

NATIONAL Assessment Centre Services (wef 1 Jan 05) *MNA 11900420*

Date In: <i>12/19/08</i>	Job description	Date & Time Completed	Done by
Ref No: <i>NAL INC 19000654/24</i>	SAS e-filing		
Veh No: <i>XD9713B</i>	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: <i>12/19/08:43</i>	i-Motor Claim Form	<i>M7/1027281-001</i>	<i>12/19 20:16</i>
OD / TP / Reporting <u>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: Vch No: *UPD889J* 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:	Date & Time Completed	Done by
(INC hotline: 6788 6616)		
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: _____

Date/Time	Actions

Claimant's Particulars :-	Invoice Preparation Checklist		Am't (\$)	Am't (\$)
			Est. Bill	Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);			
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)			
Damaged Portion:	3) TF: Towing Fee \$40/\$45			
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120			
	5) FT: Follow-Through Survey (Resurvey) \$30			
Auditors' Comments :-	For claiming against INC Only (wef 10 Jan 2005)			
	6) TR: Re-inspection \$75			
Cat 1:	7) N1: Idac DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
Cat 2 / 3:	QI*			
	*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 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 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	10/01/2019 17:03
Date Of Accident	10/01/2019 08:40
Exact Location Of Accident	LOYANG AVE BEFORE JUNC PASIR RIS DR 3
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	XD9717B
Insured/Policyholder	
Name Of Registered Owner	JIA XIU CONTRACTORS
Co Reg No	53311853X
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98772726
Alternative Phone No	OFFICE-98772726

Vehicle Particulars

Manufacturer	IVECO
Model	TRAKKER AUTO AT260T41 (MY2013, EURO V)
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	YES
Policy Number	5087372517-02
Cover Note Number	

Driver

Name of Driver	SELLAMUTHU THIYAGARAJAN
Passport No/FIN	G7316778M
Date Of Birth	02/06/1970
Occupation	OUTDOOR
Date Of Driving Pass	14/06/2016
Driving Experience	2 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90581872
Fax Number	
Contact Number	OFFICE-90581872
Email Address	NOEMAIL

Address	BLK 123 SIMEI STREET 1 #01-374
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 - CHANGE/CROSS LANE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) 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, AS I WANTED TO CHANGE FROM LANE 2 TO LANE 3, I CHECK MY BLINDSPOT AND TURN ON MY VEHICLE INDICATOR LIGHT BEFORE I CAN PROCEED. WHEN MY VEHICLE INCH OUT A LITTLE, VEHICLE B WAS TRAVELLING STRAIGHT AND HIT ONTO MY VEHICLE LEFT 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	SDD889J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LIEW CHENG'EN SEAN
NRIC/Passport Number	S8709482J
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

SKETCH PLAN

IMPORTANT NOTICE

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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.

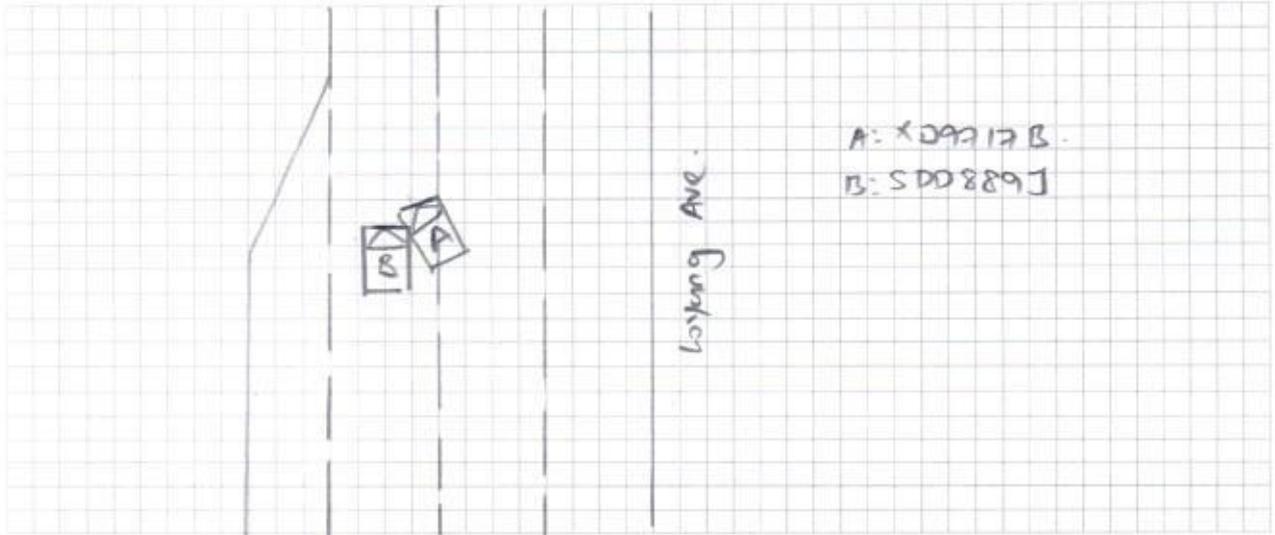


Policyholder's Signature
Date & Time: 21/10/2024

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

Refers 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.:

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

Employer
AQUATEMP PTE. LTD.



Name
SELLAMUTHU THIYAGARAJAN

Work Permit No. **0 32511678** Sector: **CONSTRUCTION**




K1032506



REPUBLIC OF SINGAPORE **DRIVING LICENCE**

License Number: **G 7316778 M**

SELLAMUTHU THIYAGARAJAN

Birth Date: **02 Jun 1970**
Issue Date: **14 Mar 2018**
Valid Till: **13/03/2023**



002732685H

VISIT PASS
Immigration Regulations 17-12-2016

Name
SELLAMUTHU THIYAGARAJAN

FIN
G7316778M

Date of Birth: **02-06-1970** Sex: **M**

Nationality
INDIAN

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.

Download SGWorkPass App to check status





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

		EFFECTIVE DATE
Class 3	Motor cars with unladen weight \leq 3000kg with \leq 7 passengers, exclusive of driver; and other motor vehicles with unladen weight \leq 2500kg	07 Feb 2013
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 \leq 7250kg	14 Jun 2016

NP 428A

Licence No: G7316778M



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="10/01/2019 08:40"/>
Vehicle No.(For Motor)	<input type="text" value="XD9717B"/>	Certificate Number	<input type="text"/>

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5087372517-02		JIA XIU CONTRACTORS	53311853X	GFT	Comprehensive	XD9717B	XD9717B	09/01/2019	

Policy Information

Policy No.	5087372517-02	Policyholder Name	JIA XIU CONTRACTORS	Policyholder NRIC	53311853X
Certificate No.					
Address	BLK 123 #01-374 SIMEI STREET 1 SINGAPORE 520123				
Product Name	FLEET INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	02/01/2019	Effective Date	09/01/2019 00:00	Expiry Date	08/01/2020 23:59
Excess Type		All Claims Excess			
Third Party Excess	0.00	Own damage Excess	1500.00	Windscreen Excess	100.00
Additional Excess		OS Premium	9650.91		
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 123 #01-374	Address 2	SIMEI STREET 1	Address 3	SINGAPORE 520123
Address 4		Address Type	Singapore address	Post Code	520123
Unit No.		Related Policy Number	5087372517-02		

Insured Object: XD9717B

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
1	09/01/2019 00:00	Basic Information Endorsement	000001286977859	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that from 09 JAN 2019 to 08 JAN 2020, this policy is extended to cover the insured vehicles whilst being driven within the airside of Singapore Changi Airport and Seletar Airport. The policy does not cover any loss or damage to aircraft and its passengers, including any and all forms of aviation liability. 1. XD8443Y 2. XD8564G 3. XD9738R 4. XE2511T

Continue Cancel

Claim Handling

• Exit

The premium on this policy has not been collected.

Accident MT/1027281

Policy No.	5087372517-02	Vehicle No.	XD9717B	GST Registration No.	
Certificate No.					
Policyholder Name	JIA XIU CONTRACTORS	Policyholder NRIC	53311853X		
Product Code	FLEET INSURANCE	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	98772726	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	[v]
KPI	<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	10/01/2019 20:14	Accident Report within 24 hrs	Yes	Accident Type	Collision - Change / Cross lane
Date of Accident	10/01/2019	Time of Accident hh:mm	08:40	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	LOYANG AVE BEFORE JUNG PASIR RIS DR 3				

↳ **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	No
Modification History			

↳ **Policyholder Mailing Address**

Address 1	BLK 123 #01-374	Address 2	SIMEI STREET 1	Address 3	SINGAPORE 520123
Address 4		Address Type	Singapore address	Post Code	520123
Unit No.		Related Policy Number	5087372517-02		

↳ **OT Driver Info**

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver
Unnamed driver Name	SELLAMUTHU THEYAGARAJAN	Driver NRIC	G7316778M
Register Date of Driver License	14/06/2016	Driver Age	48
Contact No.(Mobile)	90581872	Contact No.(Office)	0
Address 1	BLK 123	Address 2	SIMEI STREET 1
Address 4		Address Type	Singapore address
Unit No.	01-374	Post Code	520123
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
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Modification History

Claim 001 **New**

Claim Type *	DD-MX	Insured Name	JIA XIU CONTRACTORS	Insured NRIC	53311853X
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	65533468
Email Address		OT Vehicle Number	XD9717B	TP Vehicle Number	S008890
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	XD9717B / S008890 ON 10 Jan 2019				
Preferred Workshop Contact No.		Name of Preferred Workshop			
Require Finalisation	Yes	Insured Liability *	Fully at Fault		
Date Registered	10/01/2019 20:16	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Report Taken By	Jackson	Claim Close Date		Date Received	10/01/2019 00:00

Print AK letter

Save Submit

Attachment

Accident No.	MT/1027281	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	10/01/2019 20:17

Path *	Browse...	Clear	Category *	Confidential	Urgency *	Description *
	Browse...	Clear	Please Select	NO	Normal	
	Browse...	Clear	Please Select	NO	Normal	
	Browse...	Clear	Please Select	NO	Normal	

<input type="text"/>	<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="N/D"/>	<input type="text" value="Normal"/>	<input type="text"/>
<input type="text"/>	<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="N/D"/>	<input type="text" value="Normal"/>	<input type="text"/>
<input type="text"/>	<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="N/D"/>	<input type="text" value="Normal"/>	<input type="text"/>

Send Message

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CD)	Action
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 10 Jan 2019 20:17	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-1-10		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 10 Jan 2019 20:17	SAS	Normal	SAS 2019-1-10		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 10 Jan 2019 20:17	Photos	Normal	Photos 2019-1-10		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 10 Jan 2019 20:17	Photos	Normal	Photos 2019-1-10		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 10 Jan 2019 20:17	Photos	Normal	Photos 2019-1-10		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 10 Jan 2019 20:17	Photos	Normal	Photos 2019-1-10		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 10 Jan 2019 20:16	Photos	Normal	Photos 2019-1-10		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 10 Jan 2019 20:16	Photos	Normal	Photos 2019-1-10		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 10 Jan 2019 20:16	Photos	Normal	Photos 2019-1-10		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 10 Jan 2019 20:16	Photos	Normal	Photos 2019-1-10		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 10 Jan 2019 20:16	Photos	Normal	Photos 2019-1-10		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 10 Jan 2019 20:16	Photos	Normal	Photos 2019-1-10		Edit

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
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