

NATIONAL Assessment Centre Services					
Date In:	JOB Description	Date & Time Completed	Done by		
Ref No:	SAS e-filing				
Veh No:	E-mail (within 8hrs, AIC 2hrs)				
D.O.A.	I-Motor Claim Form				
OD :	I-Motor W/O (Within: OD 2hrs, TP 4hrs)				
(TP) Reporting Only	i-Photo Uploaded				
TP Insurer:	Assessment/Survey Report				
	Ass't Report by Fax / Hand to Owner/Wksp				
Preferred Wksp/MNC Assign Wksp/QW:()		Tel:	Fax:	()	
TP Particulars:	Veh No:	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:				
Claimant's Particulars:		Invoice Preparation Checklist		Amt (\$) In Bill	Amt (\$) Add.Bill
Driver/Owner:		1) AR: Accident Reporting (\$30);			
Contact No:		2) DA: Damage Assessment (\$100); INC(\$80)			
Damaged Portion:		3) TP: Towing Fee \$40/\$45			
		4) FT: Follow-Through Survey \$120			
		5) RT: Follow-Through Survey (Resurvey) \$30			
		For claiming against INC Only (wef 10 Jan 2005)			
		6) TR: Re-inspection \$75			
		7) NI: Idm DA + SMRT Survey \$160			
		8) NTUC Additional Services:			
		N3: Courtesy Car / Tpl Allowance \$5			
		N6: Repair Coordination \$10			
		N7: Post Repair Inspection \$25			
		N8: DV / Collect Excess Coordination \$5			
		TP(NII): TP (Nil ING) Against INC \$20			
		N12: Idm Mobile 30			
		Invoiced date:	Paid Charged		
		Invoiced time:	Paid Charged		
Auditors' Comments:					
Cal. 1:					
Cal. 2/3:					
1/1'd					

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	05/08/2019 14:54
Date Of Accident	02/08/2019 19:15
Exact Location Of Accident	AMOY STREET TOWARDS BOON TAT STREET
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF8888Y
Insured/Policyholder	
Name Of Registered Owner	SAFE ENGINEERING SERVICES PTE LTD
Co Reg No	201006883M
Email Address	SALES@MIA.COM.SG
Mobile Phone No	(LOCAL) +65-82831744
Alternative Phone No	OFFICE-82831744

Vehicle Particulars

Manufacturer	NISSAN
Model	NV350
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	THIRD PARTY
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	5110138625
Cover Note Number	

Driver

Name of Driver	MURUGESAN MANIKANDAN
Passport No/FIN	G2270728R
Date Of Birth	05/04/1991
Occupation	OUTDOOR
Date Of Driving Pass	12/03/2015
Driving Experience	4 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82831744
Fax Number	
Contact Number	OTHERS-82831744
EMail Address	SALES@MIA.COM.SG

Address 5C FIGARO STREET
 Postcode 458329
 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) 6
 Passenger 1
 NAME: : MYO MYINT
 GENDER: : MALE
 Passenger 2
 NAME: : NAY LIN TUN
 GENDER: : MALE
 Passenger 3
 NAME: : SOE MIN NAING
 GENDER: : MALE
 Passenger 4
 NAME: : ZAY YAR MAVNG
 GENDER: : MALE
 Passenger 5
 NAME: : AYE MIN AUNG
 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

PLEASE REFER TO SKETCH PLAN

Attachment(s)

Are accident photos available for attachment? YES
 Was there any video captured by Car Camera? YES
 Remarks/ Reasons: WITH OWNER
 Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKW2584S
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.



Policyholder's Signature
Date & Time:

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

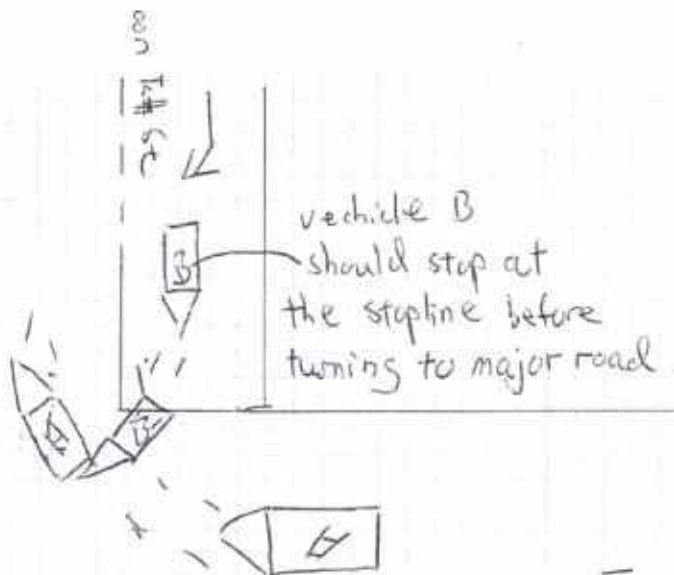
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN

AGBF8888Y
B SKW 2584S



Amoy St

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving at Amoy St Turning in to Boon Tat St Suddenly I felt a impact from my right rear side and I stopped my vehicle and alighted and saw vehicle B have collided on to my vehicle she never stop and move off than a motorcyclist in that time was behind vehicle B he take photo and give me the vehicle num plate

DECLARATION

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



Policyholder's Signature
Date & Time:

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

[Signature] 05/08/2018
Reporting Centre Personnel's Signature
Name: *Rashid*
NRIC/FIN No.:

Accident HT / 1496457

Claim 001	None
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Save Submit

Additional Resources

Accident No.	HT/2016412	Claim No.	091		
Last Rec. Received	Yes No	Upload Date	05/06/2019 15:44		
<div>Choose File No file chosen</div> <div>Choose File No file chosen</div> <div>Choose File No file chosen</div> <div>Choose File No file chosen</div> <div>Choose File No file chosen</div> <div>Choose File No file chosen</div> <div>Repage Road</div>	Path *	<div>Clear</div> <div>Category *</div> <div>Confidential</div> <div>Urgency *</div> <div>Description *</div>	<div>Clear</div> <div>Please Select</div> <div>ND</div> <div>Normal</div> <div></div> <div>Clear</div> <div>Please Select</div> <div>NO</div> <div>Normal</div> <div></div> <div>Clear</div> <div>Please Select</div> <div>NO</div> <div>Normal</div> <div></div> <div>Clear</div> <div>Please Select</div> <div>NO</div> <div>Normal</div> <div></div> <div>Clear</div> <div>Please Select</div> <div>NO</div> <div>Normal</div> <div></div> <div>Clear</div> <div>Please Select</div> <div>NO</div> <div>Normal</div> <div></div>		
<div>Attachment List</div> <div>Send Message</div>					
Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)
	NAC_BUKIT_MERAH_B00676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 05 Aug 2019 13:44	Photos	Normal	Photos 2019-0-5	
	NAC_BUKIT_MERAH_B00676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 05 Aug 2019 13:44	Photos	Normal	Photos 2019-0-5	

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 05 Aug 2019 15:44

Photos

Normal

Photos 2019-8-5

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 05 Aug 2019 15:44

Photos

Normal

Photos 2019-8-5

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 05 Aug 2019 15:44

Photos

Normal

Photos 2019-8-5

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 05 Aug 2019 15:43

Photos

Normal

Photos 2019-8-5

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 05 Aug 2019 15:43

Photos

Normal

Photos 2019-8-5

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 05 Aug 2019 15:43

Photos

Normal

Photos 2019-8-5

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 05 Aug 2019 15:43

SAS

Normal

SAS 2019-8-5

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 05 Aug 2019 15:43

NRIC/ Driving License

Normal

NRIC/ Driving License 2019-8-5

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 05 Aug 2019 15:43

NRIC/ Driving License

Normal

NRIC/ Driving License 2019-8-5

Video List

Uploaded By/Date

Folder Date

File Name



Source

Action

Display in New Window

Scan and Uploading

Date of Accident : 02 Aug 2019 Accident Time: 1915 (24-HR-Format)
 Accident Place : Amoy St To Boon Tat St
 Vehicle No. (Car Plate No.) : 6BF 8887 Make/Model: Nissan NV 350
 Insurance Company : NTUC Policy No: 5110138625
 Owner or Company Name / IC No. : Safe ENERL SVCS PL 20100683M
 Owner or Company Contact No. : 94555565 Owner's Hp _____ Company Tel _____
 DRIVER'S Name / IC No. : Murugesan Manikandan 03600892-
 DRIVER'S Date Of Birth : 05 APR 1991 DRIVER'S License Pass Date 12 Mar 2015
 Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling (Employee) Others: _____
 DRIVER'S Address : Se figure street (458329)
 DRIVER'S Contact No./ Alt No. : 1) _____ 2) 82831744
 DRIVER'S Occupation : INDOOR (OUTDOOR) (e.g. working inside or outside office)
 Email Address : _____ sales@mia.com.sg
 Weather & Road Surface : (CLEAR & DRY) RAINING & WET \ AFTER RAIN & WET
 Reporting Type : Reporting Only (Claim Other Party) Claim Own Insurance
 Number of Passengers (Including Driver): 01 driver 05 passengers
 Was there any video Captured by car camera: (YES) NO ☒
 Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose
 Any Injury (If YES, Pls state): CT

Other Party Driver's Particular (if any)

Vehicle No: <u>SKW 25845</u>	Vehicle No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver/Contact: _____	IC No. Driver/Contact: _____

*** NEW - Passenger's name & gender:**

Passengers 01 - Myo Myint
 02 - Nay Lin Tun
 03 - ~~She~~ Soe Min Naing
 04 - Zay yar Maing

05 - Aye min Aung



WORK PERMIT

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

Employer
SAFE ENGINEERING SERVICES PTE. LTD.

For LKK/NAC Use Only



Name
MURUGESAN MANIKANDAN

Work Permit No.
O 3600892-

Sector:
CONSTRUCTION

15-10-19



281

118/119



K0034363

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: G2270728R

Name:

MURUGESAN MANIKANDAN

For LKK/NAC Use Only

Birth Date: 05 Apr 1991

Issue Date: 12 Mar 2015

Valid Till 11 Mar 2020



002404269J



VISIT PASS
Immigration Regulations

31-10-2017

Name
MURUGESAN MANIKANDAN

HP-82831744

FIN
G2270728R

Download SGWORKPASS
App to check status



Date of Birth Sex
05-04-1991 M

Nationality
INDIAN

For LKK/NAC Use Only



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 CLASS(ES)

Class 2B Motorcycles =< 200 cc

Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive
of the driver; and other motor vehicles =< 2500kg

EFFECTIVE DATE

12 Mar 2015

12 Mar 2015

For LKK/NAC Use Only

NP 428A



Licence No: G2270728R

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 : 5110138625

Cover : Comprehensive

- | | |
|---|-------------------------------------|
| 1. Index mark and Registration Number of Vehicle | : GBF8888Y |
| Chassis Number | : JN1MC2E2620002168 |
| 2. Name of Policyholder | : SAFE ENGINEERING SERVICES PTE LTD |
| 3. Effective Date of Insurance | : 19 Jun 2019 |
| 4. Expiry Date of Insurance | : 18 Jun 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\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
INSURE WITH COE	: YES
HIRE PURCHASE COMPANY	: HITACHI CAPITAL ASIA PACIFIC 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 : SININS AGENCY PTE. LTD. (00000615123)
Date of Issue : 04 Jun 2019 15:03 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: 2 MA 419 02451 Vehicle Registration No: G8F 8888 V

Name (as shown in NRIC): MURUGESAN MANIKANDAN NRIC/FIN/Passport No: 9 2270728P

(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate

Address: _____ Singapore ()

Contact (Tel): _____ Mobile No.: 82837464

Email Address: _____

Date of Accident: 05/08/2019 Time of Accident: 19:15

Place of Accident: AMOY STREET 7. TOWER BOOK 2A7 STREET

Insurance Company: UNIC

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

DRIVER NAME: MURUGESAN MANIKANDAN

Policyholder / Driver's Signature
Date:

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