

NATIONAL Assessment Centre Services. part 1 Jan 09 : MWA 119156781

Date In: 27/11/19 15:32	Job description	Date & Time Completed	Done by
Ref No: MAJ INC 190210071h4.	SAS e-filing		
Veh No: GBE 6578K	E-mail (within 8hrs, AIC 2hrs)		
DOA: 26/11/19 18:30.	I-Motor Claim Form	MT/1073298-001	27/11/19 15:52.
OD: <input checked="" type="checkbox"/> Reporting Only	I-Motor W/O (within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whse		

Preferred Wksp / INC Assgn Wksp / GW: () Tel: () Fax: ()

TP Particulars: Veh No: SLW 8673S. 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: YBS () / 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: ()

Comments:	INC () / Non-INC ()	TP () / Non-TP ()	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

Comments Particulars: MWA1908924	1) AR: Accident Reporting (\$30)	30.00	
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (50)		
Contact No:	3) TP: Towing Fee 540/545		
Damaged Portion:	4) PT: Follow-Through Survey 520		
QC Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey) 530		
Auditors Comment:	Per estimate against INC Only (see 10 Jan 2009)		
	6) TR: Re-inspection 375		
	7) NI: Idem DA + SMRT Survey 5160		
	8) NTUC Additional Services:		
	ON:		
	* N5: Courtesy Car / Tpt Allowance 55		
	* N6: Repair Co-ordination 510		
	* N7: Post Repair Inspection 525		
	* N8: DV / Collect Excess Coordination 53		
	TP (NI1): TP (Non INC) against INC 520		
	9) NI2: Idem 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	27/11/2019 15:32
Date Of Accident	26/11/2019 18:30
Exact Location Of Accident	ALONG PIE TWDS TUAS BEFORE EUNOS EXIT.
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE6578K
Insured/Policyholder	
Name Of Registered Owner	MAGINET PLUMBING CONTRACTOR PTE LTD
Co Reg No	201405827W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-94385965

Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA
Exact Purpose for which vehicle was being used at time of accident	WORK
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	5110324381
Cover Note Number	

Driver

Name of Driver	SUBRAMANI SOUNDARAPANDI
Passport No/FIN	G8011383X
Date Of Birth	24/05/1985
Occupation	OUTDOOR
Date Of Driving Pass	17/05/2018
Driving Experience	1 YEAR AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90161435
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	30 MANDAI ESTATE #02-09
Postcode	729918
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	4
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)	2
Passenger 1	NAME: : KARUPPAIYAN KANNAN
	GENDER: : MALE

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

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	SLW8673S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SFX9955M
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SMP6566G
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
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 SUBRAMANI SOUNDARAPANDI
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? GBE6578K
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 2

Name KARUPPAIYAN KANNAN
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? GBE6578K
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.

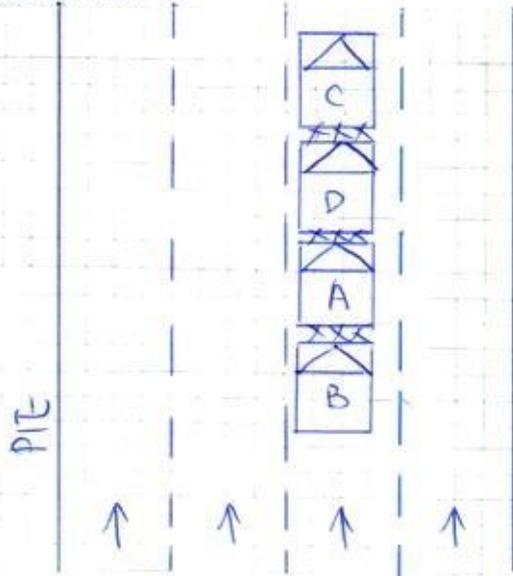


Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



Vehicle A: GBE6578K
 Vehicle B: SLW8673S
 Vehicle C: SFX9955M
 Vehicle D: SMP6566G

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the above said date & time, I was driving my vehicle A (GBE 6578K) traveling along PTE tuds THAS on second lane of a 4-lanes, expressway. Somewhere before Jalan Eunos Exit, vehicle D (SMP6566G) ahead slowed down and stopped due to the heavy traffic flow. As such, I applied brake and stopped completely behind vehicle D. Out of sudden, vehicle B (SLW8673S) came from the rear and collided directly onto the rear portion of my vehicle. Upon the impact, my vehicle surged forward and collided onto the rear portion of vehicle D. After the accident, I alighted and realised that I was involved in a chain accident of 4 vehicles. There was the first vehicle C (SFx9955m) in front.

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.	GBE 6578K	Model / Make	Toyota Dyna
Date of Accident	26/11/2019		
Time of Accident	1830	HRS	
Location of Accident	Along PIE tuets Tuas before Eunos Exit		
Exact purpose use during accident	Work		
Name of Owner	Magnet Plumbing Contractor Pte Ltd		
Telephone No.	H/P: 9438 5965	Home :	Office :
NRIC	201405827W		
Address	30 Mandai Estate #02-09 S (729918)		
Claim type	OD	THIRD PARTY	REPORTING ONLY
Insurance Company	NTUC		
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft
Policy No.	5101311509		
Name of Driver	As Above If No, Subramani Soundapandi		
NRIC	G 8011838X	Any Passengers :	1
Date of birth	24/5/1985	Karupparayan Kannan (m)	
Occupation	Outdoor	/	Indoor
Driving License Pass Date	17/3/2018		
Gender	Male	/	Female
Contact No.	H/P: 9016 435	Home :	Office :
Address	30 Mandai Estate #02-09 S (729918)		
Driver have any own vehicle	No	If yes, Reg No.	
Relationship	Employee,	If no, state	
Weather condition	Clear	Raining	Other
Road Surface	Dry	Wet	Other
Any Injuries	No,	If Yes, Who?	
Name And Contact No.	Subramani Soundapandi 9016 435		
Name And Contact No.	Karupparayan Kannan 8618 0384		
Police Report	No,	If Yes, Where?	
Vehicle B No.	SLW 8673S	Any Passengers :	-
Name of Driver	9955	Contact No. :	
Vehicle C No.	SFX 9955M	Any Passengers :	1-
Vehicle D No.	SMP 6566G	Any Passengers :	-
Vehicle E no.		Any Passengers :	
Vehicle F No.		Any Passengers :	
Vehicle G No.		Any Passengers :	
Witness Name		Witness Contact :	
Accident Portion	Front & rear portion		
Camera Recorder	Yes / No		
Email Address	magnet8@yahoo.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		

Hello, NAC_PAYA_UBI_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)**Policy Query**

Policy No. Date of Accident
 Vehicle No. (For Motor) Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5110324381	5110324381-000002	MAGINET PLUMBING CONTRACTOR PTE LTD	201405827W	GFM	Comprehensive	GBE6578K	GBE6578K	13/06/2019	12/06/2020

Claim Handling

Accident MT/1073298

Policy No.	5110324361	Vehicle No.	GBE6578K	GST Registration No.	
Certificate No.	5110324361-000002				
Policyholder Name	MAGINET PLUMBING CONTRACTOR PTE LTD	Cover Type	Comprehensive	Policyholder NRIC	201405827W
Product Code	FLEET MASTER INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	94385965	Special Remark		Contact No.(Home)	
Email Address		TCA	<input type="checkbox"/> No <input type="checkbox"/> Yes	eCode	No
KFK	<input type="checkbox"/> No <input type="checkbox"/> Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No			Private Hire	No

Accident Details

Report Date	27/11/2019 15:47	Accident Report Within 24 hrs	Yes	Accident Type	Chain Collision
Date of Accident	26/11/2019	Time of Accident hh:mm	18:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ECM No.	
Accident Location	ALONG PIE TWDS TUAS BEFORE EUNOS EXIT.				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00	Driver is Covered?	Covered
OD Standard Excess	500.00	TP Standard Excess			
YIED OD Excess	1000.00	YIED TP Excess	0.00		
Additional Excess		Total TP Excess Applicable	0.00		
Total OD Excess Applicable	1600.00				

GST Registered Information

GST Registered	Yes	GST Registration Date	10/03/2014
GST Registration No.	201405827W	GST Status Verified	Yes
Modification History	27/11/2019 15:49:16 System changed GST Registered from No to Yes 27/11/2019 15:49:16 System changed GST Registration No. from null to 201405827W 27/11/2019 15:49:16 System changed GST Registration Date from null to 10/03/2014		

Policyholder Mailing Address

Address 1	30 MANDAI ESTATE	Address 2	#06-07	Address 3	SINGAPORE 729918
Address 4		Address Type	Singapore address	Post Code	729918
Unit No.	06-07	Related Policy Number	5113007814		

DI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	24/05/1985
Unnamed driver Name	SUBRAMANI SOUNDARAPANDI	Driver NRIC	G8011382X	Driving Experience	1
Register Date of Driver License	17/05/2018	Driver Age	34	Contact No.(Home)	
Contact No.(Mobile)	90161435	Contact No.(Office)		Address 3	SINGAPORE 729918
Address 1	30 MANDAI ESTATE	Address 2	#02-09	Post Code	729918
Address 4		Address Type	Singapore address		
Unit No.	02-09	Driver Vehicle No.		Driver Insurer Company	
Does he own a Singapore registered car?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				

Declaration

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

Claim 001 New

Claim Type *	OD-MX	Insured Name	MAGINET PLUMBING CONTRACT	Insured NRIC	201401	
Contact No.(Mobile)	97539541	Contact No. (Home)		Contact No. (Office)		
Email Address		OT Vehicle Number	GBE6578K	TP Vehicle Number	SLW86	
Claim Description	GBE6578K / SLW86735 ON 26 Nov 2019				Name of Preferred Workshop	
Preferred Workshop	0	Insured Liability	Not at Fault			
Workshop No. Finalisation	Yes	Repair Option	Preferred Workshop, Name unknown	GIA report	Received	
Date Registered		Claim Close Date	27/11/2019 15:50	Date Received	27/11/	
Report Taken By	JJEW SHAN HUI					

Print AK letter

Attachment

Accident No.	MT/1073298	Claim No.	001
Last Doc. Received	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Upload Date	27/11/2019 15:52

Path *	Category *	Confidential	Urgency *	Desc
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select	<input type="button" value="Clear"/> NO	<input type="button" value="Clear"/> Normal	
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select	<input type="button" value="Clear"/> NO	<input type="button" value="Clear"/> Normal	
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select	<input type="button" value="Clear"/> NO	<input type="button" value="Clear"/> Normal	
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<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select	<input type="button" value="Clear"/> NO	<input type="button" value="Clear"/> Normal	
<input type="button" value="Message Read"/>	<input type="button" value="Clear"/> Please Select	<input type="button" value="Clear"/> NO	<input type="button" value="Clear"/> Normal	

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Nov 2019 15:52	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-11-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Nov 2019 15:52	SAS	Normal	SAS 2019-11-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Nov 2019 15:52	Photos	Normal	Photos 2019-11-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Nov 2019 15:51	Photos	Normal	Photos 2019-11-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Nov 2019 15:51	Photos	Normal	Photos 2019-11-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Nov 2019 15:51	Photos	Normal	Photos 2019-11-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Nov 2019 15:51	Photos	Normal	Photos 2019-11-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Nov 2019 15:51	Photos	Normal	Photos 2019-11-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Nov 2019 15:51	Photos	Normal	Photos 2019-11-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Nov 2019 15:50	Photos	Normal	Photos 2019-11-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Nov 2019 15:50	Photos	Normal	Photos 2019-11-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Nov 2019 15:50	Photos	Normal	Photos 2019-11-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Nov 2019 15:50	Photos	Normal	Photos 2019-11-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Nov 2019 15:50	Photos	Normal	Photos 2019-11-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Nov 2019 15:50	Photos	Normal	Photos 2019-11-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Nov 2019 15:50	Photos	Normal	Photos 2019-11-27

Video List

Uploaded By/Date	Folder Date	File Name	Source
		<input type="button" value="Display in New Window"/> <input type="button" value="Scan and uploading"/>	