

NATIONAL Assessment Centre Services.

[ver 1 Jan'03]

MMA 119119052.

Date In: 9/9/19 11:16	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NA/INC19015898/64	E-mail (within 3hrs, AIC 2hrs):	002	
Veh No: GBA 6893X	I-Motor Claim Form	MT11061470	9/9/19 14:25
TP A: 7/9/19 08:45	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/Wksp		

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

TP Particulars:	Veh No: SLK 7709T.	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: 6748 6616)

1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: _____

Date/Time	Action

MMA 1906864

Claimant's Particulars:	Invoice Preparation Checklist:	Am. (\$)	Sub. Am. (\$)
Driver/Owner:	1) AR: Accident Reporting (\$30);	30.00	
Contact No:	2) DA: Damage Assessment (\$100); INC (\$40)		
Damaged Portion:	3) TP: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey \$120		
Auditors' Comments:	5) PT: Follow-Through Survey (Resurvey) \$30		
Ref. 1:	For claiming status INC Only (ws 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	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	09/09/2019 11:16
Date Of Accident	07/09/2019 08:45
Exact Location Of Accident	YISHUN AVE 6 & ST 23 JUNC
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBA6893X
Insured/Policyholder	
Name Of Registered Owner	K & M ELECTRICAL PTE LTD
Co Reg No	200912721Z
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-91776669

Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA
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	THIRD PARTY
Fleet Policy	NO
Policy Number	5108078123
Cover Note Number	-

Driver

Name of Driver	EASWARAMOORTHY SURESHKUMAR
NRIC No	G8197054N
Date Of Birth	16/05/1975
Occupation	OUTDOOR
Date Of Driving Pass	24/07/2017
Driving Experience	2 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-85002348
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	2 YISHUN IND ST 1 #08-10
Postcode	768159
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?	
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)	4
Passenger 1	NAME: : UNKNOWN GENDER: : MALE
Passenger 2	NAME: : UNKNOWN GENDER: : MALE
Passenger 3	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 YISHUN AVE 6 WHILE APPROACHING JUNC WITH ST 23, VEH B WHICH WAS INFRONT OF ME SUDDENLY STOP AT THE JUNCTION, I MANAGE TO STOP BUT STILL LIGHTLY TOUCH ONTO VEH B REAR PORTION, NO SERIOUS DAMAGE ON VEH B AND MY LORRY.

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	SLK7709T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ANG SZE WEI KELVIN

NRIC/Passport Number

S7718133D

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

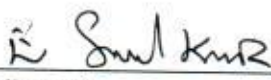
1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material 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.

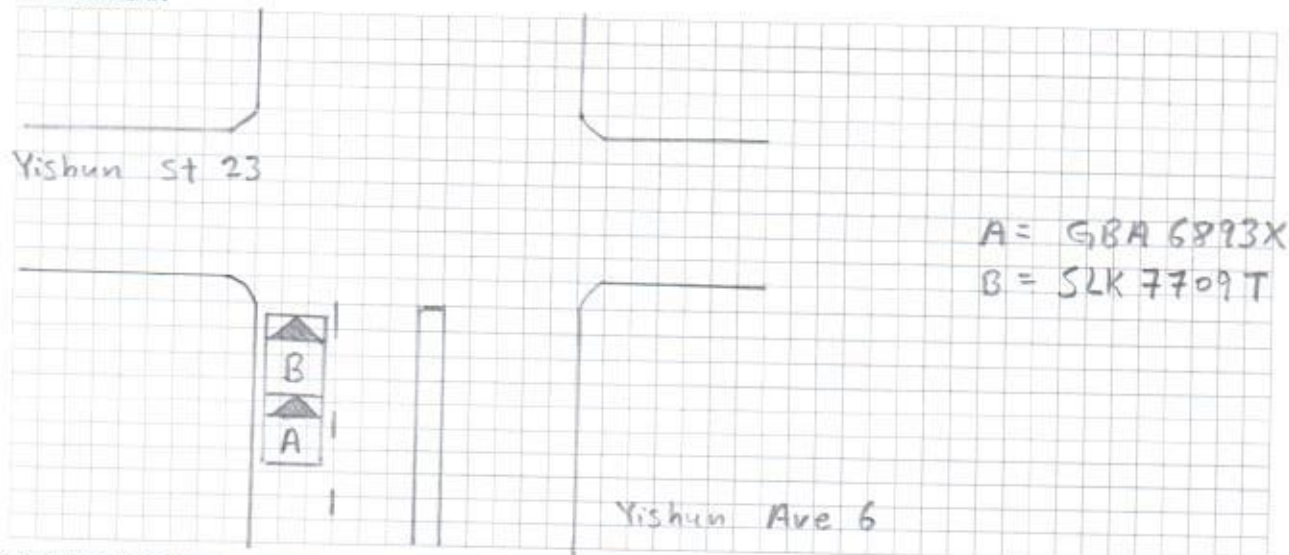


Policyholder's Signature
Date & Time:


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


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

SKETCH PLAN



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.:


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

Employer
K & M ELECTRICAL PTE. LTD.

Name
EASWARAMOORTHY SURESHKUMAR

Work Permit No.
0 34137528

Sector
CONSTRUCTION

 **K1074666**

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number
G8197054N

Name
EASWARAMOORTHY SURESHKUMAR

Birth Date: **16 May 1975**

Issue Date: **24 Jul 2017**

Valid Till: **23/07/2022**

 **002706621G**

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

Class 3 Motor cars with unladen weight $\leq 3000\text{kg}$ with ≤ 7 passengers, exclusive of driver; and other motor vehicles with unladen weight $\leq 2500\text{kg}$

EFFECTIVE DATE
24 Jul 2017

 Licence No: **G8197054N**

NP 428A

VISIT PASS
Immigration Regulations

Name
EASWARAMOORTHY SURESHKUMAR

FIN
G8197054N

Date of Birth
16-05-1975

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 SGWorkPass App to check status



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 checked="" type="radio"/>	5108078123		K & M ELECTRICAL PTE LTD	2009127212	GCV	Third Party	GBA6893X	GBA6893X	08/06/2019	04/04/2020

Claim Handling

Accident MT/1061470

Policy No.	5108078123	Vehicle No.	GBA6893X	GST Registration No.	2009127212	
Certificate No.						
Policyholder Name	K & M ELECTRICAL PTE LTD					
Product Code	COMMERCIAL VEHICLE INSURANCE	Cover Type	Third Party	Policyholder NRIC	2009127212	
Contact No.(Mobile)	NIL	Contact No.(Office)		Loading	0	
Email Address		Special Remark		Contact No.(Home)		
KPK	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	TCA	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	eCode	No	
NCD Protection	No	NCD Entitlement(%)	10	eCode Reason		
Accident Details			Private Hire			Not available
Report Date	09/09/2019 11:08	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear	
Date of Accident	07/09/2019	Time of Accident hh:mm	08:15	Country of Accident	Singapore	
Reporting Centre		Orange Force		ICM No.		
Accident Location	YISHUN AVE 6					
Total Excess Applicable						
Excess Type	Per Accident	Windscreen Excess	0.00			
OD Standard Excess	0.00	TP Standard Excess	0.00			
YIED OD Excess		YIED 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	Yes	GST Registration No.	2009127212	GST Registration Date	29/11/2013	
Modification History	09/09/2019 11:09:20 System changed GST Registered from No to Yes 09/09/2019 11:09:20 System changed GST Registration No. from null to 2009127212 09/09/2019 11:09:20 System changed GST Registration Date from null to 29/11/2013			GST Status Verified	Yes	
Policyholder Mailing Address						
Address 1	2 YISHUN INDUSTRIAL STREET	Address 2	#08-10 NORTH POINT BIZHUB	Address 3	SINGAPORE 768159	
Address 4		Address Type	Singapore address	Post Code	768159	
Unit No.	08-10	Related Policy Number	5110325548			
OI Driver Info						
Driver Name		Driver Type		Driver DOB		
Unnamed driver Name		Driver NRIC		Driving Experience		
Register Date of Driver License		Driver Age		Contact No.(Home)		
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?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Driver Vehicle No.		Driver Insurer Company		

Modification History

Claim 002 **New**

Claim Type *	OD-MX	Insured Name	K & M ELECTRICAL PTE LTD	Insured NRIC	2009127212
Contact No.(Mobile)		Contact No. (Home)		Contact No. (Office)	NIL
Email Address		OI Vehicle Number	GBA6893X	TP Vehicle Number	SLK7709T
Claim Description	GBA6893X / SLK7709T ON 7 Sept 2019				
Preferred Workshop	0	Insured Liability	Fully at Fault	Name of Preferred Workshop	0
Damage No.	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered				09/09/2019 14:24	Claim Close Date
Report Taken By				LIEW SHAN HUI	Date Received
<input checked="" type="checkbox"/> Print AK letter					

Save Submit











Attachment

Accident No.	MT/1061470	Claim No.	002
Last Doc. Received	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Upload Date	09/09/2019 14:25
Path *			
Choose File	No file chosen	Category *	Confidential
Choose File	No file chosen	Urgency *	Description
Choose File	No file chosen	NO	Normal
Choose File	No file chosen	NO	Normal
Choose File	No file chosen	NO	Normal
Choose File	No file chosen	NO	Normal
Choose File	No file chosen	NO	Normal
Choose File	No file chosen	NO	Normal
Choose File	No file chosen	NO	Normal

Message Read

Send M

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent (CU)
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 09 Sep 2019 14:25	NRIC/ Driving License	Y Normal	NRIC/ Driving License 2019-9-9	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 09 Sep 2019 14:25	SAS	Normal	SAS 2019-9-9	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 09 Sep 2019 14:25	Photos	Normal	Photos 2019-9-9	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 09 Sep 2019 14:24	Photos	Normal	Photos 2019-9-9	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 09 Sep 2019 14:24	Photos	Normal	Photos 2019-9-9	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 09 Sep 2019 14:24	Photos	Normal	Photos 2019-9-9	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 09 Sep 2019 14:24	Photos	Normal	Photos 2019-9-9	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 09 Sep 2019 14:24	Photos	Normal	Photos 2019-9-9	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 09 Sep 2019 14:24	Photos	Normal	Photos 2019-9-9	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 09 Sep 2019 14:24	Photos	Normal	Photos 2019-9-9	
Video List					
Uploaded By/Date		Folder Date	File Name	Source	
<div>Display in New Window</div> <div>Scan and uploading</div>					