

NATIONAL Assessment Centre Services

(ver 1 Jan 2005)

Date In: 20/08/2018 16:48	Job description	Date & Time Completed	Done by
Ref No: NA/INC18015115/K4	SAS e-filing		
Veh No: YP7219K	E-mail (within 8hrs, AIC 2hrs)		
DOA: 20/08/2018 14:20	i-Motor Claim Form	MT/1008088+001	21/8/18 10:40
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: SJQ9195D, 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

NA1805249

Invoice Preparation Checklist

Am't (\$) in Bill

Am't (\$) Add Bill

Claimant's Particulars:	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$30)		
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		
Auditors' Comments:	For claiming against INC Only (ver 10 Jan 2005)		
at 1:	6) TR: Re-inspection \$75		
at 2/3:	7) N1: Idno DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	On*		
	*N5: Courtesy Car / Tpl Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (N'n INC) against INC \$20		
	9) N12: Idno Mobile \$10		
	Invoice date/	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	20/08/2018 16:48
Date Of Accident	20/08/2018 14:20
Exact Location Of Accident	CROSS JUNC OF KRANJI RD TWDS TURF CLUB AVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP7219K
Insured/Policyholder	
Name Of Registered Owner	VICLAND ENGINEERING PTE LTD
Co Reg No	201414250N
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-82897259
Alternative Phone No	OFFICE-82897259

Vehicle Particulars

Manufacturer	ISUZU
Model	NPR75UH5A
Exact Purpose for which vehicle was being used at time of accident	WORK
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	5095526127
Cover Note Number	

Driver

Name of Driver	PACKIRISAMY SHANMUGAVEL
Passport No/FIN	G6500449L
Date Of Birth	10/04/1984
Occupation	OUTDOOR
Date Of Driving Pass	12/06/2013
Driving Experience	5 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82897259
Fax Number	
Contact Number	OTHERS-82897259
Email Address	NOEMAIL

Address	VICLAND ENGINEERING PTE LTD
Postcode	
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	
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)	2
Passenger 1	NAME: : NIL 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

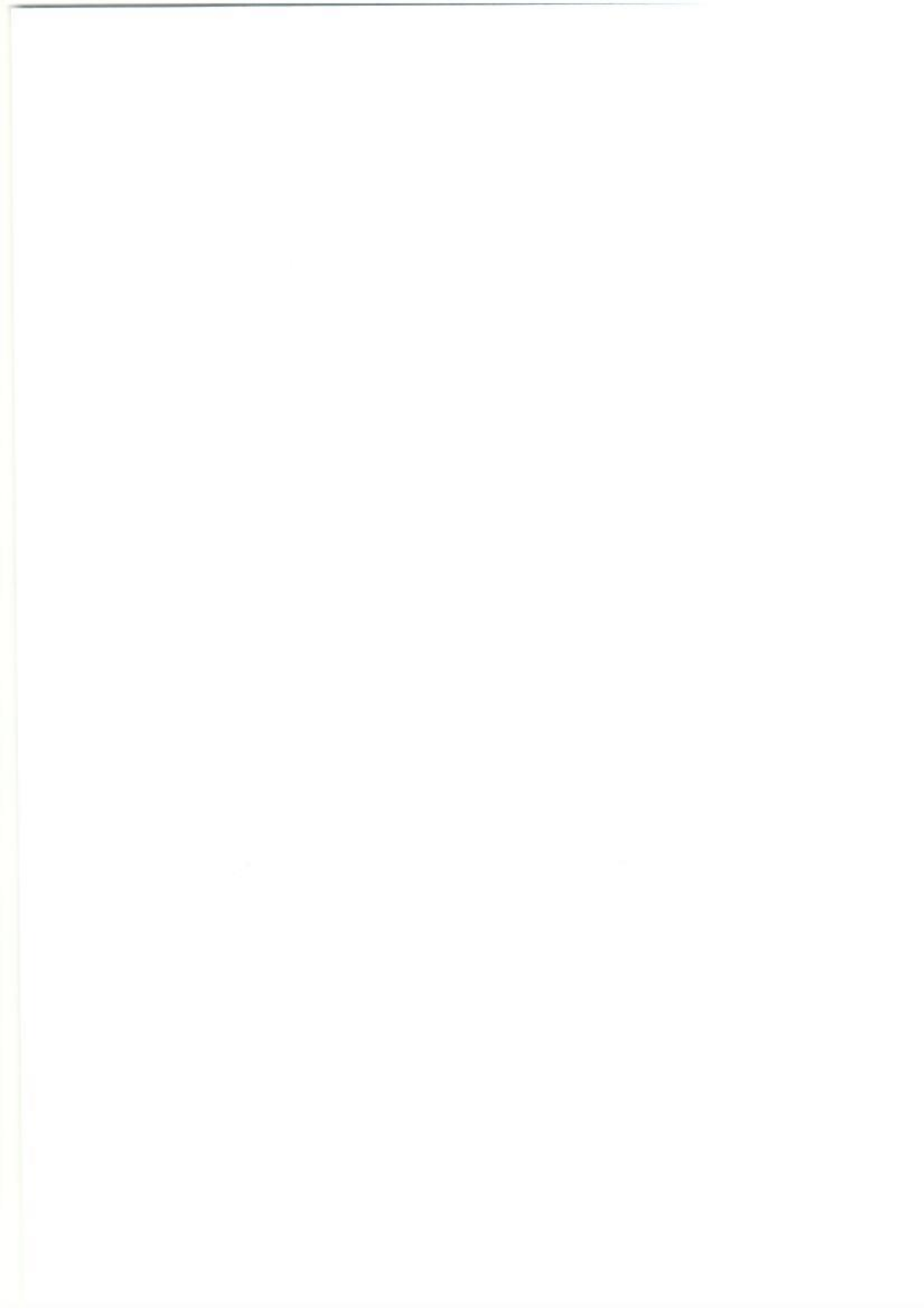
PLS REFER TO THE ATTACHED STATEMENT.

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	SJQ9195D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	



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.

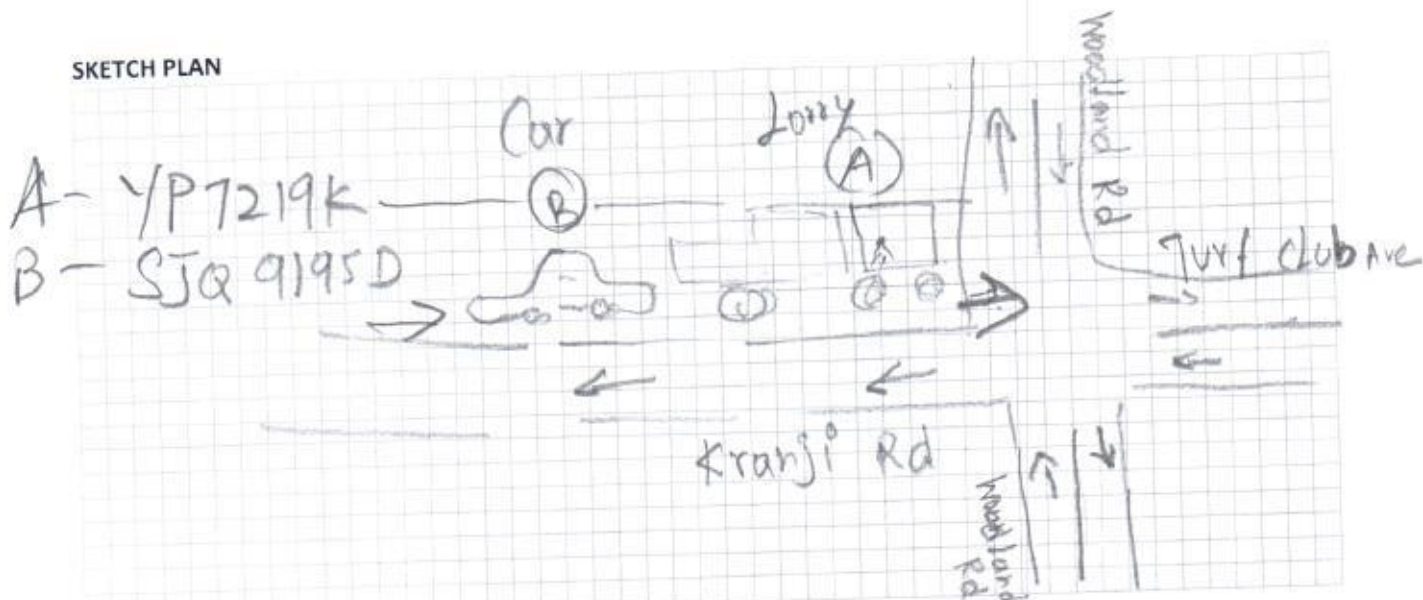


Policyholder's Signature
Date & Time:

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

Vehicle A was at the cross Junction of ~~Turf Club Ave~~ Kranji Rd to Turf Club Ave and the traffic light was red. When the traffic light change to green I started to move but suddenly Vehicle B from behind hit on my vehicle A rear portion.

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.:

26/8/2018

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

Employer:
VICLAND ENGINEERING PTE. LTD.

Sector: **CONSTRUCTION**

Name:
PACKIRISAMY SHANMUGAVEL

Occupation:
CONSTRUCTION WORKER-CUM-DRIVER

Work Permit No.: **D 34758751**

Date of Application: **17-04-2017**

Date of Issue: **11-05-2017**

Date of Expiry: **18-04-2019**

L7919521

REPUBLIC OF SINGAPORE **DRIVING LICENCE**

Licence Number: **G6500449L**

PACKIRISAMY SHANMUGAVEL

Birth Date: **10 Apr 1984**

Issue Date: **08 Jun 2018**

Valid Till: **11/08/2023**

002811150J

VISIT PASS
Immigration Regulations

Name:
PACKIRISAMY SHANMUGAVEL

Date of Birth: **10-04-1984** Sex: **M** Nationality: **INDIAN**

FIN: **G6500449L** Date of Issue: **11-05-2017** Date of Expiry: **18-04-2019**

MULTIPLE JOURNEY VISA ISSUED

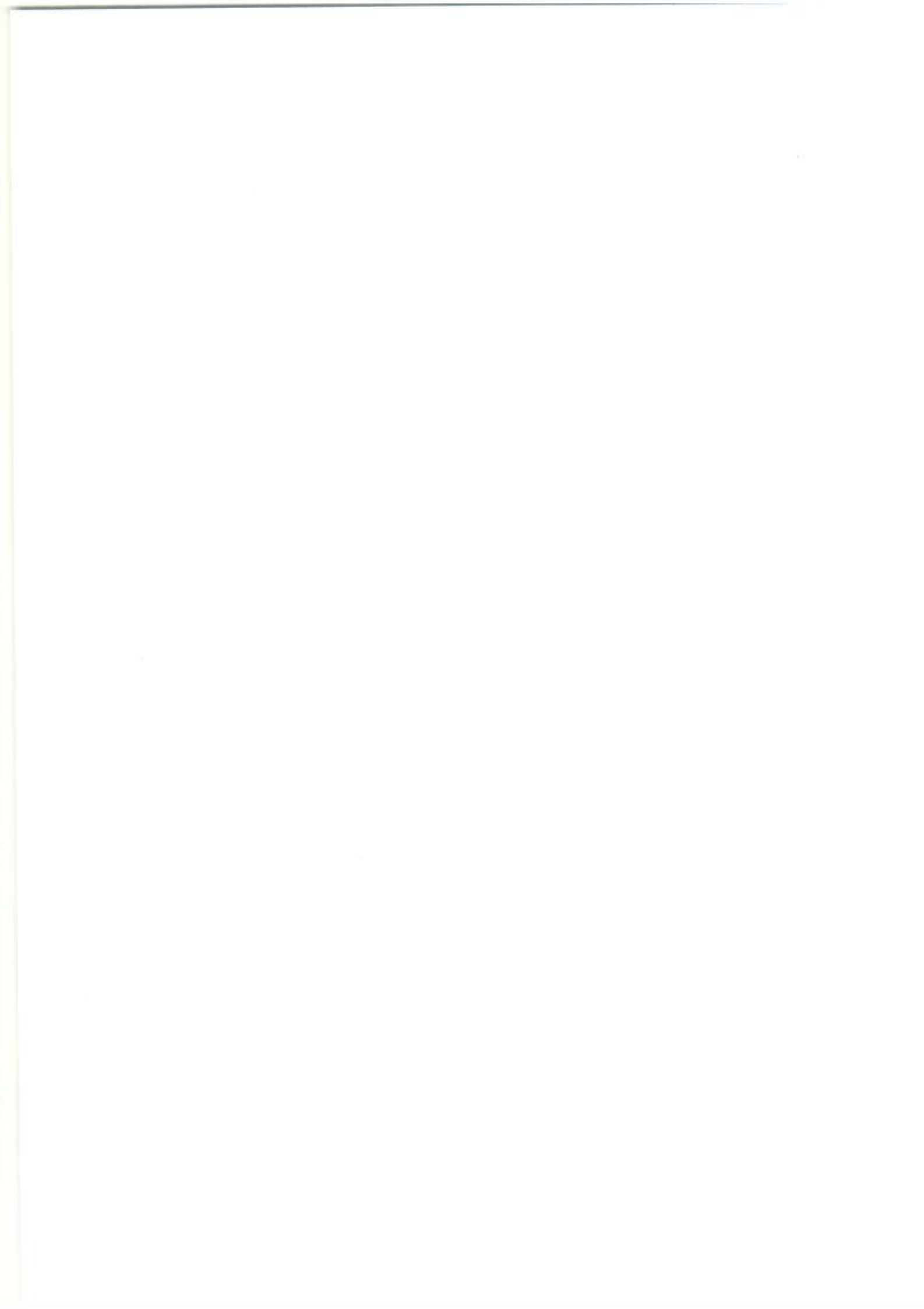
YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.

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

	EFFECTIVE DATE
Class 2B Motorcycles =< 200 cc	12 Jun 2013
Class 3 Motor cars with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg	12 Jun 2013

NP 428A

Licence No: G6500449L



eBaoTech

General Claim

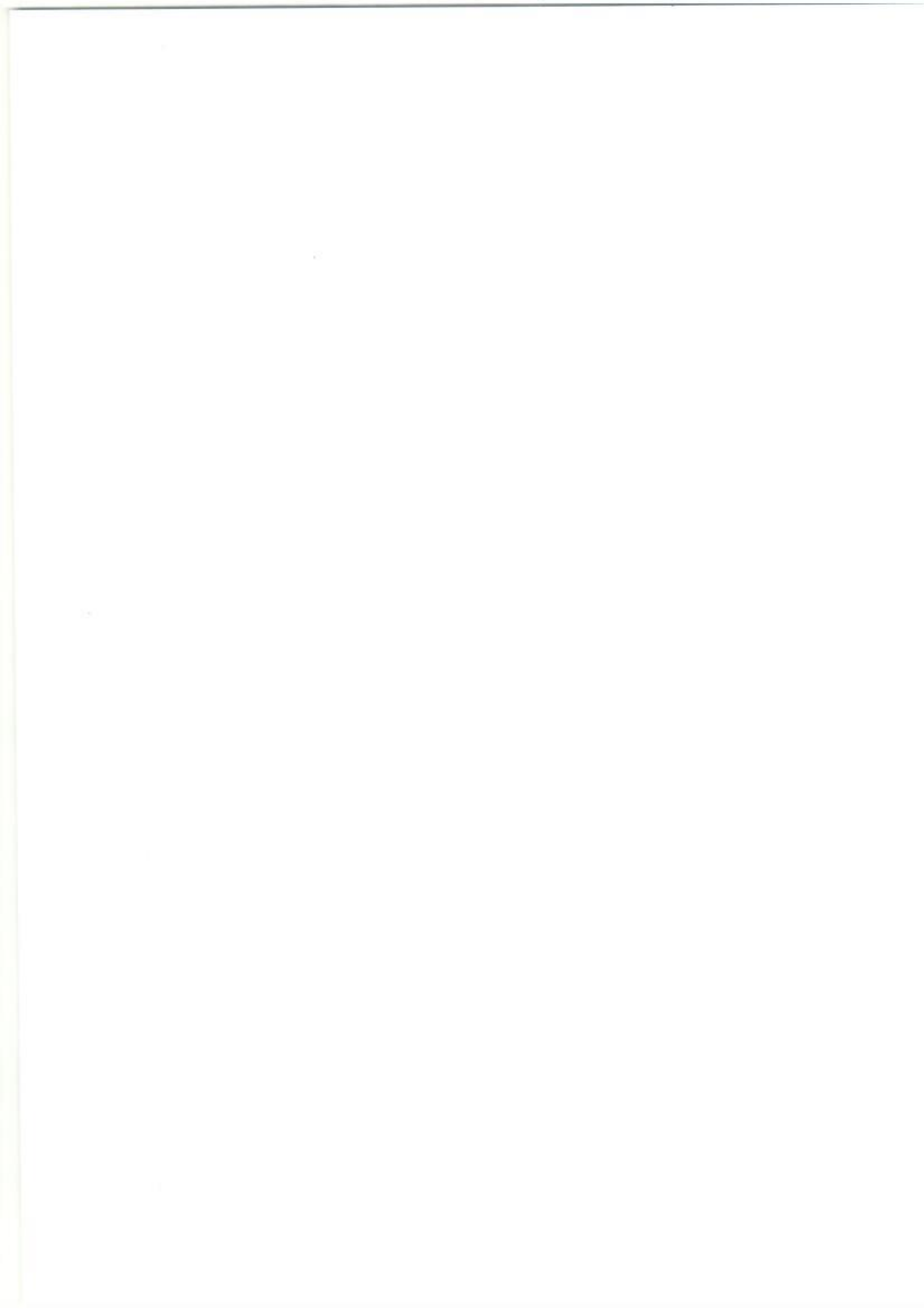
Hello, NAC_PAYA_UBI_800601

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

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="20/08/2018 14:20"/>
Vehicle No. (For Motor)	<input type="text" value="YP7219K"/>	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 type="radio"/>	5095526127		VICLAND ENGINEERING PTE LTD	201414250N	GCV	Preferred Workshop Plan	YP7219K	YP7219K	14/11/2017	13/11/2018



 Policy Information

Policy No.	5095526127	Policyholder Name	VICLAND ENGINEERING PTE LT	Policyholder NRIC	201414250N				
Certificate No.									
Address	BLK 1002 #01-56 EUNOS AVENUE 8 EUNOS INDUSTRIAL ESTATE SINGAPORE 409497								
Product Name	COMMERCIAL VEHICLE INSURANCE	Plan		Group Policy Flag	N				
Policy issue Date	10/11/2017	Effective Date	14/11/2017 00:00	Expiry Date	13/11/2018 23:59				
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100				
Additional Excess		OS Premium	0						
Outside Singapore OD Excess		Outside Singapore TP Excess							
Agent	INTEGRAL PLUS SERVICES	Agent Tel.	68487120	GST Flag	Y				
Co-insurance Flag	No								
Open Policy Info									
Certificate Info									

 Policyholder Mailing Address

Address 1	BLK 1002 #01-56	Address 2	EUNOS AVENUE 8	Address 3	EUNOS INDUSTRIAL ESTATE
Address 4	SINGAPORE 409497	Address Type	Singapore address	Post Code	409497
Unit No.	01-56	Related Policy Number	5095526127		

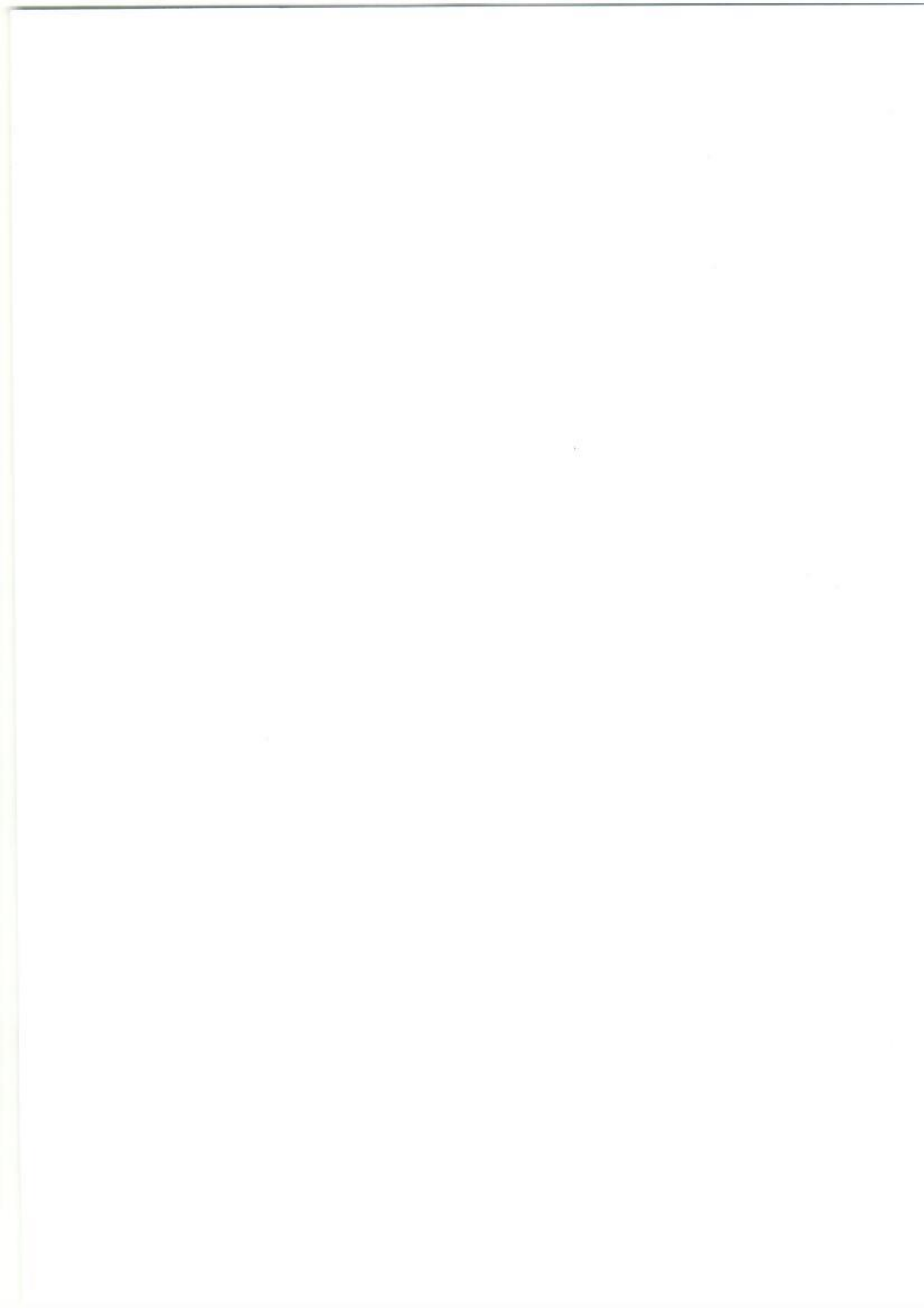
 Insured Object: YP7219K

 Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
1	14/11/2017 00:00	POI Move	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that the Period of Insurance of this policy is amended as follows: PERIOD OF INSURANCE: 14 Nov 2017 TO 13 Nov 2018

Continue

Cancel



Claim Handling

Accident MT/1008088

Policy No.	5095526127	Vehicle No.	YP7219K	GST Registration No.	
Certificate No.					
Policyholder Name	VICLAND ENGINEERING PTE LTD			Policyholder NRIC	
Product Code	COMMERCIAL VEHICLE INSURAI	Cover Type	Preferred Workshop Plan	Loading	
Contact No.(Mobile)	82897259	Contact No.(Office)	0	Contact No.(Home)	
Email Address		Special Remark		eCode	
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	21/08/2018 10:37	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head
Date of Accident	20/08/2018	Time of Accident hh:mm	14:20	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	CROSS JUNC OF KRANJI RD TWDS TURF CLUB AVE				
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	No	GST Registration Date			
GST Registration No.		GST Status Verified	No		
Modification History					
Policyholder Mailing Address					
Address 1	BLK 1002 #01-56	Address 2	EUNOS AVENUE 8	Address 3	
Address 4	SINGAPORE 409497	Address Type	Singapore address	Post Code	
Unit No.	01-56	Related Policy Number	5095526127		
OI Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	
Unnamed driver Name	PACKIRISAMY SHANMUGAVEL	Driver NRIC	G6500449L	Driving Experience	
Register Date of Driver License	12/06/2013	Driver Age	34	Contact No.(Home)	
Contact No.(Mobile)	82897259	Contact No.(Office)	0	Address 3	
Address 1	VICLAND ENGINEERING PTE LTD	Address 2		Post Code	
Address 4		Address Type	Singapore address		
Unit No.		Driver Vehicle No.		Driver Insurer Company	
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No				
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input checked="" type="radio"/> Yes <input type="radio"/> No		

Modification History

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	VICLAND ENGINEERING PTE LTD	Insured NRIC	
Contact No.(Mobile)	98536126	Contact No.(Home)		Contact No.(Office)	
Email Address		OI Vehicle Number	YP7219K	TP Vehicle Number	
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claim Description	YP7219K / SJQ9195D ON 20 Aug 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	
Date Registered	21/08/2018 10:47	Claim Close Date		Date Received	
Report Taken By	KRISHNASAMY	Workshop Repairer		Total Loss but Repaired	
<input checked="" type="checkbox"/> Print AX letter					

Save Submit

Attachment

Accident No.

Claim No.

MT/1008088 001

Last Doc. Received ☒ Yes ☐ No Upload Date 21/08/2018 10:40

Path *

Category *



























Confidential

Urgency

Browse...	Clear	Please Select	NO	Normal
Browse...	Clear	Please Select	NO	Normal
Browse...	Clear	Please Select	NO	Normal
Browse...	Clear	Please Select	NO	Normal
Browse...	Clear	Please Select	NO	Normal
Browse...	Clear	Please Select	NO	Normal

[View Attachment](#)

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 21 Aug 2018 10:47	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-8-21
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 21 Aug 2018 10:45	SAS	Normal	SAS 2018-8-21
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 21 Aug 2018 10:43	Photos	Normal	Photos 2018-8-21
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 21 Aug 2018 10:43	Photos	Normal	Photos 2018-8-21
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 21 Aug 2018 10:43	Photos	Normal	Photos 2018-8-21
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 21 Aug 2018 10:43	Photos	Normal	Photos 2018-8-21
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 21 Aug 2018 10:43	Photos	Normal	Photos 2018-8-21
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 21 Aug 2018 10:43	Photos	Normal	Photos 2018-8-21
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 21 Aug 2018 10:43	Photos	Normal	Photos 2018-8-21
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 21 Aug 2018 10:43	Photos	Normal	Photos 2018-8-21
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 21 Aug 2018 10:43	Photos	Normal	Photos 2018-8-21
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 21 Aug 2018 10:43	Photos	Normal	Photos 2018-8-21
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 21 Aug 2018 10:43	Photos	Normal	Photos 2018-8-21
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 21 Aug 2018 10:42	Photos	Normal	Photos 2018-8-21
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 21 Aug 2018 10:42	Photos	Normal	Photos 2018-8-21
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 21 Aug 2018 10:42	Photos	Normal	Photos 2018-8-21
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 21 Aug 2018 10:42	Photos	Normal	Photos 2018-8-21
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 21 Aug 2018 10:42	Photos	Normal	Photos 2018-8-21
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 21 Aug 2018 10:42	Photos	Normal	Photos 2018-8-21
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 21 Aug 2018 10:42	Photos	Normal	Photos 2018-8-21
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 21 Aug 2018 10:42	Photos	Normal	Photos 2018-8-21
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 21 Aug 2018 10:42	Photos	Normal	Photos 2018-8-21
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 21 Aug 2018 10:42	Photos	Normal	Photos 2018-8-21
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 21 Aug 2018 10:42	Photos	Normal	Photos 2018-8-21
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 21 Aug 2018 10:42	Photos	Normal	Photos 2018-8-21
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 21 Aug 2018 10:42	Photos	Normal	Photos 2018-8-21
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 21 Aug 2018 10:42	Photos	Normal	Photos 2018-8-21

