

NATIONAL Assessment Centre Services [wef 1 Jan 2005]

Date In: 13/09/19	Job description	Date & Time Completed	Done by
Ref No: NA/INC19016235/13	SAS e-filing		
Veh No: GBC278B	E-mail (within 8hrs. AIC 2hrs)		
D.O.A: 12/09/19 1930	i-Motor Claim Form	MT/1062472-001	
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: SM56379L	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:- (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

NA1906998	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) Add Bill
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);		
Driver/Owner:	2) DA : Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF : Towing Fee \$40/\$45		
Damaged Portion:	4) FT : Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT : Follow-Through Survey (Resurvey) \$30		
Auditors' Comments :-	For claiming against INC Only (wef 10 Jan 2005)		
Cat. 1:	6) TR : Re-inspection \$75		
Cat. 2 / 3:	7) N1 : Idac 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: Idac Mobile 30		
	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	13/09/2019 12:47
Date Of Accident	12/09/2019 19:30
Exact Location Of Accident	BRICKLAND TURNING RIGHT INTO KJE(BKE)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBC278B
Insured/Policyholder	
Name Of Registered Owner	AIM AIRCON ENGINEERING PTE LTD
Co Reg No	200102226N
Email Address	ADMIN@AIMAIRCON.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-68424818

Vehicle Particulars

Manufacturer	KIA
Model	-
Exact Purpose for which vehicle was being used at time of accident	AFTER WORK
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	5072196827-04
Cover Note Number	

Driver

Name of Driver	RAMAIAH RAMESH
Passport No/FIN	G2226091Q
Date Of Birth	19/03/1994
Occupation	OUTDOOR
Date Of Driving Pass	21/03/2019
Driving Experience	0 YEAR AND 5 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-83577837
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 1014 GEYLANG EAST AVE 3 #07-190/196
Postcode	389729
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	SIDE SWIPE
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)	2
Passenger 1	NAME: : SUBRAMANIAN 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 TRAVELLING FROM BRICKLAND RD TURNING RIGHT INTO CHOA CHU KANG WAY ON THE EXTREME RIGHT LANE. WHILE MAKING A RIGHT TURN, SUDDENLY I FELT THE IMPACT FROM MY LEFT SIDE PORTION OF MY VEH. VEH(B) BEARING REG NO SMJ6379L FROM MY LEFT LANE AND MY VEH COLLIDED.

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	SMJ6379L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	NG YORK CHENG
NRIC/Passport Number	S6920521F
Contact Number	91501966
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

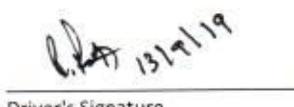
IMPORTANT NOTICE

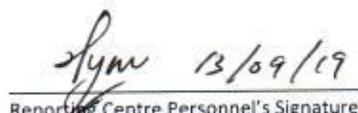
1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material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

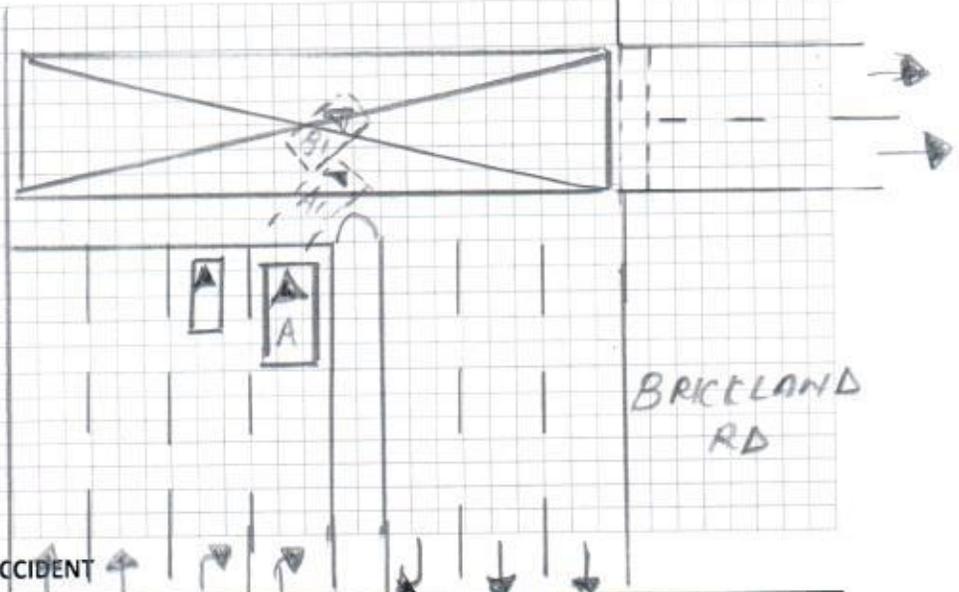

Driver's Signature
(If driver is not the policyholder)
Date & Time:


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

SKETCH PLAN

KJE (BKE)
CCK WAY
CCK DR

A- GBC278B
B- SMJ6379L



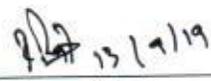
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

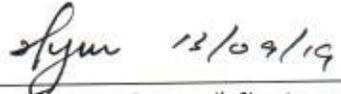
Pls refer to the statement.

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.:

I WAS TRAVELLING FROM BRICKLAND RD TURNING RIGHT INTO CHOA CHU KANG WAY ON THE EXTREME RIGHT LANE.WHILE MAKING A RIGHT TURN ,SUDDENLY I FELT THE IMPACT FROM MY LEFT SIDE PORTION OF MY VEH.VEH(B)BEARING REG NO SMJ6379L FROM MY LEFT LANE AND MY VEH COLLIDED.



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 : MNA119121485 Vehicle Registration No: GBC278B
 Name(as shown in NRIC) : RAMAIAH RAMESH NRIC/FIN/Passport No : G2226091Q
 (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate #07-190/196
 Address : BLK 1014 GEYLANG EAST AVE 3 Singapore(389729)
 Contact (Tel) : _____ Mobile No. : 83577837
 Email Address : _____
 Date of Accident : 12/09/19 Time of Accident : 19:30
 Place of Accident : BRICKLAND TURNING RIGHT INTO EJ6 (BKE)
 Insurance Company: NTUC

(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 DATE OF BIRTH

Policyholder / Driver's Signature
Date:

Slym 16/09/19

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

NOTICE OF REPORTING

This is to confirm that Ramaiah Ramesh, NRIC/FIN
92226091B, has reported to the Police a non-injury traffic accident which
occurred at Choa Chu Kang Way; slipped road
to KJE

on 12/09/19 at 7:30 am/pm involving the following vehicles: B8C27PB, 8M96379L

2 If this accident was reported to the Police within 24 hours of its occurrence, then he/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Rank/Name of Issuing Officer: SSM Murali Harinarayan

Date: 12/09/2019 Time: 0130hrs

S/D Ref: 15H

Police Post/Unit: Choa Chu Kang NPO

CHOA CHU KANG NPO
30 CHOA CHU KANG ST #01
SINGAPORE 689286
TEL : 1800-7659999
FAX : 67673651

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 : 5072196827-04

Cover : Comprehensive

- | | |
|--|----------------------------------|
| 1. Index mark and Registration Number of Vehicle | : GBC278B |
| Chassis Number | : KNCSJX74LA7465925 |
| 2. Name of Policyholder | : AIM AIRCON ENGINEERING PTE LTD |
| 3. Effective Date of Insurance | : 07 Jul 2019 |
| 4. Expiry Date of Insurance | : 06 Jul 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 : CITY INSURANCE AGENCY PTE. LTD. (00000573566)

Date of Issue : 24 Jun 2019 12:20 hrs

CITY INSURANCE AGENCY PTE LTD
Block B Sin Ming Industrial Estate
Sector C #01-60 Singapore 575973
Tel: +65 64598677 Fax: +65 64598679
E-mail: sginsurance01@gmail.com
ROC: 201326450K

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:



Authorised Officer



Chief Executive

Claim Handling

Accident MT/1062472

Policy No.	5072196827-04	Vehicle No.	GBC278B	GST Registrat
Certificate No.				
Policyholder Name	AIM AIRCON ENGINEERING PTE LTD			Policyholder I
Product Code	COMMERCIAL VEHICLE INSURAI	Cover Type	Comprehensive	Loading
Contact No.(Mobile)	0	Contact No.(Office)	68424818	Contact No.(t
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 Reaso
NCD Protection	No	NCD Entitlement(%)	20	Private Hire

▼ **Accident Details**

Report Date	16/09/2019 09:29	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	12/09/2019	Time of Accident hh:mm	19:30	Country of Ac
Reporting Centre		Orange Force		ICM No.
Accident Location	BRICKLAND TURNING RIGHT INTO KJE(BKE)			

▼ **Total Excess Applicable**

Excess Type	Per Accident	Windscreen Excess	100.00	
OD Standard Excess	600.00	TP Standard Excess	0.00	
YIED OD Excess	1,000.00	YIED TP Excess	0.00	Driver is Cow
Additional Excess				
Total OD Excess Applicable	1,600.00	Total TP Excess Applicable	0.00	

▼ **Benefits**

▼ **GST Registered Information**

GST Registered	Yes	GST Registration Date	01/
GST Registration No.	200102226N	GST Status Verified	Yes
Modification History	16/09/2019 09:35:58 System changed GST Registered from No to Yes 16/09/2019 09:35:58 System changed GST Registration No. from null to 200102226N 16/09/2019 09:35:58 System changed GST Registration Date from null to 01/01/2004		

▼ **Policyholder Mailing Address**

Address 1	BLK 1014 #07-190	Address 2	GEYLANG EAST AVENUE 3	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	07-190	Related Policy Number	S111726521	

▼ **OI Driver Info**

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	RAMAJAH RAMESH	Driver NRIC	G2226091Q	Driver DOB
Register Date of Driver License	21/03/2019	Driver Age	25	Driving Exper
Contact No.(Mobile)	83577837	Contact No.(Office)	0	Contact No.(t
Address 1	BLK 1014	Address 2	GEYLANG EAST AVENUE 3	Address 3
Address 4	SINGAPORE 389729	Address Type	Singapore address	Post Code
Unit No.	#07-190/196			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insure

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 OD-MX **New**

Claim Type *	OD-MX	Insured Name	
Contact No.(Mobile)		Contact No. (Home)	
Email Address		OI Vehicle Number	
Claim Description	GBC278B / SMJ6379L ON 12 Sept 2019		
Preferred Workshop		Insured Liability	Not at Fault
Repair Option	Preferred	GIA report	Received
Date Registered		Claim Close Date	16/09/2019 10:24
Report Taken By		Workshop Repairer	ROSLINDA

Print AK letter

Save Submit

Attachment

Accident No. MT/1062472 Claim No. 001
 Last Doc. Received Yes No Upload Date 16/09/2019 09:38

Path *

Choose File	No file chosen	Clear	Category *	Confid
Choose File	No file chosen	Clear	Please Select	NO
Choose File	No file chosen	Clear	Please Select	NO
Choose File	No file chosen	Clear	Please Select	NO
Choose File	No file chosen	Clear	Please Select	NO
Choose File	No file chosen	Clear	Please Select	NO
Choose File	No file chosen	Clear	Please Select	NO
Message Read				

Attachment List

Attachment	Uploaded By/Date	Category	Key	Urgency	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Sep 2019 10:24	NRIC/ Driving License	Y	Normal	NRIC/ Dr
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Sep 2019 10:24	SAS		Normal	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Sep 2019 09:38	Photos		Normal	P
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Sep 2019 09:38	Photos		Normal	P
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Sep 2019 09:37	Photos		Normal	P
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Sep 2019 09:37	Photos		Normal	P
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Sep 2019 09:37	Photos		Normal	P
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Sep 2019 09:37	Photos		Normal	P
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Sep 2019 09:37	Photos		Normal	P
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Sep 2019 09:37	Photos		Normal	P

Video List

Uploaded By/Date	Folder Date	File Name	Key

Display in New Window Scan and uploading