

NATIONAL Assessment Centre Services

part 1 Jan 2021

MMA 120006862

Date In 15/1/20 15:19 GBA 6963 C	Job description SAS e-filing	Date & Time Completed	Done by
Ref No NAI INC 20000953/44	E-mail (within 3hrs, AIC 2hrs)		
Veh No GBA 6963 C	1-Motor Claim Form	MT/1080244 ⁰⁰¹	15/1/20 16:15
TPA 15/1/20 09:30	1-Motor W/O (within: OD 2hrs, TP 4hrs)		
OD - TP? <u>Repeating</u> Only	1-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whsn		

Prof/Intnl Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: GJ 87	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: ()

Remarks: (INC Ref: 6789 4616)	Date and 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 2000616

Claimant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:

Invoice Item	Amount (\$)	Amount (\$)
1) AIR: Accident Reporting (\$30);	3000	
2) DA: Damage Assessment (\$100); INC (\$50)		
3) TP: Towing Fee \$40/\$45		
4) FT: Follow-Through Survey \$120		
5) FT: Follow-Through Survey (Resurvey) \$30		
For claiming against INC Only (ver 10 Jan 2020)		
6) TR: Re-Inspection \$75		
7) NI: Idas DA + SMRT Survey \$160		
8) NTUC Additional Services:		
ON:		
• NS: Courtesy Car / Tpt Allowance \$5		
• NG: Repair Co-ordination \$10		
• NT: Post Repair Inspection \$25		
• NI: DV / Collect Excess Coordination \$5		
TE (N11): TP (INC) against INC \$20		
9) N12: Idas Mobile \$0		
Invoice dated	Fax Charged	
Invoice dated	Fax 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	15/01/2020 15:19
Date Of Accident	15/01/2020 09:30
Exact Location Of Accident	LOYANG AVE JUNC WITH LOYANG WAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBA6963C
Insured/Policyholder	
Name Of Registered Owner	ACCLAIM SYSTEMS PTE LTD
Co Reg No	1XXXXX237G
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-67098608

Vehicle Particulars

Manufacturer	SUZUKI
Model	EVERY
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	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	5112939040
Cover Note Number	

Driver

Name of Driver	MASHILAMANI SOOSAIMANICKAM
NRIC No	GXXXX741M
Date Of Birth	02/03/1987
Occupation	OUTDOOR
Date Of Driving Pass	06/02/2018
Driving Experience	1 YEAR AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83619376
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	171 KAKI BUKIT AVENUE 1 SHUN LI INDUSTRIAL PARK
Postcode	416020
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	COLLISION - HEAD TO REAR
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?	
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

I STOP AT THE TRAFFIC JUNC OF LOYANG AVE & LOYANG WAY DUE TO RED LIGHT. I ACCIDENTALLY RELEASE MY BRAKE CAUSING MY VEH ROLLED FORWARD TOUCH ONTO VEH B REAR PORTION.

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	GJ8T
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)

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.:

Loyang Way

A = GBA 6963 C.

B = GJ 8 T

A

B

Loyang Ave

Refer to statement

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

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 : 5112939040-000004

Cover : Comprehensive

- | | |
|--|---------------------------|
| 1. Index mark and Registration Number of Vehicle | : GBA6963C |
| Chassis Number | : DA64V241891 |
| 2. Name of Policyholder | : ACCLAIM SYSTEMS PTE LTD |
| 3. Effective Date of Insurance | : 16 Oct 2019 |
| 4. Expiry Date of Insurance | : 15 Oct 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\$500
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
INSURE WITH COE	: YES
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 : POH CHENG PEOW (00000160047)

Date of Issue : 26 Sep 2019 13:59 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

Claim Handling

Accident MT/1080244

Policy No.	5112939040	Vehicle No.	GBA6963C	GST Registration No.	M201065402
Certificate No.	5112939040-000004				
Policyholder Name	ACCLAIM SYSTEMS PTE LTD			Policyholder NRIC	199202237G
Product Code	FLEET MASTER INSURANCE	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	67098608	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
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(%)	0	Private Hire	No
Accident Details					
Report Date	15/01/2020 16:11	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	15/01/2020	Time of Accident hh:mm	09:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	LOYANG AVE JUNC WITH LOYANG WAY				
Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	500.00	TP Standard Excess		Driver is Covered?	Covered
YIED OD Excess	1000.00	YIED TP Excess	0.00		
Additional Excess		Total TP Excess Applicable	0.00		
Total OD Excess Applicable	1500.00				
Benefits					
GST Registered Information					
GST Registered	Yes	GST Registration Date	01/04/1994		
GST Registration No.	M201065402	GST Status Verified	Yes		
Modification History					
Policyholder Mailing Address					
Address 1	171 KAKI BUKIT AVENUE 1	Address 2	SHUN LI INDUSTRIAL PARK	Address 3	SINGAPORE 416020
Address 4		Address Type	Singapore address	Post Code	416020
Unit No.		Related Policy Number	5112939040		
DI Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	02/03/1987
Unnamed driver Name	NASHILAMANI SOOSAIMANICKI	Driver NRIC	GXXXX741M	Driving Experience	1
Register Date of Driver License	06/02/2018	Driver Age	32	Contact No.(Home)	
Contact No.(Mobile)	83619376	Contact No.(Office)		Address 3	SINGAPORE 416020
Address 1	171 KAKI BUKIT AVENUE 1	Address 2	# SHUN LI INDUSTRIAL PARK	Post Code	416020
Address 4		Address Type	Singapore address		
Unit No.					
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input type="radio"/> No		

Modification History

Claim 001

New

Claim Type *	OD-MX	Insured Name	ACCLAIM SYSTEMS PTE LTD	Insured NRIC	199202237G
Contact No.(Mobile)		Contact No. (Home)		Contact No. (Office)	629902
Email Address		Vehicle Number	GBA6963C	TP Vehicle Number	GJBT
Claim Description	GBA6963C / GJBT ON 15 Jan 2020				
Preferred Workshop	0	Insured Liability	Fully at fault	Name of Preferred Workshop	0
Report No.	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered				Claim Close Date	15/01/2020 16:15
Report Taken By				Date Received	15/01/2020
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

Attachment

Accident No.	MT/1080244	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	15/01/2020 16:15
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
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Message Read			

Attachment List

2/2