

# NATIONAL Assessment Centre Services.

part 1 Jan'03 MMA 119061310

Date In: 11/5/19 14:39	Job description	Date & Time Completed	Done by
Ref No: MA11MC19008366164	SAS e-filing		
Veh No: YP 7435C	E-mail (within 5hrs, AIC 2hrs)		
DDA: 10/5/19 15:10	I-Motor Claim Form	MT/1044038-001	11/5/19 15:19
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:	Veh No: SJT23K	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: 07986016)	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

MA1903342	Invoice Description	Amount (\$)	Balance (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$30);	30.00	
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
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 claiming against INC Only (wef 10 Jan 2003)		
Sal 1:	6) TK: Re-inspection \$75		
Sal 2/3:	7) NI: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	OD:		
	*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 (SSon 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	11/05/2019 14:39
Date Of Accident	10/05/2019 15:10
Exact Location Of Accident	12 KAKI BUKIT PLACE
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	YP7435C
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CES LAMINATION PTE. LTD.
Co Reg No	201202583K
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-82288098
Alternative Phone No	OFFICE-67474384
<b>Vehicle Particulars</b>	
Manufacturer	HINO
Model	-
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
<b>Insurance Company</b>	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5094808013-01
Cover Note Number	-
<b>Driver</b>	
Name of Driver	MUTHU MATHAVAN
NRIC No	G8487171R
Date Of Birth	02/02/1986
Occupation	OUTDOOR
Date Of Driving Pass	26/04/2017
Driving Experience	2 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83893678
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 48 CIRCUIT RD #01-735
Postcode	370048
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?	
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 DOING DELIVERY AT THE 12 KAKI BUKIT PLACE. MY VEH WAS PARKED INSIDE THE NO 12 BUILDING WITH THE TAIL GATE WERE OPEN, WHEN A VEH INTEND TO PARKED INTO THE NO 12 BUILDING, I MOVE OUT MY LORRY FROM THE BUILDING TO LET THE VEH MOVE IN, WHEN THE VEH ALREADY PARKED INTO THE BUILDING, I STARTED TO SLOWLY REVERSING BACK TO THE BUILDING. AT THE SAME TIME, VEH B (BEARING NO SJT23K) ALSO REVERSING OUT FROM THE NO 10 BUILDING (BESIDE NO 12 BUILDING) TO THE MAIN ROAD. AS THE RESULT, WE BOTH VEH COME TO A MINOR COLLISION.

#### 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	SJT23K
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

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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.

**CES LAMINATION PTE LTD**

Blk 12 Lorong Bakar Batu #02-07  
Singapore 348745

Tel: 6747 4384/85 Fax: 6747 4382  
Email: ceslamination@gmail.com

Policyholder's Signature

Date & Time:

*Madhavan*

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.

**CES LAMINATION PTE LTD**

Blk 12 Lorong Bakar Batu #02-07  
Singapore 348745

Tel: 6747 4384/85 Fax: 6747 4382  
Email: ceslamination@gmail.com  
Date & Time:

*Madhavan*

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

*[Signature]*

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



**REPUBLIC OF SINGAPORE DRIVING LICENCE**

Licence Number: **G8487171R**

Name: **MUTHU MATHAVAN**

Birth Date: **02 Feb 1986**  
 Issue Date: **07 Jul 2016**  
 Valid Till: **04/08/2021**

0025855570



**S PASS**  
 Employment of Foreign Manpower Act (Chapter 91A)  
 Republic of Singapore

Employer: **GES LAMINATION PTE. LTD.**

Name: **MUTHU MATHAVAN**

S Pass No. **Q 34751773** Sector: **MANUFACTURING**

K1144710



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

Class	Description	Effective Date
Class 2B	Motorcycles <= 200 CC	05 Aug 2011
Class 3	Motor cars <= 3600 kg with <= 7 passengers, exclusive of the driver, and motor tractors/vehicles <= 2500 kg	05 Aug 2011
Class 4	Heavy motor cars and motor tractors > 2500 kg	26 Apr 2017

S / No. 9000258983

C2487171R

NP 428A

Licence No: G8487171R

**VISIT PASS**  
 Immigration Regulations

Name: **MUTHU MATHAVAN**

FIN: **G8487171R**

Date of Birth: **02-02-1986** 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




## 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 :** 5094808013-01

**Cover :** Comprehensive

- |   |                            |
|---|----------------------------|
| 1. Index mark and Registration Number of Vehicle  | : YP7435C                  |
| Chassis Number  | : JHHUCS3H20K022637        |
| 2. Name of Policyholder   | : CES LAMINATION PTE. LTD. |
| 3. Effective Date of Insurance  | : 06 Oct 2018              |
| 4. Expiry Date of Insurance   | : 05 Oct 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	: UNITED OVERSEAS BANK LIMITED
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 : ASSURE PTE. LTD. (00000572842)  
Date of Issue : 03 Sep 2018 21:02 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive



## Claim Handling

Accident MT/1044038

Policy No.	5094808013-01	Vehicle No.	YP7435C	GST Registration No.	
Certificate No.					
Policyholder Name	CES LAMINATION PTE. LTD.			Policyholder NRIC	201201
Product Code	COMMERCIAL VEHICLE INSURAN	Cover Type	Comprehensive	Loading	0
Contact No. (Mobile)	82288098	Contact No. (Office)		Contact No. (Home)	
Email Address		Special Remark		eCode	No
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	10	Private Hire	No

## ▼ Accident Details

Report Date	11/05/2019 15:16	Accident Report Within 24 hrs	Yes	Accident Type	Others
Date of Accident	10/05/2019	Time of Accident hh:mm	15:10	Country of Accident	Singap
Reporting Centre		Orange Force		ICM No.	
Accident Location	12 KAKI BUKIT PLACE				

## ▼ 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

Coverage		Sum Insured	
Accessory		3500	

## ▼ GST Registered Information

GST Registered	Yes	GST Registration Date	01/06/2012
GST Registration No.	201202583K	GST Status Verified	Yes
Modification History	11/05/2019 15:18:28 System changed GST Registration No. from null to 201202583K 11/05/2019 15:18:28 System changed GST Registration Date from null to 01/06/2012 11/05/2019 15:18:28 System changed GST Status Verified from No to Yes		

## ▼ Policyholder Mailing Address

Address 1	12 LORONG BAKAR BATU	Address 2	#02-07	Address 3	SINGA
Address 4		Address Type	Singapore address	Post Code	348741
Unit No.	02-07	Related Policy Number	5077884313-03		

## ▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	MUTHU MATHAVAN	Driver NRIC	G8487171R	Driver DOB	02/02/
Register Date of Driver License	26/04/2017	Driver Age	33	Driving Experience	2
Contact No. (Mobile)	83893678	Contact No. (Office)		Contact No. (Home)	
Address 1	BLK 48 #01-735	Address 2	CIRCUIT ROAD	Address 3	MACPH
Address 4	SINGAPORE 370048	Address Type	Singapore address	Post Code	370041
Unit No.	01-735				
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 *	OD-MX	Insured Name	CES LAMINATION PTE. LTD.
Contact No. (Mobile)	90111861	Contact No. (Home)	
Email Address		Vehicle Number	YP7435C
Claim Description	YP7435C / SJT23K ON 10 May 2019		
Preferred Workshop	0	Insured Liability	Partially at Fault
Source No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
Report Taken By		Claim Close Date	11/05/2019 15:19
			LIEW SHAN HUI

☒ Print AK letter

Save Submit

## Attachment

Accident No.  
Last Doc. Received

MT/1044038  
☒ Yes ☐ No

Claim No.  
Upload Date

001  
11/05/2019 15:19

Path \*

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Message Read

Clear

Category \*

Confidential

Urgency \*

Clear

Please Select

NO

Normal

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NO

Normal

Clear

Please Select

NO

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NO

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Clear

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NO

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Please Select

NO

Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 11 May 2019 15:19	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-5-11
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 11 May 2019 15:19	SAS	Normal	SAS 2019-5-11
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 11 May 2019 15:19	Photos	Normal	Photos 2019-5-11
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 11 May 2019 15:19	Photos	Normal	Photos 2019-5-11
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 11 May 2019 15:19	Photos	Normal	Photos 2019-5-11
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 11 May 2019 15:19	Photos	Normal	Photos 2019-5-11

Video List

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