

NATIONAL Assessment Centre Services [wef 1 Jan'05] MNA18087053

Date In: 6/7/18-11:25	Job description	Date & Time Completed	Done by
Ref No: NA/MIC 18012379/24	SAS e-filing		
Veh No: 6280905	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 5/7/18-13:45	i-Motor Claim Form	M7/1001985-001	6/7/18 19:47
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: 6BE2442U 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%. P: 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
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: _____

Date/Time	Actions

NA1804265	Invoice Preparation Checklist		Am't (\$)	Am't (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$30);		Est. Bill	Add. Bill
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			
	For claiming against UNIC Only (wef 10 Jan 2005)			
Auditors' Comments:-	6) TR: Re-inspection \$75			
	7) N1: Idac DA + SMRT Survey \$160			
Cat. 1:	8) NTUC Additional Services-			
	OD*			
Cat. 2/3:	*N5: Courtesy Car / Tpt Allowance \$5			
	*N6: Repair Co-ordination \$10			
	*N7: Post Repair Inspection \$25			
	*N8: DV / Collect Excess Coordination \$5			
	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	06/07/2018 11:25
Date Of Accident	05/07/2018 13:45
Exact Location Of Accident	37 KALLANG PUDDING RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GZ8090S
Insured/Policyholder	
Name Of Registered Owner	TENGAI ENGINEERING & HARDWARE PTE LTD
Co Reg No	199908253M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-68425515

Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA 3.0 M
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5082622138-01
Cover Note Number	

Driver

Name of Driver	NARAYANASAMY KALAIMARAN
Passport No/FIN	G8415089X
Date Of Birth	20/06/1985
Occupation	OUTDOOR
Date Of Driving Pass	25/08/2014
Driving Experience	3 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82623162
Fax Number	
Contact Number	OFFICE-82623162
EEmail Address	NOEMAIL

Address 37 KALLANG PUDDING ROAD
#01-12 TONG LEE BLDG BLK B

Postcode 349315

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 - MAJOR/MINOR RD

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? YES

If Yes, Please state which Police Station

Police Station Name KOLAM AYER NEIGHBOURHOOD POLICE POST

Police Station Address ROAD: BLK 72 GEYLANG BAHRU #01-3038 , POSTCODE: 330072 ,
COUNTRY: SINGAPORE

Police Station Contact TEL NO: 1800-2969999 - FAX NO: 62937659

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20180705/2156.

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 GBE2442U

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE

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.
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.

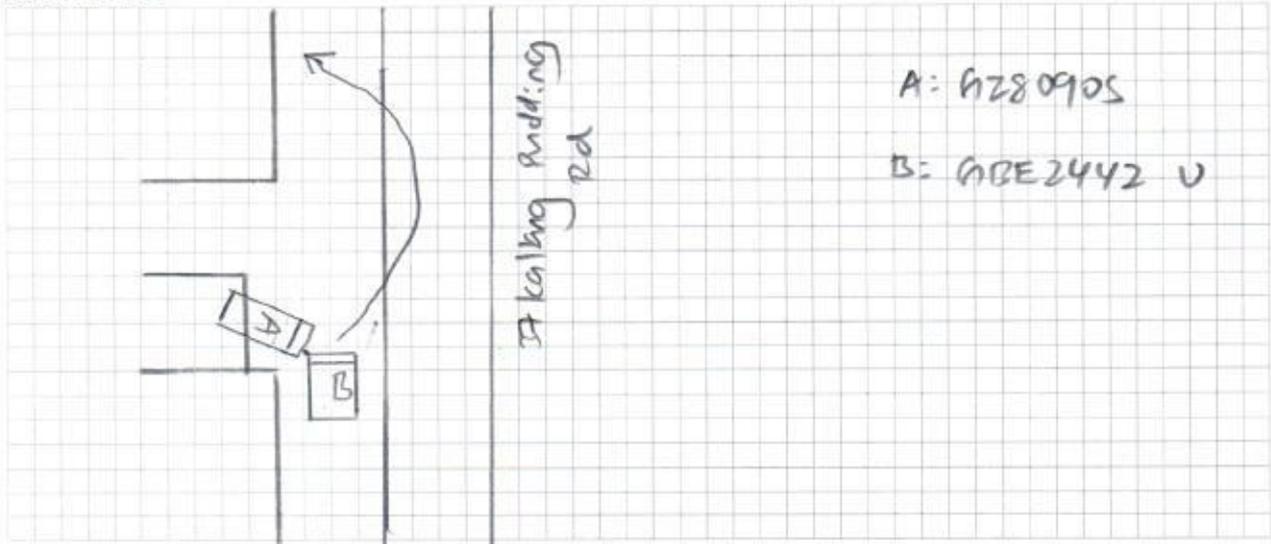


Policyholder's Signature
Date & Time:


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

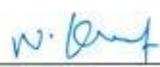
Refer to police report - T/20180705/2156.

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.:



**SINGAPORE
POLICE FORCE**



T/20180705/2156

1 of 3

Police Station Of Origin:
Kolam Ayer NPP
72 Geylang Bahru #01-3038 SINGAPORE
330072
Tel No: 1800-2969999

Report No. T/20180705/2156

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/07/2018 20:07	Vide Report No.: G/20180705/0137	Station Diary No.: 62
--	-------------------------------------	--------------------------

Informant's Particulars			
Name of Informant: NARAYANASAMY KALAIMARAN		Address: 6 TUAS SOUTH STREET 15 CDPL (TUAS) DORMITORY SINGAPORE 636906	
ID Type / ID No.: FIN NO / G8415089X		Contact No.: Home/Office: Mobile: 82623162	
Nationality: INDIAN		Email:	
Sex: Male	Age: 33	Date of Birth: 20/06/1985	Type of Informant: Driver
Race: Indian		Language:	Institution / School Name:
Occupation: Lorry driver		Driving Licence Information: Class: 3 Date of Expiry: 24/08/2019	

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 05/07/2018 13:45	Type of Location: X-Junction
Location: Along Road 1 KALLANG PUDDING ROAD Kallang Pudding Road cross junction of carpark entrance of no. 37				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 5 Km/h
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GZ8090S	Lorry				Slightly Damaged	0

Details of Person Involved	
Any Pedestrian Involved: Yes	
No. of Pedestrians Injured: 2	Use of Pedestrian Crossing: Not Available



Police Station Of Origin:
Kolam Ayer NPP
72 Geylang Bahru #01-3038 SINGAPORE
330072
Tel No: 1800-2969999

Report No. T/20180705/2156

CONTINUATION OF REPORT

Driver			
Name	NARAYANASAMY KALAIMARAN	ID No.	G8415089X
Related Vehicle	GZ8090S (Lorry)	Contact No.	82623162
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: 24/08/2019
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On the above mentioned date, time and location, I was driving my company lorry, GZ8090S along Kallang Pudding Road. When I reach the cross junction, I stopped before the yellow box and make my left and right observation. As I noticed that there was no oncoming vehicle, I proceeded to drive straight. Out of a sudden, a red color van, GBE2442 was seen driving very fast towards my right side. I immediately applied my brakes on my lorry however, the van had knocked onto my lorry causing it swerved to its left and over the pavement. As I had been involved in an accident, I drove to the side to make a check. That is where I realized that a pedestrian was being hit.

Ambulance and traffic police were at seen to attend to the accident. I would like to mention that I am not injured and lodging this report as instructed by Traffic Police. That is all.



**SINGAPORE
POLICE FORCE**



T/20180705/2156

3 of 3

Report No. T/20180705/2156

Police Station Of Origin:
Kolam Ayer NPP
72 Geylang Bahru #01-3038 SINGAPORE
330072
Tel No: 1800-2969999

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report: A / Sgt 2 MUHAMMAD NASRUL BIN RADZUAN	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 05/07/2018 20:07
Officer In Charge Of Case: TP / GIT / Staff Sgt YAN MINGSHENG DANIEL Contact No.: 65476252	Classification Of Case:

Authentication Stamp
NP168

Signature: 
Singapore Police Force



TENGAH ENGINEERING & HARDWARE PTE LTD
37 KALLANG PUDDING ROAD
#01-12 TONG LEE BUILDING BLOCK B
SINGAPORE 349315

19 Jun 2018

Your application is approved

Dear Sir / Madam

We are pleased to inform you that NARAYANASAMY KALAIMARAN's Work Permit application has been approved in-principle. Please bring your new worker to Singapore before this approval expires on 17 Sep 2018.

The next page lists the steps you need to take for your worker to be issued a Work Permit card. Your worker can start work on the second day of the arrival in Singapore while waiting for the steps to be completed.

You need to complete the steps within 14 days of the worker's arrival. Otherwise, MOM's approval will be withdrawn and you will need to send your worker home.

Yours sincerely

Penny Han (Mrs)
Controller of Work Passes

NAME OF FOREIGN WORKER
NARAYANASAMY KALAIMARAN
WORK PERMIT NO.
0 34582831
PASSPORT NO.
M0534376
DATE OF APPLICATION
18 JUN 2018
CPF SUBMISSION NO
199908253M - PTE - 02
MONTHLY LEVY RATE
S\$600
SB TRANSMISSION REF NO
8956367

▲ IMPORTANT

- You must comply with the Employment of Foreign Manpower Act, and the Conditions and Regulatory Conditions of Work Permit. MOM will take action on non-compliance. You can read the rules at www.mom.gov.sg

REPUBLIC OF SINGAPORE **DRIVING LICENCE**

Portrait of a man with a mustache.

Licence Number: **G8415089X**

Name: **NARAYANASAMY KALAMARAN**

Sex: Male

Birth Date: **20 Jun 1985**

Issue Date: **25 Aug 2014**

Valid Till **24 Aug 2019**

Barcode: **002338766B**

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

Class	Description	EFFECTIVE DATE
Class 3	Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg	25 Aug 2014

Barcode: Licence No: **G8415089X**

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"/>	5082622138-01	TENGAH ENGINEERING & HARDWARE PTE LTD	199908253M	GCV	Comprehensive	GZ80905	GZ80905	28/07/2017	27/07/2018

Policy Information

Policy No.	5082622138-01	Policyholder Name	TENGAH ENGINEERING & HARD	Policyholder NRIC	199908253M
Address	37 KALLANG PUDDING ROAD #01-12 TONG LEE BLDG BLK B SINGAPORE 349315				
Product Name	COMMERCIAL VEHICLE INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	27/07/2017	Effective Date	28/07/2017 00:00	Expiry Date	27/07/2018 23:59
Excess Type		All Claim Excess			
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess		Young/Inexperience Driver Excess	
Agent	ABWIN PTE LTD	Agent Tel.	68423301	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	37 KALLANG PUDDING ROAD	Address 2	#01-12 TONG LEE BLDG BLK B	Address 3	SINGAPORE 349315
Address 4		Address Type	Singapore address	Post Code	349315
Unit No.		Related Policy Number	5099357851		

Insured Object: GZ8090S

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
----------	---------------------	------------------	--------------------	---------------------

Claim Handling

Exit

Accident MT/1001985

Policy No.	S082622138-01	Vehicle No.	G28090S	GST Registration No.	199908253M
Policyholder Name	TENGAH ENGINEERING & HARDWARE PTE LTD			Policyholder NRIC	199908253M
Product Code	COMMERCIAL VEHICLE INSURA	Cover Type	Comprehensive	Leading	0
Contact No.(Mobile)	0	Contact No.(Office)	68425515	Contact No.(Home)	0
Email Address		Special Remark		eCode	PL
KPK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No

Accident Details

Report Date	06/07/2018 19:44	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Major Minor Road
Date of Accident	05/07/2018	Time of Accident (min)	13:45	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	37 KALLANG PUDDING RD				

Benefits

Excess

Own damage Excess	500.00	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	01/02/2000
GST Registration No.	199908253M	GST Status Verified	Yes

Modification History

Policyholder Mailing Address

Address 1	37 KALLANG PUDDING ROAD	Address 2	#01-12 TONG LEE BLDG BLK B	Address 3	SINGAPORE 349315
Address 4		Address Type	Singapore address	Post Code	349315
Unit No.		Related Policy Number	5099357851		

OT Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	20/06/1985
Unnamed driver Name	NARAYANASAMY KALAIMARAN	Driver NRIC	G8415089X	Driving Experience	3
Register Date of Driver License	25/08/2014	Driver Age	33	Contact No.(Home)	0
Contact No.(Mobile)	82623162	Contact No.(Office)	0	Address 3	SINGAPORE 349315
Address 1	37 KALLANG PUDDING ROAD	Address 2	TONG LEE BUILDING BLOCK B	Post Code	349315
Address 4		Address Type	Singapore address		
Unit No.	01-12				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Declaration

Breathalyzer or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No
-------------------------------------	------	-------------	---

Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	TENGAH ENGINEERING & HARD	Insured NRIC	199908253M
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	96622161
Email Address		OT Vehicle Number	G28090S	TP Vehicle Number	G8E2442U
Claim Description	G28090S / G8E2442U ON 5 Jul 2018			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Partially at Fault	GIA report	Received
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	06/07/2018 00:00
Date Registered	06/07/2018 19:47	Claim Close Date			
Report Taken By	Jackson				

Print AK letter

Save **Submit**

Attachment

Accident No.	MT/1001985	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	06/07/2018 19:49

Path *	Category *	Confidential	Urgency *	Description *
<input type="text"/>				
<input type="text"/>				
<input type="text"/>				
<input type="text"/>				
<input type="text"/>				
<input type="text"/>				

Send Message **Upload**

Attachment List

Display in New Window

Scan and uploading