

NATIONAL Assessment Centre Services

Date In 09/04/18	Job description	Date & Time Completed	Done by
Ref No NA/INC/8006440/13	SAS e-filing		
Veh No 4X3120H	E-mail (within 8hrs: AP 2hrs)		
DOW 08/04/18 11:00	i-Motor Claim Form MT/0989646		
OD (P) 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: 5KX223L	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

NA/802141	Invoice Preparation Checklist	Ant (\$) 1st Bill	Ant (\$) Add Bill
Claimant's Particulars :-	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) iT : Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR : Re-inspection \$75		
	7) NI : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD:		
QC Checked by (Engr-In-Charge):	*N5: Courtesy Car / Tpt Allowance	\$5	
	*N6: Repair Co-ordination	\$10	
	*N7: Post Repair Inspection	\$25	
	*N8: DV / Collect Excess Coordination	\$5	
Auditors' Comments :-	TP (N11) : TP (Non INC) against INC	\$20	
	9) N12: Idac Mobile	\$0	
Cat 1:	Invoice dated	Fee Charged	
Cat 2/3:	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	09/04/2018 10:08
Date Of Accident	08/04/2018 11:00
Exact Location Of Accident	PASIR RIS DRIVE 1 NEAR BLK 531 CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GX3120H
Insured/Policyholder	
Name Of Registered Owner	GEN 2 ENGINEERING PTE LTD
Co Reg No	201507641E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90235339
Alternative Phone No	OFFICE-68442543

Vehicle Particulars

Manufacturer	NISSAN
Model	CABSTAR
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 FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5089231402
Cover Note Number	

Driver

Name of Driver	SAMPANDAM KARUNAKARAN
Passport No/FIN	G7953176L
Date Of Birth	25/12/1981
Occupation	OUTDOOR
Date Of Driving Pass	13/04/2009
Driving Experience	8 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98655214
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	1033 EUNOS AVE 5A #01-29 EUNOS INDUSTRIAL ESTATE
Postcode	409703
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	SIDE SWIPE
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 INSIDE THE CARPARK AT PASIR RIS DRIVE 1 NEAR BLK 531. SUDDENLY VEH(B) BEARING REG NO SKX323L CAME OUT FROM THE CARPARK LOT WITHOUT LOOKING FOR ONCOMING VEH AND MY VEH HIT ONTO THE FRONT RIGHT SIDE PORTION OF VEH B.

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	SKX323L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ZHANG LIN DONG
NRIC/Passport Number	S7680311J
Contact Number	96881527
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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.:

L. J. Ramani 9/4/2018

[Signature] 09/04/18

SKETCH PLAN

A - GX3100H
B - SKX303L



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

P/s 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.:

9/4/2018

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

Employer:
UNIQUE SERVICES AND ENGINEERING PTE. LTD.

Sector: **CONSTRUCTION**

Name:
SAMPANDAM KARUNAKARAN

Occupation:
CONSTRUCTION SITE SUPERVISOR

S Pass No.
0 33558694

Date of Application:
23-01-2017

Date of Issue:
17-02-2017

Date of Expiry:
17-02-2019

 **L7642750**

REPUBLIC OF SINGAPORE DRIVING LICENCE


License Number: **G7953176L**

Name:
SAMPANDAM KARUNAKARAN

Birth Date: **25 Dec 1981**

Issue Date: **11 Mar 2014**

Valid Till: **12 Apr 2019**

 **002283454F**

VISIT PASS
Immigration Regulations

Name:
SAMPANDAM KARUNAKARAN



Date of Birth: **25-12-1981** Sex: **M** Nationality: **INDIAN**

FIN: **G7953176L** Date of Issue: **17-02-2017** Date of Expiry: **17-02-2019**

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)

Class	Description	Effective Date
Class 2B	Motorcycles <= 200 CC	13 Apr 2009
Class 3	Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver; and motor tractor/vehicles <= 2500 kg	13 Apr 2009
Class 4	Heavy motor cars and motor tractors > 2500 kg	05 Jun 2017

G7953176L

S / No. 9000270253

 **License No: G7953176L**

NP 426A

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 : 5089231402

Cover : Third Party, Fire & Theft

- | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|
| 1. Index mark and Registration Number of Vehicle | : GX3120H |
| Chassis Number | : JN1SF4F23Z0851978 |
| 2. Name of Policyholder | : GEN 2 ENGINEERING PTE LTD |
| 3. Effective Date of Insurance | : 31 Mar 2017 |
| 4. Expiry Date of Insurance | : 31 May 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. | |
| 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)	: N/A
EXCESS (SECTION 2)	: N/A
INSURE WITH COE	: YES
HIRE PURCHASE COMPANY	: ABWIN PTE 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 : ABWIN PTE LTD (00000614234)
Date of Issue : 30 Mar 2017 17:32 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



ABWIN PTE LTD

8 KAKI BUKIT ROAD 2
RUBY WAREHOUSE COMPLEX
#01-33 SINGAPORE 417841

Countersigned By:

Authorised Officer



Chief Executive

TEL: 6842 3332 FAX: 6842 3301 (ADMIN OFFICE)

Text size + -

**Transfer Of Vehicle Ownership (Confirmation)****Vehicle Details**

Vehicle No.: GX3120H
Vehicle Type: B31 - Goods (Open) Lorry (Metal Body)/Pickup
Vehicle Attachment 1: With Hood
Vehicle Scheme: Normal
Vehicle Make: NISSAN
Vehicle Model: CABSTAR
Chassis No.: JN1SF4F23Z0851978
Engine No.: QD32188542
Engine Capacity: 3153 cc
Maximum Power Output: -
Actual ARF Paid: \$1,041.00
Lifespan Expiry Date: 25 Mar 2024
Road Tax Expiry Date: 31 May 2017
Temporary Start Date: 24 Feb 2017
Temporary End Date: 23 May 2017
Transfer Count: 2
Transfer Date: 06 Apr 2017

Used Vehicle Dealer Particulars

Dealer ID Type: Company
Dealer ID: 200916381D
Dealer Name: ABWIN TRUCK PTE LTD

Buyer Particulars

Buyer ID Type: Company
Buyer ID: 201507641E
Buyer Name: GEN 2 ENGINEERING PTE LTD

Buyer Address

Registered Address Type: Private Residential (Condo Apt or House) / Shopping / Office Complexes
Registered Block/House No.: 1033
Registered Street Name: EUNOS AVENUE 5A
Registered Unit No.: # 01 - 29
Registered Building Name: EUNOS INDUSTRIAL ESTATE

Claim Handling

Accident MT/0989646

Policy No.	5089231402	Vehicle No.	GX3120H	GST Registration No.	
Policyholder Name	GEN 2 ENGINEERING PTE LTD			Policyholder NRIC	201507641E
Product Code	COMMERCIAL VEHICLE INSURAN	Cover Type	Third Party, Fire & Theft	Loading	0
Contact No.(Mobile)	90235339	Contact No.(Office)	68442543	Contact No.(Home)	0
Email Address		Special Remark		eCode	No
KFK	<input type="checkbox"/> No <input type="checkbox"/> Yes	TCA	<input type="checkbox"/> No <input type="checkbox"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No
Accident Details					
Report Date	09/04/2018 20:01	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	08/04/2018	Time of Accident hh:mm	11:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	PASIR RIS DRIVE 1 NEAR BLK 531 CARPARK				
Benefits					
Excess					
Own damage Excess	0.00	Additional Excess		Windscreen Excess	
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 Status Verified	No
GST Registration No.					
Modification History					
Policyholder Mailing Address					
Address 1	BLK 1033 #01-29	Address 2	EUNOS AVENUE 5A	Address 3	EUNOS INDUSTRIAL ESTA
Address 4	SINGAPORE 409703	Address Type	Singapore address	Post Code	409703
Unit No.	01-29	Related Policy Number	5089231402		
OI Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	25/12/1981
Unnamed driver Name	SAMPANDAM KARUNAKARAN	Driver NRIC	G7953176L	Driving Experience	8
Register Date of Driver License	13/04/2009	Driver Age	36	Contact No.(Home)	0
Contact No.(Mobile)	98555214	Contact No.(Office)	0	Address 3	EUNOS INDUSTRIAL ESTA
Address 1	BLK 1033	Address 2	EUNOS AVENUE 5A	Post Code	409703
Address 4	SINGAPORE 409703	Address Type	Singapore address		
Unit No.	#01-29				
Does he own a Singapore Registered car?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Driver Vehicle No.		Driver Insurer Company	
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any Injury?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Modification History					

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	GEN 2 ENGINEERING PTE LTD	Insured NRIC	201507641E
Contact No.(Mobile)		Contact No.(Home)	NIL	Contact No.(Office)	
Email Address		OI Vehicle Number	GX3120H	TP Vehicle Number	SKX323L
Claim Description	GX3120H / SKX323L ON 8 Apr 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	09/04/2018 20:09	Claim Close Date		Date Received	09/04/2018 00:00
Report Taken By	ROSINDA	Workshop Repairer		Total Loss but Repaired	
<input type="checkbox"/> Print AK letter					
<div>Save</div> <div>Submit</div>					

Attachment

Accident No.	MT/0989646	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	09/04/2018 00:00
Path *			
Choose File	No file chosen	Category *	Confidential
Choose File	No file chosen	Urgency *	Normal
Choose File	No file chosen		

Claim Handling(accident reporting Claim Task 001 OD-MX)

Message Read

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

Sen

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Apr 2018 20:09	NRJC/ Driving License	Normal	NRJC/ Driving License 2018-4-9
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Apr 2018 20:09	SAS	Normal	SAS 2018-4-9
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Apr 2018 20:07	Photos	Normal	Photos 2018-4-9
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Apr 2018 20:07	Photos	Normal	Photos 2018-4-9
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Apr 2018 20:07	Photos	Normal	Photos 2018-4-9
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Apr 2018 20:07	Photos	Normal	Photos 2018-4-9
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Apr 2018 20:06	Photos	Normal	Photos 2018-4-9
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Apr 2018 20:06	Photos	Normal	Photos 2018-4-9
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Apr 2018 20:06	Photos	Normal	Photos 2018-4-9
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Apr 2018 20:06	Photos	Normal	Photos 2018-4-9
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Apr 2018 20:06	Photos	Normal	Photos 2018-4-9

Video List

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