

NATIONAL Assessment Centre Services.

(ver 1 Jan 2003)

19/09/2009 11:27

Date In: 09/10/2009 11:27	Job description	Date & Time Completed	Done by
Ref No: N88/2009/017917	SAS e-filing		
Veh No: YR9124C	E-mail (Within 2hrs, A/C 2hrs)		
DDA: 08/10/2009 09:50	I-Motor Claims Form	09/10/2009	
OD: TP Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)	12:06	
	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:

SLA 852K

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 (

)

() 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:

Location:

N88/2009/017917

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Wardens' Comments:

Ref 1:

2/3

Invoice Details		Amount
1) AR: Accident Reporting (\$30)		
2) DA: Damage Assessment (\$100)	INC (110)	
3) TP: Towing Fee	\$10/145	
4) PT: Follow-Through Survey	\$120	
5) PT: Follow-Through Survey (Resurvey)	\$20	
For claiming against INC Only (ver 10 Jan 2003)		
6) TR: Re-inspection	\$75	
7) NI: Idao DA + SMRT Survey	\$160	
8) NTUC Additional Services:		
ON:		
*N5: Courtesy Car / Tpt Allowance	\$3	
*N6: Repair Co-ordination	\$10	
*N7: Post Repair Inspection	\$25	
*N8: DV / Collect Excess Coordination	\$3	
TP (NI): TP (Non INC) against INC	\$10	
9) NI: Idao 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	09/10/2019 11:27
Date Of Accident	08/10/2019 09:50
Exact Location Of Accident	ALONG RIVER VALLEY ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP9124L
Insured/Policyholder	
Name Of Registered Owner	WOOD & WOOD FLOORING PTE. LTD.
Co Reg No	200819226M
Email Address	KELVIN@WOODANDWOOD.COM.SG
Mobile Phone No	(LOCAL) +65-96517985
Alternative Phone No	OFFICE-96517985

Vehicle Particulars

Manufacturer	ISUZU
Model	REWARD-3.0 D NMR85 (M)
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5110849990
Cover Note Number	

Driver

Name of Driver	SELVARAJU MAHENDRAN
NRIC No	G7845003M
Date Of Birth	16/05/1985
Occupation	OUTDOOR
Date Of Driving Pass	11/03/2014
Driving Experience	5 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96517985
Fax Number	
Contact Number	OTHERS-96517985
Email Address	KELVIN@WOODANDWOOD.COM.SG

Address	203 HENDERSON ROAD #08-08 HENDERSON INDUSTRIAL PARK
Postcode	159546
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	CHAIN 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	3
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?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLA852K
Vehicle Make/Model/Colour	NISSAN SYLPHY
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ABDUL AZIZ BIN ABU BAKAR
NRIC/Passport Number	S1242832D
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SMP1415S
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Vehicle Make/Model/Colour	HONDA ODYSSEY
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	HO GIM BEE
NRIC/Passport Number	S1273013F
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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

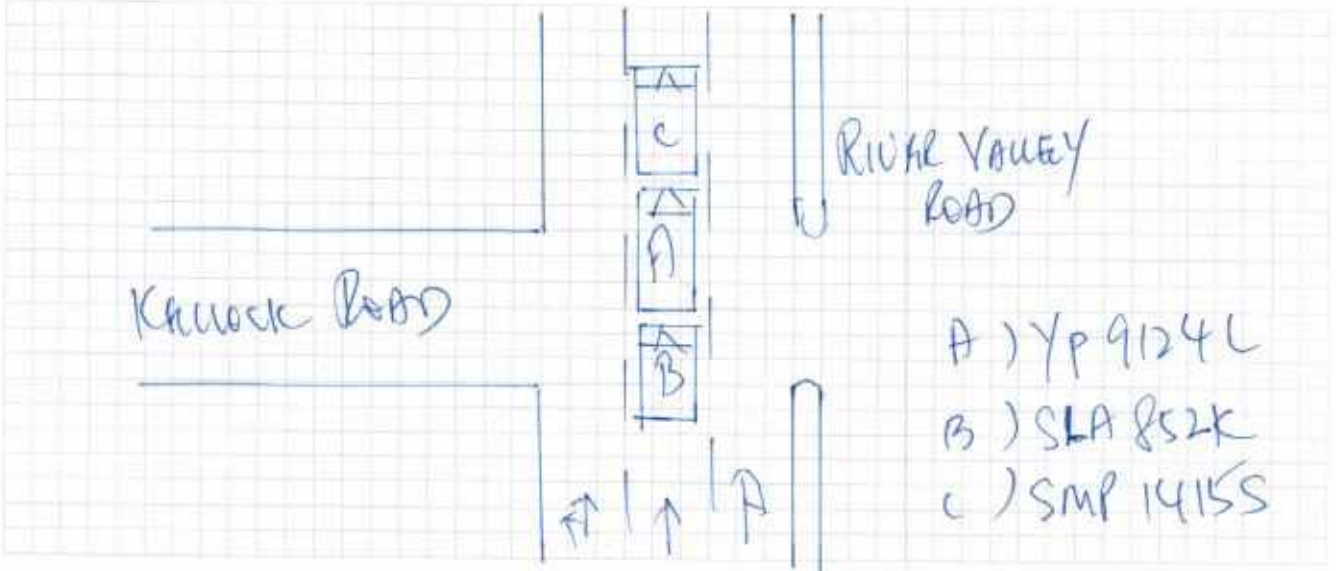
Name:

NRIC/FIN No.:

09/10/2019

Keshav Kumar

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on 08/10/2019 AT ABOUT 09:30HRS I WAS AT RIVER VALLEY JUNCTION KILLOCK ROAD TRAFFIC WAS HEAVY & MY LORRY WAS STATIONARY WAITING FOR THE CAR SMP 1415S TO MOVE. Suddenly my lorry moved forward & hit the car SMP 1415S & I came down & saw a car SLA 852K BANG ON TO THE REAR OF MY LORRY GOING ALL.

DECLARATION

I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature
Date & Time:

S. Mahdy


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

[Signature] 08/10/2019
Reporting Centre Personnel's Signature
Name: *[Signature]*
NRIC/FIN No.:

Accident VT / 1.10.2015.4

Claim 001 [HSW](#)

Attachment

Accident No.	M71062054	Climb No.	001			
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	09/10/2019 12:08			
Path *		Category *	Confidential	Urgency *	Description *	
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/>	Please Select ▼	NO ▼	Normal ▼	
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/>	Please Select ▼	NO ▼	Normal ▼	
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/>	Please Select ▼	NO ▼	Normal ▼	
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/>	Please Select ▼	NO ▼	Normal ▼	
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/>	Please Select ▼	NO ▼	Normal ▼	
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/>	Please Select ▼	NO ▼	Normal ▼	
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/>	Please Select ▼	NO ▼	Normal ▼	
<input type="button" value="Message Read"/>						
Attachment List						<input type="button" value="Send Message"/>
Attachment	Uploaded By/Date	Category	?	Urgency	Description	Msg Sent? (CO)
	NAC_BUKIT_MERAH_0006/M/ NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Oct 2019 12:08	Photos		Normal	Photos 2019-10-9	
	NAC_BUKIT_MERAH_0006/M/ NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Oct 2019 12:08	Photos		Normal	Photos 2019-10-9	

ACCIDENT STATEMENT

ACCIDENT DATE: (08/10/19) (DD/MM/YYYY), TIME: (9:50 AM) (HH:MM)

LOCATION: RIVER VALLEY Rd

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: VP 9124L
 b) INSURANCE COMPANY: COMMERCIAL VEHICLE
 c) POLICY NUMBER: 510849990
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL:
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: 9:50 AM parking
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: WOOD 91 WOOD FRODOLOTT (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 200819226M CONTACT: 96517985
 c) ADDRESS:

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: SELVARAJU MAHENDRAN (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: C17845003M CONTACT: 96517985
 c) ADDRESS: 203 HENDERSON RD 08-08 HENDERSON INDUSTRIAL PARK 159546
 *d) DATE OF BIRTH: () (DD/MM/YYYY)
 e) OCCUPATION: (INDOOR / OUTDOOR)
 f) DATE OF DRIVING PASS

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)
 b) ROAD SURFACE: (DRY / WET / OTHERS)
 6. WAS ANYBODY INJURED (YES / NO)
 7. a) REPORTED TO POLICE (YES / NO)
 IF YES, PLEASE STATE WHICH POLICE STATION:

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SLA 852K MODEL: NISSAN
 b) DRIVER'S NAME: ABDUL AZIZ BIN ABU BAKAR
 c) NRIC/FIN/PASSPORT: 51242832D CONTACT:

9. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SMP 1455 MODEL:
 b) DRIVER'S NAME: HO QIM BEE
 c) NRIC/FIN/PASSPORT: 51273013F CONTACT:

No. of passenger
 (including driver)
 (1)

No. of passenger
 (including driver)
 ()

No. of passenger
 (including driver)
 ()

Email = MAHIZHAL SMS @ gmail -com

VIDEO

KEVIN @ WoodandWood -com 99

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 : 5110849990

Cover : Comprehensive

- | | |
|---|----------------------------------|
| 1. Index mark and Registration Number of Vehicle | : YP9124L |
| Chassis Number | : JAANNR85HJ7100060 |
| 2. Name of Policyholder | : WOOD & WOOD FLOORING PTE. LTD. |
| 3. Effective Date of Insurance | : 17 Jul 2019 |
| 4. Expiry Date of Insurance | : 16 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	: 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 : INXURE NETWORK SERVICES (00000614975)

Date of Issue : 03 Jul 2019 14:57 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive