

NATIONAL Assessment Centre Services

[wef 1 Jan'05] MNA118132487

Date In: 12/10/18 - 12:12	Job description	Date & Time Completed	Done by
Ref No: NA/INC18018544/24	SAS e-filing		
Veh No: YP9166R	E-mail (within 2hrs, A/C 2hrs)		
D.O.A: 11/12/18 - 14:10	i-Motor Claim Form	M/11/18/18-001	12/10/18 12:42
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: JV1278A	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

NA1806526

Claimant's Particulars:-	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
Driver/Owner:	1) AR: Accident Reporting (\$30);	In Bill	Add Bill
Contact No:	2) DA: Damage Assessment (\$100); INC (\$30)		
Damaged Portion:	3) TP: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	QJ1*		
	*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	

Auditors' Comments:-

Sat. 1:

Sat. 2 / 3:

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 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. 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	12/10/2018 12:12
Date Of Accident	11/10/2018 14:10
Exact Location Of Accident	CTE (AYE) TWDS PIE (CHANGI)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP9166R
Insured/Policyholder	
Name Of Registered Owner	ARSU CONTRACTOR SERVICES PTE LTD
Co Reg No	201108963W
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-85719262
Alternative Phone No	OFFICE-85719262

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	CANTER FEB21ER4SDEN
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	5102969090
Cover Note Number	

Driver

Name of Driver	KANDASAMY ELAVARASAN
Passport No/FIN	G8092781P
Date Of Birth	27/07/1983
Occupation	OUTDOOR
Date Of Driving Pass	14/01/2010
Driving Experience	8 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94475003
Fax Number	
Contact Number	OFFICE-94475003
Email Address	NOEMAIL

Address	BLK 1013 GEYLANG EAST AVENUE 3 #03-116 GEYLANG EAST INDUSTRIAL ESTATE
Postcode	389728
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	RAINING
Road Surface	WET

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 1 CTE (AYE) TWDS PIE (CHANGI). SUDDENLY VEHICLE B JAMMED BRAKE. I COULDN'T BRAKE MY VEHICLE IN TIME AND 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	SJV1278A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ABDUL RAHIM BIN DARMAN
NRIC/Passport Number	S1850190B
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2

Passenger 1

NAME: ;

GENDER: ;

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

A: YP9166R

B: SJV1278A

CTE (A/E)

B

A

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:

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

Portrait photo of Kandasamy Elavarasan

Licence Number: **G8092781P**

KANDASAMY ELAVARASAN

Birth Date: **27 Jul 1983**

Issue Date: **12 Jan 2015**

Valid Till: **13 Jan 2020**

Barcode: 002385107D

5550

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

Employer:
ARSU CONTRACTOR SERVICES PTE. LTD.

Worker: **CONSTRUCTION**

Portrait photo of Kandasamy Elavarasan

Name:
KANDASAMY ELAVARASAN

Occupation:
DRIVER

S Pass No.
0 33950799

Date of Application
02-02-2018

Date of Issue
12-02-2018

Date of Expiry
07-04-2020

Barcode

L8608665

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

		EFFECTIVE DATE
C	Class 2B	14 Jun 2018
C	Class 3	14 Jun 2018
	Class 4	15 Sep 2015

Class 2B: MOTORCYCLES NOT EXCEEDING 250 CC

Class 3: MOTOR CARS AND MOTOR TRACTORS THE WEIGHT OF WHICH UNLADEN DOES NOT EXCEED 2500 KILOGRAMS

Class 4: HEAVY MOTOR CARS AND MOTOR TRACTORS THE WEIGHT OF WHICH UNLADEN EXCEED 2500 KILOGRAMS

G8092781P

S / No. 9000223966

NP 428A

Licence No: G8092781P

Barcode

VISIT PASS
Immigration Regulations

Name:
KANDASAMY ELAVARASAN

Portrait photo of Kandasamy Elavarasan

Date of Birth: **27-07-1983**

Sex: **M**

Nationality: **INDIAN**

FIN: **G8092781P**

Date of Issue: **12-02-2018**

Date of Expiry: **07-04-2020**

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.

Barcode

eBaoTech

GeneralClaim

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) Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5102969090		ARSU CONTRACTOR SERVICES PTE LTD	201108963W	GCV	Preferred Workshop Plan	YP9166R	YP9166R	10/08/2018	09/08/2019

Continue

Policy Information

Policy No.	5102969090	Policyholder Name	ARSU CONTRACTOR SERVICES	Policyholder NRIC	201108963W
Certificate No.					
Address	BLK 1015 #03-107 GEYLANG EAST AVENUE 3 GEYLANG EAST INDUSTRIAL ESTATE SINGAPORE 389730				
Product Name	COMMERCIAL VEHICLE INSURAI	Plan		Group Policy Flag	N
Policy Issue Date	08/08/2018	Effective Date	10/08/2018 00:00	Expiry Date	09/08/2019 23:59
Excess Type		All Claims 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	PRO-LINK INSURANCE AGENCY	Agent Tel.	65672149	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	BLK 1015 #03-107	Address 2	GEYLANG EAST AVENUE 3	Address 3	GEYLANG EAST INDUSTRIAL ES
Address 4	SINGAPORE 389730	Address Type	Singapore address	Post Code	389730
Unit No.		Related Policy Number	5093030440-01		

Insured Object: YP9166R

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
1	10/08/2018 00:00	Basic Information Endorsement	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that from 10 Aug 2018, the following policy details are amended as follows: HIRE PURCHASE COMPANY: DAIMLER FINANCIAL SERVICES AFRICA & ASIA PACIFIC LTD CHASSIS NUMBER: FEB21EA25261 ENGINE NUMBER: 4P10D25409 VEHICLE REGISTRATION NUMBER: YP9166R ORIGINAL REGISTRATION DATE: 10 Aug 2018

Continue

Cancel

Claim Handling

Accident MT/1015382

Exit

Policy No.	5102969090	Vehicle No.	YP9166R	GST Registration No.	
Certificate No.					
Policyholder Name	ARSU CONTRACTOR SERVICES PTE LTD				
Product Code	COMMERCIAL VEHICLE INSURANCE				
Contact No.(Mobile)	85719262	Gover Type	Preferred Workshop Plan	Leading	0
Email Address		Contact No.(Office)	0	Contact No.(Home)	0
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	Special Remark		eCode	70
NCD Protection	No	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Entitlement(%)		0	Private Hire	No	
Accident Details					
Report Date	12/10/2018 12:40	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	11/10/2018	Title of Accident hh:mm	14:10	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	CTE (AYE) TWDS PIE (CHANGI)				
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			
Benefits					
GST Registered Information					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified	No		
Modification History					

Policyholder Mailing Address					
Address 1	BLK 1015 #03-107	Address 2	GEYLANG EAST AVENUE 3	Address 3	GEYLANG EAST INDUSTRIAL ES
Address 4	SINGAPORE 389730	Address Type	Singapore address	Post Code	389730
Unit No.		Related Policy Number	S093030440-01		
OI Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	27/07/1983
Unnamed driver Name	KANDASAMY ELAVARASAN	Driver NRIC	G8092781P	Driving Experience	8
Register Date of Driver License	14/01/2010	Driver Age	35	Contact No.(Home)	0
Contact No.(Mobile)	94475003	Contact No.(Office)	0	Address 3	GEYLANG EAST INDUSTRIAL ES
Address 1	BLK 1013	Address 2	GEYLANG EAST AVENUE 3	Post Code	389728
Address 4	SINGAPORE 389728	Address Type	Singapore address		
Unit No.	03-116				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	
Declaration					
Breathalyser 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	ARSU CONTRACTOR SERVICES	Insured NRIC	201108963W
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	NIL
Email Address		OI Vehicle Number	YP9166R	TP Vehicle Number	SV1278A
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	YP9166R / SV1278A ON 11 Oct 2018				
Preferred Workshop Contact No.		Insured Liability *	Fully at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	12/10/2018 12:42	Claim Close Date		Date Received	12/10/2018 00:00
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					

Save Submit














Attachment

Accident No.	MT/1015382	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	12/10/2018 12:43
Path *		Category *	Confidential
	Browse... Clear	Please Select	Normal
	Browse... Clear	Please Select	Normal
	Browse... Clear	Please Select	Normal
	Browse... Clear	Please Select	Normal

Browse...		Clear	Please Select	10	Normal	
Browse...		Clear	Please Select	10	Normal	

☐ Send Message

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Play Icon? (CD)	Action
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV[CES]) on 12 Oct 2018 12:43	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-10-12		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV[CES]) on 12 Oct 2018 12:43	SAS	Normal	SAS 2018-10-12		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV[CES]) on 12 Oct 2018 12:43	Photos	Normal	Photos 2018-10-12		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV[CES]) on 12 Oct 2018 12:43	Photos	Normal	Photos 2018-10-12		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV[CES]) on 12 Oct 2018 12:43	Photos	Normal	Photos 2018-10-12		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV[CES]) on 12 Oct 2018 12:43	Photos	Normal	Photos 2018-10-12		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV[CES]) on 12 Oct 2018 12:42	Photos	Normal	Photos 2018-10-12		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV[CES]) on 12 Oct 2018 12:42	Photos	Normal	Photos 2018-10-12		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV[CES]) on 12 Oct 2018 12:42	Photos	Normal	Photos 2018-10-12		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV[CES]) on 12 Oct 2018 12:42	Photos	Normal	Photos 2018-10-12		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV[CES]) on 12 Oct 2018 12:42	Photos	Normal	Photos 2018-10-12		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV[CES]) on 12 Oct 2018 12:42	Photos	Normal	Photos 2018-10-12		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV[CES]) on 12 Oct 2018 12:42	Photos	Normal	Photos 2018-10-12		Edit

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
<input type="button" value="Display in New Window"/> <input type="button" value="Scan and uploading"/>				