

NATIONAL Assessment Centre Services [Ref: JN-003]			
Date In: 08/04/2019 11:21	Job description	Date & Time Completed	Done by
Ref No: NA/INC19006134/K4	SAS e-filing		
Veh No: GBE 9245.B	E-mail (within 8hrs, A/C 2hrs)		
D.O.A: 07/04/2019 13:30	i-Motor Claim Form		MT/1039348-001 9/4/19 ASS
OD: TP: Reporting Only	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:	Veh No: SLQ2441R 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
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury:

Date/Time	Actions

NA1902500		Invoice Preparation Checklist	Amnt (\$)	Amnt (\$)
			In Bill	Add Bill
Claimant's Particulars:		1) AR: Accident Reporting (\$30);		
Driver/Owner:		2) DA: Damage Assessment (\$100); INC (\$30)		
Contact No:		3) TF: 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		
Auditor's 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:-		
		ON:		
		*N5: Courtesy Car / Tp 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: 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	08/04/2019 11:21
Date Of Accident	07/04/2019 13:30
Exact Location Of Accident	LOADING BAY INFRONT OF 671B CHANDER RD /MSCP 671 /
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GBE9245B
Insured/Policyholder	
Name Of Registered Owner	LOUIS SIM RENOVATION CONTRACTOR
Co Reg No	52805287W
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97758610
Alternative Phone No	OFFICE-97758610
Vehicle Particulars	
Manufacturer	NISSAN
Model	CABSTAR 3.0 5M/T ABS 2DR 2WD EURO 5
Exact Purpose for which vehicle was being used at time of accident	WORK
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	5079628500-02
Cover Note Number	
Driver	
Name of Driver	YOHESHWARAN GANAGESWARAN
Passport No/FIN	G2376099T
Date Of Birth	28/05/1993
Occupation	OUTDOOR
Date Of Driving Pass	11/09/2014
Driving Experience	4 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97758610
Fax Number	
Contact Number	OTHERS-97758610
EEmail Address	NOEMAIL

Address	LOUIS SIM CONSTRUCTION PTE LTD
Postcode	
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	SIDE SWIPE
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?	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

PLS REFER TO THE ATTACHED STATEMENT.

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	SLQ2441R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	KIRAN PONNAPPAN
NRIC/Passport Number	S7882834Z
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN


IMPORTANT NOTICE


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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:

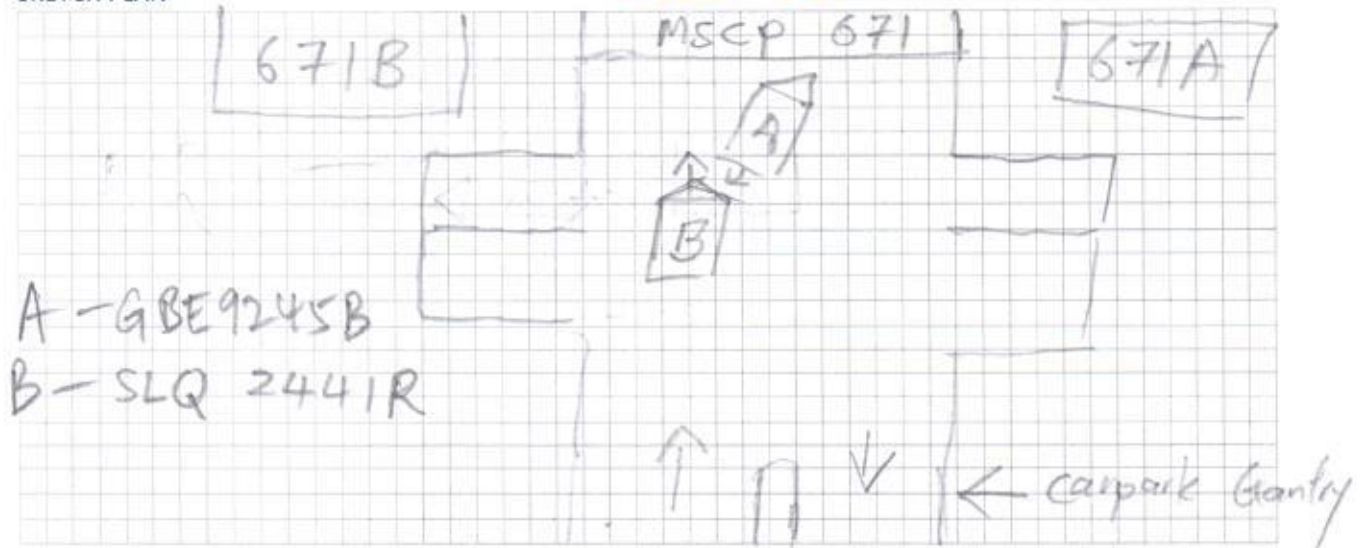
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "**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.

魯威裝修工程
LOUIS SIM RENOVATION CONTRACTOR
Blk 149 #08-182 Peir Road
H/P 97374715 Fax 68923901
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.:

Chandler Road



Vehicle A was reversing into the loading bay in front of 671B Chandler Road. Suddenly Vehicle B dash straight into the MSCP 671, Vehicle A reversed into the ~~side~~ right side of Vehicle B

Vehicle A rear was damaged badly

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

魯威裝修工程
POLYCYNDERS & SIGNATURE
Bk 19-008-182 Petir Road
H/P 97374715 Fax 68923901

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

Employee:
LOUIS SIM CONSTRUCTION PTE. LTD.

Name:
YOHESHWARAN GANAGESWARAN

Work Permit No.: 0 36296976
Sector: CONSTRUCTION

K0997300

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **G2376099T**
Name: **YOHESHWARAN GANAGESWARAN**

Birth Date: 28 May 1993
Issue Date: 11 Sep 2014
Valid Till: 10 Sep 2019

002344813K

VISIT PASS
Immigration Regulations
03-12-2019

Name:
YOHESHWARAN GANAGESWARAN

FIN:
G2376099T

Date of Birth: 28-05-1993
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)

Class	Vehicle	EFFECTIVE DATE
Class 3	Motor cars <= 3500 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 2500 kg	11 Sep 2014

G2376099T

S / No. 9000209596

Licence No: G2376099T

NP 428A

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 : 5079628500-02

Cover : Comprehensive

- | | |
|---|--|
| 1. Index mark and Registration Number of Vehicle
Chassis Number
2. Name of Policyholder
3. Effective Date of Insurance
4. Expiry Date of Insurance
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. | : GBE9245B
: JN1SC2F24Z0858337
: LOUIS SIM RENOVATION CONTRACTOR
: 29 Apr 2018
: 28 Apr 2019 |
|---|--|

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\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
INSURE WITH COE	: YES
HIRE PURCHASE COMPANY	: THIAM HENG AUTO (S) 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 : THIAM HENG AUTO (S) PTE LTD (00000613992)
 Date of Issue : 11 Apr 2018 10:54 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

 Authorised Officer



 Chief Executive

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="07/04/2019 13:30"/>
Vehicle No.(For Motor)	<input type="text" value="GBE9245B"/>	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"/>	5079628500-02		LOUIS SIM RENOVATION CONTRACTOR	52805287W	GCV	Comprehensive	GBE9245B	GBE9245B	29/04/2018	28/04/2019

Policy Information

Policy No.	5079628500-02	Policyholder Name	LOUIS SIM RENOVATION CONTF	Policyholder NRIC	52805287W
Certificate No.					
Address	BLK 149 #08-182 PETIR ROAD SINGAPORE 670149				
Product Name	COMMERCIAL VEHICLE INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	11/04/2018	Effective Date	29/04/2018 00:00	Expiry Date	28/04/2019 23:59
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess			
Agent	THIAM HENG AUTO (S) PTE LTD	Agent Tel.	64695691	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	BLK 149 #08-182	Address 2	PETIR ROAD	Address 3	SINGAPORE 670149
Address 4		Address Type	Singapore address	Post Code	670149
Unit No.		Related Policy Number	5079628500-03		

Insured Object: GBE9245B

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
<div>ContinueCancel</div>				

Claim Handling

Accident MT/1039348

Policy No.	5079628500-02	Vehicle No.	GBE9245B	GST Registration No.
Certificate No.				
Policyholder Name	LOUIS SIM RENOVATION CONTRACTOR			Policyholder NRIC
Product Code	COMMERCIAL VEHICLE INSURANCE	Cover Type	Comprehensive	Loading
Contact No.(Mobile)	97758610	Contact No.(Office)	0	Contact No.(Home)
Email Address		Special Remark		eCode
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(%)	20	Private Hire
▼ Accident Details				
Report Date	09/04/2019 09:51	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	07/04/2019	Time of Accident hh:mm	13:30	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	LOADING BAY INFRONT OF 671B CHANDER RD /MSCP 671 /			
▼ Excess				
Own damage Excess	600.00	Additional Excess		Windscreen Excess
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 149 #08-182	Address 2	PETIR ROAD	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5079628500-03	
▼ OI Driver Info				
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	YOHESHWARAN GANAGESWARA	Driver NRIC	G2376099T	Driver DOB
Register Date of Driver License	11/09/2014	Driver Age	25	Driving Experience
Contact No.(Mobile)	97758610	Contact No.(Office)	0	Contact No.(Home)
Address 1	LOUIS SIM CONSTRUCTION PTE	Address 2		Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.				
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	

Modification History

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	LOUIS SIM
Contact No.(Mobile)	93734715	Contact No. (Home)	NIL
Email Address		OI Vehicle Number	GBE9245B
Claim Description	GBE9245B / SLQ2441R ON 7 Apr 2019		
Preferred Workshop	Yes	Insured Liability	Partially at Fault
Contact No. Finalisation		Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
Report Taken By		Claim Close Date	09/04/2019 10:00
<input checked="" type="checkbox"/> Print AK letter		Workshop Repairer	

Attachment



Accident No. MT/1039348 Claim No. 001
 Last Doc. Received ☒ Yes ☐ No Upload Date 09/04/2019 09:55

Path *

Category *

Confidential

 No file chosen

 No file chosen

 No file chosen

 No file chosen

 No file chosen

 No file chosen

Please Select ▼

NO

Please Select ▼

NO

Please Select ▼

NO

Please Select ▼

NO

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NO

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NO

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Des
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Apr 2019 10:00	NRIC/ Driving License	Normal	NRIC/ Driving
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Apr 2019 09:57	SAS	Normal	SAS
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Apr 2019 09:57	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Apr 2019 09:57	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Apr 2019 09:57	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Apr 2019 09:57	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Apr 2019 09:56	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Apr 2019 09:56	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Apr 2019 09:56	Photos	Normal	Photos
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Apr 2019 09:56	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Apr 2019 09:56	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Apr 2019 09:56	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Apr 2019 09:56	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Apr 2019 09:56	Photos	Normal	Photos
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Apr 2019 09:56	Photos	Normal	Photos