

NATIONAL Assessment Centre Services

Date In: 24/02/18	Job description	Date & Time Completed	Done by
Ref No: NA/INC18005506/13	SAS e-filing		
Veh No: 6W47095	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 24/02/18 0900	i-Motor Claim Form	MT/0987516	
OD: <input checked="" type="radio"/> 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: PA9689T	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

NA1801882

Invoice Preparation Checklist

Amt (\$) Amt (\$)
1st Bill Add Bill

Claimant's Particulars :-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments :-

Cat. 1:

Cat. 2 / 3:

- 1) AR : Accident Reporting (\$30);
- 2) DA : Damage Assessment (\$100); INC (\$80)
- 3) TF : Towing Fee \$40/\$45
- 4) FT : Follow-Through Survey \$120
- 5) FT : Follow-Through Survey (Resurvey) \$30
- 6) TR : Re-inspection \$75
- 7) N1 : Idac DA + SMRT Survey \$160
- 8) NTUC Additional Services:-
- 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	24/03/2018 12:02
Date Of Accident	24/03/2018 09:00
Exact Location Of Accident	WOODLANDS AVE 4 TWDS LAVENDER
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GW4709J
Insured/Policyholder	
Name Of Registered Owner	WENG SOON AUTO & LEASING
Co Reg No	53227794E
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-92727979

Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA
Exact Purpose for which vehicle was being used at time of accident	WORKING
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
Fleet Policy	NO
Policy Number	5073862302-02
Cover Note Number	

Driver

Name of Driver	PALSAMY MURUGESAN
Passport No/FIN	G2374904T
Date Of Birth	13/05/1993
Occupation	OUTDOOR
Date Of Driving Pass	26/09/2016
Driving Experience	1 YEAR AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98074023
Fax Number	
Contact Number	
Email Address	P.MURUGAN.EDY@GMAIL.COM

Address	85 KALLANG AVE
Postcode	339418
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER(COMPANY)
Vehicle Registration Number of Driver's Own Vehicle	-
Insurance Company of Driver's Own Vehicle	-

General Information of the Accident

Type Of Accident	COLLISION - CROSS JUNCTION
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)	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

I WAS TRAVELLING STRAIGHT ALONG WOODLANDS AVE 4 TWDS LAVENDER ON TH 1ST LANE OF A3-LANES RD. SUDDENLY VEH(B) BEARING REG NO PA9689J MAKE A LEFT TURN FROM WOODLANDS INDUSTRIAL PARK E5, COME INTO MY LANE AND HIT ONTO MY FRT LEFT SIDE PORTION OF MY VEH.

Attachment(s)

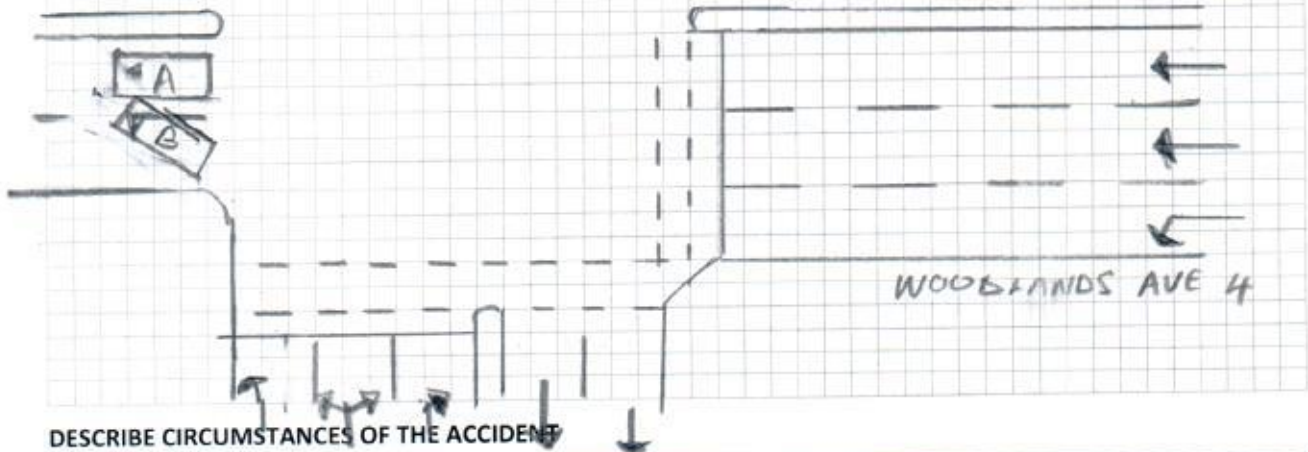
Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	PA9689J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	ANG CHIN LOO
NRIC/Passport Number	S0234105J
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

A - GW4709J
B - PA9689J



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

WOODLANDS INDUSTRIAL

PARK E 5

Pls refer to the 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:

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

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:

P. MURUGU 24.03.18
Driver's Signature
(If driver is not the policyholder)
Date & Time:

[Signature] 24/03/18
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

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




Employer:
ASIANA CAPITAL PTE. LTD.

Name:
PALSAMY MURUGESAN

Work Permit No.
0 36163356

Sector:
CONSTRUCTION

K0101128



REPUBLIC OF SINGAPORE **DRIVING LICENCE**

Licence Number: **G2374904T**

Name:
PALSAMY MURUGESAN

Birth Date: **13 May 1993**
Issue Date: **26 Sep 2016**
Valid Till: **25/09/2021**

002043356J

VISIT PASS
Immigration Regulations

Name:
PALSAMY MURUGESAN

FIN
G2374904T

Date of Birth: **13-05-1993** 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(ES)

EFFECTIVE DATE

Class 3 Motor cars with unladen weight $\leq 3000\text{kg}$ with ≤ 7 passengers, exclusive of driver; and other motor vehicles with unladen weight $\leq 2500\text{kg}$ **26 Sep 2016**

Licence No: G2374904T

NP 426A



Hello, NAC_PAYA_UBI_800601

[Change Language](#) [Change Password](#) [Log Out](#)

[My Desktop](#)
[Notice of Loss](#)

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="24/03/2018 08:45"/>
Vehicle No.(For Motor)	<input type="text" value="GW4709J"/>		

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5073862302-02	WENG SOON AUTO & LEASING	53227794E	GCV	Third Party	GW4709J	GW4709J	17/01/2018	16/01/2019

Claim Handling

Accident MT/0987516

Policy No.	5073862302-02	Vehicle No.	GW47091	GST Registration No.	
Policyholder Name	WENG SOON AUTO & LEASING	Cover Type	Third Party	Policyholder NRIC	53227794E
Product Code	COMMERCIAL VEHICLE INSURAT	Contact No.(Office)	0	Loading	0
Contact No.(Mobile)	92727979	Special Remark		Contact No.(Home)	0
Email Address		TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode	No
KFK	<input type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	15	eCode Reason	
NCD Protection	No			Private Hire	No

Accident Details

Report Date	24/03/2018 17:34	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Cross Junction
Date of Accident	24/03/2018	Time of Accident hh:mm	09:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	WOODLANDS AVE 4 TWDS LAVENDER				

Benefits

Excess

Own damage Excess	0.00	Additional Excess		Windscreen Excess	
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	1,500.00	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 KAKI BUKIT AVENUE 2	Address 2	#01-13 KAKI BUKIT AUTOHUB	Address 3	SINGAPORE 417921
Address 4		Address Type	Singapore address	Post Code	417921
Unit No.	10-200	Related Policy Number	5063999034-04		

01 Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	13/05/1993
Unnamed driver Name	PALSAMY MURUGESAN	Driver NRIC	G2374904T	Driving Experience	1
Register Date of Driver License	26/09/2016	Driver Age	24	Contact No.(Home)	0
Contact No.(Mobile)	98074023	Contact No.(Office)	0	Address 3	
Address 1	85 # KALLANG AVENUE	Address 2	SINGAPORE 339418	Post Code	339418
Address 4		Address Type	Singapore address		
Unit No.				Driver Insurer Company	
Does he own a Singapore Registered car?	Yes <input 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 OD-MX **New**

Claim Type *	OD-MX	Insured Name	WENG SOON AUTO & LEASING	Insured NRIC	53227794E
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	
Email Address		01 Vehicle Number	GW47091	TP Vehicle Number	PA9689T
Claim Description	GW47091 / PA9689T ON 24 Mar 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	Received
Date Registered	24/03/2018 17:41	Claim Close Date		Date Received	24/03/2018 00:00
Report Taken By	ROSILINDA	Workshop Repairer		Total Loss but Repaired	

☒ Print AK letter

Save Submit

Attachment

Accident No.	MT/0987516	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	24/03/2018 00:00
Path *		Category *	
Choose File No file chosen		Confidential	NO
Choose File No file chosen		Urgency *	Normal
Choose File No file chosen		Descr	

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

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NO

Normal

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Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Mar 2018 17:41	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-3-24
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Mar 2018 17:41	SAS	Normal	SAS 2018-3-24
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Mar 2018 17:41	Photos	Normal	Photos 2018-3-24
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Mar 2018 17:41	Photos	Normal	Photos 2018-3-24
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Mar 2018 17:41	Photos	Normal	Photos 2018-3-24
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Mar 2018 17:40	Photos	Normal	Photos 2018-3-24
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Mar 2018 17:40	Photos	Normal	Photos 2018-3-24
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Mar 2018 17:40	Photos	Normal	Photos 2018-3-24
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Mar 2018 17:40	Photos	Normal	Photos 2018-3-24
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Mar 2018 17:40	Photos	Normal	Photos 2018-3-24
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Mar 2018 17:40	Photos	Normal	Photos 2018-3-24
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Mar 2018 17:40	Photos	Normal	Photos 2018-3-24

Video List

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