

NATIONAL Assessment Centre Services

[part 1 Jan 2005]

MMA 119116570

Date In: 3/9/19 13:17	Job description	Date & Time Completed	Done by
Ref No: MA11MC19015545164	SAS e-filing		
Yeh No: XE 1397 M	E-mail (within 2hrs, AIC 2hrs)		
D.O.A: 3118/19 18:50	I-Motor Claim Form	MT/1060865 ⁰⁰¹	319/19 17:50
OD: TP / Repair <input checked="" type="radio"/> Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurers:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wh312		

Preferred Wksp / INC Assign Wksp / GW: () Tel: () Fax: ()

TP Particulars: Veh No: **Rider** 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: 67886616)

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury: _____

Date/Time	Action

Comments 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 (Sign-In-Charge):	5) PT: Follow-Through Survey (Resurvey) \$30	
Auditors Comments:	For claiming against INC Only (w/c 10 Jan 2005)	
	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 (vs a INC) against INC \$20	
	9) NI2: 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	03/09/2019 13:17
Date Of Accident	31/08/2019 18:50
Exact Location Of Accident	TPE NEAR EXIT 3C
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	XE1397M
Insured/Policyholder	
Name Of Registered Owner	JIA XIU CONTRACTORS
Co Reg No	53311853X
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-98772726
Vehicle Particulars	
Manufacturer	ISUZU
Model	FXZ77M
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	5087372517-02
Cover Note Number	-
Driver	
Name of Driver	SANTHIYAGU BRITTO
NRIC No	F8111235P
Date Of Birth	10/02/1973
Occupation	OUTDOOR
Date Of Driving Pass	28/07/2015
Driving Experience	4 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-81839305
Fax Number	
Contact Number	
E-Mail Address	NOEMAIL

Address	BLK 123 SIMEI ST 1 #01-374
Postcode	520123
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	NO COLLISION
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	1
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 TRAVELLING ALONG TPE WHILE APPROACHING THE EXIT 3C (PASIR RIS DR 8), I WAS ON THE THIRD LANE FROM THE RIGHT, I SAW FEW VEH HAD STOP AT THE SLIP RD TWDS PASIR RIS DR 8 AND ONE OR TWO MOTORCYCLE LANDED ON THE ROAD, SUDDENLY ONE OF THE MOTORCYCLE RIDER APPEAR ON MY LEFT SIDE AND HIS HELMET HIT ONTO MY LORRY LEFT HAND SIDE DOOR.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	
Vehicle Make/Model/Colour	RIDER
Details Of Properties	
Vehicle Category	NA/UNKNOWN
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

SKETCH PLAN

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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:

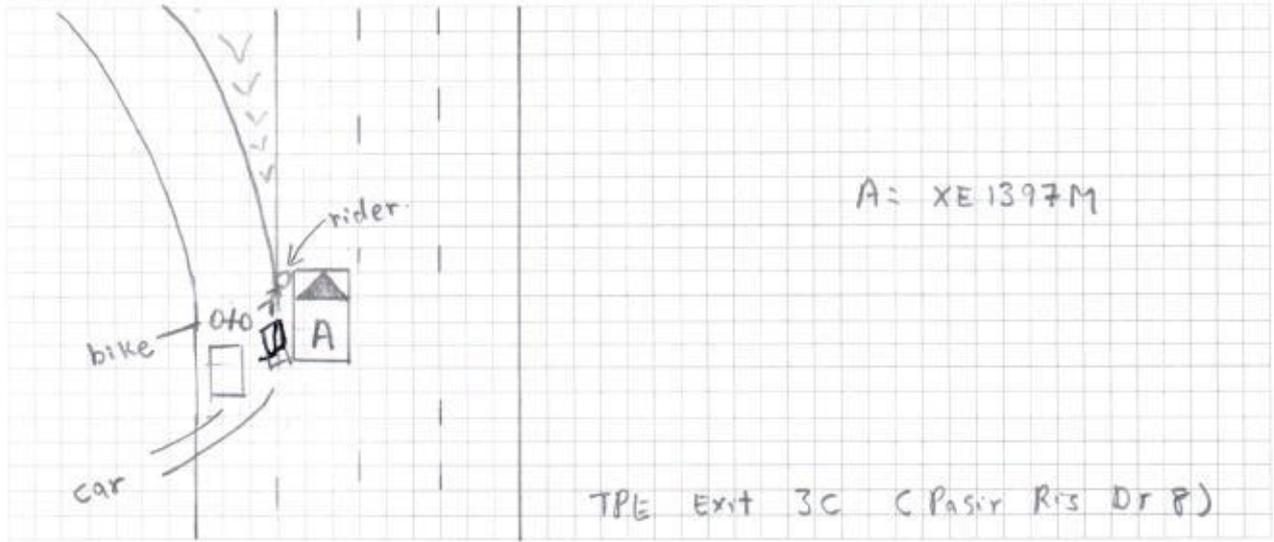
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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



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:
佳秀

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

Reporting Centre Personnel's Signature

Name:
NRIC/FIN No.:

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 : 5087372517-02

Cover : Comprehensive

- | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|
| 1. Index mark and Registration Number of Vehicle | : XE1397M |
| Chassis Number | : JALFXZ77ME7000146 |
| 2. Name of Policyholder | : JIA XIU CONTRACTORS |
| 3. Effective Date of Insurance | : 09 Jan 2019 |
| 4. Expiry Date of Insurance | : 08 Jan 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\$1,500
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
INSURE WITH COE	: YES
HIRE PURCHASE COMPANY	: N/A
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 : PRO-LINK INSURANCE AGENCY (00000571869)
 Date of Issue : 02 Jan 2019 06:56 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

 Authorised Officer



 Chief Executive

Claim Handling

Accident **MT/1060865**

Policy No.	5087372517-02	Vehicle No.	XE1397M	GST Registration No.	
Certificate No.					
Policyholder Name	JIA XIU CONTRACTORS	Cover Type	Comprehensive	Policyholder NRIC	53311853X
Product Code	FLEET INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	98772726	Special Remark		Contact No.(Home)	
Email Address		TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode	No
KFK	<input type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No			Private Hire	No

↳ **Accident Details**

Report Date	03/09/2019 17:52	Accident Report Within 24 hrs	Yes	Accident Type	No collision
Date of Accident	31/08/2019	Time of Accident hh:mm	18:50	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	TPR NEAR EXIT 3C				

↳ **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**

↳ **GST Registered Information**

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

↳ **Policyholder Mailing Address**

Address 1	BLK 123 #01-374	Address 2	SIMEI STREET 1	Address 3	SINGAPORE 520123
Address 4		Address Type	Singapore address	Post Code	520123
Unit No.		Related Policy Number	5087372517-02		

↳ **OT Driver Info**

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	10/02/1973
Unnamed driver Name	SANTHIYAGU BRITTO	Driver NRIC	F8111235P	Driving Experience	4
Register Date of Driver License	28/07/2015	Driver Age	46	Contact No.(Home)	
Contact No.(Mobile)	81839305	Contact No.(Office)		Address 3	SINGAPORE 520123
Address 1	BLK 123 #01-374	Address 2	SIMEI STREET 1	Post Code	520123
Address 4		Address Type	Singapore address		
Unit No.	01-374			Driver Insurer Company	
Does he own a Singapore Registered car?	Yes <input type="radio"/> No <input type="radio"/>	Driver Vehicle No.			

↳ **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	JIA XIU CONTRACTORS	Insured NRIC	53311853X
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	65533468
Email Address		OT Vehicle Number	XE1397M	TP Vehicle Number	
Claim Description	XE1397M ON 31 Aug 2019				
Preferred Workshop	Insured Liability	Not at Fault	GIA report	Received	
FINANSH No. Finalisation	Yes	Preferred Workshop, Name unknown		Claim Close Date	
Date Registered				Date Received	03/09/2019 01
Report Taken By	LIEW SHAN HUI				

Print AX letter

Save Submit

Attachment

Accident No.	MT/1060865	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	03/09/2019 17:55
Path *		Category *	Confidential
Choose File	No file chosen		Urgency *
Choose File	No file chosen		Description
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

Send M

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description	Msg Sent (CO)
	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 03 Sep 2019 17:55	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2019-9-3	
	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 03 Sep 2019 17:55	SAS		Normal	SAS 2019-9-3	
	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 03 Sep 2019 17:55	Photos		Normal	Photos 2019-9-3	
	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 03 Sep 2019 17:55	Photos		Normal	Photos 2019-9-3	
	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 03 Sep 2019 17:54	Photos		Normal	Photos 2019-9-3	
	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 03 Sep 2019 17:54	Photos		Normal	Photos 2019-9-3	
	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 03 Sep 2019 17:54	Photos		Normal	Photos 2019-9-3	
	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 03 Sep 2019 17:54	Photos		Normal	Photos 2019-9-3	
	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 03 Sep 2019 17:54	Photos		Normal	Photos 2019-9-3	
	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 03 Sep 2019 17:54	Photos		Normal	Photos 2019-9-3	

Video List

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