

NATIONAL Assessment Centre Services.

[ver 1 Jan 00]

MAA 49149097

Date In: 06/11/2009 15:15	Job description	Date & Time Completed	Done by
Ref No: N/A/INC/90/9655/4	SAS e-filing		
Veh No: GBE 11828	E-mail (3 days, A/C 2 hrs)		
DOA: 06/11/2009 03:30	I-Motor Claim Form	MT/1070237-001	06/11/2009 15:45
OD: TP: Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whse		

Preferred Wkep / INC Assign Wkep / QW: (

Tel:

Fax:

TP Particulars:

Veh No: GBE 12585

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 repair.

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

Drive-In (

)/Towed-In (

); Invoice: YES (

)/NO (

); Towing Co: (

Remarks: () Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury: (

Defect: ()

Defect: ()

Defect: ()

Defect: ()

Defect: ()

Defect: ()

Defect: ()

Defect: ()

Defect: ()

Defect: ()

Defect: ()

Defect: ()

Defect: ()

Defect: ()

Defect: ()

Defect: ()

Claimant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Applicant's Comments:

Ref: 1

2/3

1) AR: Accident Reporting (\$30)	
2) DA: Damage Assessment (\$100)	INC (\$10)
3) TP: Towing Fee	\$40/\$45
4) PT: Follow-Through Survey	\$120
5) PT: Follow-Through Survey (Resurvey)	\$30
For claimant against INC Only (ver 10 Jan 2009)	
6) TR: Re-inspection	\$25
7) NI: Idas DA + SMRT Survey	\$160
8) NTUC Additional Services:	
ON:	
*NS: Courtesy Car / Tpt Allowance	\$3
*N6: Repairs Co-ordination	\$10
*N7: Post Repair Inspection	\$25
*ND: DV / Collect Excess Coordination	\$3
TP (NI): TP (Non INC) against INC	\$20
9) NI: Idas Mobile	\$30

Invoice dated

Invoice dated

Fee Charged

Fee Charged

MAA 49149097

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	06/11/2019 15:19
Date Of Accident	06/11/2019 03:30
Exact Location Of Accident	CHOA CHU KANG SPORTS CENTRE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE1182B
Insured/Policyholder	
Name Of Registered Owner	SRI MARIYAMMAN
Co Reg No	53061400J
Email Address	SARASNEKA@YAHOO.COM
Mobile Phone No	(LOCAL) +65-94872935
Alternative Phone No	OFFICE-94872935

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE
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

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5083236823-03
Cover Note Number	

Driver

Name of Driver	NADIMUTHU SARAVANAN
NRIC No	S7462405G
Date Of Birth	07/04/1974
Occupation	OUTDOOR
Date Of Driving Pass	03/12/1997
Driving Experience	21 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94872935
Fax Number	
Contact Number	OTHERS-94872935
Email Address	SARASNEKA@YAHOO.COM

Address	BLK 164 STIRLING ROAD #09-1218
Postcode	140164
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	COLLIDED INTO PARKED VEHICLE
Weather Conditions	DARK
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	GBE1258S
Vehicle Make/Model/Colour	MERCEDES BENZ
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	MAHALINGAM MAUTHAMUTIAU
NRIC/Passport Number	G7653836R
Contact Number	86241518
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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:

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

06/11/2019
Reporting Centre Personnel's Signature
Name: *Resh*
NRIC/FIN No.: *110103*

SKETCH PLAN

CHUA CHU KANG SPORTS CENTRE

A) GBE 1182R

B) GBE 1285S



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 06/11/2019 AT ABOUT 03:30HRS I WAS AT CHUA CHU KANG SPORT CTR & WANTED TO PARK MY VAN TO DO SOME ERRANDS. THE PLACE WAS TOO DARK & WHEN I REVERSE MY VAN I ACCIDENTALLY SCRATCH A VAN GBE 1285S WHICH PARK THE PARK OPERA & NO LIGHT INDICATION.

On 06/11/2019 at about 03:30 hours I was at Chua Chu Kang Sport Centre & wanted to park my van to do some errands. The place was too dark & when I reverse my van I accidentally scratch a van GBE 1285S which park the park opera & no light indication.

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: (06/11/2019) (DD/MM/YYYY), TIME: (3:30) (HH:MM)

LOCATION: Choa Chu Kang Sports Centre

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBE 1182 B
 b) INSURANCE COMPANY: NTUC
 c) POLICY NUMBER: 5083226823-03
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: TOYOTA AURA
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: working time
 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: SEI MARIYOMON (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: WADIMUTHU SARAYANOD (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S74624054 CONTACT: 94812935
 c) ADDRESS: Bukit Merah #09-1218 Stirling Road

* d) DATE OF BIRTH: (07/04/1974) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 03 Dec 1993

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO)
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Yes

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) C
 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: GBE 1258 S MODEL: MAZDA
 b) DRIVER'S NAME: MARASINOD
 c) NRIC/FIN/PASSPORT: 97653836 R CONTACT: 86241518

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
 e) DRIVER'S NAME: _____
 f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

* No of passenger
 (including driver)
 (1)

* No of passenger
 (including driver)
 ()

* No of passenger
 (including driver)
 ()

Email = Sara sneka @ yahoo.com
 VIDEO

Claim Handling

Accident MT/1070237

Policy No.	5083236823-03	Vehicle No.	GBE1182B	GST Registrati
Certificate No.				
Policyholder Name	SRI MARIYAMMAN			Policyholder Ni
Product Code	COMMERCIAL VEHICLE INSURAN	Cover Type	Preferred Workshop Plan	Loading
Contact No.(Mobile)	94872935	Contact No.(Office)		Contact No.(Hi
Email Address		Special Remark		eCode
KPK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	20	Private Hire

▼ Accident Details

Report Date	06/11/2019 15:37	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	06/11/2019	Time of Accident hh:mm	03:30	Country of Acc
Reporting Centre		Orange Force		ICM No.
Accident Location	CHOA CHU KANG SPORTS CENTRE			

▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00	
OD Standard Excess	600.00	TP Standard Excess	0.00	
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Cover
Additional Excess				
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	06/11/2019 15:39:29 System changed GST Status Verified from No to Yes		

▼ Policyholder Mailing Address

Address 1	BLK 164 #09-1218	Address 2	STIRLING ROAD	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	01-3665	Related Policy Number	5083236823-03	

▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	NADIMUTHU SARAVANAN	Driver NRIC	S7462405G	Driver DOB
Register Date of Driver License	03/12/1997	Driver Age	45	Driving Experi
Contact No.(Mobile)	94872935	Contact No.(Office)		Contact No.(Hi
Address 1	BLK 164 #09-1218	Address 2	STIRLING ROAD	Address 3
Address 4	SINGAPORE 140164	Address Type	Foreign address	Post Code
Unit No.	09-1218			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.	GBE1182B	Driver Insurer

Declaration

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

Claim 001 **New**

Claim Type *

Contact No.(Mobile)

Email Address

Claim Description

Preferred Workshop Insured Liability Fully at Fault
 Repair Option Preferred Workshop, Name unknown GIA report Received

Date Registered

Report Taken By

☒ Print AK letter

OD-MX Insured Name SR
 94872935 Contact No. (Home)
 sarasneka@yahoo.com OT Vehicle Number GB

GBE1182B / GBE12585 ON 6 Nov 2019

06/11/2019 15:44 Claim Close Date
 ROSLI WAHA5

Attachment

Accident No.	MT/1070237	Claim No.	001
Last Doc: Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	06/11/2019 15:45
Path: *		Category *	
Choose File	No file chosen	Clear	Please Select NO
Choose File	No file chosen	Clear	Please Select NO
Choose File	No file chosen	Clear	Please Select NO
Choose File	No file chosen	Clear	Please Select NO
Choose File	No file chosen	Clear	Please Select NO
Choose File	No file chosen	Clear	Please Select NO
Message Read		Clear	Please Select NO

▼ Attachment List

Attachment	Uploaded By/Date	Category		Urgency	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 06 Nov 2019 15:45	Photos		Normal	Ph
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 06 Nov 2019 15:45	Photos		Normal	Ph
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 06 Nov 2019 15:45	Photos		Normal	Ph
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 06 Nov 2019 15:44	NRIC/ Driving License	Y	Normal	NRIC/ Dri
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 06 Nov 2019 15:44	SAS		Normal	S

▼ Video List

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

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 : 5083236823-03

Cover : Preferred Workshop Plan

- | | |
|---|---------------------|
| 1. Index mark and Registration Number of Vehicle | : GBE1182B |
| Chassis Number | : JTFHT02P500177364 |
| 2. Name of Policyholder | : SRI MARIYAMMAN |
| 3. Effective Date of Insurance | : 03 Sep 2019 |
| 4. Expiry Date of Insurance | : 02 Sep 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	: UNITED OVERSEAS BANK LIMITED
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 : TONG HIN INSURANCE AGENCY PTE. LTD. (00000614661)
Date of Issue : 13 Aug 2019 10:25 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive