

NATIONAL Assessment Centre Services

Date In: 03/12/19	Job description	Date & Time Completed	Done by
Ref No: NA/INC19021360/13	SAS e-filing		
Veh No: GBD9704Z	E-mail (w/In: 8hrs, A/C 2hrs)		
D.O.A: 02/12/19 1225	i-Motor Claim Form	MT/1074200-001	
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/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (TWNCAR	Tel:	Fax:
TP Particulars:	Veh No: 4P98443	INC () / Non-INC ()	
Owner / Driver: (Tel:	()
Policy No: (Period: (
Confirmed by: (Date:	
Insured/Driver Liability: (% [Note-Est. Status (WO):	N: 0-20%; P: 21-79%; F: 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. ()

Remarks:- (INC hotline: 6788 6616)	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

NA1909163	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
	5) RT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
QC Checked by (Engr-In-Charge):	OP*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
Auditors' Comments:-	TP (N11): TP (Non INC) against INC \$20		
Cat. 1:	9) N12: Idac Mobile 30		
Cat. 2 / 3:	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	03/12/2019 17:25
Date Of Accident	02/12/2019 12:25
Exact Location Of Accident	61 TAI SENG AVE LOADING & UNLOADING BAY
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GBD9704Z
Insured/Policyholder	
Name Of Registered Owner	PAM WAYNE PROJECTS M&E PTE LTD
Co Reg No	200701532M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-97353442
Vehicle Particulars	
Manufacturer	NISSAN
Model	CABSTAR
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5097633189-01
Cover Note Number	
Driver	
Name of Driver	SABAPATHY MANICKAVASAGAN
Passport No/FIN	G6574117U
Date Of Birth	15/07/1987
Occupation	OUTDOOR
Date Of Driving Pass	22/12/2012
Driving Experience	6 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82609546
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	12 SHAW ROAD #08-04 SHAW LODGE DORMITORY
Postcode	367951
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	SIDE SWIPE
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)	2
Passenger 1	NAME: : UNKNOWN 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

PLS REFER TO THE ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	CCTV FROM BUILDING
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YP9844S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	XU TAO
NRIC/Passport Number	
Contact Number	86546517
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.
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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**.
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5. **Any false reporting may be referred to the Police for investigation.**
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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.

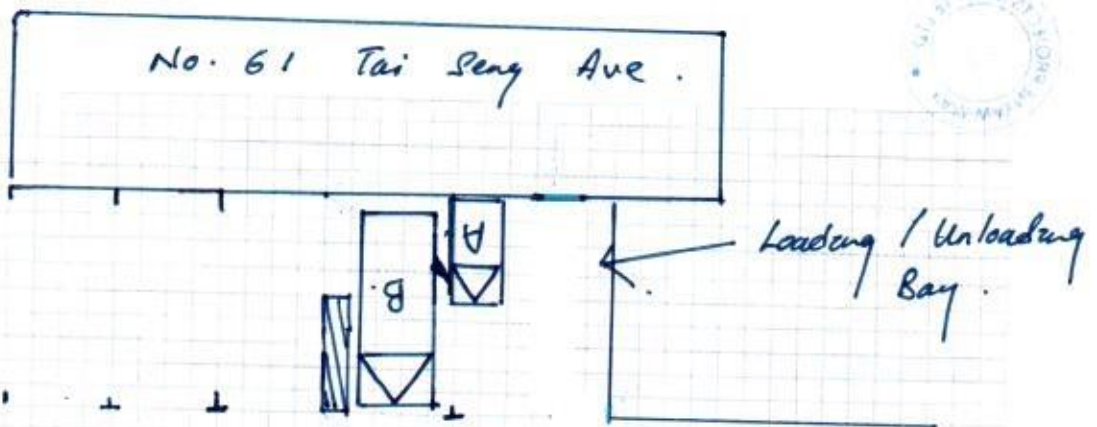


Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



(A) GBD 97042.

(B) YP 98448.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 02/12/19 at @ 1210 hrs, I parked my vehicle (GBD 97042) at the loading / unloading Bay of No. 61, Tai Seng Ave to load up good. After loading the goods, at about 1225 hrs, I get up my lorry, placed my handphone on the holder. About 20 seconds later, as I was about to close my door, a lorry (YP 98448) on my right move off and collided onto the right side of my door.

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)

Reporting Centre Personnel's Signature
Name:

Vehicle No.	G8D 9704 Z		Model / Make	Nissan Cabstar.
Date of Accident	02 / 12 / 19.			
Time of Accident	1225 HRS			
Location of Accident	61, Tai Seng Ave (Loading / unloading Bay).			
Exact purpose use during accident	Commercial Used.			
Name of Owner	Pam Wayne Projects M&E Pte Ltd.			
Telephone No.	H/P : 9735 3442	Home :	Office :	
NRIC	200701532 M.			
Address	BLK 803, King George's Ave #01-188, (B) 200803			
Claim type	OD	THIRD PARTY REPORTING ONLY		
Insurance Company	NTUC.			
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft	
Policy No.	5097633189-01.			
Name of Driver	As Above If No, Sabapathy Manickarasagan.			
NRIC	G 6574117 U.	Any Passengers :		01 (M).
Date of birth	15 / 07 / 1987			
Occupation	Outdoor	/	Indoor	
Driving License Pass Date	22 / 12 / 2012.			
Gender	Male	/	Female	
Contact No.	H/P : 8260 9546	Home :	Office :	
Address	12, Shaw Road #08-04, Shaw Lodge Dormitory (B) 567951			
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.				
Name And Contact No.				
Police Report	No,	If Yes, Where?		
Vehicle B No.	YP 9844 S.	Any Passengers : N.A.		
Name of Driver	Xu Tao.	Contact No. : 8654 6517.		
Vehicle C No.	Any Passengers :			
Vehicle D No.	Any Passengers :			
Vehicle E no.	Any Passengers :			
Vehicle F No.	Any Passengers :			
Vehicle G No.	Any Passengers :			
Witness Name	N.A.	Witness Contact : N.A.		
Accident Portion	Right side.			
Camera Recorder	Yes	No	CCTV from Building.	
Email Address	-			
PARTICULAR WORKSHOP	Twincal			
CONTACT NO.	6842 0051 / 6744 0510			
CONTACT PERSON	Zi Tung			
FAX NO	6741 0510			
WORKSHOP Email ADDRESS	sales@n5i.com.sg			

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 S097633189-01

- | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|
| 1. Index mark and Registration Number of Vehicle | Cover Comprehensive |
| Chassis Number | G8D97042 |
| 2. Name of Policyholder | INISE 21 2420856000 |
| 3. Effective Date of Insurance | PAM WAYHL PROJECTS I&E PTE LTD |
| 4. Expiry Date of Insurance | 04 Feb 2019 |
| 5. Persons or Classes of Persons entitled to drive# | 01 Feb 2020 |
| (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

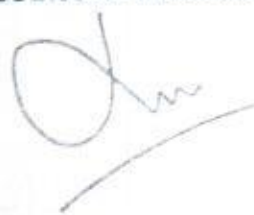
Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	S\$600
EXCESS (SECTION 2)	N/A
WINDSCREEN EXCESS	S\$100
INSURE WITH COL	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 : NLE INSURANCE AGENCIES PTE LTD (00000614580)
Date of Issue : 15 Jan 2019 09:39 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive

Hello, NAC_PAYA_UBI_800601

Change Language Change Password Log Out

My Desktop
Notice of Loss

Policy Query

Policy No.

Date of Accident02/12/2019 12:25

Vehicle No.(For Motor)GBD9704Z

Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	5097633189-01		PAM WAYNE PROJECTS M&E PTE LTD	200701532M	GFT	Comprehensive	GBD9704Z	GBD9704Z	04/02/2019	

Continue

Policy Information

Policy No.

5097633189-01

Policyholder Name

FAM WAYNE PROJECTS M&E PTE

Policyholder NRIC

200701532M

Certificate No.

Address

BLK 803 #01-188 KING GEORGE'S AVENUE SINGAPORE 200803

Product Name

FLEET INSURANCE

Plan

Group Policy Flag

N

Policy issue Date

15/01/2019

Effective Date

04/02/2019 00:00

Expiry Date

03/02/2020 23:59

Third Party Excess

0

Own damage Excess

600

Windscreen Excess

100

Additional Excess

OS Premium

0

Outside Singapore OD Excess

Outside Singapore TP Excess

Agent

NLE INSURANCE AGENCIES PTE

Agent Tel.

64250080

GST Flag

Y

Co-Insurance Flag

No

Open Policy Info

Certificate Info

Policyholder Mailing Address

Address 1

BLK 803 #01-188

Address 2

KING GEORGE'S AVENUE

Address 3

SINGAPORE 200803

Address 4

Address Type

Singapore address

Post Code

200803

Unit No.

Related Policy Number

5097633189-01

Insured Object: GBD9704Z

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
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Continue

Cancel

Claim Handling

Accident MT/1074200

Policy No.	5097633189-01	Vehicle No.	GBD9704Z	GST Registrat
Certificate No.				
Policyholder Name	PAM WAYNE PROJECTS M&E PTE LTD			Policyholder 1
Product Code	FLEET INSURANCE	Cover Type	Comprehensive	Loading
Contact No.(Mobile)	97353442	Contact No.(Office)	0	Contact No.(i
Email Address		Special Remark		eCode
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reaso
NCD Protection	No	NCD Entitlement(%)	0	Private Hire
▼ Accident Details				
Report Date	03/12/2019 18:13	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	02/12/2019	Time of Accident hh:mm	12:25	Country of Ac
Reporting Centre		Orange Force		ICM No.
Accident Location	61 TAI SENG AVE LOADING & UNLOADING BAY			
▼ Excess				
Own damage Excess	500.00	Additional Excess		Windscreen E
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	26/	
GST Registration No.	200701532M	GST Status Verified	Yes	
Modification History	03/12/2019 18:15:43 System changed GST Registration Date from 01/01/2015 to 26/02/2007 03/12/2019 18:15:43 System changed GST Status Verified from No to Yes			
▼ Policyholder Mailing Address				
Address 1	BLK #03 #01-188	Address 2	KING GEORGE'S AVENUE	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5097633189-01	
▼ OI Driver Info				
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	SABAPATHY MANICKAVASAGAN	Driver NRIC	G6574117U	Driver DOB
Register Date of Driver License	22/12/2012	Driver Age	32	Driving Exper
Contact No.(Mobile)	82609546	Contact No.(Office)	0	Contact No.(i
Address 1	12 SHAW ROAD	Address 2	SHAW LODGE	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	#08-04			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insure
Declaration				
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input type="radio"/> No	
Modification History				
Claim 001 OD-MX New				
Claim Type *				
Contact No.(Mobile)		Insured Name	OD-MX	P
Email Address		Contact No.(Home)		
Claim Description		DI Vehicle Number		E
Preferred Workshop		Insured Liability	Not at Fault	
Request No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	
Date Registered		GIA report	Received	
Report Taken By		Claim Close Date	03/12/2019 18:17	
		Workshop Repairer	ROSLINDA	
<input checked="" type="checkbox"/> Print AK letter				
<div>Save Submit</div>				

Attachment

Accident No. MT/1074200

Claim No. 001

Last Doc. Received * Yes No

Upload Date 03/12/2019 00:00

Path

Category *

Confid

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

Choose File No file chosen

Message Read

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NO

NO

NO

NO

NO

NO

NO

Attachment List

Attachment

Uploaded By/Date

Category

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Urgency

NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Dec 2019 18:17

NRIC/ Driving License

Y

Normal

NRIC/ Di

NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Dec 2019 18:17

SAS

Normal

NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Dec 2019 18:17

Photos

Normal

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NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Dec 2019 18:17

Photos

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NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Dec 2019 18:16

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NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Dec 2019 18:16

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NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Dec 2019 18:16

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NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Dec 2019 18:16

Photos

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NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Dec 2019 18:16

Photos

Normal

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Video List

Uploaded By/Date

Folder Date

File Name

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Display in New Window

Scan and uploading