

NATIONAL Assessment Centre Services.

[ver 1 Jan'03]

MA 119006061

Date In: 14/1/19 15:21	Job description	Date & Time Completed	Done by
Ref No: NA/INC19000791/h4.	SAS e-filing		
Veh No: X042450.	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 12/1/19 11:30.	I-Motor Claim Form	MT/1027721-002	14/1/19 19:17.
OD / TP / Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: XB 8928 B.	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)

1) Apply for Transport Allowance () / Courtesy Car ()	
2) QC Check / Post Repair Inspection ()	
3) Upload Resurvey Photo [Repair Cost > \$3000] ()	

Injury: _____

Date/Time	Actions

NA1900364		Invoice Information Checklist		Am (S)	Rev (S)
Claimant's Particulars:		1) AR: Accident Reporting (\$30);	INC (\$30)	32.00	
Driver/Owner:		2) DA: Damage Assessment (\$100);			
Contact No:		3) TP: Towing Fee	\$40/\$45		
Damaged Portion:		4) FT: Follow-Through Survey	\$120		
		5) PT: Follow-Through Survey (Resurvey)	\$30		
		For obtaining against INC Only (wef 10 Jan 2003)			
		6) TR: Re-inspection	\$75		
		7) NI: Idao DA + SMRT Survey	\$160		
		8) NTUC Additional Services:-			
		ON:			
		*N5: Courtesy Car / Tpt Allowance	\$5		
		*N6: Repair Coordination	\$10		
		*N7: Post Repair Inspection	\$25		
		*N8: DV / Collect Excess Coordination	\$5		
		TP (N11): TP (Non INC) against INC	\$20		
		9) N12: Idao Mobile	\$0		
		Invoice dated		Fax Charged	
		Invoice dated		Fax 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	14/01/2019 15:21
Date Of Accident	12/01/2019 11:30
Exact Location Of Accident	BUANGKOK LINK CONSTRUCTION SITE
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	XD4245D
Insured/Policyholder	
Name Of Registered Owner	JIA XIU CONTRACTORS
Co Reg No	53311853X
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-98772726
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	5087372517-02
Cover Note Number	-
Driver	
Name of Driver	SOLAI PRAKASH
NRIC No	G7863579M
Date Of Birth	01/05/1984
Occupation	OUTDOOR
Date Of Driving Pass	09/11/2015
Driving Experience	3 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93759308
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	123 SIMEI ST 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 - HEAD TO REAR
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

WHILE I WAS QUEUING TO THE WASHING BAY INSIDE THE CONSTRUCTION SITE AT BUANGKOK LINK. SUDDENLY I FELT AN IMPACT FROM BEHIND. AFTER THE INCIDENT, I ALIGHTED FROM MY VEH AND REALIZED VEH B (BEARING NO XB8928B) FROM BEHIND COLLIDED ONTO MY VEH 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	XB8928B
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

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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 = XD424SD
B = XB8928B.

Buangkok Link Construction Site

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:

GIARNAC SketchPlanForm_V3

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: **G7863579M**

SOLAI PRAKASH

Birth Date: **01 May 1984**

Issue Date: **14 Nov 2015**

Valid Till: **14/12/2023**

002869615H

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

Employer:
AQUATEMP PTE. LTD.

Name:
SOLAI PRAKASH

Work Permit No.: **0 3352286-**

Sector:
CONSTRUCTION

K1003743

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

		EFFECTIVE DATE
Class 3	Motor cars with unladen weight $\leq 3000\text{kg}$ with ≤ 7 passengers, exclusive of driver; and other motor vehicles with unladen weight $\leq 2500\text{kg}$	15 Dec 2008
Class 4	Motor vehicles which are constructed to carry load or passengers and the unladen weight $> 2500\text{kg}$ Motor vehicles which are not constructed to carry load or passengers and the unladen weight $\leq 7250\text{kg}$	09 Nov 2015



NP 428A

VISIT PASS
Immigration Regulations

05-12-2016

Name:
SOLAI PRAKASH

FIN:
G7863579M

Date of Birth: **01-05-1984** Sex: **M**

Nationality:
INDIAN

MULTIPLE JOURNEY VISA ISSUED

Download SGWorkPass App to check status

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 : 5087372517-02

Cover : Comprehensive

- | | |
|--|-----------------------|
| 1. Index mark and Registration Number of Vehicle | : XD4245D |
| Chassis Number | : FV51JJA00437 |
| 2. Name of Policyholder | : JIA XIU CONTRACTORS |
| 3. Effective Date of Insurance | : 09 Jan 2019 |
| 4. Expiry Date of Insurance | : 08 Jan 2020 |
| 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 : 02 Jan 2019 06:56 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

Enquire Vehicle Registration Details

Owner Particulars

NRIC/Passport /Company Cert No.: 53311853X
 Owner ID Type: Business
 Owner Name: JIA XIU CONTRACTORS
 Registered Address: APT BLK 123 SIMEI STREET 1 #01-374 SINGAPORE 520123
 Mailing Address: -
 Birth Date: -

Vehicle Particulars

Vehicle No.: XD4245D
 Previous Vehicle No.: -
 Effective Date of Ownership: 04 Oct 2017
 Original Regn Date: 29 Jul 2010
 Registration Date: 29 Jul 2010
 Year of Manufacture: 2008
 Vehicle Type: Goods (Open) Tipper/Dumper Truck
 Vehicle Scheme: -
 Vehicle Attachment 1: No Attachment
 Vehicle Attachment 2: -
 Vehicle Attachment 3: -
 Vehicle Make: MITSUBISHI
 Vehicle Model: FV51JJD4RDEA
 Primary Colour: White
 Secondary Colour: Blue
 Passenger Capacity: 2
 Chassis No.: FV51JJA00437
 Engine No.: 6M70429045
 Engine Capacity /Power Rating: 12882 cc / -
 Maximum Power Output: -
 Propellant: Diesel

Claim Handling

The premium on this policy has not been collected.

Accident MT/1027721

Policy No.	5087372517-02	Vehicle No.	XD4245D	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)	98772726	Contact No.(Office)		Contact No.(Home)																																					
Email Address		Special Remark		eCode	No																																				
KFK	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	TCA	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	eCode Reason																																					
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No																																				
Accident Details																																									
Report Date	14/01/2019 18:03	Accident Report Within 24 hrs	Yes	Accident Type	Collisio																																				
Date of Accident	12/01/2019	Time of Accident hh:mm	11:30	Country of Accident	Singap																																				
Reporting Centre		Orange Force		ICM No.																																					
Accident Location	BUANGKOK LINK CONSTRUCTION SITE																																								
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	5087372517-02																																						
OI Driver Info																																									
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver																																						
Unnamed driver Name	SOLAI PRAKASH	Driver NRIC	G7B63579M	Driver DOB	01/05/																																				
Register Date of Driver License	09/11/2015	Driver Age	34	Driving Experience	3																																				
Contact No.(Mobile)	93759308	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?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Driver Vehicle No.		Driver Insurer Company																																					
Declaration																																									
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																																						
Modification History																																									
<div>Claim 002 New</div>																																									
<table border="1"> <tr> <td>Claim Type *</td><td>OD-MX</td><td>Insured Name</td><td>JIA XIU CONTRACTORS</td></tr> <tr> <td>Contact No.(Mobile)</td><td></td><td>Contact No. (Home)</td><td></td></tr> <tr> <td>Email Address</td><td></td><td>OI Vehicle Number</td><td>XD4245D</td></tr> <tr> <td>Claim Description</td><td colspan="3">XD4245D / XB8928B ON 12 Jan 2019</td></tr> <tr> <td>Preferred Workshop</td><td>0</td><td>Insured Liability</td><td>Not at Fault</td></tr> <tr> <td>Repair No. Finalisation</td><td>Yes</td><td>Preferred Repair Option</td><td>Preferred Workshop, Name unknown</td></tr> <tr> <td>Date Registered</td><td></td><td>GIA report</td><td>Received</td></tr> <tr> <td>Report Taken By</td><td></td><td>Claim Close Date</td><td>14/01/2019 19:16</td></tr> <tr> <td></td><td></td><td></td><td>LIEW SHAN HUI</td></tr> </table>						Claim Type *	OD-MX	Insured Name	JIA XIU CONTRACTORS	Contact No.(Mobile)		Contact No. (Home)		Email Address		OI Vehicle Number	XD4245D	Claim Description	XD4245D / XB8928B ON 12 Jan 2019			Preferred Workshop	0	Insured Liability	Not at Fault	Repair No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Registered		GIA report	Received	Report Taken By		Claim Close Date	14/01/2019 19:16				LIEW SHAN HUI
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			LIEW SHAN HUI																																						
<input checked="" type="checkbox"/> Print AK letter																																									
<div>Save Submit</div>																																									
Attachment																																									
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<div> <div> <div>Accident No.</div> <div>Claim No.</div> </div> </div>																																									

MT/1027721

002

Last Doc. Received

☒ Yes ☐ No

Upload Date

14/01/2019 19:17

Path *

Choose File No file chosen

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Message Read

Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 14 Jan 2019 19:17	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-1-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 14 Jan 2019 19:17	SAS	Normal	SAS 2019-1-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 14 Jan 2019 19:17	Photos	Normal	Photos 2019-1-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 14 Jan 2019 19:17	Photos	Normal	Photos 2019-1-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 14 Jan 2019 19:17	Photos	Normal	Photos 2019-1-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 14 Jan 2019 19:16	Photos	Normal	Photos 2019-1-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 14 Jan 2019 19:16	Photos	Normal	Photos 2019-1-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 14 Jan 2019 19:16	Photos	Normal	Photos 2019-1-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 14 Jan 2019 19:16	Photos	Normal	Photos 2019-1-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 14 Jan 2019 19:16	Photos	Normal	Photos 2019-1-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 14 Jan 2019 19:16	Photos	Normal	Photos 2019-1-14

Video List

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