

NATIONAL Assessment Centre Services

[Part 1 Jan'02]

MAA 119132011

Date In: 5/10/19 14:34	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: MA/IMC19017552164	E-mail (within 2hrs, A/C 2hrs)		
Veh No: SJM 9665K	I-Motor Claim Form	MT/1065536 ⁰⁰¹	5/10/19 15:48
DATE: 3/10/19 09:20	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
Q1: <input checked="" type="checkbox"/> Reporting Only	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whse		

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:

Veh No:

606 3963R

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/Non-INC: 606 3963R) 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

MA 1907447

Client's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:

At 1:

Invoice Item	Amount (\$)	Amount (\$)
1) AR: Accident Reporting (\$30);	30.00	
2) DA: Damage Assessment (\$100); INC (\$80)		
3) TP: Towing Fee \$40/\$45		
4) PT: Follow-Through Survey \$120		
5) PT: Follow-Through Survey (Resurvey) \$30		
For claiming against INC Only (wef 10 Jan 2003)		
6) TR: Re-inspection \$75		
7) NI: Idas DA + SMRT Survey \$160		
8) NTUC Additional Services:-		
OR:		
*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: 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	05/10/2019 14:34
Date Of Accident	03/10/2019 09:20
Exact Location Of Accident	ALONG CHOA CHU KANG AVE 1 TWDS CHOA CHU KANG WAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJM9665K
Insured/Policyholder	
Name Of Registered Owner	RENUKA D/O NASENDRAN
NRIC No	S8825492I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-84822786
Alternative Phone No	OFFICE-84822786

Vehicle Particulars

Manufacturer	PERODUA
Model	KELISA
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	PRIVATE CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5107244409
Cover Note Number	

Driver

Name of Driver	DARMESH PILLAY S/O GNANASEGARAN
NRIC No	S8618150I
Date Of Birth	27/05/1986
Occupation	OUTDOOR
Date Of Driving Pass	23/12/2010
Driving Experience	8 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86178617
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 487A CCK AVE 5 #05-85
Postcode	681487
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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?	
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 STATEMENT.

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	GBG3963R
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)	

SKETCH PLAN

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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.



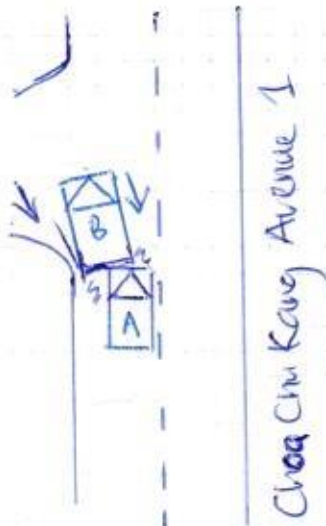
Policyholder's Signature
Date & Time:



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



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

SKETCH PLAN

Vehicle A : SJM 9665K

Vehicle B : GBG 3963R

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On above said date & time, I was driving my vehicle A (SJM 9665K) traveling along Choa Chu Kang Avenue 1 towards Choa Chu Kang Way. I was driving straight on lane 2. I saw vehicle B (GBG 3963R) reversing from the minor road. So I stopped my vehicle and ~~wait~~ give way for his vehicle. Out of sudden he ~~acc~~ couldn't stop his vehicle and ~~at~~ his vehicle rear right portion collided onto my vehicle front left portion.

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.:

Vehicle No.	SJM9665K		Model / Make	Perodua Kelisa
Date of Accident	3/10/19			
Time of Accident	0920	HRS		
Location of Accident	Along Chao Chu Kang Avenue 1 towards Chao Chu Kang Hwy			
Exact purpose use during accident	Private use			
Name of Owner	Renuka D/o Nasundran			
Telephone No.	H/P : 8482 2786	Home :	Office :	
NRIC	S88254921			
Address	BLK 487A Chao Chu Kang Avenue 5 #05-85 S(681487)			
Claim type	OD	THIRD PARTY	REPORTING ONLY	
Insurance Company	NTUC			
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft	
Policy No.	5107244409			
Name of Driver	As Above If No, Darmesh Pillay S/o Gnanasegaran			
NRIC	S86181501	Any Passengers : -		
Date of birth	27/5/1986			
Occupation	Outdoor	/	Indoor	
Driving License Pass Date	23/12/2010			
Gender	Male / Female			
Contact No.	H/P : 8617 8617	Home :	Office :	
Address	BLK 487A Chao Chu Kang Avenue 5 # 05-85 S(681487)			
Driver have any own vehicle	No,	If yes, Reg No.		
Relationship	Employee,	If no, state Spouse		
Weather condition	Clear	Raining	Other	
Road Surface	Dry	Wet	Other	
Any Injuries	No,	If Yes, Who?		
Name And Contact No.				
Name And Contact No.				
Police Report	No,	If Yes, Where?		
Vehicle B No.	GBG 3963R		Any Passengers : -	
Name of Driver	Contact No. :			
Vehicle C No.	Any Passengers :			
Vehicle D No.	Any Passengers :			
Vehicle E no.	Any Passengers :			
Vehicle F No.	Any Passengers :			
Vehicle G No.	Any Passengers :			
Witness Name	Witness Contact :			
Accident Portion	Front left portion			
Camera Recorder	Yes / (No)			
Email Address	devas.rts@gmail.com			
PARTICULAR WORKSHOP	N-51 Automotive Pte Ltd			
CONTACT NO.	6842 0051 / 6744 0510			
CONTACT PERSON	Zi Ting			
FAX NO	6741 0510			
WORKSHOP EMAIL ADDRESS	sales@n51.com.sg			



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: 5107244409

Cover : drive CLASSIC

1. Index mark and Registration Number of Vehicle : SJM9665K
 Chassis Number : PM2L7015002159720
2. Name of Policyholder : RENUKA D/O NASENDRAN
3. Effective Date of Insurance : 29 Jan 2019
4. Expiry Date of Insurance : 28 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.

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) Use for any purpose in connection with the Motor Trade.

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
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: RENUKA D/O NASENDRAN
NAMED DRIVER (1)	: DARMESH PILLAY S/O GNANASEGARAN
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: RICARDO CARS 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 : THIS MARKETING INSURANCE AGENCY (00000572208)
 Date of Issue : 29 Jan 2019 09:21 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

Claim Handling

Accident MT/1065536

Policy No.	5107244409	Vehicle No.	SJM9665K	GST Registration No.	
Certificate No.					
Policyholder Name	RENUKA D/O NASENDRAN	Cover Type	drive CLASSIC	Policyholder NRIC	588254921
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	84822786	Special Remark		Contact No.(Home)	
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	No
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No			Private Hire	No

Accident Details

Report Date	05/10/2019 15:45	Accident Report Within 24 hrs	Yes	Accident Type	Others
Date of Accident	03/10/2019	Time of Accident hh:mm	09:20	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG CHOJA CHU KANG AVE 1 TWDS CHOJA CHU KANG WAY				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	600.00	TP Standard Excess	0.00	Driver is Covered?	Covered
YIED OD Excess	0.00	YIED TP Excess	0.00		
Additional Excess	0				
Total OD Excess Applicable	600.00	Total TP Excess Applicable	0.00		

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 487A #05-85	Address 2	CHOA CHU KANG AVENUE 5	Address 3	SUNSHINE GARDENS
Address 4	SINGAPORE 681487	Address Type	Singapore address	Post Code	681487
Unit No.	05-03	Related Policy Number	5107244409		

O1 Driver Info

Driver Name	DARMESH PILLAY S/O GNANASEGARAN	Driver Type	Named Driver	Driver DOB	27/05/1986
Unnamed driver Name		Driver NRIC	S86181501	Driving Experience	8
Register Date of Driver License	23/12/2010	Driver Age	33	Contact No.(Home)	
Contact No.(Mobile)	86178617	Contact No.(Office)		Address 3	SUNSHINE GARDENS
Address 1	BLK 487A #05-85	Address 2	CHOA CHU KANG AVENUE 5	Post Code	681487
Address 4	SINGAPORE 681487	Address Type	Singapore address		
Unit No.	05-85	Driver Vehicle No.		Driver Insurer Company	
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No				

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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Modification History

Claim 001

New

Claim Type *	OD-MX	Insured Name	RENUKA D/O NASENDRAN	Insured NRIC	S88254921
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	
Email Address		O1 Vehicle Number	SJM9665K	Vehicle Number	GBG39
Claim Description	SJM9665K / GBG3938 ON 3 Oct 2019				
Preferred Workshop	0	Insured Liability	Not at Fault	GIA report	Received
Finalisation	Yes	Repair Option	Preferred Workshop, Name unknown	Claim Close Date	05/10/2019 15:47
Date Registered				Date Received	05/10/2019
Report Taken By	LIEW SHAN HUI				

☒ Print AK letter

Save Submit

Attachment

Accident No.	MT/1065536	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	05/10/2019 15:48

Path *

Choose File	No file chosen	Clear	Please Select	Category *	Confidential	Urgency *	Desci
Choose File	No file chosen	Clear	Please Select	NO	Normal		
Choose File	No file chosen	Clear	Please Select	NO	Normal		
Choose File	No file chosen	Clear	Please Select	NO	Normal		
Choose File	No file chosen	Clear	Please Select	NO	Normal		
Choose File	No file chosen	Clear	Please Select	NO	Normal		
Choose File	No file chosen	Clear	Please Select	NO	Normal		
Choose File	No file chosen	Clear	Please Select	NO	Normal		
Message Read							

Attachment List

Attachment

Uploaded By/Date

Category



Urgency

Description

NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o
05 Oct 2019 15:48

NRIC/ Driving License

Y

Normal

NRIC/ Driving License 2019-10-5

NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o
05 Oct 2019 15:48

SAS

Normal

SAS 2019-10-5

NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o
05 Oct 2019 15:48

Photos

Normal

Photos 2019-10-5

NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o
05 Oct 2019 15:48

Photos

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Photos 2019-10-5

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05 Oct 2019 15:47

Photos

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Photos

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05 Oct 2019 15:47

Photos

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Photos 2019-10-5

NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o
05 Oct 2019 15:47

Photos

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Photos 2019-10-5

Video List

Uploaded By/Date

Folder Date

File Name



Source

Display in New Window

Scan and uploading