

NATIONAL Assessment Centre Services

[wef 1 Jan'05] MHA/19/14200-01

Date In: 29/8/14 15:46	Job description	Date & Time Completed	Done by
Ref No: 40/NC 19015300/24	SAS e-filing		
Veh No: 42160126	E-mail (within 3hrs, A/C 2hrs)		
D.O.A: 29/8/14-10:15	i-Motor Claim Form	M7/1060071-00~	29/8/14 16:14
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: 4214164	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)	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

NA/19015300/24	Invoice Preparation Checklist		Am't (\$) Est Bill	Am't (\$) Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);			
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)			
Contact No:	3) TP: Towing Fee \$40/\$45			
Damaged Portion:	4) FT: Follow-Through Survey \$120			
	5) FT: Follow-Through Survey (Resurvey) \$30			
	For claiming against INC Only (wef 10 Jan 20/05)			
	6) TR: Re-inspection \$75			
	7) N1: Idac DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
	Q1:			
	*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 (N:n INC) against INC \$20			
	9) N12: Idac Mobile 30			
Auditors' Comments:-	Invoice dated	Fee Charged		
Cat 1:	Invoice dated	Fee Charged		
Cat 2/3:				

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	29/08/2019 15:46
Date Of Accident	29/08/2019 10:15
Exact Location Of Accident	AYE (TUAS) NEAR JURONG BIRD PARK
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	YN6012G
Insured/Policyholder	
Name Of Registered Owner	EVEREST SCAFFOLDING PTE LTD
Co Reg No	201326221N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	CANTER FEB21ER4SDEB (CBU)
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	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	5082691124-03
Cover Note Number	
Driver	
Name of Driver	NADESAN DHARMAR
Passport No/FIN	G2375814N
Date Of Birth	08/06/1991
Occupation	OUTDOOR
Date Of Driving Pass	29/01/2015
Driving Experience	4 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83516298
Fax Number	
Contact Number	OFFICE-83516298
Email Address	NOEMAIL

Address 1 NORTH BRIDGE ROAD
#07-10 HIGH STREET CENTRE

Postcode 179094

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 CHAIN COLLISION

Weather Conditions CLEAR

Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? YES

Foreign Vehicle Registration Number JHB1489 (COMMERCIAL VEHICLE)

Number of vehicles (including own vehicle) involved in the accident 5

Was any body injured in the Accident? YES

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) 2

Passenger 1 NAME: : SUNDARARAJU MANIKANDAN
GENDER: : MALE

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name HOUGANG NEIGHBOURHOOD POLICE POST

Police Station Address ROAD: BLK 357 HOUGANG AVENUE 7 #01-805 , POSTCODE: 530357 ,
COUNTRY: SINGAPORE

Police Station Contact TEL NO: 1800-2869999 - FAX NO: 63822066

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20190829/2072.

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 YN1416H

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number YM3541X
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category COMMERCIAL VEHICLE
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number JHB1489
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category COMMERCIAL VEHICLE
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number XB9707R
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category COMMERCIAL VEHICLE
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name NADESAN DHARMAR
Approximate Age
Injuries Sustain NECK & BACK

Injured person in which vehicle?	YN6012G
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	SUNDARARAJU MANIKANDAN
Approximate Age	
Injuries Sustain	NECK & BACK
Injured person in which vehicle?	YN6012G
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN

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. 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

DA: 29/8/19

A: YN 6012G

B: YN 1416H

C: YM 3541X

D: JHB 1489

E: XB 970TR



A4E

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report

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.:

Personal Particulars

Date of Accident: 29/8/19 Time of Accident: 10:15am
Exact Location of Accident: A/E
Owner's Name: Everest Scaffolding Pte Ltd NRIC No: _____ HP No: _____
Driver's Name: Nadesan Dhamar NRIC No: G2375814N HP No: S3516298
Date of Birth: 8/6/1991 Driving Licence Passing Date: 29/1/2015 Occupation: Indoor / Outdoor
Address: 1 North Bridge Rd #07-10 High St Centre (179094)
Relationship of Driver with Insured: Employee Email Address: _____
Vehicle No: YN 6012G Make & Model: Mit
Insurance Co: NTUC Coverage: Comprehensive Policy No: 5082691124-03

*Purpose of Reporting? ☒ Own Damage Claim / ☐ 3rd Party Claim / ☐ Not Claiming, Just Reporting Only

*Exact Purpose of The Vehicle Was Being Used At Time Of Accident: ☒ Private Use / ☐ Work

*Weather Condition? ☒ Clear / ☐ Raining / Others: _____ Wet / ☒ Dry / Others: _____

*Any passenger inside vehicle involved? (Yes / No) If yes, Vehicle No & How many pax:

A: 1 + 1 B: 1 + 0 C: _____ D: _____
man

*Was Anybody Injured? (Yes / No) If yes,

Name / NRIC / In Vehicle: Nadesan Dhamar neck & back
Rajumani neck & back

*Was The Accident Reported To The Police?

☐ No ☒ Yes, Which Police Station? _____

*Does the Driver Own Any Other Vehicle?

☐ No ☒ Yes, Vehicle Registration No: _____ Insurer: _____

*Was any foreign vehicle involved? (Yes / No) If yes, Vehicle No & Category: _____

*Was there any video captured by Car Camera? (Yes / ☒ No)

Third Party Driver's Particulars

Vehicle B No: YN 1416H Make & Model: _____
Driver's Name: _____ NRIC No: _____ HP No: _____
Vehicle C No: YN 3541X Make & Model: _____
Driver's Name: _____ NRIC No: _____ HP No: _____

Witness Particulars

Name: _____ NRIC No: _____ HP No: _____



SINGAPORE POLICE FORCE



T/20190829/2072

1 of 3

Report No. T/20190829/2072

Police Station Of Origin:
Hougang NPP
357 Hougang Avenue 7 #01-805
SINGAPORE 530357
Tel No: 1800-2869999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:
29/08/2019 13:03

Vide Report No.:

Station Diary No.:
16

Informant's Particulars

Name of Informant: NADESAN DHARMAR			Address: C/O EVEREST SCAFFOLDING PTE LTD SINGAPORE		
ID Type / ID No.: FIN NO / G2375814N			Contact No.: Home/Office: Mobile: 83516298		
Nationality: INDIAN			Email:		
Sex: Male	Age: 28	Date of Birth: 08/06/1991	Type of Informant: Driver		
Race: Indian			Language: English	Institution / School Name:	
Occupation: DRIVER			Driving Licence Information: Class: 2B,3		Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Foreign Vehicle	Drink Drive: No	Date/Time of Accident: 29/08/2019 10:15	Type of Location: Straight Road
Location: Along Road 1 AYER RAJAH EXPRESSWAY AYE towards Tuas (near Jurong Bird Park)				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Chain collision			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
JHB1489	Lorry					0
XB9707R	Lorry					0
YM3541X	Lorry					0
YN1416H	Lorry					0
YN6012G	Lorry	MITSUBISHI	CANTER FEB21ER4S DEB (CBU)	White		0



**SINGAPORE
POLICE FORCE**



T/20190829/2072

2 of 3

Report No. T/20190829/2072

Police Station Of Origin:
Hougang NPP
357 Hougang Avenue 7 #01-805
SINGAPORE 530357
Tel No: 1800-2869999

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No		Use of Pedestrian Crossing: NA	
No. of Pedestrians Injured: NIL			
Driver			
Name	NADESAN DHARMAR	ID No.	G2375814N
Related Vehicle	YN6012G (Lorry)	Contact No.	83516298
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 29/08/2019 at about 1015hrs, I was travelling along AYE on the third lane and there were multiple lorries in front of me. The lorry in front of me (YM3541X) braked as such I braked as well. All of a sudden, another lorry (YN1416H) behind me rear ended me causing me to surge forwards and hit onto the lorry in front of me. That lorry in turn hit the vehicle in front causing a multiple vehicle chain collision. There were 2 other lorries in front (XB9707R and Malaysian lorry: JHB1849) affected by the chain collision. I was not injured and got down to speak to the other drivers. No ambulance or police was called to scene. I do not have any in-car CCTV installed in my lorry. I have already reported the matter to my company. There were a total of 4 lorries excluding mine in the chain collision: YM3541X, YN1416H, XB9707R, JHB1489.



**SINGAPORE
POLICE FORCE**



T/20190829/2072

Police Station Of Origin:
Hougang NPP
357 Hougang Avenue 7 #01-805
SINGAPORE 530357
Tel No: 1800-2869999

3 of 3

Report No. T/20190829/2072

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:
F /
Sgt 2 MOHAMED ALI S/O MUBARAK HUSSAIN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
Sr Staff-Sgt ONG YONG HOCK
Contact No.: 65476436

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
29/08/2019 13:03

Classification Of Case:

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 : MNA119114200 Vehicle Registration No: YN6012G
Name (as shown in NRIC) : NADESAN DHARMAR NRIC/FIN/Passport No : G2375814N
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : 1 NORTH BRIDGE ROAD #07-10 HIGH STREET CENTRE Singapore (179094)
Contact (Tel) : _____ Mobile No. : 83516298
Email Address : _____
Date of Accident : 29/08/2019 Time of Accident : 10:15
Place of Accident : AYE (TUAS) NEAR JURONG BIRD PARK
Insurance Company: NTUC Income Insurance Co-operative Ltd

(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:

Amend passenger name _____

Policyholder / Driver's Signature
Date:



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

REPUBLIC OF SINGAPORE

Quota Member: G 2375814 N

NADESAN DHARMAR

Birth Date: 08 Jun 1991

Valid Until: 29 Jan 2015

Valid Till: 28 Jan 2020

1002391577E

200

For LKK/NAC Use Only

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

Employer:
EVEREST SCAFFOLDING PTE. LTD.

Ministry:
NADESAN DHARMAR

Work Permit No:
O 36394302

Sector:
CONSTRUCTION

20426747

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

EFFECTIVE DATE

Class 2B Motorcycles <= 200 cc 29 Jan 2015

Class 3 Motor Cars <= 3500kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg 29 Jan 2015

NP 428A

For LKK/NAC Use Only

Licence No: G2375814N

Visit Pass
Immigration Regulations

Name:
NADESAN DHARMAR

FIN:
G2375814N

Date of Birth:
08-06-1991

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 eScanWork Pass App to check status

28-05-20

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 : 5082691124-03

Cover : Comprehensive

1. Index mark and Registration Number of Vehicle : YN6012G
Chassis Number : FEB21EA00691
2. Name of Policyholder : EVEREST SCAFFOLDING PTE LTD
3. Effective Date of Insurance : 25 Aug 2019
4. Expiry Date of Insurance : 24 Aug 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	: ABWIN 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 : NET LINK COMMERCIAL PTE. LTD. (00000615136)

Date of Issue : 21 Aug 2019 15:29 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

eBaoTech

GeneralClaim

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"/>	5082691124-03		EVEREST SCAFFOLDING PTE LTD	201326221N	GCV	Comprehensive	YN6012G	YN6012G	25/08/2019	24/08/2020

Claim Handling

Exit

The premium on this policy has not been collected.

Accident MT/1060071

Policy No.	5082691124-03	Vehicle No.	YN6012G	GST Registration No.	201326221N
Certificate No.					
Policyholder Name	EVEREST SCAFFOLDING PTE LTD			Policyholder NRIC	201326221N
Product Code	COMMERCIAL VEHICLE INSURANCE	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	NA	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(%)	20	Private Hire	No

Accident Details

Report Date	29/08/2019 15:48	Accident Report Within 24 hrs	Yes	Accident Type	Others
Date of Accident	29/08/2019	Time of Accident hh:mm	00:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	NA				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	600.00	TP Standard Excess	0.00		
YIED OD Excess		YIED TP Excess		Driver is Covered?	Not Applicable
Additional Excess					
Total OD Excess Applicable	600.00	Total TP Excess Applicable	0.00		

Benefits

GST Registered Information

GST Registered	Yes	GST Registration Date	11/08/2014
GST Registration No.	201326221N	GST Status Verified	Yes
Modification History	29/08/2019 15:49:26 System changed GST Registered from No to Yes 29/08/2019 15:49:26 System changed GST Registration No. from null to 201326221N 29/08/2019 15:49:26 System changed GST Registration Date from null to 11/08/2014		

Policyholder Mailing Address

Address 1	1 NORTH BRIDGE ROAD	Address 2	407-10 HIGH STREET CENTRE	Address 3	SINGAPORE 179094
Address 4		Address Type	Singapore address	Post Code	179094
Unit No.		Related Policy Number	5082691124-03		

OI Driver Info

Driver Name		Driver Type			
Unnamed driver Name		Driver NRIC		Driver DOB	
Register Date of Driver License		Driver Age		Driving Experience	
Contact No.(Mobile)		Contact No.(Office)		Contact No.(Home)	
Address 1		Address 2		Address 3	
Address 4		Address Type	Foreign 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	

Modification History

Claim 002 New

Claim Type *	OD-MX	Insured Name	EVEREST SCAFFOLDING PTE LTD	Insured NRIC	201326221N
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	
Email Address		OJ Vehicle Number	YN6012G	TP Vehicle Number	YN1416H
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	YN6012G / YN1416H ON 29 Aug 2019				
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GSA report	Received
Date Registered	29/08/2019 16:12	Claim Close Date		Date Received	29/08/2019 00:00
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

Attachment

Accident No.	MT/1060071	Claim No.	002						
Last Doc Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	29/08/2019 16:13						
Path *		Category *		Confidential		Urgency *		Description *	
	Browse...	Clear	Please Select	NO	Normal				
	Browse...	Clear	Please Select	NO	Normal				
	Browse...	Clear	Please Select	NO	Normal				

<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	<input type="button" value="NO"/>	<input type="button" value="Normal"/>	
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	<input type="button" value="NO"/>	<input type="button" value="Normal"/>	
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	<input type="button" value="NO"/>	<input type="button" value="Normal"/>	

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Mag Sent? (CO)	Action
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 29 Aug 2019 16:13	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2019-8-29	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 29 Aug 2019 16:13	SAS		Normal	SAS 2019-8-29	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 29 Aug 2019 16:13	Photos		Normal	Photos 2019-8-29	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 29 Aug 2019 16:13	Photos		Normal	Photos 2019-8-29	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 29 Aug 2019 16:13	Photos		Normal	Photos 2019-8-29	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 29 Aug 2019 16:13	Photos		Normal	Photos 2019-8-29	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 29 Aug 2019 16:13	Photos		Normal	Photos 2019-8-29	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 29 Aug 2019 16:12	Photos		Normal	Photos 2019-8-29	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 29 Aug 2019 16:12	Photos		Normal	Photos 2019-8-29	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 29 Aug 2019 16:12	Photos		Normal	Photos 2019-8-29	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 29 Aug 2019 16:12	Photos		Normal	Photos 2019-8-29	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 29 Aug 2019 16:12	Photos		Normal	Photos 2019-8-29	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 29 Aug 2019 16:12	Photos		Normal	Photos 2019-8-29	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 29 Aug 2019 16:12	Photos		Normal	Photos 2019-8-29	Edit

Video List

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