

# NATIONAL Assessment Centre Services

2004-1 Jan 2015

19 MAY 2019 08:57:00

Date to: 01/07/2019 18:57	Job description	Date & Time Completed	Done by
Ref No: N88/mc190116487	SAS e-ling		
Veh No: GR 65147	E-mail (within 4hrs, AIC 2hrs)		
D.O.A: 28/06/2019 12/46	i-Motor Claim Form	MT/105151400	01/07/2019 19:34
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: SLV5161C	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: (INC hotline: 6788 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

<p>NA1904943</p> <p>Claimant's Particulars:</p> <p>Driver/Owner:</p> <p>Contact No:</p> <p>Damaged Portion:</p> <p>QC Checked by (Engr-In-Charge):</p> <p>Auditors' Comments:</p> <p>Cal J:</p> <p>Cal 2/3</p> <p>1/1/1</p>	Invoice Preparation Checklist		Am't (\$)	Am't (\$)
	1) AR: Accident Reporting (\$30)			
	2) DA: Damage Assessment (\$100); INC (\$80)			
	3) TP: Towing Fee \$40/\$45			
	4) FT: Follow-Through Survey \$120			
	5) FT: Follow-Through Survey (Resurvey) \$30			
	Engr claimant against INC Only (waf 10 Jan 2015)			
	6) TR: Re-inspection \$75			
	7) NI: (dau DA + SMRT Survey) \$160			
	8) NTUC Additional Services:			
*N3: Courtesy Car / Tpl Allowance \$5				
*N6: Repair Co-ordination \$10				
*N7: Post Repair Inspection \$25				
*N8: DV / Collect Excess Coordination \$5				
TP (N11): TP (N10 INC) against INC \$20				
N12: Idle Mobile \$0				
Invoice dated		Pen Charged		
Invoice dated		Fee Charged		

07-MAY-2019 18:39



## 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	01/07/2019 18:57
Date Of Accident	28/06/2019 12:40
Exact Location Of Accident	ALONG JALAN BUKIT MERAH (NEAR ESSO PETROL STATION)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GR6574T
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LAKSHIMI VILAS RESTAURANT
Co Reg No	04653300A
Email Address	GOWTHAM_23@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-94503029
Alternative Phone No	OFFICE-62720537

### Vehicle Particulars

Manufacturer	MITSUBISHI
Model	L300
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	THIRD PARTY
Fleet Policy	NO
Policy Number	5108572331
Cover Note Number	

### Driver

Name of Driver	ELANGO ARCHUNAMOORTHY
Passport No/FIN	G6286004P
Date Of Birth	02/03/1986
Occupation	OUTDOOR
Date Of Driving Pass	29/09/2010
Driving Experience	8 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94503029
Fax Number	
Contact Number	OFFICE-62720537
EMail Address	GOWTHAM_23@HOTMAIL.COM

Address -

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 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? 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

PLEASE REFER TO SKETCH PLAN

#### 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 SLV5161C

Vehicle Make/Model/Colour HONDA STREAM

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver LIM KAI LIANG KEN

NRIC/Passport Number S6837762E

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.
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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:

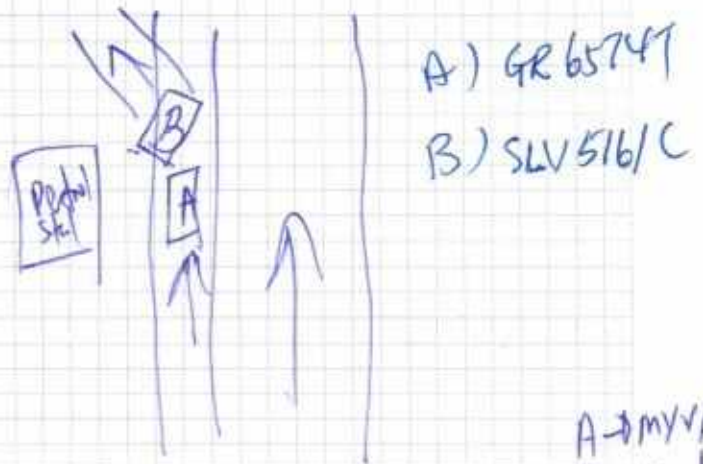
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

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 Along Jalan Bukit Merah (ESSO Pump Station)



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along the straight road along Jalan Bukit Merah on 28th June 2019 around 1200hrs. As I was attempting to make a left turn towards the Henderson Road, the mentioned car came out of the petai station suddenly though I was already in the main traffic lane and caused me to jam break. It was too late and the van brushed at his right side of the car.

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.:



## Claim Handling

Accident MT/1051374

Policy No.	5108572335	Vehicle No.	GR6574T	GST Registration No.	
Certificate No.					
Policyholder Name	LAKSHMI VILAS RESTAURANT			Policyholder NRIC	04653300A
Product Code	COMMERCIAL VEHICLE INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	NA	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KPK	<input type="checkbox"/> No <input type="checkbox"/> Yes	TCA	<input type="checkbox"/> No <input type="checkbox"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	10	Private Hire	No

## Accident Details

Report Date	01/07/2019 17:50	Accident Report Within 24 hrs	Yes	Accident Type	Unknown
Date of Accident	28/06/2019	Time of Accident hh:mm	12:30	Country of Accident	Singapore
Reporting Centre		Orange Fork		ICM No.	
Accident Location	NA				

## Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	0.00		
OD Standard Excess	0.00	TP Standard Excess	0.00		
VED OD Excess		VED TP Excess		Driver is Covered?	Not Applicable
Additional Excess					
Total OD Excess Applicable	0.00	Total TP Excess Applicable	0.00		

## Benefits

## GST Registered Information

GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History	01/07/2019 17:51:09 System changed GST Status Verified from No to Yes				

## Policyholder Mailing Address

Address 1	18 HORSE ROAD	Address 2	#01-203	Address 3	SINGAPORE 099228
Address 4		Address Type	Singapore address	Post Code	099228
Unit No.		Related Policy Number	5108572335		

## DI Driver Info

Driver Name		Driver Type		Driver DOB	
Unnamed driver Name		Driver NRIC		Driving Experience	
Register Date of Driver License		Driver Age		Contact No.(Office)	
Contact No.(Mobile)		Contact No.(Office)		Address 3	
Address 1		Address 2		Post Code	
Address 4		Address Type	Foreign address		
Unit No.					
Does he own a Singapore Registered car?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Driver Vehicle No.		Driver Insurer Company	

## Modification History

Claim 002 New

Claim Type *	OD-MX	Insured Name	LAKSHMI VILAS RESTAURANT	Insured NRIC	04653300A
Contact No.(Mobile)		Contact No. (Home)		Contact No. (Office)	82720537
Email Address		OT Vehicle Number	GR6574T	TP Vehicle Number	SLV5155C
Claim Description	GR6574T / SLV5155C ON 28 JUN 2019				
Preferred Workshop		Insured Liability	Fully at Fault	GIA report	Received
Repair Option	Yes <input type="checkbox"/> No <input type="checkbox"/>	Preferred Workshop, Name unknown			
Date Registered		Claim Close Date	01/07/2019 19:22	Date Received	01/07/2019 00:00
Report Taken By			ROSLI WAHAB		

Print AX letter

Save Submit

## Attachment

Accident No.	MT/1051374	Claim No.	002
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	01/07/2019 19:34
Path *		Category *	Confidential
Choose File	No file chosen	Urgency *	Normal
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			

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)
	NAC_BUKIT_MERAH_800676c NATIONAL ASSESSMENT CENTRE SERVICE 3 (BUKIT MERAH) on 01 Jul 2019 19:34	SAS	Normal	SAS 2019-7-3	
	NAC_BUKIT_MERAH_800676c NATIONAL ASSESSMENT CENTRE SERVICE 3 (BUKIT MERAH) on 01 Jul 2019 19:34	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-7-1	
	NAC_BUKIT_MERAH_800676c NATIONAL ASSESSMENT CENTRE SERVICE 3 (BUKIT MERAH) on 01 Jul 2019 19:22	Photos	Normal	Photos 2019-7-1	

7/1/2019

## Claim Handling( Claim Task )

NAC\_BUKIT\_MERAH\_800676( NATIONAL ASSESSMENT CENTRE SERVICE  
S (BUKIT MERAH)) on 01 Jul 2019 19:22

Photos

Normal

Photos 2019-7-1

NAC\_BUKIT\_MERAH\_800676( NATIONAL ASSESSMENT CENTRE SERVICE  
S (BUKIT MERAH)) on 01 Jul 2019 19:22

Photos

Normal

Photos 2019-7-1

NAC\_BUKIT\_MERAH\_800676( NATIONAL ASSESSMENT CENTRE SERVICE  
S (BUKIT MERAH)) on 01 Jul 2019 19:22

Photos

Normal

Photos 2019-7-1

NAC\_BUKIT\_MERAH\_800676( NATIONAL ASSESSMENT CENTRE SERVICE  
S (BUKIT MERAH)) on 01 Jul 2019 19:22

Photos

Normal

Photos 2019-7-1

NAC\_BUKIT\_MERAH\_800676( NATIONAL ASSESSMENT CENTRE SERVICE  
S (BUKIT MERAH)) on 01 Jul 2019 19:22

Photos

Normal

Photos 2019-7-1

Video List

Uploaded By/Date

Folder Date

File Name



Source

Action

Display in New Window

Scan and uploading

# ACCIDENT STATEMENT

ACCIDENT DATE: 28/06/2019 (DD/MM/YYYY), TIME: 12:41 (HH:MM)

LOCATION: ALONG Jln Prawn Ambok, ESSO Petrol station

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GR6574T  
 b) INSURANCE COMPANY: NTUC Income  
 c) POLICY NUMBER: 5108572331  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: VAN  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: Delivery  
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)  
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

## 2. INSURED / POLICY HOLDER

- a) NAME: JAYARAMAN MANJARAN (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S26479607 CONTACT: 94502029  
 c) ADDRESS: TELOK BLANCAH DRIVE BIK 53 #08-74  
S: 10053

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

## DRIVER

- a) NAME: ELANGO ARCHUNA MOORTHY (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: G6286004D CONTACT: 62720537  
 c) ADDRESS: CAKSHI VILAS PESTICIDAL WORKS ROAD  
BIK 16 #204 S: 099228  
 \* d) DATE OF BIRTH: 02/03/1986 (DD/MM/YYYY)  
 e) OCCUPATION: (INDOOR / OUTDOOR)  
 f) DATE OF DRIVING PASS: 01/09/2015

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Worker

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) Clear

b) ROAD SURFACE: (DRY / WET / OTHERS) dry

6. WAS ANYBODY INJURED (YES/NO)

7. a) REPORTED TO POLICE (YES/NO)

IF YES, PLEASE STATE WHICH POLICE STATION:

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SLV5161C MODEL: HONDA stream  
 b) DRIVER'S NAME: LIM KAI LIANG KEN  
 c) NRIC/FIN/PASSPORT: S6837762E CONTACT: Declined to give

## 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_  
 e) DRIVER'S NAME: \_\_\_\_\_  
 f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

\* No of passenger  
 (including driver)  
(1)

\* No of passenger  
 (including driver)  
( )

\* No of passenger  
 (including driver)  
( )

email = Gowtham\_23@hotmail.com  
 VIDEO



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

Employer:  
**LAKSHMI VILAS RESTAURANT**

Service: **SERVICE**

Name:  
**ELANGO ARCHUNAMOORTHY**

Occupation:  
**COOK, RESTAURANT**

S Pass No.:  
**0 3498865-**

Date of Application:  
**03-01-2018**

Date of Issue:  
**07-02-2018**

Date of Expiry:  
**07-02-2020**

**For LKK/NAC Use Only**

**L8603376**

**REPUBLIC OF SINGAPORE** **DRIVING LICENCE**

Licence Number: **G6286004P**

Name:  
**ELANGO ARCHUNAMOORTHY**

**For LKK/NAC Use Only**

Birth Date: **02 Mar 1986**

Issue Date: **01 Sep 2015**

Valid Till: **28/09/2020**

**SG 50**

**VISIT PASS**  
Immigration Regulations

Name:  
**ELANGO ARCHUNAMOORTHY**

**For LKK/NAC Use Only**

Date of Birth: **02-03-1986** Sex: **M** Nationality: **INDIAN**

Pin: **06286004P** Date of Issue: **07-02-2018** Date of Expiry: **07-02-2020**

**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.**

**YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:**

Class	Vehicle Class	Effective Date	End Date
Class 1B	MOTORCYCLES NOT EXCEEDING 200 CC	29 Aug 2018	0
Class 1	MOTOR CARS AND MOTOR TRACTORS THE WEIGHT WHICH UNLADEN DOES NOT EXCEED 200 KILOGRAMS	29 Aug 2018	5

**For LKK/NAC Use Only**

S / No. 9000252173

**NP 428A**

Licence No: **G6286004P**

Hello, NAC\_BUKIT\_MERAH\_800676

[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="28/06/2019 15:35"/>
Vehicle No. (For Motor)	<input type="text" value="GR6574T"/>	Certificate Number	<input type="text"/>
<input type="button" value="Search"/>			

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5108572331		LAKSHIMI VILAS RESTAURANT	04653300A	GCV	Third Party	GR6574T	GR6574T	06/04/2019	05/04/2020