

# NATIONAL Assessment Centre Services

Part 1 (Job Log)

MMA 119144168

|              |                     |  |                       |                |
|--------------|---------------------|--|-----------------------|----------------|
| Date In      | 31/10/19 13:50      | Job description                          | Date & Time Completed | Done by        |
| Ref No       | MAI INC 19019248164 | SAS e-filing                             |                       |                |
| Veh No       | SGM 6203K           | E-mail (within 2hrs, A/C 2hrs)           |                       |                |
| Time         | 30/10/19 18:20      | I-Motor Claim Form                       | MT/1069322-201        | 31/10/19 14:10 |
| TP Insurance | Reporting Only      | I-Motor W/O (WHMA; OD Tpl, TP *0/1)      |                       |                |
|              |                     | I-Photo Uploaded                         |                       |                |
|              |                     | Assessment/Survey Report                 |                       |                |
|              |                     | Ass't Report by Fax / Hand to Owner/Whan |                       |                |

|  |   |                       |
|--|---|-----------------------|
| Preferred Wksp / INC Assign Wksp / QW: ( | Tel:  | Fax:                  |
| TP Particulars:                          | Veh No: YP 1743C  | 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: ( )                            |

|   |                        |          |
|---|------------------------|----------|
| Reminders: (INC Ref No: 67386016) N:                    | 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 1908184                      | Invoice Preparation Checklist                 | Am (5)      | PAK (1) |
| Client's Particulars:           | 1) AR: Accident Reporting (\$30)              | 30.00       |         |
| Driver/Owner:                   | 2) DA: Damage Assessment (\$100) INC (\$10)   |             |         |
| Contact No:                     | 3) TF: Towing Fee \$40/\$45                   |             |         |
| Damaged Portion:                | 4) PT: Follow-Through Survey \$120            |             |         |
| QC Checked by (Engr-In-Charge): | 5) PT: Follow-Through Survey (Resurvey) \$20  |             |         |
| Amplifiers Comments:            | For claims status: UNC Only (w/c 10 Jan 2020) |             |         |
|                                 | 6) TR: Re-Inspection \$75                     |             |         |
|                                 | 7) NI: Idas DA + SMRT Survey \$160            |             |         |
|                                 | 8) NTUC Additional Services:                  |             |         |
|                                 | OR:   |             |         |
|                                 | *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 (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             | 31/10/2019 13:50              |
| Date Of Accident           | 30/10/2019 18:20              |
| Exact Location Of Accident | JLN JERUJU TWDS JLN MALU-MALU |
| Country/State of Loss      | SINGAPORE                     |

### DETAILS OF OWN VEHICLE

|                             |                      |
|-----------------------------|----------------------|
| Vehicle Registration Number | SGN6203K             |
| <b>Insured/Policyholder</b> |                      |
| Name Of Registered Owner    | RAJAGOPAL            |
| NRIC No                     | S0460391E            |
| Email Address               | NOEMAIL              |
| Mobile Phone No             | (LOCAL) +65-90264903 |
| Alternative Phone No        | OFFICE-90264903      |

### Vehicle Particulars

|  |             |
|--|-------------|
| Manufacturer   | HONDA       |
| Model  | FIT         |
| 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          | THIRD PARTY FIRE AND/OR THEFT          |
| Fleet Policy              | NO                                     |
| Policy Number             | 5086326879-02                          |
| Cover Note Number         |  |

### Driver

|                      |                       |
|----------------------|-----------------------|
| Name of Driver       | RAJAGOPAL             |
| NRIC No              | S0460391E             |
| Date Of Birth        | 16/05/1948            |
| Occupation           | INDOOR                |
| Date Of Driving Pass | 05/05/1978            |
| Driving Experience   | 41 YEARS AND 5 MONTHS |
| Gender               | MALE                  |
| Mobile Number        | (LOCAL) +65-90264903  |
| Fax Number           |                       |
| Contact Number       | OFFICE-90264903       |
| Email Address        | NOEMAIL               |



|   |                               |
|---|-------------------------------|
| Address   | BLK 339 HOUGANG AVE 7 #13-419 |
| Postcode  | 530339                        |
| Was driver an employee of the Insured's Company     | NO                            |
| If No, Relationship of the Driver with the Insured  | OWNER                         |
| Vehicle Registration Number of Driver's Own Vehicle | -                             |
|   | -                             |
|   | -                             |
| Insurance Company of Driver's Own Vehicle           | -                             |
|   | -                             |
|   | -                             |

#### General Information of the Accident

|                    |                            |
|--------------------|----------------------------|
| Type Of Accident   | COLLISION - MAJOR/MINOR RD |
| 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?   | YES |
| 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

I WAS TRAVELLING ALONG JLN JERUJU TWDS JLN MALU-MALU, WHILE GOING STRAIGHT, SUDDENLY VEH B DASHED OUT FROM THE CARPARK OF SEMBAWANG SHOPPING CENTRE AND HIT ONTO MY VEH LEFT HAND SIDE. THE IMPACT CAUSE MY CAR TO BE PUSHED TO THE OTHER SIDE OF JLN JERUJU.

#### 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         | YP1743C            |
| 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) |                    |

#### DETAILS OF INJURED PERSON 1

|   |           |
|---|-----------|
| Name  | RAJAGOPAL |
| Approximate Age                                     |           |
| Injuries Sustain                                    | BODY      |
| Injured person in which vehicle?                    | SGN6203K  |
| Were seat belts worn?                               | YES       |
| Was this injured conveyed to hospital by ambulance? | NO        |
| Address   |           |
| Postcode  |           |


## 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: 3/10/2019

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

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



Diagram of the intersection:

A = SGN 6203K.  
B = YP 1743C.

Jln Jeruju tweds Jln Malu-malu.

Please Refer to Statement

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

31/10/2019

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

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

## 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:** 5086326879-02

**Cover :** Third Party, Fire & Theft

- |   |   |
|---|---|
| 1. Index mark and Registration Number of Vehicle  | : <b>SGN6203K</b>   |
| Chassis Number  | : GD12357492  |
| 2. Name of Policyholder   | : RAJAGOPAL   |
| 3. Effective Date of Insurance  | : 23 Nov 2018   |
| 4. Expiry Date of Insurance   | : 22 Nov 2019   |
| 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)                   | : N/A   |
| EXCESS (SECTION 2)                   | : N/A   |
| ADDITIONAL EXCESS                    | : N/A   |
| UNNAMED DRIVER EXCESS                | : N/A   |
| REPAIR AT OWNER'S PREFERRED WORKSHOP | : NO  |
| INSURE WITH COE                      | : YES   |
| NCD PROTECTION                       | : NO  |
| PRIMARY DRIVER                       | : RAJAGOPAL                                       |
| NAMED DRIVER (1)                     | : N/A   |
| NAMED DRIVER (2)                     | : N/A   |
| HIRE PURCHASE COMPANY                | : LIEN CHONG ENTERPRISES 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)

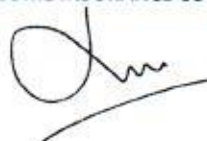
Agency : JZ ASSURE PTE. LTD. (00000573155)  
Date of Issue : 12 Nov 2018 15:39 hrs  
Reprint : 12 Nov 2018 15:41 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

\_\_\_\_\_  
Authorised Officer



\_\_\_\_\_  
Chief Executive

## Claim Handling

## Accident MT/1069322

|   |                               |                               |                           |                        |                              |
|---|-------------------------------|-------------------------------|---------------------------|------------------------|------------------------------|
| Policy No.                              | 5086326879-02                 | Vehicle No.                   | SGN6203K                  | GST Registration No.   |                              |
| Certificate No.                         |                               |                               |                           |                        |                              |
| Policyholder Name                       | RAJAGOPAL                     | Cover Type                    | Third Party, Fire & Theft | Policyholder NRIC      | S0460391E                    |
| Product Code                            | PRIVATE CAR INSURANCE         | Contact No.(Office)           |                           | Loading                | 0                            |
| Contact No.(Mobile)                     | 90264903                      | Special Remark                |                           | Contact No.(Home)      |                              |
| Email Address                           |                               | TCA                           | = No Yes                  | eCode                  | No                           |
| KFK                                     | = No Yes                      | NCD Entitlement(%)            | 50                        | eCode Reason           |                              |
| NCD Protection                          | No                            |                               |                           | Private Hire           | No                           |
| <b>Accident Details</b>                 |                               |                               |                           |                        |                              |
| Report Date                             | 31/10/2019 14:06              | Accident Report Within 24 hrs | Yes                       | Accident Type          | Collision - Major/Minor Road |
| Date of Accident                        | 30/10/2019                    | Time of Accident hh:mm        | 18:20                     | Country of Accident    | Singapore                    |
| Reporting Centre                        |                               | Orange Force                  |                           | ICM No.                |                              |
| Accident Location                       | JLN JERUJU TWOS JLN MALU-MALU |                               |                           |                        |                              |
| <b>Excess</b>                           |                               |                               |                           |                        |                              |
| Own damage Excess                       | 0.00                          | Additional Excess             |                           | Windscreen Excess      | 0.00                         |
| Unnamed Driver Excess                   | 0.00                          | Outside Singapore OD Excess   | 0.00                      |                        |                              |
| Third Party Excess                      | 0.00                          | Outside Singapore TP Excess   | 0.00                      |                        |                              |
| <b>Benefits</b>                         |                               |                               |                           |                        |                              |
| <b>GST Registered Information</b>       |                               |                               |                           |                        |                              |
| GST Registered                          | No                            | GST Registration Date         |                           | GST Status Verified    | Yes                          |
| GST Registration No.                    |                               |                               |                           |                        |                              |
| Modification History                    |                               |                               |                           |                        |                              |
| <b>Policyholder Mailing Address</b>     |                               |                               |                           |                        |                              |
| Address 1                               | BLK 339 #13-419               | Address 2                     | HOUGANG AVENUE 7          | Address 3              | SINGAPORE 530339             |
| Address 4                               |                               | Address Type                  | Singapore address         | Post Code              | 530339                       |
| Unit No.                                |                               | Related Policy Number         | 5086326879-03             |                        |                              |
| <b>OI Driver Info</b>                   |                               |                               |                           |                        |                              |
| Driver Name                             | RAJAGOPAL                     | Driver Type                   | Main Driver               | Driver DOB             | 16/05/1948                   |
| Unnamed driver Name                     |                               | Driver NRIC                   | S0460391E                 | Driving Experience     | 24                           |
| Register Date of Driver License         | 01/01/1995                    | Driver Age                    | 71                        | Contact No.(Home)      |                              |
| Contact No.(Mobile)                     | 90264903                      | Contact No.(Office)           |                           | Address 3              | SINGAPORE 530339             |
| Address 1                               | BLK 339 #13-419               | Address 2                     | HOUGANG AVENUE 7          | Post Code              | 530339                       |
| Address 4                               |                               | Address Type                  | Singapore address         |                        |                              |
| Unit No.                                |                               |                               |                           |                        |                              |
| Does he own a Singapore Registered car? | Yes = No                      | Driver Vehicle No.            |                           | Driver Insurer Company |                              |
| <b>Declaration</b>                      |                               |                               |                           |                        |                              |
| Breathalyser or Blood Test Reading?     | 0 mg                          | Any injury?                   | = Yes No                  |                        |                              |

Modification History

Claim 001 New

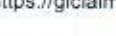
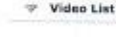
|   |                                   |                         |                                  |                     |                            |               |            |
|---|-----------------------------------|-------------------------|----------------------------------|---------------------|----------------------------|---------------|------------|
| Claim Type *  | OD-MX                             | Insured Name            | RAJAGOPAL                        | Insured NRIC        | S0460391E                  |               |            |
| Contact No.(Mobile)                                 | 90264903                          | Contact No.(Home)       | 65259430                         | Contact No.(Office) |                            |               |            |
| Email Address                                       | ricgopal63@yahoo.com.sg           | Vehicle Number          | SGN6203K                         | TP Vehicle Number   | YP174                      |               |            |
| Claim Description                                   | SGN6203K / YP1743C ON 30 Oct 2019 |                         |                                  |                     | Name of Preferred Workshop |               |            |
| Preferred Workshop                                  | 0                                 | Insured Liability       | Not at Fault                     |                     |                            |               |            |
| Contract No.  | Yes                               | Preferred Repair Option | Preferred Workshop, Name unknown | GIA report          | Received                   |               |            |
| Date Registered                                     |                                   |                         |                                  | Claim Close Date    | 31/10/2019 14:08           | Date Received | 31/10/2019 |
| Report Taken By                                     | LEW SHAN HUI                      |                         |                                  |                     |                            |               |            |
| <input checked="" type="checkbox"/> Print AK letter |                                   |                         |                                  |                     |                            |               |            |

Save Submit

## Attachment

|   |   |                       |                  |             |                                  |
|---|---|-----------------------|------------------|-------------|----------------------------------|
| Accident No.  | MT/1069322  | Claim No.             | 001              |             |                                  |
| Last Doc. Received  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Upload Date           | 31/10/2019 14:10 |             |                                  |
| Path *  |   |                       |                  |             |                                  |
| Choose File   | No file chosen  | Clear                 | Please Select    |             |                                  |
| Choose File   | No file chosen  | Clear                 | Please Select    |             |                                  |
| Choose File   | No file chosen  | Clear                 | Please Select    |             |                                  |
| Choose File   | No file chosen  | Clear                 | Please Select    |             |                                  |
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| Choose File   | No file chosen  | Clear                 | Please Select    |             |                                  |
| Choose File   | No file chosen  | Clear                 | Please Select    |             |                                  |
| Message Read  |   |                       |                  |             |                                  |
| <b>Attachment List</b>                                      |   |                       |                  |             |                                  |
| Attachment  | Uploaded By/Date  | Category              | Urgency          | Description | Mi                               |
| NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) 0 | 31 Oct 2019 14:10   | NRIC/ Driving License | Y                | Normal      | NRIC/ Driving License 2019-10-31 |





NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o  
31 Oct 2019 14:10

SAS

Normal

SAS 2019-10-31

NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o  
31 Oct 2019 14:10

Photos

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Photos 2019-10-31

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31 Oct 2019 14:08

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Photos

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Photos 2019-10-31

Video List

Uploaded By/Date

Folder Date

File Name



Source

Display in New Window

Scan and uploading