

Date In: 31/3/18 11:44	Job description	Date & Time Completed	Done by
Ref No: MA/INC18005903/1h4	SAS e-filing		
Veh No: GBD 6306J	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 29/3/18 09:40	i-Motor Claim Form	M710988374	31/3/18 17:16
OD: <b>(TP)</b> Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whse		

Preferred Wksp / INC Assign Wksp / QW: ( ) Tel: ( ) Fax: ( )

TP Particulars: Veh No: YP 8033Y 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 :-	Invoice Preparation Checklist		Amt (\$)	Amt (\$)
			Est Bill	Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$10)		30.00	
Contact No:	2) DA: Damage Assessment (\$100)	INC (\$80)		
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		
	For claiming against INC Only (wef 10 Jan 2009)			
	6) TR: Re-inspection	\$75		
	7) N1: Idac DA + SMRT Survey	\$160		
	8) NTUC Additional Services:-			
	Q1:			
	*N5: Courtesy Car / Tpt Allowance	\$5		
	*N6: Repair Co-ordination	\$10		
	*N7: Post Repair Inspection	\$25		
	*N8: DV / Collect Excess Coordination	\$3		
	TP (N11): TP (Non 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	31/03/2018 11:44
Date Of Accident	29/03/2018 09:40
Exact Location Of Accident	KPE TWDS PIE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBD6306J
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TRIPLE L AIRCON
Co Reg No	53126922A
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-84330355

### Vehicle Particulars

Manufacturer	NISSAN
Model	NV350
Exact Purpose for which vehicle was being used at time of accident	WORK
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	5087107314-01
Cover Note Number	-

### Driver

Name of Driver	CHINNASAMY IYAPPAN
NRIC No	G5200749L
Date Of Birth	08/12/1983
Occupation	OUTDOOR
Date Of Driving Pass	03/04/2017
Driving Experience	0 YEAR AND 11 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-84330355
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address 9 KAKI BUKIT RD 1 #01-05  
 Postcode 415938  
 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 -  
 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  
 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) 2  
 Passenger 1 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**

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 YP8033Y  
 Vehicle Make/Model/Colour  
 Details Of Properties  
 Vehicle Category COMMERCIAL VEHICLE  
 Name of Driver RAJENDRAN KARTHIGEYAN  
 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.
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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:

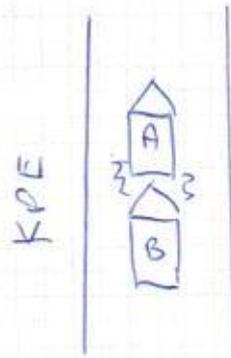


Driver's Signature  
(If driver is not the policyholder)  
Date & Time:



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

SKETCH PLAN



DOA : 29/3/18

A : GBD 6306J

B : YP 80334

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Front car stopped so I followed suit but when  
I failed to brake in time hit onto my veh  
rear portion.

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.:

Personal Particulars

Date of Accident: 29/3/18 Time of Accident: 9.40am  
 Exact Location of Accident: KPE towards PIE  
 Owner's Name: Triple Aircon NRIC No: \_\_\_\_\_ HP No: \_\_\_\_\_  
 Driver's Name: Chinnasamy Ivappan NRIC No: G5200749 HP No: 84330355  
 Date of Birth: 8/12/1983 Driving Licence Passing Date: 3/4/2017 Occupation: Indoor / Outdoor  
 Address: 9 Kaki Bukit Rd 1 #01-05 Finar Technolink (415938)  
 Relationship of Driver with Insured: Employee Email Address: \_\_\_\_\_  
 Vehicle No: GBD 63063 Make & Model: Nissan  
 Insurance Co: NTUC Coverage: Comprehension Policy No: 5087167314-01

\*Purpose of Reporting?  Own Damage Claim /  3rd Party Claim /  Not Claiming, just Reporting Only

\*Exact Purpose of The Vehicle Was Being Used At Time Of Accident:  Private Use /  Work

\*Weather Condition?  Clear / Raining / Others: \_\_\_\_\_  Wet /  Dry / Others: \_\_\_\_\_

\* Any passenger inside vehicle involved? (Yes / No) If yes, Vehicle No & How many pax:  
 A: 1 + 1 B: 1 + 0 C: \_\_\_\_\_ D: \_\_\_\_\_

\*Was Anybody Injured? (Yes /  No) If yes,  
 Name / NRIC / In Vehicle: \_\_\_\_\_

\*Was The Accident Reported To The Police?  
 No  Yes, Which Police Station? \_\_\_\_\_

\*Does the Driver Own Any Other Vehicle?  
 No  Yes, Vehicle Registration No: \_\_\_\_\_ Insurer: \_\_\_\_\_

\*Was any foreign vehicle involved? (Yes /  No) If yes, Vehicle No & Category: \_\_\_\_\_

\*Was there any video captured by Car Camera? (Yes /  No)

Third Party Driver's Particulars

Vehicle B No: TP 8033Y Make & Model: \_\_\_\_\_  
 Driver's Name: Rajendran Karthigeyan NRIC No: \_\_\_\_\_ HP No: \_\_\_\_\_  
 Vehicle C No: \_\_\_\_\_ Make & Model: \_\_\_\_\_  
 Driver's Name: \_\_\_\_\_ NRIC No: \_\_\_\_\_ HP No: \_\_\_\_\_

Witness Particulars

Name: \_\_\_\_\_ NRIC No: \_\_\_\_\_ HP No: \_\_\_\_\_

REPUBLIC OF SINGAPORE  
DRIVING LICENCE



License Number: **G 5200749L**  
Name: **CHINNASAMY IVAPPAN**

Birth Date: **08 Dec 1983**  
Issue Date: **03 Apr 2017**  
Valid Till: **02-04-2022**

002671805H

Employment of Foreign Manpower Act (Chapter 51A)  
Republic of Singapore

**S PASS**

Employer: **TRIPLE L AIRCON**  
Sector: **CONSTRUCTION**

Employee Name: **CHINNASAMY IVAPPAN**  
Occupation: **APP-COORDINATING SUPERVISOR**  
G Pass No.: **0 35434656**

Date of Application: **17-01-2018**  
Date of Issue: **12-02-2018**  
Date of Expiry: **23-02-2020**

18666794

**YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES!**

Class 3 Motor cars with unladen weight ≤ 3000kg with ≤ 7 passengers, exclusive of driver, and other motor vehicles with unladen weight ≤ 2500kg

EFFECTIVE DATE: **03 Apr 2017**

License No: **G5200749L**

NP 428A

**VISIT PASS**  
Immigration Regulations

Name: **CHINNASAMY IVAPPAN**

Date of Birth:	08-12-1983	Sex:	M	Nationality:	INDIAN
FIN	G5200749L	Date of Issue:	12-02-2018	Date of Expiry:	23-02-2020

**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 : 5087107314-01

Cover : Comprehensive

1. Index mark and Registration Number of Vehicle : **G8D6305J**  
 Chassis Number : JN1MC2E26Z0003997  
 2. Name of Policyholder : TRIPLE L AIRCON  
 3. Effective Date of Insurance : 30 Jan 2018  
 4. Expiry Date of Insurance : 29 Jan 2019

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)	SS600
EXCESS (SECTION 2)	N/A
WINDSCREEN EXCESS	SS100
INSURE WITH COE	YES
HIRE PURCHASE COMPANY	HONG LEONG FINANCE 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 : 27 Dec 2017 09:54 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

**Claim Handling**

Accident MT/0988374

Policy No.	5087107314-01	Vehicle No.	G0D6306J	GST Registration No.	
Policyholder Name	TRIPLE L AIRCON	Cover Type	Comprehensive	Policyholder NRIC	53126922A
Product Code	COMMERCIAL VEHICLE INSURAN	Contact No.(Office)		Loading	0
Contact No.(Mobile)	84330355	Special Remark		Contact No.(Home)	
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	31/03/2018 17:07	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	29/03/2018	Time of Accident hh:mm	09:40	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	KPE TWDS PIE				

▼ 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	9 KAKI BUKIT ROAD 1	Address 2	#01-05 EUNOS TECHNLINK	Address 3	SINGAPORE 415938
Address 4		Address Type	Singapore address	Post Code	415938
Unit No.	01-05	Related Policy Number	5087107314-01		

▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	08/12/1983
Unnamed driver Name	CHENNASAMY IYAPPAN	Driver NRIC	G5200749L	Driving Experience	0
Register Date of Driver License	03/04/2017	Driver Age	34	Contact No.(Home)	
Contact No.(Mobile)	84330355	Contact No.(Office)		Address 3	SINGAPORE 415938
Address 1	9 KAKI BUKIT ROAD 1	Address 2	#01-05	Post Code	415938
Address 4		Address Type	Singapore address		
Unit No.	01-05				
Does he own a Singapore Registered car?	<input checked="" 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 *	GD-MX ▾	Insured Name	TRIPLE L AIRCON	Insured NRIC	53126922A	
Contact No.(Mobile)	90825228	Contact No.(Home)		Contact No.(Office)		
Email Address	juneyee@hotmail.com	OI Vehicle Number	G0D6306J	TP Vehicle Number	YP8033Y	
Claim Description	G0D6306J / YP8033Y ON 29 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	31/03/2018 00:00	
Date Registered	31/03/2018 17:15	Claim Close Date				
Report Taken By	LEW SHAN HUI					

Print AK letter

Save Submit

Attachment

Accident No.	MT/0988374	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	31/03/2018 17:16
Path *			
Choose File	No file chosen	Category *	Confidential
Choose File	No file chosen		Urgency *
Choose File	No file chosen		Descr

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

Sen

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 31 Mar 2018 17:16	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-3-31
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 31 Mar 2018 17:16	SAS	Normal	SAS 2018-3-31
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 31 Mar 2018 17:16	Photos	Normal	Photos 2018-3-31
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 31 Mar 2018 17:16	Photos	Normal	Photos 2018-3-31
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 31 Mar 2018 17:16	Photos	Normal	Photos 2018-3-31
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 31 Mar 2018 17:16	Photos	Normal	Photos 2018-3-31
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 31 Mar 2018 17:16	Photos	Normal	Photos 2018-3-31

Video List

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