

NATIONAL Assessment Centre Services

(wef 1 Jan 06)

MNA 118102101

Date In: 7/8/18 15:06	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: MAL INC 18014341/164	E-mail (within 3hrs, AIC 2hrs):		
Veh No: GGG 6593E	i-Motor Claim Form	0983162-003	7/8/18 17:14
D.O.A: 12/2/18 14:00	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
OD / TP: Reporting Only	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: FBH 6347U	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

MA1805023

Invoice Preparation Checklist

Amt (\$) Amt (\$) 1st Bill Add Bill

Claimant's Particulars:-	1) AR: Accident Reporting (\$30);	30.00
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 (Engi-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30	
Auditors' Comments:-	For claiming against INC Only (wef 10 Jan 2005)	
	6) TR: Re-inspection \$75	
	7) N1: Idao 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 \$5	
	TP (N11): TP (N-in INC) against INC \$20	
	9) N12: Idao 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	07/08/2018 15:06
Date Of Accident	12/02/2018 14:00
Exact Location Of Accident	ALONG BENDEMEER RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG6593E
Insured/Policyholder	
Name Of Registered Owner	LEO ENGINEERING & SERVICES PTE LTD
Co Reg No	201607858G
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-69175271

Vehicle Particulars

Manufacturer	ISUZU
Model	NHR85AUE4AA
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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	5094544238
Cover Note Number	-

Driver

Name of Driver	CHINNAN ALAGARSAMY
Passport No/FIN	G7290712X
Date Of Birth	15/04/1980
Occupation	OUTDOOR
Date Of Driving Pass	23/07/2008
Driving Experience	9 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-99999999
Fax Number	
Contact Number	OFFICE-69175271
Email Address	NOEMAIL

Address	200 JALAN SULTAN ##03-01A TEXTILE CENTRE SINGAPORE
Postcode	199018
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - EX - EMPLOYEE
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	UNKNOWN
Road Surface	UNKNOWN

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)	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

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	FBH6347U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
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:

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


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

SKETCH PLAN

Unable

to

Provide

Sketch 4

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to 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.:

I KALIMUTHU IYEMPERUMAL (G7214457R) REPRESENT MY COMPANY LEO ENGINEERING & SERVICES PTE LTD ON BEHALF TO MAKE THIS INCIDENT REPORT, MY COMPANY RECEIVED LETTER FROM NTUC INFORM TO FILE AN ACCIDENT REPORT OCCUR ON 12 FEB 2018, ON THAT TIME, MY COMPANY VEH GBG6593E WAS DRIVING BY OTHER EMPLOYEE, NAME: CHINNAN ALAGARSAMY (G7290712X), HE NEVER INFORM MY COMPANY HE GOT MAKE ANY ACCIDENT AND NOW HE NO MORE WORKING AT OUR COMPANY AND WE SUSPICES THAT RECEIVED AN INJURY CLAIMS FROM THE OTHER PARTY. WE HAVE NO IDEA HOW THE ACCIDENT HAPPENED, I MAKE THIS REPORT TO MY INSURANCE COMPANY (NTUC) AS REQUESTED. THAT ALL.

ACCIDENT STATEMENT

ACCIDENT DATE: (12 / 2 / 18) (DD/MM/YYYY), TIME: (14 : 00) (HH:MM)

LOCATION: Along Bendemeer Rd.

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: G09 6593 E
b) INSURANCE COMPANY: lwe
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: _____
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: commercial
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: Leo Engineering & Services Pte Ltd (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 69175271
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Chinnan Alagarsamy (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 69175271
c) ADDRESS: _____

*d) DATE OF BIRTH: (____/____/____) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: _____

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Previous Employee.

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS unknown)

b) ROAD SURFACE: (DRY / WET / OTHERS unknown)

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: FBH 6347 U. MODEL: _____
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
e) DRIVER'S NAME: _____
f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

Email =

fax =

video =

WORK PERMIT
Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore

Employer
MULTIWAY ENGINEERS PTE. LTD.

Sector: **CONSTRUCTION**

Name
CHINNAN ALAGARSAMY


Occupation
CONSTRUCTION WORKER-CUM-DRIVER

Work Permit No.
0 32495079

Date of Application
03-05-2017

Date of Issue
19-06-2017

Date of Expiry
03-05-2019



L8051307

VISIT PASS
Immigration Regulations

Name
CHINNAN ALAGARSAMY



Date of Birth
15-04-1980

Sex
M

Nationality
INDIAN

FIN
G7290712X

Date of Issue
19-06-2017

Date of Expiry
03-05-2019

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.



REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: **G7290712X**

Name:

CHINNAN ALAGARSAMY

Birth Date: **15 Apr 1980**

Issue Date: **13 Jun 2013**

Valid Till **22 Jul 2018**



00219 1058B

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

EFFECTIVE DATE

Class 3 Motor Cars= \leq 3000kg with \leq 7 passengers, exclusive of the driver; and other motor vehicles \leq 2500kg 23 Jul 2008

NP 428A





LEO ENGINEERING & SERVICES PTE. LTD.
767 UPPER SERANGOON ROAD
#02-15 SPAZIO @ KOVAN
SINGAPORE 534635

24 May 2018

Your worker's Work Permit is cancelled

WORKER'S NAME
CHINNAN ALAGARSAMY
WORK PERMIT NO.
0 32495079

Dear Sir / Madam

Your worker's Work Permit is cancelled on 27 Mar 2018.

You only have to pay the levy up to 26 Mar 2018.

We have issued a Special Pass for your worker's departure. You must print it out for your worker to carry and surrender to the Immigration Duty Officer when he / she leaves Singapore.

Yours sincerely

Mdm Chow Choon Yen
for Controller of Work Passes

WORK PERMIT
Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore

Employer
LEO ENGINEERING & SERVICES PTE. LTD.

Name
KALIMUTHU IYEMPERUMAL

Work Permit No.
D 32409288

Sector
CONSTRUCTION



 **K0344296**

VISIT PASS
Immigration Regulations

04-06-2010

Name
KALIMUTHU IYEMPERUMAL

FIN
G7214457R

Date of Birth
18-07-1974

Sex
M

Nationality
INDIAN



Download SGWorkPass App to check status

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.



Hello, NAC_PAYA_UBI_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)**Policy Query**

Policy No.	<input type="text"/>	Date of Accident	<input type="text"/>							
Vehicle No.(For Motor)	<input type="text" value="GBG6593E"/>	Certificate Number	<input type="text"/>							
<input type="button" value="Search"/>										
Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5094544238		LEO ENGINEERING & SERVICES PTE LTD	201607858G	GCV	Preferred Workshop Plan	GBG6593E	GBG6593E	26/09/2017	25/09/2018
<input type="button" value="Continue"/>										

Claim Handling

Accident MT/0983162

Policy No.	5094544238	Vehicle No.	GBG6593E	GST Registration No.	
Certificate No.					
Policyholder Name	LEO ENGINEERING & SERVICES PTE LTD			Policyholder NRIC	201601
Product Code	COMMERCIAL VEHICLE INSURAN	Cover Type	Preferred Workshop Plan	Loading	0
Contact No.(Mobile)	NA	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	<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	22/02/2018 11:13	Accident Report Within 24 hrs	Yes	Accident Type	Others
Date of Accident	12/02/2018	Time of Accident hh:mm	14:00	Country of Accident	Singap
Reporting Centre	administrator	Orange Force	No	ICM No.	
Accident Location	ALONG BENDEMEER ROAD				
▼ Benefits					
▼ Excess					
Own damage Excess	600.00	Additional Excess		Windscreen Excess	100
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		Yes	
Modification History	22/02/2018 14:36:13 Karthiyn Yuen changed GST Registered from Yes to No 22/02/2018 14:36:13 Karthiyn Yuen changed GST Registration No. from 20160785BG to null 22/02/2018 14:36:13 Karthiyn Yuen changed GST Registration Date from 01/04/1999 to null				
▼ Policyholder Mailing Address					
Address 1	200 JALAN SULTAN	Address 2	##03-01A TEXTILE CENTRE	Address 3	SINGA
Address 4		Address Type	Singapore address	Post Code	199018
Unit No.	#03-01A	Related Policy Number	5094544238		
▼ 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)		Contact No.(Home)	
Address 1		Address 2		Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.					
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	
Modification History					
Claim 003 New					

Claim Type *

Contact No.(Mobile)

Email Address

Claim Description

Preferred Workshop Finalisation

0

Insured Liability

Partially at Fault

Preferred Repair Option

Preferred Workshop, Name unknown

GIA report

Received

Date Registered

07/08/2018 17:12

Report Taken By

LIEW SHAN HUI

☒ Print AK letter

Save

Submit

Attachment

Accident No.	MT/0983162	Claim No.	003
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	07/08/2018 17:14
Path *		Category *	Confidential
Choose File No file chosen		Clear	Normal

Choose File No file chosen

Choose File No file chosen

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

Clear

Please Select

NO

Normal




Clear

Please Select

NO

Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 07 Aug 2018 17:14	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-8-7
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 07 Aug 2018 17:14	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-8-7
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 07 Aug 2018 17:14	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-8-7
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 07 Aug 2018 17:14	SAS	Normal	SAS 2018-8-7
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 07 Aug 2018 17:14	Photos	Normal	Photos 2018-8-7
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 07 Aug 2018 17:14	Photos	Normal	Photos 2018-8-7
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 07 Aug 2018 17:14	Photos	Normal	Photos 2018-8-7
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 07 Aug 2018 17:13	Photos	Normal	Photos 2018-8-7
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 07 Aug 2018 17:12	Photos	Normal	Photos 2018-8-7
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 07 Aug 2018 17:12	Photos	Normal	Photos 2018-8-7
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 07 Aug 2018 17:12	Photos	Normal	Photos 2018-8-7
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 07 Aug 2018 17:12	Photos	Normal	Photos 2018-8-7

Video List

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