

# NATIONAL Assessment Centre Services

(wef 1 Jan 2003)

MNA 118041711

Date In: 28/3/18 10:57	Job description	Date & Time Completed	Done by
Ref No: N/A/INC18005716/h4	SAS e-filing		
Veh No: YN 1589 S	E-mail (within Shrs, AIC 2hrs)		
D.O.A: 27/3/18 20:00	i-Motor Claim Form	MT/0988157	29/3/18 09:52
OD / <input checked="" type="radio"/> 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: (

Tel:

Fax:

TP Particulars:

Veh No:

SH 9190H

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

MNA1801971		Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) 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		
QC Checked by (Engr-In-Charge):		5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments :-		For claiming against INC Only (wef 10 Jan 2003)		
Cat. 1:		6) TR: Re-inspection \$75		
Cat. 2/3:		7) N1: Idac DA + SMRT Survey \$160		
		8) NTUC Additional Services:-		
		OP*		
		*N5: Courtesy Car / Tpl Allowance \$5		
		*N6: Repair Co-ordination \$10		
		*N7: Post Repair Inspection \$25		
		*N8: DV / Collect Excess Coordination \$5		
		TP (N11): TP (N-in INC) against INC \$20		
		9) N12: Idac Mobile \$0		
		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	28/03/2018 10:57
Date Of Accident	27/03/2018 20:00
Exact Location Of Accident	MACPHERSON RD TWDS TANNERY RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	YN1589S
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SWEE BUILDERS PTE LTD
Co Reg No	199801449R
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-65470091

### Vehicle Particulars

Manufacturer	MITSUBISHI
Model	FK61FMJ1RDEA
Exact Purpose for which vehicle was being used at time of accident	GOING BACK OFFICE
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	5092918098
Cover Note Number	-

### Driver

Name of Driver	CHINNAPILLAI JAYAVEL
Passport No/FIN	G7761027N
Date Of Birth	28/12/1977
Occupation	OUTDOOR
Date Of Driving Pass	02/11/2011
Driving Experience	6 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-85771379
Fax Number	
Contact Number	
Email Address	NOEMAIL



Address	19A TANNERY RD
Postcode	347731
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	RAINING
Road Surface	WET

#### 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)	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 ALONG MACPHERSON RD TWDS TANNERY RD WHILE APPROACHING A TRAFFIC JUNCTION, WHEN I NOTICED MY FRONT VEH BRAKE, AS SUCH I MANAGE MY BRAKE TO SLOW DOWN. ALL OF A SUDDEN, I FELT AN IMPACT FROM BEHIND. AFTER THE INCIDENT, I ALIGHTED FROM MY VEH AND REALIZED A TAXI FROM BEHIND COLLIDED ONTO MY VEH REAR PORTION.

#### 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	SH9190H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	TOH ENG CHONG
NRIC/Passport Number	S1198438Z
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

## 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.



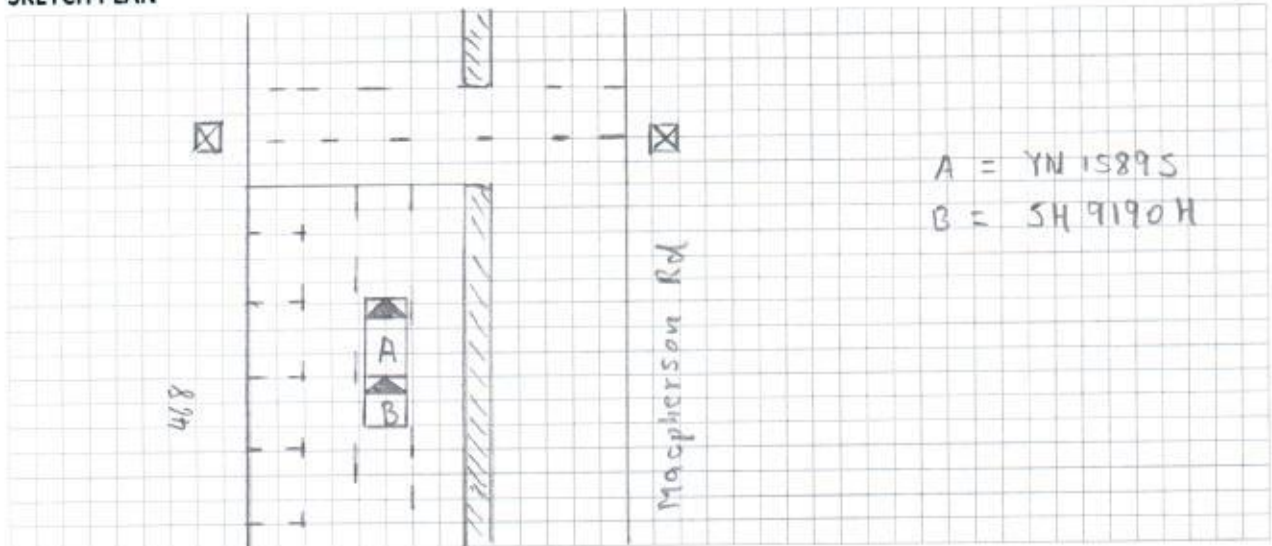
Policyholder's Signature  
Date & Time:

  
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

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:


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

**REPUBLIC OF SINGAPORE DRIVING LICENCE**


 Licence Number: **G7761027N**  
 Name: **CHINNAPILLAI JAYAVEL**  
 Birth Date: **28 Dec 1977**  
 Issue Date: **18 Sep 2017**  
 Valid Till: **03/10/2022**

002724687H

**S PASS**  
Employment of Foreign Manpower Act (Chapter 91A)  
Republic of Singapore


 Employer: **SWEE BUILDERS PTE LTD**  
 Sector: **CONSTRUCTION**  
 Name: **CHINNAPILLAI JAYAVEL**  
 Occupation: **MECHANICAL & ELECTRICAL (M&E) SUPERVISOR**  
 S Pass No.: **0 33340869**  
 Date of Application: **30-08-2017**  
 Date of Issue: **29-09-2017**  
 Date of Expiry: **09-10-2018**

LB347844

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

		EFFECTIVE DATE
Class 3	Motor cars with unladen weight $\leq$ 3000kg with $\leq$ 7 passengers, exclusive of driver; and other motor vehicles with unladen weight $\leq$ 2500kg	04 Oct 2007
Class 4	Motor vehicles which are constructed to carry load or passengers and the unladen weight $>$ 2500kg Motor vehicles which are not constructed to carry load or passengers and the unladen weight $\leq$ 7250kg	02 Nov 2011

NP 428A

Licence No: G7761027N

**VISIT PASS**  
Immigration Regulations


 Name: **CHINNAPILLAI JAYAVEL**  
 Date of Birth: **28-12-1977** Sex: **M** Nationality: **INDIAN**  
 FIN: **G7761027N** Date of Issue: **29-09-2017** Date of Expiry: **09-10-2018**  
**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 :** 5092918098

**Cover :** Comprehensive

- |  |                         |
|--|-------------------------|
| 1. Index mark and Registration Number of Vehicle   | : YN1589S               |
| Chassis Number   | : FK61FMA00144          |
| 2. Name of Policyholder  | : SWEE BUILDERS PTE LTD |
| 3. Effective Date of Insurance   | : 01 Jul 2017           |
| 4. Expiry Date of Insurance  | : 30 Jun 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.<br>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)	: S\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
INSURE WITH COE	: YES
HIRE PURCHASE COMPANY	: N/A
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 : ALL INS AGENCY PTE. LTD. (00000571908)  
Date of Issue : 25 Jul 2017 12:54 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

\_\_\_\_\_  
Authorised Officer



\_\_\_\_\_  
Chief Executive

## Claim Handling

Accident MT/0988157

Policy No.	5092918098	Vehicle No.	YN1589S	GST Registration No.	
Policyholder Name	SWEE BUILDERS PTE LTD			Policyholder NRIC	199801449R
Product Code	COMMERCIAL VEHICLE INSURAN	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	65470091	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No

## ▼ Accident Details

Report Date	29/03/2018 09:41	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	27/03/2018	Time of Accident hh:mm	20:00	Country of Accident	Singapore
Reporting Centre		Orange Force		TCM No.	
Accident Location	MACPHERSON RD TWDS TANNERY RD				

## ▼ 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	19A TANNERY ROAD	Address 2	SINGAPORE 347731	Address 3	
Address 4		Address Type	Singapore address	Post Code	347731
Unit No.		Related Policy Number	5057775019-05		

## ▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	28/12/1977
Unnamed driver Name	CHINNAPILLAI JAYAVEL	Driver NRIC	G7761027N	Driving Experience	6
Register Date of Driver License	02/11/2011	Driver Age	40	Contact No.(Home)	
Contact No.(Mobile)	85771379	Contact No.(Office)		Address 3	
Address 1	19A # TANNERY ROAD	Address 2	SINGAPORE 347731	Post Code	347731
Address 4		Address Type	Singapore address		
Unit No.					
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input 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
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## Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	SWEE BUILDERS PTE LTD	Insured NRIC	199801449R
Contact No.(Mobile)	96709979	Contact No.(Home)		Contact No.(Office)	65470091
Email Address	sweebpl@singnet.com.sg	OI Vehicle Number	YN1589S	TP Vehicle Number	SH9190H
Claim Description	YN1589S / SH9190H ON 27 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	29/03/2018 00:00
Date Registered	29/03/2018 09:47	Claim Close Date			
Report Taken By	LIEW SHAN HUI				

☒ Print AK letter

Save Submit

## Attachment

Accident No.	MT/0988157	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	29/03/2018 09:52

Path \*

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Category \*

Confidential

Urgency \*

Descr

Clear	Please Select	NO	Normal	
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Choose File No file chosen

Choose File No file chosen

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Message Read

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## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Mar 2018 09:52	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-3-29
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Mar 2018 09:52	SAS	Normal	SAS 2018-3-29
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Mar 2018 09:49	Photos	Normal	Photos 2018-3-29
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Mar 2018 09:49	Photos	Normal	Photos 2018-3-29
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Mar 2018 09:48	Photos	Normal	Photos 2018-3-29
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Mar 2018 09:48	Photos	Normal	Photos 2018-3-29
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Mar 2018 09:47	Photos	Normal	Photos 2018-3-29
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Mar 2018 09:47	Photos	Normal	Photos 2018-3-29

## Video List

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