

NATIONAL Assessment Centre Services.

[ver 1 Jan'03]

MNA 119099255

Date In: 29/7/19 17:50	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NAI INC19013300164	E-mail (within 3hrs, AIC 2hrs)		
Veh No: YN 4836 J	I-Motor Claim Form	MT11055525-001	29/7/19 20:00.
D.O.A: 29/7/19 16:00	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
OD: TP: Reporting Only	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wkspt		

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:

Veh No:

SHC 62922

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

MNA1905596

Claimant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:

Ref: 1

2/3

Invoice Itemization	Charged (\$)	Inc (\$)	Mod (\$)
1) AR: Accident Reporting (\$30);	3000		
2) DA: Damage Assessment (\$100);		INC (\$80)	
3) TP: Towing Fee	\$40/\$45		
4) PT: Follow-Through Survey	\$120		
5) PT: Follow-Through Survey (Resurvey)	\$30		
For claiming against INC Only (wef 10 Jan 2003)			
6) TR: Re-inspection	\$75		
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 (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	29/07/2019 17:50
Date Of Accident	29/07/2019 16:00
Exact Location Of Accident	STILL RD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	YN4836J
Insured/Policyholder	
Name Of Registered Owner	PRO-WERKZE (S) PTE. LTD.
Co Reg No	200722390K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62940018
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	FUSO
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	5111432417
Cover Note Number	-
Driver	
Name of Driver	AYYASAMY KARTHIK
NRIC No	G7884874Q
Date Of Birth	25/05/1984
Occupation	OUTDOOR
Date Of Driving Pass	05/12/2018
Driving Experience	0 YEAR AND 7 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-81573143
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	3 ANG MO KIO STREET 62 #04-17
Postcode	569139
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)	2
Passenger 1	NAME: : UNKNOWN
	GENDER: : MALE

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 DRIVING ALONG STILL RD WHEN I SWITCH ON MY RIGHT INDICATOR AND SLOWLY FILTER INTO RIGHT LANE, SUDDENLY VEH B COME FROM RIGHT LANE AND HIT 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	SHC6292Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
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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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**.
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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.

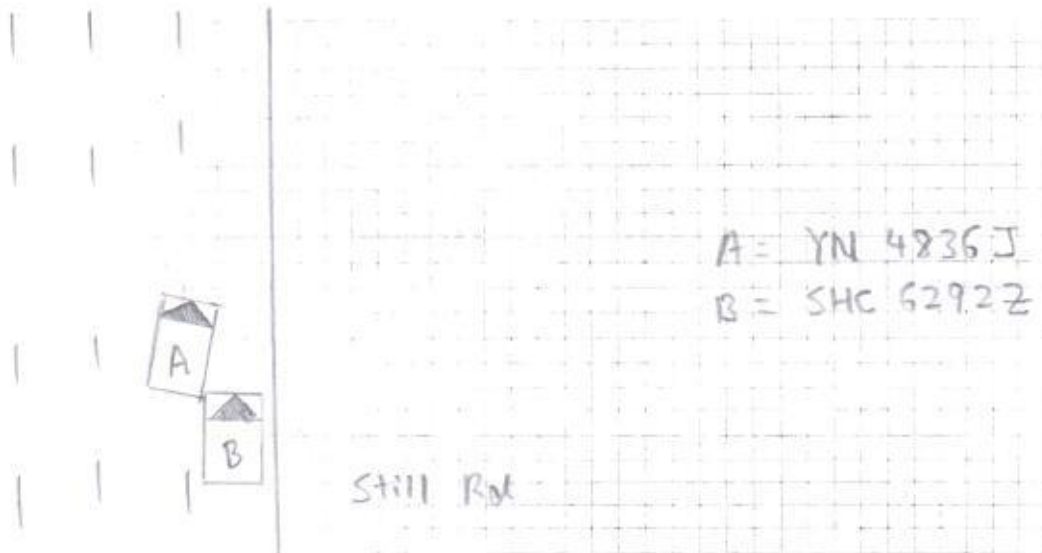


Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



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:

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: **G7884874Q**

APPASAMY KARTHIK

Birth Date: **25 May 1984**
 Issue Date: **05 Dec 2018**
 Valid Till: **04/12/2023**

002877908A

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

Employer:
PRO-WERKZE (S) PTE. LTD.

Name:
APPASAMY KARTHIK

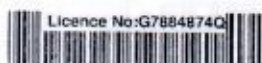
Work Permit No.: **0 33565372** Sector:
CONSTRUCTION

K0056774

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES)

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 $\leq 2500\text{kg}$ **05 Dec 2018**



VISIT PASS
 Immigration Regulations

Name:
APPASAMY KARTHIK

FIN:
G7884874Q

Date of Birth: **25-05-1984** 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.

Hello, NAC_PAYA_UBI_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No.

Date of Accident

Vehicle No. (For Motor)

Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5111432417		PRO-WERKZE (S) PTE. LTD.	200722390K	GCV	Comprehensive	YN4836J	YN4836J	27/07/2019	26/07/2020

Claim Handling

The premium on this policy has not been collected.

Accident MT/1055525

Policy No.	5111432417	Vehicle No.	YN4836J	GST Registration No.
Certificate No.				
Policyholder Name	PRO-WERKZE (S) PTE. LTD.			Policyholder NRIC
Product Code	COMMERCIAL VEHICLE INSURANCE	Cover Type	Comprehensive	Loading
Contact No.(Mobile)	62940018	Contact No.(Office)		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(%)	10	Private Hire

▼ Accident Details

Report Date	29/07/2019 19:53	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	29/07/2019	Time of Accident hh:mm	16:00	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	STILL RD			

▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00	
OD Standard Excess	600.00	TP Standard Excess	0.00	
YIED OD Excess	1000.00	YIED TP Excess	0.00	Driver is Covered?
Additional Excess				
Total OD Excess Applicable	1600.00	Total TP Excess Applicable	0.00	

▼ Benefits

▼ GST Registered Information

GST Registered	Yes	GST Registration Date	01/02/200
GST Registration No.	200722390K	GST Status Verified	Yes
Modification History	29/07/2019 19:55:18 System changed GST Status Verified from No to Yes		

▼ Policyholder Mailing Address

Address 1	3 ANG MO KIO STREET 62	Address 2	#04-17 LINK@AMK	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5111432417	

▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	AYYASAMY KARTHIK	Driver NRIC	G7884874Q	Driver DOB
Register Date of Driver License	05/12/2018	Driver Age	35	Driving Experience
Contact No.(Mobile)	81573143	Contact No.(Office)		Contact No.(Home)
Address 1	3 ANG MO KIO STREET 62	Address 2	#04-17 LINK@AMK	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	04-17			
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insurer Comp.

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	PRO-WER
Contact No.(Mobile)		Contact No.(Home)	
Email Address	prowerkze@yahoo.com.sg	Vehicle Number	YN4836J
Claim Description	YN4836J / SHC6292Z ON 29 Jul 2019		
Preferred Workshop	0	Insured Liability	Fully at Fault
Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	29/07/2019 19:59	Claim Close Date	

Report Taken By

LIEW SHAN HUI

☒ Print AK letter

Save

Submit

Attachment



Accident No.	MT/1055525	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	29/07/2019 20:00
Path *		Category *	Confidential
<input type="button" value="Choose File"/> No file chosen		<input type="button" value="Clear"/> Please Select ▼	<input type="button" value="NO"/> ▼
<input type="button" value="Choose File"/> No file chosen		<input type="button" value="Clear"/> Please Select ▼	<input type="button" value="NO"/> ▼
<input type="button" value="Choose File"/> No file chosen		<input type="button" value="Clear"/> Please Select ▼	<input type="button" value="NO"/> ▼
<input type="button" value="Choose File"/> No file chosen		<input type="button" value="Clear"/> Please Select ▼	<input type="button" value="NO"/> ▼
<input type="button" value="Choose File"/> No file chosen		<input type="button" value="Clear"/> Please Select ▼	<input type="button" value="NO"/> ▼
<input type="button" value="Choose File"/> No file chosen		<input type="button" value="Clear"/> Please Select ▼	<input type="button" value="NO"/> ▼
<input type="button" value="Message Read"/>		<input type="button" value="Clear"/> Please Select ▼	<input type="button" value="NO"/> ▼

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 29 Jul 2019 20:00	NRIC/ Driving License	Normal	NRIC/ Driving Li
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 29 Jul 2019 20:00	SAS	Normal	SAS 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 29 Jul 2019 20:00	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 29 Jul 2019 20:00	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 29 Jul 2019 20:00	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 29 Jul 2019 19:59	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 29 Jul 2019 19:59	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 29 Jul 2019 19:59	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 29 Jul 2019 19:59	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 29 Jul 2019 19:59	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 29 Jul 2019 19:59	Photos	Normal	Photos 2

Video List

Uploaded By/Date	Folder Date	File Name	
		<input type="button" value="Display in New Window"/>	<input type="button" value="Scan and uploading"/>