

# NATIONAL Assessment Centre Services

1001-10-1001

2/2

Date In: 23/01/20	Job description	Date & Time Completed	Done by
Ref No. NA/III 20001416/12	SAS e-filing		
Veh No. GX86966	E-mail (within 3hrs, A/C 2hrs)		
D.O.A: 23/01/20 0830	I-Motor Claim Form		
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: ( )

Tel: ( )

Fax: ( )

TP Particulars:

Veh No:

5UT8254J

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%; 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 / Line

Actions

Invoice Preparation Checklist		Am't (\$) In Bill	Am't (\$) Add Bill
1) AR: Accident Reporting (\$30);			
2) DA: Damage Assessment (\$100); INC (\$80)			
3) TF: Towing Fee \$40/\$45			
4) FT: Follow-Through Survey \$120			
5) FT: Follow-Through Survey (Resurvey) \$30			
For claiming against INC Only (wef 10 Jan 2005)			
6) TR: Re-inspection \$75			
7) N1: Idas DA + SMRT Survey \$160			
8) NTUC Additional Services:-			
ON:			
*N5: Courtesy Car / Tp. Allowance \$5			
*N6: Repair Co-ordination \$10			
*N7: Post Repair Inspection \$25			
*N8: DV / Collect Ilkox Coordination \$5			
TP (N11): TP (Non INC) against INC \$20			
9) N12: Idas Mobile 30			
Invoice dated		Fee Charged	
Invoice dated		Fee Charged	

Claimant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditor's Comments:

at 1:

at 2/3:

## 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	23/01/2020 12:35
Date Of Accident	23/01/2020 08:30
Exact Location Of Accident	JUNC OF CHOA CHU KANG WAY & CHOA CHU KANG N 5
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GX8696E
<b>Insured/Policyholder</b>	
Name Of Registered Owner	A.M.E ENGINEERING
Co Reg No	5XXXX753J
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-90888503
<b>Vehicle Particulars</b>	
Manufacturer	NISSAN
Model	CABSTAR
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	D18MCV0002072-01
Cover Note Number	

### Driver

Name of Driver	RAMDASS KUMAR
Passport No/FIN	GXXXX136Q
Date Of Birth	24/05/1983
Occupation	OUTDOOR
Date Of Driving Pass	26/03/2019
Driving Experience	0 YEAR AND 9 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-85850047
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 838 HOUGANG CENTRAL #02-509
Postcode	503838
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 - CHANGE/CROSS LANE
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)	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

I WAS TRAVELLING ALONG CHOA CHU KANG WAY ON THE EXTREME RIGHT LANE WHEN THERE'S NO ONCOMING VEH. I SWERVED MY VEH TO THE LEFT LANE. SUDDENLY I SAW THERE WAS ONCOMING VEH SO I SWERVED BACK TO MY OWN LANE AND MY VEH HIT ONTO THE REAR LEFT PORTION OF VEH B.

#### 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	SLT8254J
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

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.:

*Signature* 23/10/20

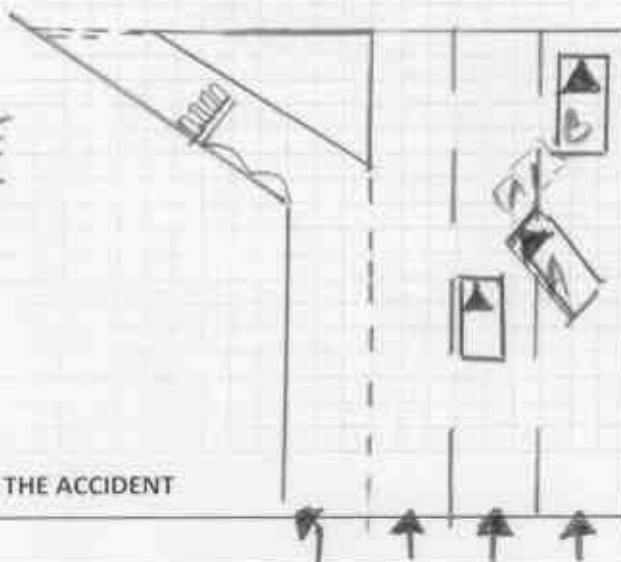
SKETCH PLAN

CHOA CHU KANG  
NORTH 5

A - GX8696E  
B - SLT8054J

CHOA CHU KANG W

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT



Pls refer to the statement.

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.:

*[Signature]* 23/01/20

**REPUBLIC OF SINGAPORE DRIVING LICENCE**

**G7775136Q**

**RAMDASS KUMAR**

Date of Birth: 24 May 1983

Issue Date: 26 Mar 2019

Valid Till: 23-03-2024

002916317H



**WORK PERMIT**  
Employment of Foreign Manpower Act (Chapter 91A)  
Republic of Singapore

Employer:  
**A.M.E ENGINEERING**

Name:  
**RAMDASS KUMAR**

Work Permit No:  
**Q 33377475**

Sector:  
**CONSTRUCTION**

**K1838850**




**YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)**

**EFFECTIVE DATE**

Class 3 Motor cars with unladen weight <= 3000kg with <= 7 passengers, exclusive of driver; and other motor vehicles with unladen weight <= 2500kg 26 Mar 2019

NP 425A

Licence No: G7775136Q



**VISIT PASS**  
Immigration Regulations

Name:  
**RAMDASS KUMAR**

FIN  
**G7775136Q**

Date of Birth:  
**24-05-1983**

Sex:  
**M**

Nationality:  
**INDIAN**

**MULTIPLE JOURNEY VISA ISSUED**

**YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.**

Download SGWorkPass App to check status







## 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)

All Accidents must be reported within 24 hours of the incident regardless of whether it will lead to a claim.

CERTIFICATE NO.: DI8MCV0002072_01		COVER: Third Party Only
1. Index Mark and Registration Number of Vehicle	: GX8696E	
Chassis No	: JN1SF4F23Z0852909	
2. Name of Policyholder	: A.M.E. ENGINEERING	
3. Effective date of Insurance	: 13 Oct 2019	
4. Expiry date of Insurance	: 12 Oct 2020	
5. Persons or Classes of Persons entitled to drive*	<p>Any person who is driving on the Policyholder's order or with their 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.</p>	
6. Limitations as to use*	<p>a) Use in connection with the Policyholder's business. b) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business. c) Use for social, domestic and pleasure purposes</p> <p><b>The Policy does not cover</b></p> <p>a) Use for hire or reward or for racing, pace-making, reliability trial, or speed-testing b) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.</p>	
<p>*Limitations rendered inoperative by Section 8 of the Motor Vehicles (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.</p>		
<p>FOR DRIVERS BELOW 21 YEARS OR ABOVE 65 YEARS OF AGE &amp;/OR LESS THAN 2 YEARS SINGAPORE DRIVING LICENCE, AN EXCESS OF \$2500/- ON SECTION II WILL BE APPLICABLE.</p>		
<p>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).</p>		
Agent/Broker	: A000038/M Plus Consultancy	For India International Insurance Pte Ltd
Date of Issue	: 13/09/2019 15:14:08	
MZ360C - GOODS CARRYING (ORGANIZATION)		
		 Authorized Signatory