

**NATIONAL Assessment Centre Services.** [ver 1 Jan 00] **MYA4846077**

Date In: <b>12/11/2008 12:58</b>	Job description	Date & Time Completed	Done by
Ref No: <b>BA/INC/8020439/Y</b>	SAS e-illing		
Veh No: <b>YP 380S</b>	E-mail (within 8hrs, A/C 2hrs)		
D.O.A: <b>05/09/2008 08:40</b>	I-Motor Claim Form	<b>MT/10/9357-001</b>	<b>12/11/2008 15:10</b>
OID: <b>TP / Reporting Only</b>	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: ( ) Tel: ( ) Fax: ( )

TP Particulars: Vch No: **YN 8691H** 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 repair.

( ) Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co: ( )

Reminders: (INC/NO INC) (6788/6616) Date of completion: ( ) 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: ( )

( )

( )

( )

( )

**NA6007316**

Client's Particulars:	1) AR: Accident Reporting (\$30)		
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (\$50)		
Contact No:	3) TP: 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 INC Only (ver 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) NI: Idas 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 (Non INC) against INC \$20		
	9) N12: Idas Mobile \$0		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

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	12/11/2018 12:58
Date Of Accident	05/09/2018 08:40
Exact Location Of Accident	AT COURTS TAMPINES
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP330S
<b>Insured/Policyholder</b>	
Name Of Registered Owner	FCY TRADING SERVICES
Co Reg No	52886551W
Email Address	SKSARATHKUMAR577@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91111086
Alternative Phone No	OFFICE-91111086

### Vehicle Particulars

Manufacturer	MITSUBISHI
Model	FUSO
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	5076003243-03
Cover Note Number	

### Driver

Name of Driver	SARATH KUMAR S/O MAKKLANPAN
NRIC No	S9237562E
Date Of Birth	11/10/1992
Occupation	OUTDOOR
Date Of Driving Pass	05/03/2015
Driving Experience	3 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91111086
Fax Number	
Contact Number	OTHERS-91111086
Email Address	SKSARATHKUMAR577@GMAIL.COM

Address	BLK 333 KRATA AYER ROAD #04-31
Postcode	080333
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLIDED INTO PARKED VEHICLE
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?	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)	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 SKETCH PLAN

#### 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	YN8691H
Vehicle Make/Model/Colour	MITSUBISHI
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	TEOW CHAO SHUN
NRIC/Passport Number	G2068418L
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:

*Sath*

Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 09/11/2018

*[Signature]* 02/11/2018  
Reporting Centre Personnel's Signature  
Name:

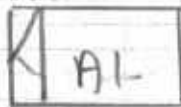
NRIC/FIN No.:

*[Signature]*

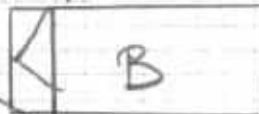
SKETCH PLAN

COURTS TAMPINES

YP 3308



YN 8691H



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

The driver of YN8691H was in my blind spot and could not  
been seen thru my side mirror while I was reversing. Which cause  
me the hit his side mirror

DECLARATION

I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature  
Date & Time:

*Salu*

Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 09/11/16

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

*09/11/2016*

## Claim Handling

Accident HT/1019357

Policy No.	507003243-03	Vehicle No.	YP3305	GST Registration No.	
Certificate No.					
Policyholder Name	FCY TRADING SERVICES			Policyholder NRIC	5288651W
Product Code	FLEET INSURANCE	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	91111086	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No *
KFR	+ No Yes	TCA	+ No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(No)	0	Private Hire	No
<b>Accident Details</b>					
Report Date	12/11/2018 15:04	Accident Report Within 24 hrs	Yes	Accident Type	Collided into Parked Vehicle
Date of Accident	09/09/2018	Time of Accident hh:mm	08:45	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	-AT COURTS-TAMPINES				
<b>Excess</b>					
Own damage Excess	\$,000.00	Additional Excess		Windscreen Excess	100.00
Uninsured Driver Excess		Outside Singapore OD Excess			
Third Party Excess	1,500.00	Outside Singapore TP Excess			
<b>Benefits</b>					
<b>GST Registered Information</b>					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified		Yes	
Modification History					
<b>Policyholder Mailing Address</b>					
Address 1	BLK 721 #15-224	Address 2	TAMPINES STREET 71	Address 3	TAMPINES STAIRLIGHT
Address 4	SINGAPORE 520721	Address Type	Singapore address	Post Code	520721
Unit No.	03-33	Related Policy Number	5072093563-03		
<b>OI Driver Info</b>					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	SABATH KUMAR S/O MAKKLATH	Driver NRIC	S9337560E	Driver DOB	11/10/1993
Register Date of Driver License	15/03/2015	Driver Age	25	Driving Experience	3
Contact No.(Mobile)	91111086	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 333 #04-31	Address 2	KRETA AYER ROAD	Address 3	KRETA AYER HEIGHTS
Address 4	SINGAPORE 080333	Address Type	Foreign address	Post Code	080333
Unit No.	04-31				
Does he own a Singapore Registered car?	Yes x No	Driver Vehicle No.	YP3305	Driver Insurer Company	NTUC
<b>Declaration</b>					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes x No		

Modification History

Claim 001 **New**

Claim Type *	OD-MX *	Insured Name	FCY TRADING SERVICES	Insured NRIC	5288651W
Contact No.(Mobile)	91111086	Contact No. (Home)		Contact No. (Office)	
Email Address		OI Vehicle Number	YP3305	TP Vehicle Number	YN8695H
Claim Description	YP3305 / YN8695H ON 5 Sept 2018			Name of Preferred Workshop	
Preferred Workshop Address No. Finalisation	Yes	Insured Liability	Fully at Fault	GIA report	Received
Date Registered	12/11/2018 15:09	Claim Close Date		Date Received	12/11/
Report Taken By	ROSLI WAHAB				

Print AK letter

Save Submit

## Attachment

Accident No.	HT/1019357	Claim No.	001
LAST Doc. Received	Yes No	upload Date	12/11/2018 15:10
Path *			
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Message Read		Clear	Please Select

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Photo
NAC_BUKIT_MERAH_000678 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) ON 12 Nov 2018 13:10		Photos	Normal	Photos 2018-11-12	





NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 12 Nov 2018 15:10	Photos	Normal	Photos 2018-11-12
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 12 Nov 2018 15:10	Photos	Normal	Photos 2018-11-12
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 12 Nov 2018 15:10	Photos	Normal	Photos 2018-11-12
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 12 Nov 2018 15:09	Photos	Normal	Photos 2018-11-12
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 12 Nov 2018 15:09	Photos	Normal	Photos 2018-11-12
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 12 Nov 2018 15:09	Photos	Normal	Photos 2018-11-12
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 12 Nov 2018 15:09	Photos	Normal	Photos 2018-11-12
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NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 12 Nov 2018 15:09	Photos	Normal	Photos 2018-11-12
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 12 Nov 2018 15:09	Photos	Normal	Photos 2018-11-12
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 12 Nov 2018 15:09	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-11-12
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 12 Nov 2018 15:09	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-11-12
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 12 Nov 2018 15:09	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-11-12
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 12 Nov 2018 15:09	SAS	Normal	SAS 2018-11-12

Video List

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

Scan and uploading

# col's stamp ACCIDENT STATEMENT

ACCIDENT DATE: (05 / 01 / 18) (DD/MM/YYYY), TIME: (08 : 40) (HH:MM)

LOCATION: Courts Tampines

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: 4P330S
- b) INSURANCE COMPANY: NTUC Income
- c) POLICY NUMBER:
- d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
- e) MAKE & MODEL: Mitsubishi
- f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
- g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
- h) PURPOSE OF USING AT ACCIDENT TIME: work
- 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: FCY Tuding (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: CONTACT: 9111086
- c) ADDRESS:

\* CONTINUE TO 3. d IF DRIVER ALSO POLICY HOLDER

#### DRIVER

- a) NAME: Sathi Kumar (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: S9237562E CONTACT: 87441461
- c) ADDRESS: Blk 333 Kreta Ayer Road 04-31

\* d) DATE OF BIRTH: (11 / 10 / 1992) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 15 March 2015

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:

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

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

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: YN 8691 H MODEL: Mitsubishi
- b) DRIVER'S NAME: Teow Chao Shun
- c) NRIC/FIN/PASSPORT: G2068418L CONTACT:

### 9. THIRD PARTY VEHICLE

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

email = SK Sathi Kumar 577@gmail.com

fax =

VIDEO



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S9237562E



Name

SARATH KUMAR S/O MAKKLANPAN

Race

INDIAN

Date of birth

11-10-1992

Sex

M

Country/Place of birth

SINGAPORE



5230892



NRIC No. S9237562E



Date of issue

03-10-2013

Address

APT BLK 333 KRETA AYER ROAD  
#04-31  
SINGAPORE 080333

REPUBLIC OF SINGAPORE

DRIVING LICENCE



Licence Number: **S9237562E**

Name:

**SARATH KUMAR S/O  
MAKKLANPAN**

Date of Birth: **11 Oct 1992**

Valid Until: **05 May 2015**



SG  
50



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 05 Mar 2015

NP 428A

License No: S9237562E



Hello, NAC\_BUKIT\_MERAH\_800676

[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="05/09/2018 16:01"/>
Vehicle No. (For Motor)	<input type="text" value="YP330S"/>	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"/>	5076003243-03		FCY TRADING SERVICES	52866551W	GFT	Comprehensive	YP330S	YP330S	22/07/2018	