

NATIONAL Assessment Centre Services. [ver 1 Jan 05] MNA119034480

Date In: 1413119 17:26	Job description	Date & Time Completed	Done by
Ref No: MA11MC19004682164	SAS e-filing		
Veh No: XD 4012J	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 1413119 08:50	I-Motor Claim Form	MT/1035971- ⁰⁰¹	1413/19 17:26
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/Whse		

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

TP Particulars: Vch No: SJW 7658 S 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 (Home: 0700 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

MA1901902	Invoice/Repairation Credits	Am (\$)	Rev Am (\$)
Customer's Particulars:	1) All: Accident Reporting (\$30);	30.00	
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$50)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) PT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey) \$30		
Auditors Comments:	For retaining against INC Only (ver 10 Jan 2005)		
	6) TR: Re-Inspection \$75		
	7) NI: Idan 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		
	TE (N11): TP (Non INC) against INC \$20		
	9) N12: Idan 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	14/03/2019 17:26
Date Of Accident	14/03/2019 08:50
Exact Location Of Accident	THOMSON RD B4 OLIVE RD JUNCTION
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	XD4012J
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	RAMAKRISHNAN SENTHILKUMAR
NRIC No	G7346973U
Date Of Birth	22/07/1977
Occupation	OUTDOOR
Date Of Driving Pass	15/01/2014
Driving Experience	5 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-98918126
Fax Number	
Contact Number	
E-Mail 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 - 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

I WAS TRAVELLING ALONG THOMSON RD ON THE CENTER LANE B4 THE TRAFFIC JUNC OF OLIVE RD, AFTER CHECK THE BLIND SPOT WITH MY RIGHT INDICATOR ON, I SLOWLY FILTER INTO RIGHT LANE, SUDDENLY VEH B COME FROM BEHIND AND COLLIDED ONTO MY VEH RIGHT 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	SJW7658S
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

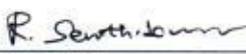
1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material 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.

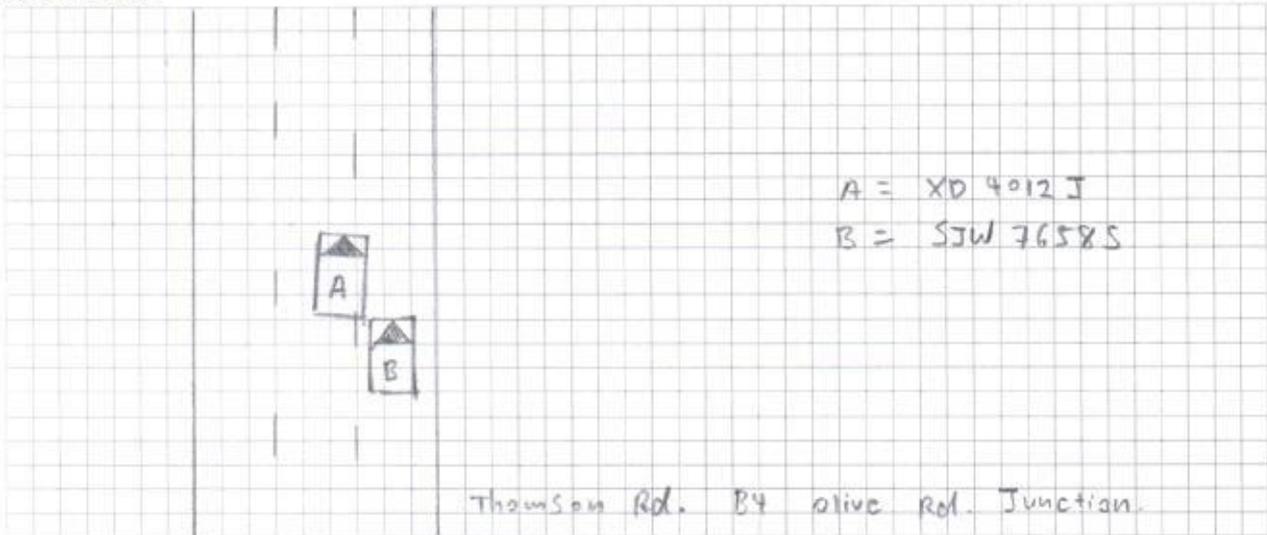


Policyholder's Signature
Date & Time:


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

Please Refer to statement

DECLARATION

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



Policyholder's Signature
Date & Time:

R. Sathyan
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

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

Employer
AQUATEM PTE. LTD.



Name
RAMAKRISHNAN SENTHILKUMAR

Work Permit No. Sector
0 32575110 CONSTRUCTION




K0611574



REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number **G7346973U**

RAMAKRISHNAN SENTHILKUMAR

Birth Date: **22 Jul 1977**
Issue Date: **20 Jul 2018**
Valid Till: **19/07/2023**

002826006C




VISIT PASS
Immigration Regulations 20-07-2019

Name
RAMAKRISHNAN SENTHILKUMAR

FIN
G7346973U

Date of Birth Sex
22-07-1977 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.



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

		EFFECTIVE DATE
Class 2B	Motorcycles =< 200 cc	06 Sep 2012
Class 3	Motor cars with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg	06 Sep 2012
Class 4	Motor vehicles which are constructed to carry load or passengers and the unladen weight > 2500kg or Motor vehicles which are not constructed to carry load or passengers and the unladen weight =< 7250kg	15 Jan 2014

NP 428A

Licence No: **G7346973U**



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 | : | XD4012J |
| Chassis Number | : | FV51JJA00534 |
| 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

Claim Handling

The premium on this policy has not been collected.

Accident MT/1035971

Policy No.	5087372517-02	Vehicle No.	XD4012J	GST Registration No.	
Certificate No.					
Policyholder Name	JIA XIU CONTRACTORS			Policyholder NRIC	53311
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="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	14/03/2019 17:45	Accident Report Within 24 hrs	Yes	Accident Type	Collision
Date of Accident	14/03/2019	Time of Accident hh:mm	08:50	Country of Accident	Singap
Reporting Centre		Orange Force		ICM No.	
Accident Location	THOMSON RD B4 OLIVE RD JUNCTION				

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	SINGAI
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	RAMAKRISHNAN SENTHILKUMAR	Driver NRIC	G7346973U	Driver DOB	22/07/
Register Date of Driver License	15/01/2014	Driver Age	41	Driving Experience	5
Contact No.(Mobile)	98918126	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 123 #01-374	Address 2	SIMEI STREET 1	Address 3	SINGAI
Address 4		Address Type	Singapore address	Post Code	52012
Unit No.	01-374				
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input 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 *	OD-MX	Insured Name	JIA XIU CONTRACTORS
Contact No.(Mobile)		Contact No. (Home)	
Email Address		OI Vehicle Number	XD4012J
Claim Description	XD4012J / SJW7658S ON 14 Mar 2019		
Preferred Workshop	0	Insured Liability	Partially at Fault
ORBIT No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
Report Taken By			14/03/2019 17:47
			LIEW SHAN HUI

Print AK letter

Save Submit

Attachment

Accident No.	Claim No.
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MT/1035971

001

Last Doc. Received

Yes No

Upload Date

14/03/2019 17:48

Path *

Category *

Confidential

Urgency *

- [Choose File](#) No file chosen
- [Message Read](#)

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Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 14 Mar 2019 17:48	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-3-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 14 Mar 2019 17:48	SAS	Normal	SAS 2019-3-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 14 Mar 2019 17:48	Photos	Normal	Photos 2019-3-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 14 Mar 2019 17:48	Photos	Normal	Photos 2019-3-14
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 14 Mar 2019 17:47	Photos	Normal	Photos 2019-3-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 14 Mar 2019 17:47	Photos	Normal	Photos 2019-3-14

Video List

Uploaded By/Date	Folder Date	File Name	Source
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