

NATIONAL Assessment Centre Services.

(ver 1 Jan 05)

NA1907194

Date In: 20/09/2009 15:24	Job description	Date & Time Completed	Done by
Ref No: NA1907194/6664/4	SAS e-Milling		
Veh No: G2 8398 E	E-mail (3 days, A/C 2hrs)		
D.O.A: 20/09/2009 09:15	I-Motor Claim Form	MT/1063303-001	20/09/2009
OD TP: Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		17:09
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:	Veh No: SLP 5142P	INC () / Non-INC ()
Owner / Driver: (Tel: ()
Policy No: ()	Period: ()	Cover Type: ()
Confirmed by: (Dates: ()	Times: ()
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 ()	

() 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: ()

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

Injury: ()

Date/Time	Actions

NA1907194

Claimant's Particulars:	1) AR: Accident Reporting (\$30)	
Driver/Owner:	2) DA: Damage Assessment (\$100)	INC (\$10)
Contact No:	3) TP: Towing Fee	\$40/\$45
Damaged Portion:	4) PT: Follow-Through Survey	\$120
QC Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey)	\$30
Architect's Comments:	For claiming against INC Only (ver 10 Jan 2005)	
Ref. 1:	6) TR: Re-inspection	\$75
2/3:	7) NI: Idas DA + SMRT Survey	\$160
	8) NTUC Additional Services:-	
	ON:	
	*N5: Courtesy Car / Tpl Allowance	\$5
	*N6: Repair Co-ordination	\$10
	*N7: Post Repair Inspection	\$25
	*N8: DV / Collect Excess Coordination	\$5
	TP (N11): TP (N11 INC) against INC	\$20
	*N12: Idas 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	20/09/2019 15:24
Date Of Accident	20/09/2019 09:15
Exact Location Of Accident	SIMS WAY TOWARDS KPE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GZ8398E
Insured/Policyholder	
Name Of Registered Owner	INFOCUS INTEGRATED ENGINEERING PTE LTD
Co Reg No	199609105C
Email Address	VINCENT.SOH@HARSBURGH.SG
Mobile Phone No	(LOCAL) +65-86187622
Alternative Phone No	OFFICE-62731583

Vehicle Particulars

Manufacturer	TOYOTA
Model	LITEACE
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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5107556324
Cover Note Number	

Driver

Name of Driver	MANIMARAN S/O SAMINATHAN
NRIC No	S1783814H
Date Of Birth	31/03/1966
Occupation	OUTDOOR
Date Of Driving Pass	14/07/1995
Driving Experience	24 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86187622
Fax Number	
Contact Number	OFFICE-62731583
Email Address	VINCENT.SOH@HARSBURGH.SG

Address	BLK 332 YISHUN RING ROAD #03-1384
Postcode	760332
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)	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

PLEASE REFER TO SKETCH PLAN

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLP5142P
Vehicle Make/Model/Colour	MITSUBISHI OUTLANDER
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TAN CHEE HENG DENNIS
NRIC/Passport Number	S7012458J
Contact Number	91169978
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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:

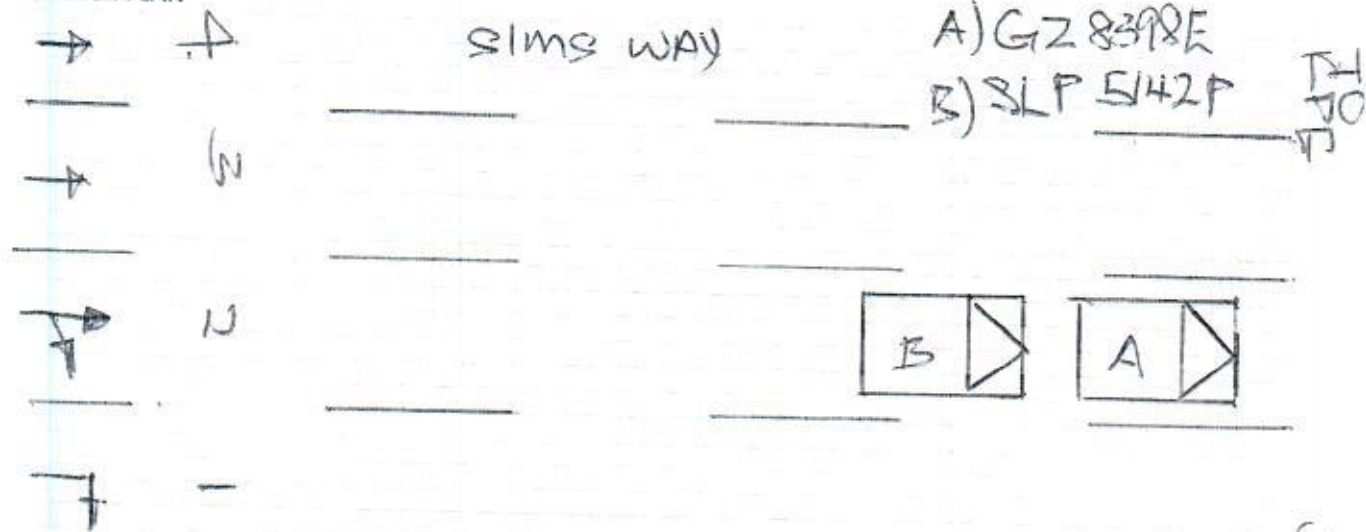
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

20/07/2019

[Signature]

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Traffic light were showing red so I was stationary and waiting when traffic green turn, lorry in front of me moved I followed suit. Lorry then slowed down to turn I also followed suit and stopped behind lorry, while stationary a car bang into rear of my van.

DECLARATION

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.:

car 20/09/2019
Roshan Upthar

Claim Handling

Accident MT/1063303

Policy No.	5107556324	Vehicle No.	GZ8398E	GST Registration No.	199609105C
Certificate No.					
Policyholder Name	INFOCUS INTEGRATED ENGINEERING PTE LTD			Policyholder NRIC	199609105C
Product Code	COMMERCIAL VEHICLE INSURAF	Cover Type	Third Party, Fire & Theft	Loading	0
Contact No.(Mobile)	86187622	Contact No.(Office)	62731583	Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	= No Yes	TCA	= No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	10	Private Hire	No

Accident Details

Report Date	20/09/2019 15:38	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	20/09/2019	Time of Accident hh:mm	09:15	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	SIMS WAY TOWARDS KPE				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	0.00		
OD Standard Excess	0.00	TP Standard Excess	0.00		
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver Is Covered?	Covered
Additional Excess					
Total OD Excess Applicable	0.00	Total TP Excess Applicable	0.00		

Benefita

GST Registered Information

GST Registered	Yes	GST Registration Date	16/03/1996
GST Registration No.	199609105C	GST Status Verified	Yes
Modification History	20/09/2019 15:41:39 System changed GST Registration Date from 01/01/2015 to 16/03/1996 20/09/2019 15:41:39 System changed GST Status Verified from No to Yes		

Policyholder Mailing Address

Address 1	1090 LOWER DELTA ROAD	Address 2	#04-04	Address 3	SINGAPORE 169201
Address 4		Address Type	Singapore address	Post Code	169201
Unit No.		Related Policy Number	5107530151		

OT Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	MANIMARAN S/D SAMINATHAN	Driver NRIC	51783814H	Driver DOB	31/03/1966
Register Date of Driver License	14/07/1995	Driver Age	53	Driving Experience	24
Contact No.(Mobile)	86187622	Contact No.(Office)	62731583	Contact No.(Home)	
Address 1	BLK 332 #03-1384	Address 2	YISHUN RING ROAD	Address 3	SINGAPORE 760332
Address 4		Address Type	Foreign address	Post Code	760332
Unit No.	03-1384				
Does he own a Singapore Registered car?	Yes = No	Driver Vehicle No.	GZ8398E	Driver Insurer Company	NTUC

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes = No
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Modification History

Claim 001 OD-MX New

Claim Type *	OD-MX	Insured Name	INFOCUS INTEGRATED ENGINE	Insured NRIC	199609105C
Contact No.(Mobile)		Contact No. (Home)	NIL	Contact No. (Office)	64188137
Email Address		OT Vehicle Number	GZ8398E	TP Vehicle Number	SLP5142P
Claim Description	GZ8398E / SLP5142P ON 20 Sept 2019				
Preferred Workshop		Insured Liability	Not at Fault		
Retract No.	Yes	Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered				Claim Close Date	20/09/2019 15:43
Report Taken By				Workshop Repairer	ROSLI WAHAB
				Total Loss but Repaired	

Print AK letter

Save Submit

Attachment

Accident No. MT/1063303

Last Doc. Received * Yes No

Claim No. 001

Upload Date 20/09/2019 17:09

Path *

Choose File No file chosen

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Message Read

Category *

Confidential

Urgency *

Description *

Attachment

Uploaded By/Date

Category

Urgency

Description

Msg Sent? (CO)

NAC_BUKIT_MERAH_B00676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 20 Sep 2019 17:09

SAS

Normal

SAS 2019-9-20

NAC_BUKIT_MERAH_B00676(NATIONAL ASSESSMENT CENTRE SERVICE NRIC/ Driving License

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Normal

NRIC/ Driving License 2019-9-20

S (BUKIT MERAH)) on 20 Sep 2019 15:43

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 20 Sep 2019 15:43

Photos

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Photos 2019-9-20

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 20 Sep 2019 15:43

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NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 20 Sep 2019 15:42

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NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 20 Sep 2019 15:42

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Photos 2019-9-20

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 20 Sep 2019 15:42

Photos

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Photos 2019-9-20

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
		<div>Display in New Window</div> <div>Scan and uploading</div>		

SINGAPORE ACCIDENT STATEMENT

1. This form is to be filled in by the insured or the insured's driver to speed up the claims process.
 2. The insured or the insured's driver must provide the details of the accident as accurately and as possible. Any wilful misrepresentation or withholding of material facts may affect insurance companies' liability.
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 4. The insured or the insured's driver must provide the details of the accident as accurately and as possible. Any wilful misrepresentation or withholding of material facts may affect insurance companies' liability.
 5. The insured or the insured's driver must provide the details of the accident as accurately and as possible. Any wilful misrepresentation or withholding of material facts may affect insurance companies' liability.

ACCIDENT STATEMENT

Date: 20/4/19 Time: 9.08am
 Location of accident: Sims Way towards KPE

DETAILS OF OWN VEHICLE

Vehicle Registration Number: 628398E
 Vehicle Type: ~~Car~~
 Registered Owner / Company: ~~Horsburgh Engineering Pte Ltd~~
 Driver: Vincent, sch@Horsburgh sg
 Contact Number: 62731583
 Vehicle Use: Work
 Insurance Policy: TP
 Date of Insurance Policy: 14/7/1995
 Insurance Company: 24yr 2mth
 Insurance Policy Number: 86187622

~~Horsburgh Engineering Pte Ltd~~
 Vincent, sch@Horsburgh sg
 62731583
 Infocus Integrater/
 Engineering P/L

Toyota
 Liteace
 Work
 TP

NTUC
 5107556324
 TP

Manimaran s/o Saminathan
 817838144
 31131966
 Driver
 14/7/1995
 24yr 2mth
 86187622

1. Name of the Insured's Company
2. Name of the Driver with the Insured
3. Policy Number of Driver's Own
4. Name of Driver's Own Vehicle

282

5. Where was the accident?
6. What was the weather?
7. What was the time?
8. What was the location?

For To Rear
Near
Dry

9. Was anyone injured in this accident?
10. Was anyone killed in this accident?
11. Was any property damaged?
12. Was any person injured by person(s)?
13. Was any person's assistance required?
14. Was any person's assistance given?
15. Was any person's assistance given?
16. Was any person's assistance given?
17. Was any person's assistance given?
18. Was any person's assistance given?

19. Was any person's assistance given?
20. Was any person's assistance given?
21. Was any person's assistance given?
22. Was any person's assistance given?

Yes

DETAILS OF OTHER VEHICLE PROPERTIES

23. Make and Model
24. Year
25. Color
26. License Plate
27. VIN
28. Name of Owner
29. Name of Driver
30. Name of Passenger
31. Name of Driver
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97. Name of Driver
98. Name of Passenger
99. Name of Driver
100. Name of Passenger

SLP5142P
Mitsubishi Outlander Red color
TANCHEE HEHE Dennis
S7012458J
9116 9178

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 : 5107556324

Cover : Third Party, Fire & Theft

- | | |
|---|--|
| 1. Index mark and Registration Number of Vehicle | : GZ8398E |
| Chassis Number | : CR425006728 |
| 2. Name of Policyholder | : INFOCUS INTEGRATED ENGINEERING PTE LTD |
| 3. Effective Date of Insurance | : 28 Mar 2019 |
| 4. Expiry Date of Insurance | : 27 Mar 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.

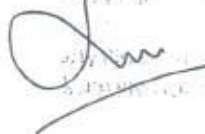
EXCESS (SECTION 1)	: N/A
EXCESS (SECTION 2)	: N/A
INSURE WITH COE	: YES
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

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 : INSURE LINK PTE LTD (00000614836)
Date of Issue : 14 Feb 2019 17:08 hrs

Insure Link Pte Ltd
2 Kelang Avenue #03-10
CTH (133407)
Off: 8444 4444
Fax: 8444 0040

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer

Chief Executive