NATIONAL Assessment Centre Services. (wef 1 Jul 00) 19NA418054558

Date In: 25/04/2018 15:38	Job description	Date & Time Completed	Done by
Ref No: NBA/NNC/1800763/Y	SAS e-filing		
Veh No: SJZ 8356R	E-mail (within 3hrs, AIC 3hrs)		
D.O.A: 24/04/2018 19.10	i-Motor Claim Form	MT/C991840-001	25/04/2018 16.56
OD / (TP) / Reporting Only	i-Motor W/O (within 00 3hrs, TP 3hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

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

TP Particulars: Veh No: GW 6257 INC ( ) / Non-INC ( )

Owner / Driver: (Tel:)

Policy No: ( ) Period: ( ) Cover Type: ( )

Confirmed by: (Date: Time:)

Insured/Driver Liability: (%) [Note: BSL Status (WO): Nil 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 sales of repairer.

( ) Total Loss Case : to e-mail Insurer URGENTLY.

Drive-In ( ) / Towed-In ( ) : Invoice: YES ( ) / NO ( ) : Towing Co: ( )

Remarks: INC Hotline 6788 0016		Date & Time Completed	Done by
1) Apply for Transport Allowance ( ) / Courtesy Car ( )			
2) QC Check / Post Repair Inspection	( )		
3) Upload Recovery Photo (Repair Cost > $3000)	( )		

Injury:

Date/Time	Action

NA1802626

Claimant's Particulars

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Engineer's Comments:

Invoice Preparation Check List		
1) AR: Accident Reporting ($30)		
2) DA: Damage Assessment ($100)	INC (40)	
3) TF: Towing Fee		
4) FT: Follow-Through Survey		
5) FT: Follow-Through Survey (Re-survey)		
For claims notified INC Only (wef 10 Jan 2010)		
6) TR: Re-Inspection		
7) NI: (i) DA + SMRT Survey		
8) NTUC Additional Services		
OD:		
NI: Courtesy Car / Tpt Allowance		
NI: Repair Co-ordination		
NI: Post Repair Inspection		
NI: DY / Collision Co-ordination		
TP (NI): TP (Non INC) against INC		
9) NI: Motor Mobile		
Invoice date:	Net Charge	
Invoice No:	Over Charge	

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 witholding 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	25/04/2018 15:38
Date Of Accident	24/04/2018 19:10
Exact Location Of Accident	TAMPINES ROAD TOWARDS KPE EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJZ8356R
Insured/Policyholder	
Name Of Registered Owner	CMQ2 LLP
Co Reg No	T16LL0338G
Email Address	MURUGASON@MSN.COM
Mobile Phone No	(LOCAL) +65-86268628
Alternative Phone No	OFFICE-86268628
Vehicle Particulars	
Manufacturer	BMW
Model	318I
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	5095806782
Cover Note Number	
Driver	
Name of Driver	MURUGASON S/O MUTHUSAMY
NRIC No	S7705800A
Date Of Birth	05/03/1977
Occupation	OUTDOOR
Date Of Driving Pass	06/05/2010
Driving Experience	7 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86268628
Fax Number	
Contact Number	OFFICE-86268628
EMail Address	MURUGASON@MSN.COM

Address	BLK 477 TAMPINES STREET 43 #04-166
Postcode	520477
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	2
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)	3
Passenger 1	NAME: : PASSENGER GENDER: : MALE
Passenger 2	NAME: : PASSENGER 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 SKETCH PLAN

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GW625T
Vehicle Make/Model/Colour	VAN
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	LOW KWAI TUCK
NRIC/Passport Number	S1677855I
Contact Number	93899059
Address	
Postcode	

SKETCH PLAN

IMPORTANT NOTICE

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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**.
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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.

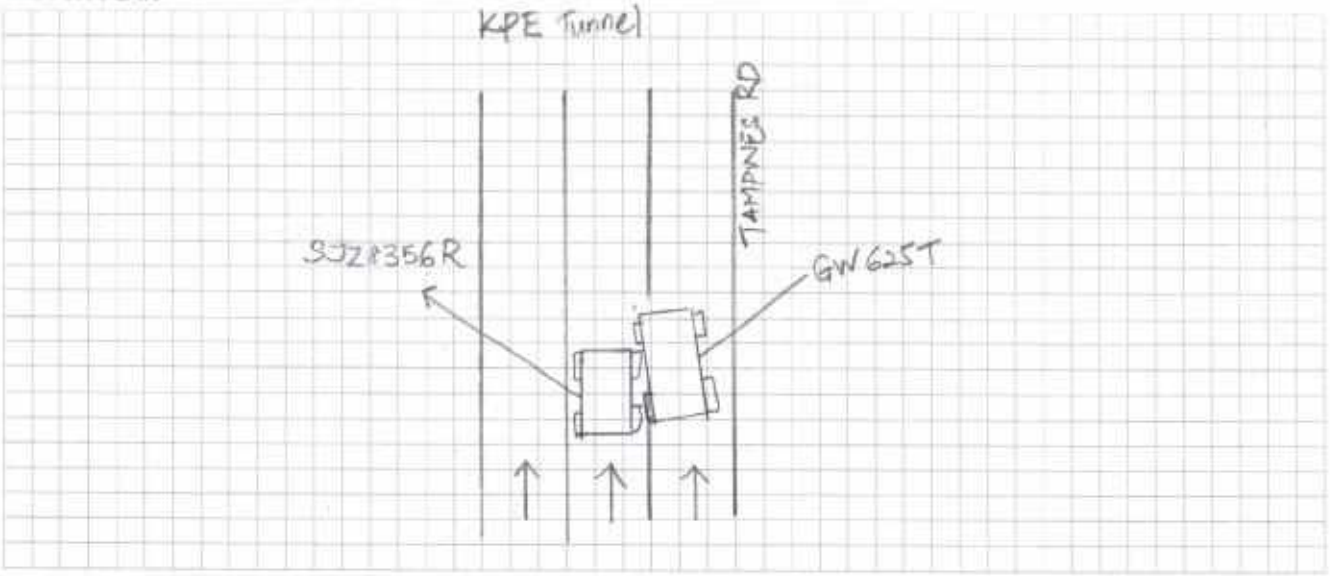
   (e) the information so collected under (d) above may be shared / disclosed:

   (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: 25/4/2018	Reporting Centre Personnel's Signature Name: NRIC/FIN No.: 25/04/2018

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along Tampines Road towards KPE tunnel when the accident occurred. Time of accident is approximately 1910hrs on 24/4/2018. I was heading towards the KPE tunnel after clearing the traffic junction along Tampines Road when vehicle GW625T came into my lane and hit the right front side of my vehicle SJZ8356R. I have submitted all pictures and video to illustrate the accident. My vehicle SJZ8356R has damages on i) right side view mirror 2) side door (RIGHT) 3) right front tire rim 4) right front side (above wheel) 5) front door handle (right).

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: 25/4/2018	Reporting Centre Personnel's Signature Name: NRIC/FIN No.: 25/04/2018

Exit

Claim Handling

The premium on this policy has not been collected.

Accident MT/0991840

Policy No.	5095806762	Vehicle No.	SJZ8356R	GST Registration No.	
Policyholder Name	CMQ2 LLP			Policyholder NRIC	T16LL0338G
Product Code	FLEET INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	86268628	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	Yes

Accident Details

Report Date	25/04/2018 16:19	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	24/04/2018	Time of Accident hh:mm	19:10	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	TAMPINES ROAD TOWARDS KPE EXIT				

Benefits

Excess

Own damage Excess	0.00	Additional Excess	0.00	Windscreen Excess	0.00
Unnamed Driver Excess		Outside Singapore OD Excess	0.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		

GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

Policyholder Mailing Address

Address 1	683 NORTH BRIDGE ROAD	Address 2	#06-01 SOUTHBANK	Address 3	SINGAPORE 198785
Address 4		Address Type	Singapore address	Post Code	198785
Unit No.	06-01	Related Policy Number	5095806762		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	MURUGASON S/O MUTHUSAMY	Driver NRIC	S7705800A	Driver DOB	05/03/1977
Register Date of Driver License	06/05/2010	Driver Age	41	Driving Experience	7
Contact No.(Mobile)	86268628	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 477 #04-166	Address 2	TAMPINES STREET 43	Address 3	SINGAPORE 520477
Address 4		Address Type	Foreign address	Post Code	520477
Unit No.	04-166				
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.	SJZ8356R	Driver Insurer Company	NTUC

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes No

Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	CMQ2 LLP	Insured NRIC	T16LL0338G
Contact No.(Mobile)	94558122	Contact No.(Home)		Contact No.(Office)	66345800
Email Address		OI Vehicle Number	SJZ8356R	TP Vehicle Number	GW625T
Claim Description	SJZ8356R / GW625T ON 24 Apr 2018			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault		
Require Finalisation	Yes	Preferered Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	25/04/2018 16:23	Claim Close Date		Date Received	25/04/2018 00:00
Report Taken By	ROSLI WAHAB				

Print AA letter

Save Submit

Attachment

Accident No.	MT/0991840	Claim No.	001
Last Doc. Received	Yes No	Upload Date	25/04/2018 16:26

Path *

	Category *	Confidential	Urgency *	Description *
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	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	

Message Read

Send Message Upload

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	Action
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 25 Apr 2018 16:26	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-4-25		Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 25 Apr 2018 16:26	SAS	Normal	SAS 2018-4-25		Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 25 Apr 2018 16:25	Photos	Normal	Photos 2018-4-25		Edit

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 25 Apr 2018 16:25	Photos	Normal	Photos 2018-4-25	Edit
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NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 25 Apr 2018 16:23	Photos	Normal	Photos 2018-4-25	Edit

Video List

Uploaded By/Date	Folder Date	File Name		Source	Action

Display in New Window | Scan and uploading

ACCIDENT STATEMENT

ACCIDENT DATE: (24 / 04 / 2018) (DD/MM/YYYY), TIME: (19 : 10) (HH:MM)

LOCATION: Tampines Road Towards KPE PIE17

1. **DETAILS OF VEHICLE**
   a) VEHICLE NUMBER: SJZ 8356R
   b) INSURANCE COMPANY: NTUC
   c) POLICY NUMBER: 5095806782
   d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT)
   e) MAKE & MODEL: B.M.W
   f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
   g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
   h) PURPOSE OF USING AT ACCIDENT TIME: _____
   I) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
   IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. **INSURED / POLICY HOLDER**
   A) NAME: CMD2 LLP (MALE / FEMALE)
   b) NRIC/FIN/PASSPORT: T1611033BC CONTACT: _____
   c) ADDRESS: _____

2 MALE passenger

* CONTINUE TO **3.d** IF DRIVER ALSO POLICY HOLDER

* No of passenger (including driver) (3)

3. **DRIVER**
   a) NAME: MURUGASAN S/O MUTHUSAMY (MALE / FEMALE)
   b) NRIC/FIN/PASSPORT: _____ CONTACT: 86268628
   c) ADDRESS: _____
   *d) DATE OF BIRTH: (05 / 03 / 1977) (DD/MM/YYYY)
   e) OCCUPATION: (INDOOR / OUTDOOR)
   f) DATE OF DRIVING PASS : 06/05/2010

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
   IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____
5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS _____)
   b) ROAD SURFACE: (DRY / WET / OTHERS _____)
6. WAS ANYBODY INJURED (YES / NO)
7. a) REPORTED TO POLICE (YES / NO)
   IF YES, PLEASE STATE WHICH POLICE STATION: _____
8. **THIRD PARTY VEHICLE**
   a) VEHICLE NUMBER: GW625T MODEL: _____
   b) DRIVER'S NAME: LOW KWAI TUCK
   c) NRIC/FIN/PASSPORT: S1677855I CONTACT: 93899059

\# No of passenger (including driver) 1

9. THIRD PARTY VEHICLE
   d) VEHICLE NUMBER: _____ MODEL: _____
   e) DRIVER'S NAME: _____
   f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

email = murugasan@msn.com

fax =

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S7705800A

Name

MURUGASON S/O MUTHUSAMY

முருகேசன் முத்துசாமி

Race

INDIAN

Date of birth

05-03-1977

Sex

M

Country/Place of birth

SINGAPORE

S7705800-

REPUBLIC OF SINGAPORE DRIVING LICENC

S7705800A

MURUGASON S/O MUTHUSAMY

Birth Date: 05 Mar 1977

Issue Date: 06 Apr 2018

002790492G

5731703

NRIC No. S7705800A

Date of issue

03-04-2017

Address

APT BLK 477 TAMPINES STREET 43
#04-166
SINGAPORE 520477

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

		EFFECTIVE DATE
Class 3	Motor cars with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg	06 May 2010

NP 428A

Licence No:S7705800A

eBaoTech GeneralClaim

Hello, NAC_BUKIT_MERAH_800676 · Change Language · Change Password · Log Out

My Desktop
Notice of Loss

Policy Query

Policy No.
Date of Accident 24/04/2018 15:30
Vehicle No.(For Motor) SJZ8356R

Search

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
○	5095806782	CMQ2 LLP	T16LL0338G	GFT	Third Party	SJZ8356R	SJZ8356R	05/04/2018	

Continue