEE PENG
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2

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

Please Refer to Sketch

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to statement

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:

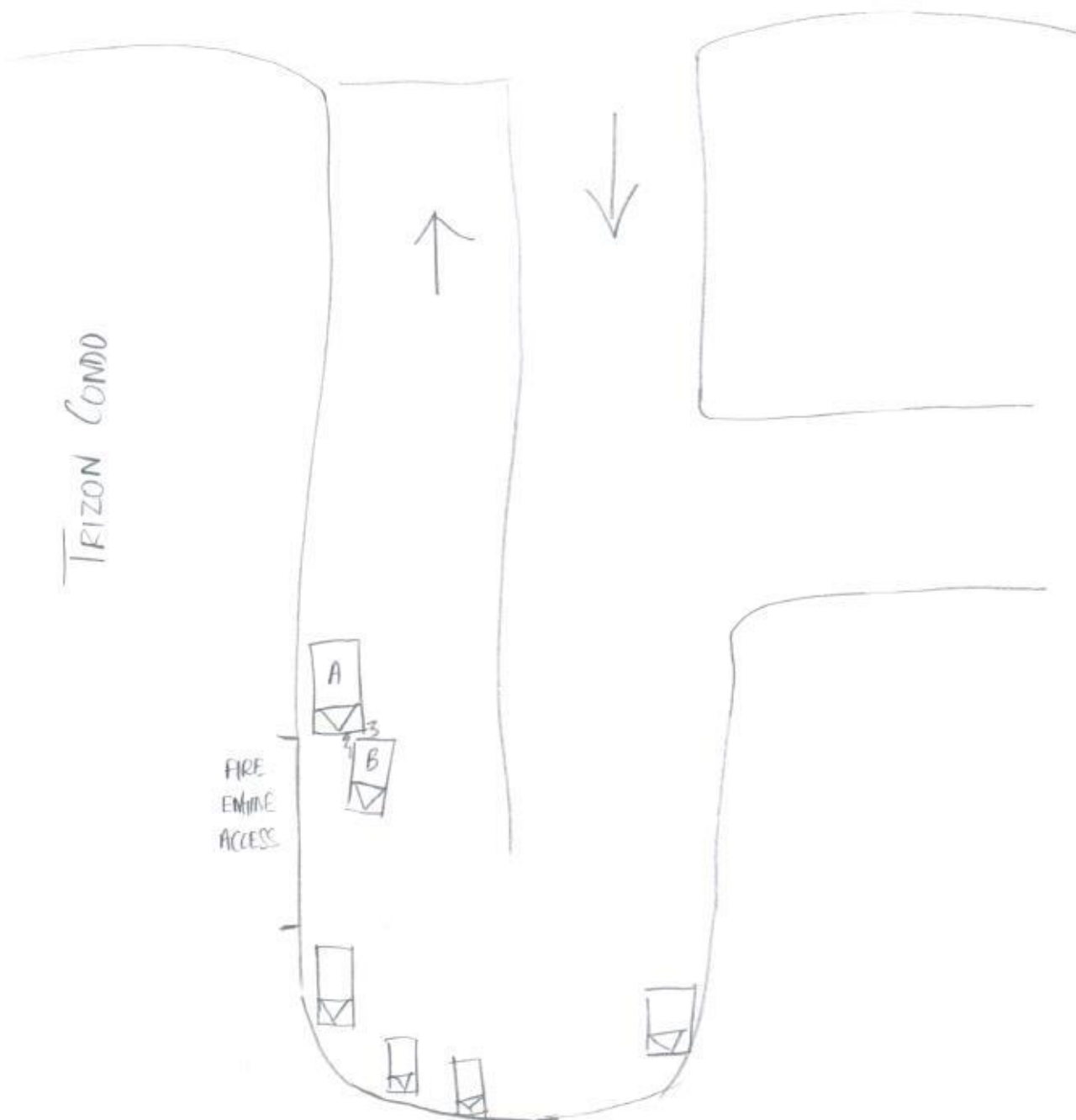
[Signature]

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

[Signature]

On 21 March 2018 at about 1305hrs, weather was clear and traffic was light, my lorry GBF3789H (Veh A) was parked along Ridgewood Close beside Trizon Condo as my company has works on-going at the condo near the fire engine access gate. I was having my lunch inside the condo premises near the fire engine access gate.

Suddenly, I heard a loud bang and went out to check what had happened. I saw vehicle SLG6388M (Veh B) had bang into my lorry front left side which cause the left side mirror to be broken and dents on my lorry bumper.



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

Employer
KOHUP SPORTS PTE LTD

Sector: **CONSTRUCTION**

Name
MANICKAM SIVAKUMAR

Occupation
CONSTRUCTION WORKER-CUM-DRIVER

Work Permit No.
0 33704062

Date of Application
10-05-2016

Date of Issue
24-05-2016

Date of Expiry
12-05-2018

L6833782

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **G7973170L**

Name:
MANICKAM SIVAKUMAR

Birth Date: **20 Jan 1985**

Issue Date: **25 May 2016**

Valid Till **24/05/2021**

002570563G

VISIT PASS
Immigration Regulations

Name
MANICKAM SIVAKUMAR

Date of Birth **20-01-1985** Sex **M** Nationality **INDIAN**

FIN **G7973170L** Date of Issue **24-05-2016** Date of Expiry **12-05-2018**

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.

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

		EFFECTIVE DATE
C	Class 2B	MOTORCYCLES NOT EXCEEDING 200 CC
C	Class 3	MOTOR CARS AND MOTOR TRACTORS THE WEIGHT OF WHICH UNLADEN DOES NOT EXCEED 3500 KILOGRAMS
C		

S / No. 9000236135

Licence No: G7973170L

NP 428A

THE SCHEDULE

Commercial Vehicle Insurance Policy

This Policy sets out the terms of a contract between NTUC Income Insurance Co-operative Limited (INCOME) and you (the Insured named in the schedule to this Policy).

The statements, information and declaration provided by you at the time of proposal shall form the basis of this contract. We (INCOME) will provide the insurance set out in this Policy in respect of events occurring during the Period of Insurance shown in the Schedule and any further period for which we may accept a renewal premium.

The provision of this insurance is subject to:

1. any Endorsement specified as operative in the Schedule
2. the Conditions and General Exclusions of this Policy, and
3. the payment of the premium specified in the Schedule.

This Policy, the Schedule and the Certificate of Insurance are to be read together as one document.

GST Reg No. M4-0003030-8

Policy Number : 5093545222
The Policyholder : KOHUP SPORTS PTE LTD
2 KIM CHUAN DRIVE
#08-03 CSI DISTRIBUTION CENTRE
SINGAPORE 537080

Period of Insurance : 30 Sep 2017 To 29 Sep 2018
Sum Insured : Market Value of Insured Vehicle at Time of Loss
Premium (inclusive GST) : S\$1,491.05

Interest Insured

Cover Type : Preferred Workshop Plan
Make/Model : TOYOTA/DYNA 150
Capacity : 1.74 ton(s)
Registration Number : GBF3789H
Chassis Number : JTFAT35Y40K206901
Excess (Section 1) : S\$600
Excess (Section 2) : N/A
Hire Purchase Company : N/A

Number of Seater : 2
Registration Date : 30 Sep 2016
Insure with COE : Yes
NCD Entitlement : 20%

Memo A : N/A

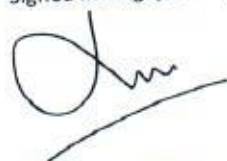
Endorsement Operative : M7

Agency : HOBBS INSURANCE AGENCY (00000572363)
Date of Issue : 21 Aug 2017 19:44 hrs

DUTY OF DISCLOSURE

We would remind you that you must disclose to us, fully and faithfully, the facts you know or ought to know, otherwise you may not receive any benefit from your Policy.

Signed in Singapore by order of the Board of Directors



Chief Executive

Hello, NAC_PAYA_UBI_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)**Policy Query**

Policy No.

Date of Accident

Vehicle No.(For Motor)

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5093545222	KOHUP SPORTS PTE LTD	198802543R	GCV	Preferred Workshop Plan	GBF3789H	GBF3789H	30/09/2017	29/09/2018

Claim Handling

The premium on this policy has not been collected.

Accident MT/0987260

Policy No.	5093545222	Vehicle No.	GBF3789H	GST Registration No.	
Policyholder Name	KOHUP SPORTS PTE LTD			Policyholder NRIC	198802543R
Product Code	COMMERCIAL VEHICLE INSURAT	Cover Type	Preferred Workshop Plan	Loading	0
Contact No.(Mobile)	62812009	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	<input type="radio"/> No <input checked="" type="radio"/> Yes	TCA	<input type="radio"/> No <input checked="" type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	10	Private Hire	No

Accident Details

Report Date	22/03/2018 17:50	Accident Report Within 24 hrs	Yes	Accident Type	Damaged whilst parked
Date of Accident	21/03/2018	Time of Accident hh:mm	13:05	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	RIDGEWOOD CLOSE BESIDE TRIZON CONDO				

Benefits

Excess

Own damage Excess	600.00	Additional Excess		Windscreen Excess	1
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	2 KIM CHUAN DRIVE	Address 2	#08-03 CSI DISTRIBUTION CEN	Address 3	SINGAPORE 537080
Address 4		Address Type	Singapore address	Post Code	537080
Unit No.		Related Policy Number	5093545222		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	20/01/1985
Unnamed driver Name	MANICKAM SIVAKUMAR	Driver NRIC	G7073170L	Driving Experience	6
Register Date of Driver License	25/05/2011	Driver Age	33	Contact No.(Home)	
Contact No.(Mobile)	88095116	Contact No.(Office)		Address 3	SINGAPORE 797455
Address 1	8 SELETAR NORTH LINK	Address 2	# PPT LODGE 1A	Post Code	797455
Address 4		Address Type	Singapore address		
Unit No.				Driver Insurer Company	
Does he own a Singapore Registered car?	Yes <input checked="" type="radio"/> No <input type="radio"/>	Driver Vehicle No.			

Declaration

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

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	KOHUP SPORTS PTE LTD	Insured NRIC	198802543R
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	67443947
Email Address	kohup@singnet.com.sg	OI Vehicle Number	GBF3789H	TP Vehicle Number	SLG6388M
Claim Description	GBF3789H / SLG6388M ON 21 Mar 2018			Name of Preferred Workshop	0
Preferred Workshop Contact No.	0	Insured Liability *	Not at Fault	GIA report	Received
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	22/03/2018 00:00
Date Registered	22/03/2018 17:53	Claim Close Date			
Report Taken By	LIEW SHAN HUI				

☒ Print AK letter

Save Submit

Attachment

Accident No.	MT/0987260	Claim No.	001		
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	22/03/2018 17:54		
Path *		Category *	Confidential	Urgency *	Descr
Choose File	No file chosen	Clear	Please Select	NO	Normal
Choose File	No file chosen	Clear	Please Select	NO	Normal
Choose File	No file chosen	Clear	Please Select	NO	Normal

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Message Read

Clear Please Select NO Normal

Clear Please Select NO Normal

Clear Please Select NO Normal

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Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Mar 2018 17:54	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-3-22
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Mar 2018 17:54	SAS	Normal	SAS 2018-3-22
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Mar 2018 17:54	Photos	Normal	Photos 2018-3-22
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Mar 2018 17:54	Photos	Normal	Photos 2018-3-22
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Mar 2018 17:53	Photos	Normal	Photos 2018-3-22

Video List

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