

# NATIONAL Assessment Centre Services

(wef 1 Jan 2005)

Date In: 10/09/18	Job description	Date & Time Completed	Done by
Ref No: NA/INC18016479/13	SAS e-filing		
Veh No: YN1138K	E-mail (within 8hrs, A/C 2hrs)		
DOA: 08/09/18 1500	i-Motor Claim Form	MT/1010872 - 001	
OD TP: <u>Reporting Only</u>	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: GBE4859M	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

NA1805741	<b>Invoice Preparation Checklist</b>	Ant (\$) 1st Bill	Ant (\$) Add Bill
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);		
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) iT : Follow-Through Survey (Resurvey) \$30		
Auditors' Comments :-	For claiming against INC Only (wef 10 Jan 2005)		
Cat. 1:	6) TR : Re-inspection \$75		
Cat. 2 / 3:	7) N1 : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	On*		
	*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-n INC) against INC \$20		
	9) N12: Idac Mobile 30		
	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	10/09/2018 16:43
Date Of Accident	08/09/2018 15:00
Exact Location Of Accident	70 SOUTH TUAS ROAD CARPARK(TUAS VIEW DORMITORY)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	YN1138K
<b>Insured/Policyholder</b>	
Name Of Registered Owner	RISE COMMODITY AND DISTRIBUTOR
Co Reg No	53107939B
Email Address	RISECOM@SINGNET.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-67450571

### Vehicle Particulars

Manufacturer	DAIHATSU
Model	-
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	5087979678-01
Cover Note Number	

### Driver

Name of Driver	SEKAR ELAMARAN
Passport No/FIN	G6822368M
Date Of Birth	20/05/1988
Occupation	OUTDOOR
Date Of Driving Pass	04/05/2015
Driving Experience	3 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93958329
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	1767 GEYLANG BAHRU #01-02 KALLANG DISTRI PARK
Postcode	339702
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: : SUN YANG
	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

MY VEH WAS EXITING THE CARPARK GANTRY AT 70 SOUTH TUAS ROAD(TUASVIEW DORMITORY).WHEN THE BARRIER OPEN, I START TO MOVE OFF SUDDENLY MY ENGINE WENT OFF AND MY VEH ROLLED BACK AND HIT ONTO THE FRT PORTION OF VEH(B)BEARING REG NO GBE4859M DUE TO THE HUMP.

#### 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	GBE4859M
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)



## 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.

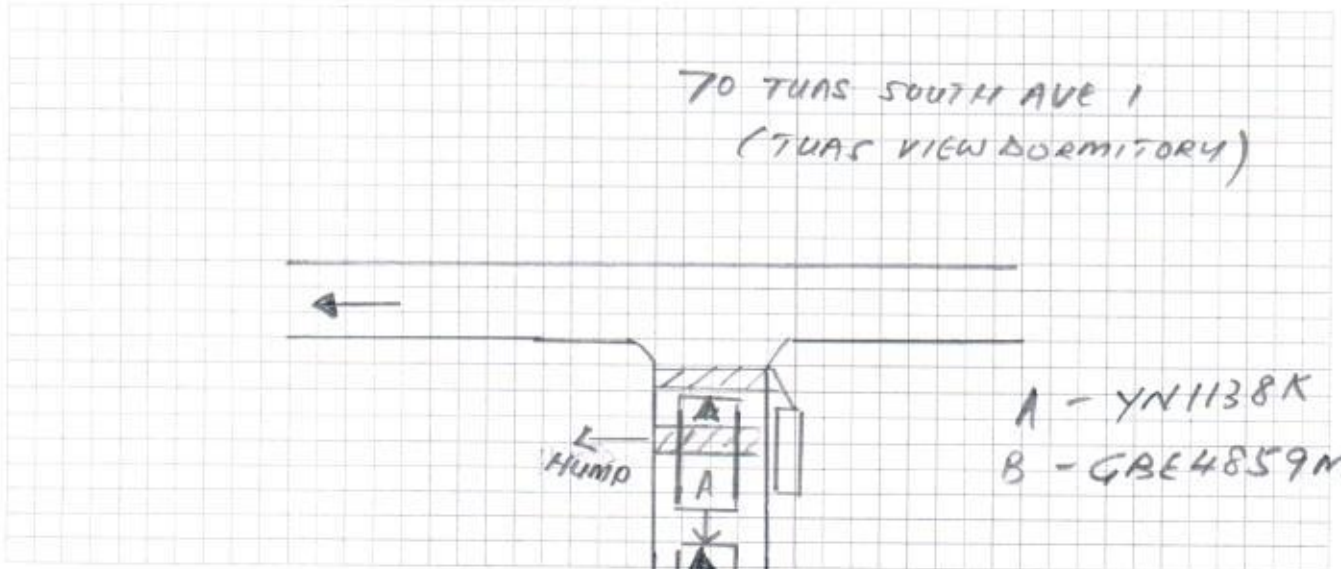


Policyholder's Signature  
Date & Time:

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

*Pls refer to the 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.:



**REPUBLIC OF SINGAPORE DRIVING LICENCE**


 Licence Number: **G6822368M**  
 Name: **SEKAR ELAMARAN**  
 Birth Date: **20 May 1988**  
 Issue Date: **04 May 2015**  
 Valid Till: **03 May 2020**

002423211K

00

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


 Name: **SEKAR ELAMARAN**  
 Occupation: **DELIVERY DRIVER**  
 FIN: **G6822368M**  
 Date of Application: **20-10-2016**  
 Date of Issue: **01-12-2016**  
 Date of Expiry: **01-12-2018**

Employer: **RISE COMMODITY AND DISTRIBUTOR**

L7440991

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

		EFFECTIVE DATE
Class 2B	Motorcycles =< 200 cc	04 May 2015
Class 3	Motor Cars =< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg	04 May 2015

NP 428A

Licence No: G6822368M

**VISIT PASS**  
 Immigration Regulations

Name: **SEKAR ELAMARAN**  

 Date of Birth: **20-05-1988** Sex: **M** Nationality: **INDIAN**  
 PIN: **G6822368M** Date of Issue: **01-12-2016** Date of Expiry: **01-12-2018**  
**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.

## Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960

ROAD TRANSPORT ACT, 1987 (MALAYSIA)

MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

**Certificate Number :** 5087979678-01

**Cover :** Preferred Workshop Plan

- |  |                                  |
|--|----------------------------------|
| 1. Index mark and Registration Number of Vehicle   | : YN1138K                        |
| Chassis Number   | : JAANPR75HA7100401              |
| 2. Name of Policyholder  | : RISE COMMODITY AND DISTRIBUTOR |
| 3. Effective Date of Insurance   | : 02 Mar 2018                    |
| 4. Expiry Date of Insurance  | : 01 Mar 2019                    |
| 5. Persons or Classes of Persons entitled to drive#  |                                  |
| (a) The Policyholder.  |                                  |
| (b) Any other person who is driving on the Policyholder's order or with his/her permission.<br>Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle. |                                  |
| 6. Limitations as to Use#  |                                  |
| (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.  |                                  |
| (b) Use for the carriage of passengers or goods in connection with the Policyholder's business.  |                                  |

This Policy does not cover:

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

# Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: S\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
INSURE WITH COE	: YES
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : DQ INSURE (00000572952)  
Date of Issue : 10 Feb 2018 16:54 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive



## Claim Handling

## Accident MT/1010872

Policy No.	5087979678-01	Vehicle No.	YN1138K	GST Registrat
Certificate No.				
Policyholder Name	RISE COMMODITY AND DISTRIBUTOR			Policyholder f
Product Code	FLEET INSURANCE	Cover Type	Preferred Workshop Plan	Loading
Contact No.(Mobile)	0	Contact No.(Office)	67450571	Contact No.(I
Email Address		Special Remark		eCode
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reaso
NCD Protection	No	NCD Entitlement(%)	0	Private Hire

## ▼ Accident Details

Report Date	10/09/2018 18:42	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	08/09/2018	Time of Accident hh:mm	15:00	Country of Ac
Reporting Centre		Orange Force		ICM No.
Accident Location	70 SOUTH TUAS ROAD CARPARK(TUAS VIEW DORMITORY)			

## ▼ Excess

Own damage Excess	600.00	Additional Excess		Windscreen E
Unnamed Driver Excess		Outside Singapore OD Excess		
Third Party Excess	0.00	Outside Singapore TP Excess		

## ▼ Benefits

## ▼ GST Registered Information

GST Registered	Yes	GST Registration Date	23/
GST Registration No.	M90357044G	GST Status Verified	Yes
Modification History			

## ▼ Policyholder Mailing Address

Address 1	1767 GEYLANG BAHRU	Address 2	# 01-02	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5087979678-01	

## ▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	SEKAR ELAMARAN	Driver NRIC	G6822368M	Driver DOB
Register Date of Driver License	04/05/2015	Driver Age	30	Driving Exper
Contact No.(Mobile)	93958329	Contact No.(Office)	0	Contact No.(I
Address 1	1767 GEYLANG BAHRU	Address 2		Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	#01-02			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insure

## Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No
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## Modification History

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	R
Contact No.(Mobile)	98188194	Contact No. (Home)	
Email Address		OI Vehicle Number	
Claim Description	YN1138K / GBE4859M ON 8 Sept 2018		
Preferred Workshop		Insured Liability	Fully at Fault
Contact No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
Report Taken By		Claim Close Date	10/09/2018 18:48
		Workshop Repairer	ROSLINDA

☒ Print AK letter

Save Submit

## Attachment



Accident No. MT/1010872 Claim No. 001  
 Last Doc. Received ☒ Yes ☐ No Upload Date 10/09/2018 00:00

Path \*

Choose File No file chosen  
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Category \* Confid  
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## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Sep 2018 18:48	NRIC/ Driving License	Normal	NRIC/ Dr
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Sep 2018 18:48	SAS	Normal	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Sep 2018 18:48	Photos	Normal	P
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Sep 2018 18:47	Photos	Normal	P
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Sep 2018 18:47	Photos	Normal	P
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Sep 2018 18:47	Photos	Normal	P

## Video List

Uploaded By/Date Folder Date File Name

Display in New Window

Scan and uploading