

NATIONAL Assessment Centre Services

[Print / Jan 2023]

MNA 119169425

Date In: 26/12/19 09:43	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NAI INC 19022633/64	E-mail (within 2hrs, AIC 2hrs)		
Veh No: SJP 7805X	I-Motor Claim Form	MT/1077171-001	26/12/19 10:44
DTA: 24/12/19 12:35	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
OD: <input checked="" type="radio"/> Reporting Only	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whsp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SME 710D	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 19022633/64)	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 2000009	Invoice Preparation Checklist	Am (\$)	PAID (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$30);	30.00	
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$50)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors Comments:	For claiming against INC Only (wef 10 Jan 2023)		
	6) TR: Re-inspection \$75		
	7) NI: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	OD:		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (N11 INC) against INC \$20		
	9) N12: Idao 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	26/12/2019 09:43
Date Of Accident	24/12/2019 12:35
Exact Location Of Accident	CTE TWDS CITY B4 BALESTIER EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJP7805X
Insured/Policyholder	
Name Of Registered Owner	VINCENT AUTO TRADING
Co Reg No	4XXXX600K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-97693043

Vehicle Particulars

Manufacturer	KIA
Model	CERATO FORTE
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5108694298
Cover Note Number	

Driver

Name of Driver	CHANDRAN S/O P VELLASAMY
NRIC No	SXXXX773E
Date Of Birth	13/06/1972
Occupation	INDOOR
Date Of Driving Pass	18/12/1999
Driving Experience	20 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-95759574
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	54 WOODLANDS DR 16 #03-10 LA CASA
Postcode	737899
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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	3
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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)	4
Passenger 1	NAME: : UNKNOWN GENDER: : MALE
Passenger 2	NAME: : UNKNOWN GENDER: : FEMALE
Passenger 3	NAME: : UNKNOWN GENDER: : FEMALE

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	SME710D
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

SJR808Z

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)

SKETCH PLAN

IMPORTANT NOTICE

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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**.
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:

[Signature] 24/12/19

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

[Signature]

[Signature]

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

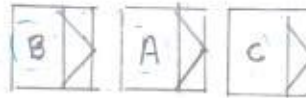
SKETCH PLAN

CTE

(C) SJR 808Z

(A) SJP 7805X

(B) SME 710D



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 24/12/19 around 12:35pm I was travelling along CTE before balastier exit a car number SME 710D hit my rear of my car which cause me to bang the car in front SJR 808Z. the rear car hit twice on my car. No one was injured at the point of incident.

DECLARATION

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



Policyholder's Signature
Date & Time:

[Signature] 24/12/19

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

[Signature] 24/12/19

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

24/12/19 @ 3.24pm
CH

ACCIDENT STATEMENT

ACCIDENT DATE: (24/12/2019) (DD/MM/YYYY), TIME: (12:35) (HH:MM)

LOCATION: CTE Toward City before Balastier Exit

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJP 7805 X
b) INSURANCE COMPANY: NTUC Income
c) POLICY NUMBER: 5108694298 - 000008
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: Kia Cerato Forte
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: _____
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) NO
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: Vincent Auto Trading (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 4554 2600 K CONTACT: 9769 3043
c) ADDRESS: 73 Mackenzie Road Lot 1 Mackenzie Used Car Centre
Singapore 228729

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: CHANDRAN S/O P VELLASAMY (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S7222773E CONTACT: 95759574
c) ADDRESS: 54 Woodlands Drive 16 #03-10 S'pore 737899
La casa

* d) DATE OF BIRTH: (13/06/1972) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: _____

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Hire

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: SRI 8082 / SME 710D MODEL: SME 710D

b) DRIVER'S NAME: _____

c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: SME 710D MODEL: SJR 8082

e) DRIVER'S NAME: _____

f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

on video (X)

* No of passengers
(Including driver)
(4)

Male: 1
Female: 2

* No of passenger
(Including driver)
8082 (3-4)

* No of passenger
(Including driver)
(1)

Email = admin@vincentauto.com.sg

Fax =

Video = (X)

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: 5108694298-000008

Cover : drive CLASSIC

1. Index mark and Registration Number of Vehicle : **SJP7805X**
 Chassis Number : **KNAFH222395024362**
2. Name of Policyholder : **VINCENT AUTO TRADING**
3. Effective Date of Insurance : **01 Jul 2019**
4. Expiry Date of Insurance : **30 Jun 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 or Hirer's business.

This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing.
- (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (c) 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)	: S\$2,000
EXCESS (SECTION 2)	: S\$1,500
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
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 : COWELL INSURANCE (AGENCY) PTE LTD (00000610380)
 Date of Issue : 05 Apr 2019 11:21 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

 Authorised Officer



 Chief Executive

VINCENT AUTO TRADING

No:73 Mackenzie Road, Lot.1 Mackenzie Used Car Center S(228729)

Tel No. 67438289 / 663361902 Fax No:67437800

E-mail: Vincent@vincentauto.com.sg

CAR RENTAL TERMS AGREEMENT

Name (As Per NRIC) : Chandran S/O P Vellasamy
NRIC / Fin No. : S7222773E
Date Of Birth : 13/06/1972
License No & Expiry Date : S7222773E
Address : 54 Woodlands Drive 16 #03-10 La Casa S(737899)
Contact Number : (O) _____ (HP) 9475 9574 (H) _____

Copy of NRIC & License attached

Vehicle Description

Make/Model : Kia Cerato Forte \$ 1,150.00 /MTH
Registration Date & Veh No : SJP 7805x \$ _____ Deposit
Date & Time Collection : 11/12/2019 1300h Date & Time Returned: _____
Mileage : 173581 Mileage : _____
Collected \$800 Up front

TERMS & CONDITIONS:-

- Insurance does not cover any driver who is below 22 years old or with less than 2 years driving experience
- Excess \$1500 on all claims
- Hirer shall not use vehicle for any form of illegal means in reference to the Singapore law. If so, hirer shall be accountable for same.
- Hirer shall return vehicle in gas amount as per handed over. _____
- Hirer shall bear all traffic and parking related summons incurred by subject vehicle duration of rental.
- Hirer shall ensure vehicle is within Singapore use only. *Unless permitted by owner of vehicle.
- Hirer is liable for any loss of, or further damage to the vehicle and its accessories during the duration of rental
- Insurance does not cover any driver who is below 22 years old or with less than 2 years driving experience
- Excess \$1500 (All Claims)



Signature And Date
I have fully understood the Terms &
Pre-Rental Checklist as per above
(Hirer)



Signature And Date
Vehicle Returned in Good Condition as
Handed Over
(Owner)

[> Back to OneMotoring](#)

Enquire Road Tax Expiry Date

Review Details

Vehicle No.
SJP7805X

Vehicle Make/Model
KIA / CERATO FORTE 2.0L SX A/T SR ABS D/AB 2WD

Road Tax Expiry Date :
08 Apr 2020

The information contained herein is correct as at 11 Dec 2019 / 13:04.

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Claim Handling

Accident MT/1077171

Policy No.	5108694298	Vehicle No.	SJP7805X	GST Registration No.	M90362505C
Certificate No.	5108694298-000008				
Policyholder Name	VINCENT AUTO TRADING			Policyholder NRIC	45542600K
Product Code	FLEET MASTER INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	97693043	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	= No Yes	TCA	= No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No

Accident Details

Report Date	26/12/2019 10:30	Accident Report Within 24 hrs	Yes	Accident Type	Chain Collision
Date of Accident	24/12/2019	Time of Accident hh:mm	12:35	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	CTE TWDS CITY B4 SALESTIER EXIT				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	2,000.00	TP Standard Excess	1,500.00		
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Covered
Additional Excess					
Total OD Excess Applicable	2000.00	Total TP Excess Applicable	1,500.00		

Benefits

GST Registered Information

GST Registered	Yes	GST Registration Date	01/03/2009
GST Registration No.	M90362505C	GST Status Verified	Yes
Modification History			

Policyholder Mailing Address

Address 1	60 PAYA LEBAR ROAD	Address 2	#07-45 PAYA LEBAR SQUARE	Address 3	SINGAPORE 409051
Address 4		Address Type	Singapore address	Post Code	409051
Unit No.	07-45	Related Policy Number	S113104710		

O1 Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	CHANDRAN S/O P VELLASAMY	Driver NRIC	SXXXX773E	Driver DOB	13/06/1972
Register Date of Driver License	18/12/1999	Driver Age	47	Driving Experience	20
Contact No.(Mobile)	95759574	Contact No.(Office)		Contact No.(Home)	
Address 1	54 WOODLANDS DRIVE 16	Address 2	#03-10 LA CASA	Address 3	SINGAPORE 737899
Address 4		Address Type	Singapore address	Post Code	737899
Unit No.	03-10				
Does he own a Singapore Registered car?	Yes = No	Driver Vehicle No.		Driver Insurer Company	

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes = No
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Modification History

Claim 001 New

Claim Type *	OO-MX	Insured Name	VINCENT AUTO TRADING	Insured NRIC	45542600K
Contact No.(Mobile)		Contact No.(Home)	NIL	Contact No.(Office)	67438
Email Address	vincent@vincentauto.com.sg	TP Vehicle Number	SJP7805X	TP Vehicle Number	SME710
Claim Description	SJP7805X / SME710 ON 24 Dec 2019			Name of Preferred Workshop	
Preferred Workshop	Insured Liability	Not at Fault			
Preferred Workshop No. Finalisation	Yes	Preferred Workshop, Name unknown	GIA report	Received	
Date Registered	26/12/2019 10:43	Claim Close Date		Date Received	26/12/2019
Report Taken By	JIEW SHAN HUI				

Print AK letter

Save Submit

Attachment

Accident No.	MT/1077171	Claim No.	001
Last Doc. Received	Yes No	Upload Date	26/12/2019 10:44
Path *			
Choose File	No file chosen	Category *	Confidential
Choose File	No file chosen	Urgency *	Normal
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			

Attachment List

<https://gicclaim.income.com.sg/gcs/icm/eclaim/registrationSave.do>