

**NATIONAL Assessment Centre Services.** [Ref: Jan1001] *NA 419142428*

Date In: <i>25/10/2019 10:32</i>	Job description	Date & Time Completed	Done by
Ref No: <i>NA 419142428</i>	SAS e-filing		
Veh No: <i>YK 67641</i>	E-mail (Adjuster, AIG 2hrs)		
D.O.A: <i>25/10/2019 14:15</i>	1-Motor Claim Form	<i>mt11068795-001</i>	<i>29/11/2019 11:54</i>
OD: TP: <u>Reporting Only</u>	1-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	1-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whse		

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

TP Particulars: Vch No: *YP1911K* 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 ( )

( ) Wall-In Customer: Customer's Information strictly Confidential & Strictly NO refer of repolior.

( ) Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co: ( )

Task	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	Action

*NA 1908170*

Item	Description	Amount	Adm/Blk
1) AR: Accident Reporting	(330)		
2) DA: Damage Assessment	(5100) INC (510)		
3) TP: Towing Fee	\$10/\$45		
4) PT: Follow-Through Survey	\$120		
5) PT: Follow-Through Survey (Resurvey)	\$30		
For claim against INC Only (wef 10 Jan 2020)			
6) TR: Re-inspection	\$75		
7) NI: Idao DA + SMRT Survey	\$160		
8) NTUC Additional Services:			
OD:			
• NS: Courtesy Car / Tpt Allowance	\$3		
• N6: Repair Coordination	\$10		
• N7: Post Repair Inspection	\$25		
• N8: DV / Collect Excess Coordination	\$3		
TP (Nil): TP (Non INC) against INC	\$20		
9) N12: 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	29/10/2019 10:32
Date Of Accident	25/10/2019 14:15
Exact Location Of Accident	AYE (NEAR JURONG ISLAND EXIT)
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	YN6764U
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MARINA TECHNOLOGY AND CONSTRUCTION PTE LTD
Co Reg No	199105516Z
Email Address	MTC@MARINATECHNOLOGY.COM
Mobile Phone No	(LOCAL) +65-81680226
Alternative Phone No	OFFICE-62781948
<b>Vehicle Particulars</b>	
Manufacturer	RENAULT
Model	FLUENCE
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	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE
<b>Insurance Company</b>	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5104826963
Cover Note Number	
<b>Driver</b>	
Name of Driver	SAKKARAVARTHI ARUMUGAM
NRIC No	G2559512U
Date Of Birth	01/06/1984
Occupation	OUTDOOR
Date Of Driving Pass	13/05/2015
Driving Experience	4 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81680226
Fax Number	
Contact Number	OFFICE-62781948
EMail Address	MTC@MARINATECHNOLOGY.COM

Address	120 LOWER DELTA ROAD #12-08 CENDEX CENTER
Postcode	169208
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?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YP1971K
Vehicle Make/Model/Colour	MITSUBISHI FIGHTER
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	TOH KAI AIK
NRIC/Passport Number	S7230175G
Contact Number	85113780/63911023
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.

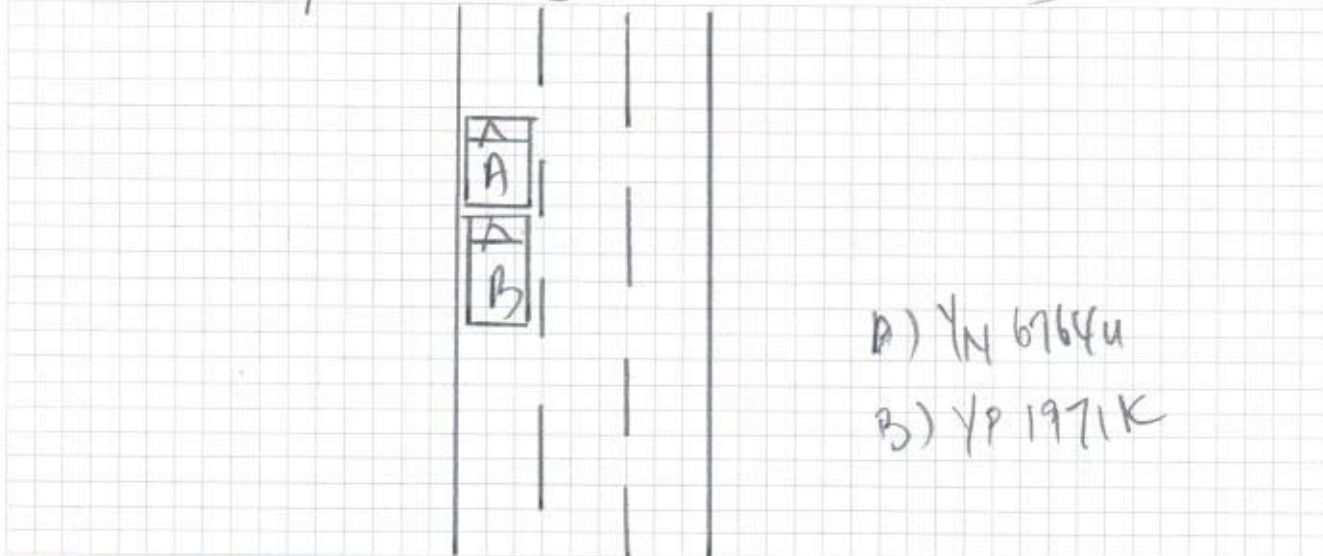
X   
Policyholder's Signature  
Date & Time:

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

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

SKETCH PLAN

Ayah LIRAK (TIRONG Island Exit)



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 25/10/2019 I was travelling along Ayah TIRONG Island and travelling at a speed limit 60km/h. Suddenly I felt a bump from the rear of stop my lorry of saw a lorry YP 1971K in the rear of my lorry YN 6764U. That all

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.:



# ACCIDENT STATEMENT

ACCIDENT DATE: (25/10/2019) (DD/MM/YYYY), TIME: (14:15) (HH:MM)

LOCATION: Ayer Rajah Expressway (near Jurong Island exit)

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: YN6764U  
 b) INSURANCE COMPANY: NTUC INCOME  
 c) POLICY NUMBER: 5095297158  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: MITSUBISHI PB, C1000  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: Delivery  
 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: Sakkaravarthi Arumugam (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: G2559512u CONTACT: 82781948  
 c) ADDRESS: 120 Lower Delta Road #12-08 Center Center  
 Singapore 169208

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

## DRIVER

- a) NAME: (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: CONTACT: 81680226  
 c) ADDRESS:

\* 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: YP1971K MODEL: MITSUBISHI FIGHTER

b) DRIVER'S NAME: TOH KAI HIC

c) NRIC/FIN/PASSPORT: 872301756 CONTACT: 63911023 Union Services Pte Ltd.

## 9. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: MODEL:

b) DRIVER'S NAME:

c) NRIC/FIN/PASSPORT: CONTACT:

No of passengers  
 (including driver)  
 (1)

No of passengers  
 (including driver)  
 (1)

No of passengers  
 (including driver)  
 ( )

CLARENCE

① col's stamp cuop

② T/c & driving license

③ insurance car?

Email = mte@marinatechnology.com

VIDEO = Nil.

Claim Handling

Accident MT/1068795

Policy No.	5104826963	Vehicle No.	YN6764U	GST Registrati
Certificate No.				
* Policyholder Name	MARINA TECHNOLOGY AND CONSTRUCTION PTE LTD			Policyholder NI
Product Code	FLEET INSURANCE	Cover Type	Comprehensive	Loading
Contact No.(Mobile)	81680226	Contact No.(Office)	62781948	Contact No.(Hi
Email Address		Special Remark		eCode
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	0	Private Hire
▼ Accident Details				
Report Date	29/10/2019 11:47	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	25/10/2019	Time of Accident hh:mm	14:15	Country of Acc
Reporting Centre		Orange Force		ICM No.
Accident Location	AYE (NEAR JURONG ISLAND EXIT)			
▼ Excess				
Own damage Excess	600.00	Additional Excess		Windscreen Ex
Unnamed Driver Excess		Outside Singapore OD Excess		
Third Party Excess	0.00	Outside Singapore TP Excess		
▼ Benefits				
▼ GST Registered Information				
GST Registered	Yes	GST Registration Date		25/0
GST Registration No.	M201030340	GST Status Verified		Yes
Modification History	29/10/2019 11:51:02 System changed GST Status Verified from No to Yes			
▼ Policyholder Mailing Address				
Address 1	120 LOWER DELTA ROAD	Address 2	#12-08 CENDEX CENTRE	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	#12-08	Related Policy Number	5102442209-01	
▼ OI Driver Info				
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB
Unnamed driver Name	SAKKARAVARTHI ARUMUGAM	Driver NRIC	G2559512U	Driving Exper
Register Date of Driver License	13/05/2015	Driver Age	35	Contact No.(Hi
Contact No.(Mobile)	81680226	Contact No.(Office)	62781948	Address 3
Address 1	120 LOWER DELTA ROAD	Address 2	#12-08 CENDEX CENTRE	Post Code
Address 4		Address Type	Foreign address	
Unit No.	12-08			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.	YN6764U	Driver Insurer
Declaration				
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No	

Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	MA
Contact No.(Mobile)		Contact No. (Home)	NIL
Email Address		OI Vehicle Number	YN6764U
Claim Description	YN6764U / YP1971K ON 25 Oct 2019		
Preferred Workshop		Insured Liability	Not at Fault
Repair No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
Report Taken By		Claim Close Date	29/10/2019 11:53
			ROSLI WAHAB
<input checked="" type="checkbox"/> Print AK letter			

Save Submit

Attachment



Accident No.  
Last Doc. Received

MT/1068795  
☒ Yes ☐ No

Claim No.  
Upload Date

001  
29/10/2019 11:54

Path \*

Choose File

No file chosen

Choose File

No file chosen

Choose File

No file chosen

Choose File

No file chosen

Choose File

No file chosen

Choose File

No file chosen

Message Read

Category \*

Confider

Clear

Please Select

NO

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NO

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Please Select

NO

Clear

Please Select

NO

Attachment List					
Attachment	Uploaded By/Date	Category		Urgency	
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Oct 2019 11:54	Photos		Normal	Phc
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Oct 2019 11:54	Photos		Normal	Phc
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Oct 2019 11:54	Photos		Normal	Phc
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Oct 2019 11:54	Photos		Normal	Phc
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Oct 2019 11:54	Photos		Normal	Phc
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Oct 2019 11:54	Photos		Normal	Phc
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	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Oct 2019 11:53	Photos		Normal	Phc
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Oct 2019 11:53	NRIC/ Driving License	Y	Normal	NRIC/ Driv
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Oct 2019 11:53	NRIC/ Driving License	Y	Normal	NRIC/ Driv
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Oct 2019 11:53	SAS		Normal	Sr

Video List

Uploaded By/Date

Folder Date

File Name

Display in New Window

Scan and uploading



Hello, NAC\_BUKIT\_MERAH\_800676

[Change Language](#) [Change Password](#) [Log Out](#)

[My Desktop](#)  
[Notice of Loss](#)

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="25/10/2019 12:06"/>
Vehicle No.(For Motor)	<input type="text" value="YN6764U"/>	Certificate Number	<input type="text"/>

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5104826963		MARINA TECHNOLOGY AND CONSTRUCTION PTE LTD	199105516Z	GFT	Comprehensive	YN6764U	YN6764U	28/11/2018	