

# NATIONAL Assessment Centre Services.

[ver 1 Jan'09]

MA 118159256.

Date In: 10/12/18 14:23	Job description	Date & Time Completed	Done by
Ref No: NA/INC 18022144/64	SAS e-filing		
Veh No: XD 4012J	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 8/12/18 20:30	I-Motor Claim Form	MT/1023231 901	10/12/18 16:33
OD: TP / Reporting Only	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:	Veh No: SGQ 5126 R	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 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

MA 1808063	Invoice Preparation Checklist	Amc (\$)	Inc (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$30);	30.00	
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$30)		
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		
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 \$3		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$3		
	TP (N11): TP (Non 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 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	10/12/2018 14:23
Date Of Accident	08/12/2018 20:30
Exact Location Of Accident	TPE EXIT 10 TRAFFIC JUNC WITH SENGKANG EAST RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	XD4012J
<b>Insured/Policyholder</b>	
Name Of Registered Owner	JIA XIU CONTRACTORS
Co Reg No	53311853X
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-90616590

### Vehicle Particulars

Manufacturer	MITSUBISHI
Model	FV51JJD4RDEA
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	5087372517-01
Cover Note Number	-

### Driver

Name of Driver	CHINNAPPA SANKAR
Passport No/FIN	G7642830T
Date Of Birth	07/09/1984
Occupation	OUTDOOR
Date Of Driving Pass	26/07/2016
Driving Experience	2 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94691220
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 123 #01-374 SIMEI STREET 1 SINGAPORE
Postcode	520123
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	
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

I WAS COMING FROM THE TPE EXIT 10 AT THE TRAFFIC JUNC WITH SENGKANG EAST RD, DUE TO THE RAINING DAY, I CANNOT STOP MY VEH IN TIME, AS THE RESULT, MY VEH HIT ONTO THE VEH B(BEARING NO SGQ5126R) WHICH WAS INFRONT OF ME.

#### 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	SGQ5126R
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.

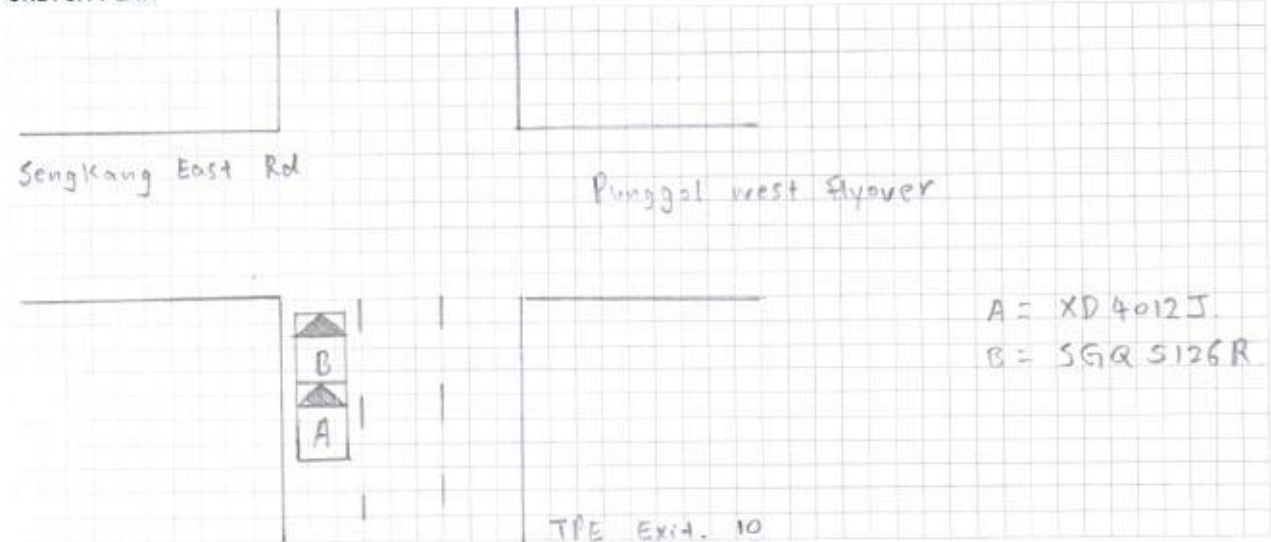


Policyholder's Signature  
Date & Time:

*C. Sankar*  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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

# SKETCH PLAN



## 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.:

**REPUBLIC OF SINGAPORE** **DRIVING LICENCE**


 Licence Number: **G7642830T**  
 Name: **CHINNAPPA SANKAR**  
 Birth Date: **07 Sep 1934**  
 Issue Date: **31 Mar 2017**  
 Valid Till: **07/05/2022**

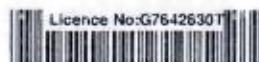
002670932F



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

		EFFECTIVE DATE
Class 2B	Motorcycles =< 200 cc	06 May 2012
Class 3	Motor cars with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg	06 May 2012
Class 4	Motor vehicles which are constructed to carry load or passengers and the unladen weight > 2500kg Motor vehicles which are not constructed to carry load or passengers and the unladen weight =< 7250kg	26 Jul 2016

NP 425A







CHINNAPPA SANKAR  
AQUATEMP PTE. LTD.  
123 SIMEI STREET 1  
#01-374  
SINGAPORE 520123



03 Dec 2018



033063717261118

For Immigration Use (To clear by FIN)



G7642830T

## Your card will be delivered to you after we have verified your documents

Dear CHINNAPPA SANKAR

We have received a request to issue your work permit on 03 Dec 2018 and will be checking the documents submitted to us. Once this is completed, we will SMS / email the delivery details to your authorised recipient(s) at least 1 working day before the delivery.

**This Notification Letter allows you to work and stay in Singapore until you get your new card. It is valid from 03 Dec 2018 till 02 Jan 2019.**

You must return your existing card to us by 10 Dec 2018. You may mail it to the *Work Pass Division, Ministry of Manpower, 18 Havelock Road, Singapore 059764.*

Yours sincerely

Mdm Chow Choon Yen  
for Controller of Work Passes

YOUR NAME  
CHINNAPPA SANKAR  
FIN  
G7642830T  
WORK PERMIT NO.  
0 33063717  
DATE OF APPLICATION  
26 Nov 2018  
DATE OF ISSUE  
03 DEC 2018  
WORK PERMIT EXPIRY DATE  
25 Nov 2020  
DATE OF BIRTH  
07 Sep 1984  
SEX  
MALE  
NATIONALITY  
INDIAN  
TRAVEL DOCUMENT NO.  
K7996433  
TRAVEL DOCUMENT EXPIRY DATE  
26 Sep 2022  
YOUR EMPLOYER'S NAME  
AQUATEMP PTE. LTD.  
SECTOR  
CONSTRUCTION  
OCCUPATION  
CONSTRUCTION WORKER

### ▲ IMPORTANT

- If the documents submitted are incomplete / incorrect, we will SMS / email the contact person provided to re-submit the documents. The card will only be delivered to the authorised recipient(s) 4 working days after the successful verification of documents.
- You must keep this Notification Letter with you until you get your card. If you need to leave / enter Singapore, you will have to show this letter at the Immigration Checkpoints.

## 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 : 5087372517-01

Cover : Comprehensive

1. Index mark and Registration Number of Vehicle : **XD4012J**  
Chassis Number : FV51JJA00534
2. Name of Policyholder : JIA XIU CONTRACTORS
3. Effective Date of Insurance : 09 Jan 2018
4. Expiry Date of Insurance : 08 Jan 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.  
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\$1,500
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
INSURE WITH COE	: YES
HIRE PURCHASE COMPANY	: CREDIT LINK PTE LTD
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 : PRO-LINK INSURANCE AGENCY (00000571869)

Date of Issue : 04 Jan 2018 09:59 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive



Claim Handling

Accident MT/1023231

Policy No.	5087372517-01	Vehicle No.	XD4012J	GST Registration No.	
Certificate No.					
Policyholder Name	JIA XIU CONTRACTORS			Policyholder NRIC	533111
Product Code	FLEET INSURANCE	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	90616590	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No

Accident Details

Report Date	10/12/2018 16:28	Accident Report Within 24 hrs	Yes	Accident Type	Collision
Date of Accident	08/12/2018	Time of Accident hh:mm	20:30	Country of Accident	Singap
Reporting Centre		Orange Force		ICM No.	
Accident Location	TPE EXIT 10 TRAFFIC JUNC WITH SENGKANG EAST RD				

Excess

Own damage Excess	1,500.00	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	Yes
Modification History			

Policyholder Mailing Address

Address 1	BLK 123 #01-374	Address 2	SIMEI STREET 1	Address 3	SINGA
Address 4		Address Type	Singapore address	Post Code	52012
Unit No.		Related Policy Number	5090706465-01		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	CHINNAPPA SANKAR	Driver NRIC	G7642830T	Driver DOB	07/09/
Register Date of Driver License	26/07/2016	Driver Age	34	Driving Experience	2
Contact No.(Mobile)	94691220	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 123 #01-374	Address 2	SIMEI STREET 1	Address 3	SINGA
Address 4		Address Type	Singapore address	Post Code	52012
Unit No.	01-374				
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.		Driver Insurer Company	

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes No
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Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	JIA XIU CONTRACTORS
Contact No.(Mobile)		Contact No. (Home)	
Email Address		OI Vehicle Number	XD4012J
Claim Description	XD4012J / SGQ5126R ON 8 Dec 2018		
Preferred Workshop	0	Insured Liability	Fully at Fault
Preferred Repair Option	Yes	Preferred Workshop, Name unknown	
Date Registered		GIA report	Received
Report Taken By			
		Claim Close Date	
			LIEW SHAN HUI

Print AK letter

Save Submit

Attachment

Accident No.	MT/1023231	Claim No.	001
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Lost Doc. Received

☒ Yes
 ☐ No

Upload Date

10/12/2018 16:33

Path \*

Choose File No file chosen

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Message Read

Category *	Confidential	Urgency *
<a href="#">Clear</a> Please Select ▼	NO ▼	Normal ▼
<a href="#">Clear</a> Please Select ▼	NO ▼	Normal ▼
<a href="#">Clear</a> Please Select ▼	NO ▼	Normal ▼
<a href="#">Clear</a> Please Select ▼	NO ▼	Normal ▼
<a href="#">Clear</a> Please Select ▼	NO ▼	Normal ▼
<a href="#">Clear</a> Please Select ▼	NO ▼	Normal ▼

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 10 Dec 2018 16:33	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-12-10
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 10 Dec 2018 16:33	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-12-10
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 10 Dec 2018 16:33	SAS	Normal	SAS 2018-12-10
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 10 Dec 2018 16:33	Photos	Normal	Photos 2018-12-10
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 10 Dec 2018 16:33	Photos	Normal	Photos 2018-12-10
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 10 Dec 2018 16:32	Photos	Normal	Photos 2018-12-10
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 10 Dec 2018 16:32	Photos	Normal	Photos 2018-12-10
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 10 Dec 2018 16:32	Photos	Normal	Photos 2018-12-10
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 10 Dec 2018 16:32	Photos	Normal	Photos 2018-12-10

## Video List

Uploaded By/Date	Folder Date	File Name	Source
<a href="#">Display in New Window</a> <a href="#">Scan and uploading</a>			