

NATIONAL Assessment Centre Services (wef 1 Jan 2005) MNA18073636

Date In: 6/6/18-16:49	Job description	Date & Time Completed	Done by
Ref No: NA INC18010344/24	SAS e-filing		
Veh No: ABE91822	E-mail (within 3hrs, AIC 2hrs)		
D.O.A : 16/5/18-09:00	i-Motor Claim Form	MT 09A5115-002	6/6/18 19:23
OD / TP: 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: SHA7205E	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:	Date & Time Completed	Done by
(INC hotline: 6788 6616)		
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 1803546	Invoice Preparation Checklist		Amt (\$) fit Bill	Amt (\$) Add Bill
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);			
	2) DA : Damage Assessment (\$100); INC (\$80)			
Driver/Owner:	3) TF : Towing Fee	\$40/\$45		
	4) FT : Follow-Through Survey	\$120		
Contact No:	5) FT : Follow-Through Survey (Resurvey)	\$30		
	For claiming against INC Only (wef 10 Jan 2005)			
Damaged Portion:	6) TR : Re-inspection	\$75		
	7) N1 : Idac DA + SMRT Survey	\$160		
QC Checked by (Engr-In-Charge):	8) NTUC Additional Services:-			
	QN*			
	*N5: Courtesy Car / Tpt Allowance	\$5		
	*N6: Repair Co-ordination	\$10		
	*N7: Post Repair Inspection	\$25		
Auditors' Comments :-	*N8: DV / Collect Excess Coordination	\$5		
	TP (N11) : TP (Non INC) against INC	\$20		
Pat. 1:	9) N12: Idac Mobile	\$0		
Pat. 2 / 3:	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 willful 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	06/06/2018 16:49
Date Of Accident	16/05/2018 09:00
Exact Location Of Accident	JUNC WOODLANDS AVE 2 & WOODLANDS AVE 1
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE9182Z
Insured/Policyholder	
Name Of Registered Owner	WEI ZHONG FOODSTUFF MANUFACTURER
Co Reg No	34635000W
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90104901
Alternative Phone No	OFFICE-90104901

Vehicle Particulars

Manufacturer	NISSAN
Model	NV200 1.5 MT ABS AIRBAG 2WD 6DR E5 W/RC
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	REPORTING ONLY
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	5089427793-01
Cover Note Number	

Driver

Name of Driver	BALASUBRAMANIAM KALAISELVAM
Passport No/FIN	G2482480U
Date Of Birth	03/05/1992
Occupation	OUTDOOR
Date Of Driving Pass	12/05/2015
Driving Experience	3 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84951866
Fax Number	
Contact Number	OFFICE-84951866
Email Address	NOEMAIL

Address	3020 UBI AVENUE 2 #04-135
Postcode	408896
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	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?	
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

ON STATED DATE AND TIME, I WAS TRAVELLING ALONG LANE 3 WOODLANDS AVE 2 JUNCTION. SUDDENLY VEHICLE B BRAKE HIS VEHICLE. I COULDN'T BRAKE MY VEHICLE IN TIME AND SLIGHTLY HIT ONTO VEHICLE B 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	SHA7205E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
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.
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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.

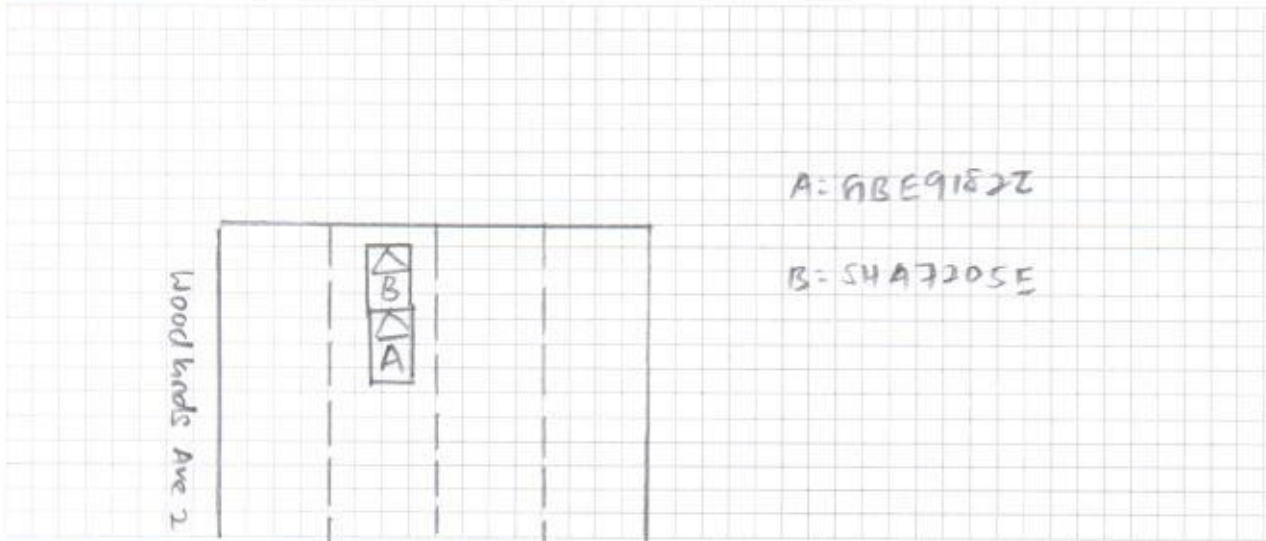


Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to statement.

DECLARATION

I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature
Date & Time:

Bini Sanyal

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

[Signature]

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

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

Employer
WEI ZHONG FOODSTUFF MANUFACTURER

Sector: **MANUFACTURING**

Name
BALASUBRAMANIAM KALAISELVAM

Occupation
DELIVERY DRIVER

S Pass No.
036526303

Date of Application
12-05-2017

Date of Issue
29-05-2017

Date of Expiry
29-05-2019





L7989496

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **G2482480U**

Name:
BALASUBRAMANIAM KALAISELVAM

Birth Date: **03 May 1992**

Issue Date: **12 May 2015**

Valid Till **11 May 2020**





VISIT PASS
Immigration Regulations

Name
BALASUBRAMANIAM KALAISELVAM

Date of Birth: **03-05-1992** Sex: **M** Nationality: **INDIAN**

PN: **G2482480U** Date of Issue: **29-05-2017** Date of Expiry: **29-05-2019**

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)

		EFFECTIVE DATE
Class 2B	Motorcycles =< 200 cc	12 May 2015
Class 3	Motor Cars=< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg	12 May 2015

NP 428A



Hello, NAC_PAYA_UBI_800601

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

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

Policy Query

Policy No. Date of Accident

Vehicle No.(For Motor)

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5089427793-01	WEI ZHONG FOODSTUFF MANUFACTURER	34635000W	GCV	Preferred Workshop Plan	GBE9182Z	GBE9182Z	29/04/2018	28/04/2019

Claim Handling

• Exit

Accident MT/0995115

Policy No.	5089427793-01	Vehicle No.	GBE9182Z	GST Registration No.	34635000W
Policyholder Name	WEI ZHONG FOODSTUFF MANUFACTURER	Cover Type	Preferred Workshop Plan	Policyholder NRIC	34635000W
Product Code	COMMERCIAL VEHICLE INSURAI	Contact No. (Office)		Loading	0
Contact No. (Mobile)	NA	Special Remark		Contact No. (Home)	
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	
KPK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	15	eCode Reason	
NCD Protection	No			Private Hire	Not available
Accident Details					
Report Date	23/05/2018 12:15	Accident Report Within 24 hrs	Yes	Accident Type	Unknown
Date of Accident	16/05/2018	Time of Accident hh:mm	08:30	Country of Accident	Singapore
Reporting Centre	Administrator	Orange Force	No	ICM No.	
Accident Location	WOODLANDS AVE 2 X WOODLANDS AVE 1				
Benefits					
Excess					
Own damage Excess	600.00	Additional Excess		Windscreen Excess	100.00
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			
GST Registered Information					
GST Registered	Yes	GST Registration Date	01/01/2013	GST Status Verified	Yes
GST Registration No.	34635000W				
Modification History	22/05/2018 10:55:12 Carol Wan changed GST Registration No. from n to 34635000W 22/05/2018 10:55:12 Carol Wan changed GST Registration Date from 01/01/2015 to 01/01/2013 22/05/2018 10:58:12 Carol Wan changed GST Status Verified from No to Yes				

Policyholder Mailing Address					
Address 1	BLK 2020 #04-135	Address 2	UBI AVENUE 2	Address 3	SINGAPORE 408896
Address 4		Address Type	Singapore address	Post Code	408896
Unit No.		Related Policy Number	5089427793-01		
OI Driver Info					
Driver Name		Driver Type		Driver DOB	
Unnamed driver Name		Driver NRIC		Driving Experience	
Register Date of Driver License		Driver Age		Contact No. (Home)	
Contact No. (Mobile)		Contact No. (Office)		Address 3	
Address 1		Address 2		Post Code	
Address 4		Address Type	Foreign address		
Unit No.					
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	
Modification History					

Claim 002 **New**

Claim Type *	OD -HX	Insured Name	WEI ZHONG FOODSTUFF MANU	Insured NRIC	34635000W
Contact No. (Mobile)		Contact No. (Home)		Contact No. (Office)	67435117
Email Address		OJ Vehicle Number	GBE9182Z	TP Vehicle Number	SHA7205E
Claim Description	GBE9182Z / SHA7205E ON 18 May 2018			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Fully at Fault	GIA report	Received
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	06/06/2018 00:00
Date Registered	06/06/2018 19:23	Claim Close Date			
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					
<input type="button" value="Save"/> <input type="button" value="Submit"/>					

Attachment

Accident No.	MT/0995115	Claim No.	002																																			
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	06/06/2018 19:24																																			
<table border="1"> <thead> <tr> <th>Path *</th> <th>Category *</th> <th>Confidential</th> <th>Urgency *</th> <th>Description *</th> </tr> </thead> <tbody> <tr> <td><input type="button" value="Browse..."/> <input type="button" value="Clear"/></td> <td>Please Select</td> <td><input type="checkbox"/> NO <input type="checkbox"/> YES</td> <td>Normal</td> <td></td> </tr> <tr> <td><input type="button" value="Browse..."/> <input type="button" value="Clear"/></td> <td>Please Select</td> <td><input type="checkbox"/> NO <input type="checkbox"/> YES</td> <td>Normal</td> <td></td> </tr> <tr> <td><input type="button" value="Browse..."/> <input type="button" value="Clear"/></td> <td>Please Select</td> <td><input type="checkbox"/> NO <input type="checkbox"/> YES</td> <td>Normal</td> <td></td> </tr> <tr> <td><input type="button" value="Browse..."/> <input type="button" value="Clear"/></td> <td>Please Select</td> <td><input type="checkbox"/> NO <input type="checkbox"/> YES</td> <td>Normal</td> <td></td> </tr> <tr> <td><input type="button" value="Browse..."/> <input type="button" value="Clear"/></td> <td>Please Select</td> <td><input type="checkbox"/> NO <input type="checkbox"/> YES</td> <td>Normal</td> <td></td> </tr> <tr> <td><input type="button" value="Browse..."/> <input type="button" value="Clear"/></td> <td>Please Select</td> <td><input type="checkbox"/> NO <input type="checkbox"/> YES</td> <td>Normal</td> <td></td> </tr> </tbody> </table>				Path *	Category *	Confidential	Urgency *	Description *	<input type="button" value="Browse..."/> <input type="button" value="Clear"/>	Please Select	<input type="checkbox"/> NO <input type="checkbox"/> YES	Normal		<input type="button" value="Browse..."/> <input type="button" value="Clear"/>	Please Select	<input type="checkbox"/> NO <input type="checkbox"/> YES	Normal		<input type="button" value="Browse..."/> <input type="button" value="Clear"/>	Please Select	<input type="checkbox"/> NO <input type="checkbox"/> YES	Normal		<input type="button" value="Browse..."/> <input type="button" value="Clear"/>	Please Select	<input type="checkbox"/> NO <input type="checkbox"/> YES	Normal		<input type="button" value="Browse..."/> <input type="button" value="Clear"/>	Please Select	<input type="checkbox"/> NO <input type="checkbox"/> YES	Normal		<input type="button" value="Browse..."/> <input type="button" value="Clear"/>	Please Select	<input type="checkbox"/> NO <input type="checkbox"/> YES	Normal	
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Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? Action (CO)
NAC_PAYA_LBI_800603(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Ju					

n 2018 19:24		NRIC/ Driving License	Normal	NRIC/ Driving License 2018-6-6	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Jun 2018 19:24	SAS	Normal	SAS 2018-6-6	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Jun 2018 19:23	Photos	Normal	Photos 2018-6-6	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Jun 2018 19:23	Photos	Normal	Photos 2018-6-6	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Jun 2018 19:23	Photos	Normal	Photos 2018-6-6	Edit
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Jun 2018 19:23	Photos	Normal	Photos 2018-6-6	Edit

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