

NATIONAL Assessment Centre Services

Date In: 30/1/20	Job description: SAS e-filing ✓	Date & Time Completed:	Done by:
Ref No: NA/INC20001617/11	E-mail (within 8hrs, AIC 2hrs):		
Veh No: GBE 3648L	i-Motor Claim Form ✓		
D.O.A: 28/1/20	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
OD: TP / Reporting Only	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: 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/Time	Actions

Claimant's Particulars:-	Invoice Preparation Checklist	Am't (\$) 1st Bill	Am't (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors' Comments:-	5) FT: 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:-		
	ON*		
	*N5: Courtesy Car / Tpl Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idac 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	30/01/2020 18:07
Date Of Accident	28/01/2020 18:05
Exact Location Of Accident	GREYFORM BUILDING KAKI BUKIT RD 6
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE3648L
Insured/Policyholder	
Name Of Registered Owner	KIEONG ENGINEERING PTE LTD
Co Reg No	-
Email Address	HUAT_AH@KIEONGENGINEERING.COM
Mobile Phone No	(LOCAL) +65-86617994
Alternative Phone No	OFFICE-86617994
Vehicle Particulars	
Manufacturer	TOYOTA
Model	DYNA 150-3.0 D (M)
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5085187832-03
Cover Note Number	
Driver	
Name of Driver	IYYAAVOV KACHIVANAM
Passport No/FIN	GXXXX708T
Date Of Birth	23/06/1985
Occupation	OUTDOOR
Date Of Driving Pass	20/06/2008
Driving Experience	11 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86617994
Fax Number	
Contact Number	
E-Mail Address	NOEMAIL

Address	NO. 25 KAKI BUKIT RD 4 #07-48 SYNERGY@KB
Postcode	417800
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 - MAJOR/MINOR RD
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

PLEASE REFER TO CIRCUMSTANCES OF ACCIDENT.

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	GBE6564A
Vehicle Make/Model/Colour	TOYOTA DYNA
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

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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/are 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 insurer 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

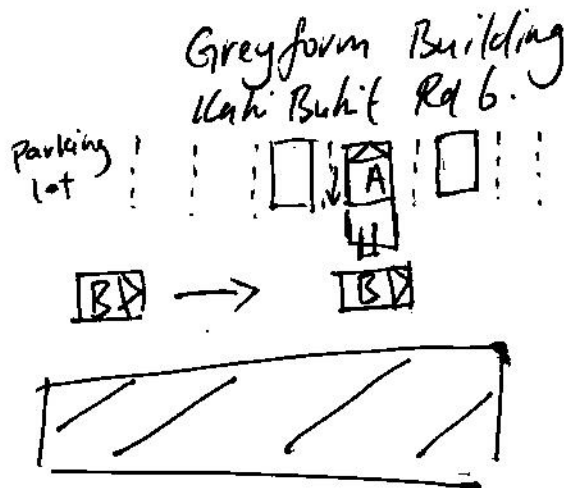


Policyholder's Signature
Date & Time:

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

Reporting Centre Person's Signature
Name
NRIC/FIN No.

SKETCH PLAN



Veh A : GBE 3648L
Veh B : GBE 6564A.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was reversing my lorry slowly when suddenly vehicle B. ^{and hit onto} drove past behind me at fast speed, A ladder placed behind my lorry. My ladder was damaged and the vehicle B. left side portion was damaged.

DECLARATION

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



Policyholder's Signature
Date & Time:

[Signature]

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

[Signature]

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

Claim Handling

Accident MT/1082360

Policy No.	5085187832-03	Vehicle No.	GBE3648L	GST Registration No.	
Certificate No.					
Policyholder Name	KIEONG ENGINEERING PTE LTD			Policyholder NRIC	201118091C
Product Code	COMMERCIAL VEHICLE INSURANCE	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	86617994	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(%)	10	Private Hire	No
Report Date	31/01/2020 12:06	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Major Minor Road
Date of Accident	28/01/2020	Time of Accident hh:mm	18:05	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	GREYFORM BUILDING KAKI BUKIT RD 6				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00
OD Standard Excess	600.00	TP Standard Excess	0.00
YIED OD Excess	0.00	YIED TP Excess	0.00
Additional Excess			
Total OD Excess Applicable	600.00	Total TP Excess Applicable	0.00

Benefits

GST Registered	Yes	GST Registration Date	15/08/2011
GST Registration No.	201118091C	GST Status Verified	Yes
Modification History	31/01/2020 12:11:22 System changed GST Registered from No to Yes 31/01/2020 12:11:22 System changed GST Registration No. from null to 201118091C 31/01/2020 12:11:22 System changed GST Registration Date from null to 15/08/2011		

Policyholder Mailing Address

Address 1	25 KAKI BUKIT ROAD 4	Address 2	#07-48 SYNERGY @ KB	Address 3	SINGAPORE 417800
Address 4		Address Type	Singapore address	Post Code	417800
Unit No.		Related Policy Number	5069471535-05		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	IYYAAVOV KACHIVANAM	Driver NRIC	G7773708T	Driver DOB	23/06/1985
Register Date of Driver License	20/06/2008	Driver Age	34	Driving Experience	11
Contact No.(Mobile)	86617994	Contact No.(Office)		Contact No.(Home)	
Address 1	25 KAKI BUKIT ROAD 4	Address 2	#07-48 SYNERGY @ KB	Address 3	SINGAPORE 417800
Address 4		Address Type	Singapore address	Post Code	417800
Unit No.	07-48				
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.	GBE3648L	Driver Insurer Company	NTUC

Declaration

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

Claim 001










Claim Type *	OD-MX	Insured Name	KIEONG ENGINEERING PTE LTD	Insured NRIC	20111		
Contact No.(Mobile)	80611381	Contact No.(Home)		Contact No.(Office)			
Email Address		TP	GBE3648L	Vehicle Number	GBB65		
Claim Description	GBE3648L / GBE6564 ON 28 Jan 2020				Name of Preferred Workshop	UNKN	
Preferred Workshop	0	Insured Liability	Fully at Fault	GIA report	Received		
Preferred Repair Option	Preferred	Preferred Workshop, Name unknown		Claim Close Date	31/01/2020 12:13	Date Received	31/01/2020
Date Registered		Report Taken By	TALPIKH				

Print AK letter

Save Submit

Attachment

Accident No.	MT/1082360	Claim No.	001			
Last Doc. Received	Yes No	Upload Date	31/01/2020 12:14			
Path *		Category *	Confidential	Urgency *	Desc	
Choose File : No file chosen		Clear	Please Select	NO	Normal	
Choose File : No file chosen		Clear	Please Select	NO	Normal	
Choose File : No file chosen		Clear	Please Select	NO	Normal	
Choose File : No file chosen		Clear	Please Select	NO	Normal	
Choose File : No file chosen		Clear	Please Select	NO	Normal	
Choose File : No file chosen		Clear	Please Select	NO	Normal	
Message Read						
Attachment List						

Attachment	Uploaded By/Date	Category	?	Urgency	Description	M:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 31 Jan 2020 12:14	Photos		Normal	Photos 2020-1-31	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 31 Jan 2020 12:14	Photos		Normal	Photos 2020-1-31	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 31 Jan 2020 12:14	Photos		Normal	Photos 2020-1-31	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 31 Jan 2020 12:13	Photos		Normal	Photos 2020-1-31	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 31 Jan 2020 12:13	Photos		Normal	Photos 2020-1-31	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 31 Jan 2020 12:13	Photos		Normal	Photos 2020-1-31	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 31 Jan 2020 12:13	Photos		Normal	Photos 2020-1-31	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 31 Jan 2020 12:13	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-1-31	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 31 Jan 2020 12:13	SAS		Normal	SAS 2020-1-31	

Video List

Uploaded By/Date	Folder Date	File Name	?	Source
<div> Display in New Window Scan and uploading </div>				

ACCIDENT STATEMENT

ACCIDENT DATE: (28 / 01 / 2020) (DD/MM/YYYY), TIME: (18 : 05) (HH:MM)

LOCATION: GREYFORM BUILDING Kaki Bukit Rd 6.

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBE 3648L
b) INSURANCE COMPANY: NTUC
c) POLICY NUMBER: 5085187832-03
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: Toyota Dyna
f) TYPE: (SALOON / COUPE / MPV / VAN / CARRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Working
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: Kieong Engineering Pte Ltd (M / FEMALE)
b) NRIC/FIN/PASSPORT: CONTACT:
c) ADDRESS: No 25 Kaki Bukit Rd 4 #07-48
Synergy@kb S(417800)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Iyyavon Kanchivanam (M / FEMALE)
b) NRIC/FIN/PASSPORT: 977737087 CONTACT: 86617994
c) ADDRESS:

*d) DATE OF BIRTH: (23 / 06 / 1985) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 12 yrs

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:

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: GBE 6564A MODEL: Toyota Dyna
b) DRIVER'S NAME:
c) NRIC/FIN/PASSPORT: CONTACT:

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: MODEL:
e) DRIVER'S NAME:
f) NRIC/FIN/PASSPORT: CONTACT:

Email = huat_ah@kieongengineering.com

fax =

video =

REPUBLIC OF SINGAPORE

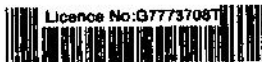


23 Jun 1985
31 May 2008
19/06



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

		EFFECTIVE DATE
Class 2B	Motorcycles =< 200 cc	20 Jun 2008
Class 3	Motor cars with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg	20 Jun 2008



Licence No: G7773708T

NP 428A

WORK PERMIT

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

Employer
KIBONG ENGINEERING PTE. LTD.



Name
IYYAVOV KANCHIVANAM

Work Permit No.
0 33336470

Sector:
CONSTRUCTION



KD484628

VISIT PASS

Immigration Regulations

12-06-2018

Name
IYYAVOV KANCHIVANAM

FIN
G7773708T

Date of Birth
23-08-1985

Sex
M

Nationality
INDIAN

MULTIPLE JOURNEY VISA ISSUED

Download SG WorkPass App to check status



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



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 : 5085187832-03

Cover : Comprehensive

1. Index mark and Registration Number of Vehicle : **GBE3648L**
Chassis Number : JTFAT35Y60K205328
2. Name of Policyholder : KIEONG ENGINEERING PTE LTD
3. Effective Date of Insurance : 09 Nov 2019
4. Expiry Date of Insurance : 08 Nov 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\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
INSURE WITH COE	: 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 : TOH SOON HUAT CO PTE LTD (00000614289)
Date of Issue : 08 Oct 2019 17:24 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

TOH SOON HUAT CO PTE. LTD,
18 UBI ROAD 4
#01-10 UBI CAR MALL
SINGAPORE 408616
TEL: 6291 0088

fine 96867000