

NATIONAL Assessment Centre Services.

(part 1 Jan 2001)

NA/200/1858

Date In: 8/03/2020 R.O.I	Job description	Date & Time Completed	Done by
Ref No: NA/200/17574	SAS e-illing		
Veh No: GPK 42TX	E-mail (Vehicle Reg, AIC 2hrs)		
D.O.A: 31/01/2020 18.20	I-Motor Claim Form	NA/108 2155-001	03/07/2020
O/D - TP: Reporting Only	I-Motor W/O (With: OD 2hrs, TP 4hrs)		10.28
	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whse		

Preferred Wksp / INC Assign Wksp / QW: ( ) Tel: ( ) Fax: ( )

TP Particulars: Veh No: GPK 42TX 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 ( )

( ) Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repair.

( ) Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In ( ) / Towed-In ( ); Invoice: YES ( ) / NO ( ); Towing Co: ( )

- 1) Apply for Transport Allowance ( ) / Courtesy Car ( )
- 2) QC Check / Post Repair Inspection ( )
- 3) Upload Resurvey Photo [Repair Cost > \$3000] ( )

Injury: \_\_\_\_\_

NA 2000669	1) ART: Accident Reporting (\$30)	
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (\$10)	
Contact No:	3) TP: Towing Fee \$40/\$45	
Damage Portion:	4) PT: Follow-Through Survey \$120	
QC Checked by (Bug-In-Charge):	5) PT: Follow-Through Survey (Resurvey) \$20	
	6) TR: Re-inspection \$70	
	7) NI: Idas DA + SMRT Survey \$100	
	8) NTUC Additional Services	
	9) NI: Idas Mobile	
	10) NI: Idas Mobile	

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	01/02/2020 18:01
Date Of Accident	31/01/2020 18:20
Exact Location Of Accident	ALONG CHANGI ROAD (NO 283)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF4427X
<b>Insured/Policyholder</b>	
Name Of Registered Owner	INSTIL SERVICES PTE LTD
Co Reg No	1XXXXX426G
Email Address	INSTIL@SINGNET.COM.SG
Mobile Phone No	(LOCAL) +65-91453232
Alternative Phone No	OFFICE-83411257

### Vehicle Particulars

Manufacturer	KIA
Model	K2500
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	5113208786
Cover Note Number	

### Driver

Name of Driver	KARUPPIAH MUTHUPANDIAN
Passport No/FIN	GXXXX235T
Date Of Birth	24/05/1987
Occupation	OUTDOOR
Date Of Driving Pass	03/05/2018
Driving Experience	1 YEAR AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91453232
Fax Number	
Contact Number	OTHERS-83411257
EEmail Address	INSTIL@SINGNET.COM.SG

Address	BLK 212 HOUGANG STREET 21 #03-341
Postcode	530212
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

PLEASE REFER TO SKETCH PLAN

#### 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	SG6138K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	BUS
Name of Driver	WONG CHEI KANG
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.
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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/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:

*K. Muthu*  
\_\_\_\_\_  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

*[Signature]* 03/02/2020  
\_\_\_\_\_  
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



SKETCH PLAN

Along Choaek Road (x10: 283)

- A) GRF 4427X
- B) SG 6138K



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 31/01/2020 at about 18:21hrs I was travelling along Choaek Road b/c junction of Still Road Fines. Suddenly I felt a bump on my right. I look at my mirror & I saw a bus behind ask me to stop. So at about 4 meters I stop my lorry & took some pictures the bus that all.

DECLARATION

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



Policyholder's Signature  
Date & Time:

*K. Muthu*

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

*[Signature]* 03/02/2020  
Reporting Centre Personnel's Signature  
Name: *Deepa*  
NRIC/FIN No.: *[Signature]*

# ACCIDENT STATEMENT

ACCIDENT DATE: (31 / 01 / 2020) (DD/MM/YYYY), TIME: (18 : 21) (HH:MM)

LOCATION: 983 Chansir Rd Near Traffic Signal

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: C185 4427 X  
b) INSURANCE COMPANY: Income  
c) POLICY NUMBER: 5113208786  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: KIA K2500 KIA  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / 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: INSTIL SERVICES PM (M) (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 91453232  
c) ADDRESS: BLK 212 HOUSTON ST. 21 #03-341  
50530212

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

### DRIVER

- a) NAME: MUTHU PANDIAN (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: 916458235T CONTACT: 83411257  
c) ADDRESS: BLK 212 HOUSTON ST. 21 #03-341

\*d) DATE OF BIRTH: (24 / 05 / 1987) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS class 3

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: S07 6138k MODEL: BUS  
b) DRIVER'S NAME: WONG CHEI KANG  
c) NRIC/FIN/PASSPORT: 2104986228 CONTACT: \_\_\_\_\_

## 9. THIRD PARTY VEHICLE

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

\* No of passenger  
(including driver)  
(1)

\* No of passenger  
(including driver)  
( )

\* No of passenger  
(including driver)  
( )

email = INSTIL@Singnet.com.sg

VIDEO MUTHUblue2412@gmail.com

## Claim Handling

Accident MT/1082555

Policy No.	513208786	Vehicle No.	GBF4427X	GST Registration No.
Certificate No.				
Policyholder Name	INSTIL SERVICES PTE LTD			Policyholder NRIC
Product Code	COMMERCIAL VEHICLE INSURAN	Cover Type	Comprehensive	Loading
Contact No.(Mobile)	91453232	Contact No.(Office)		Contact No.(Home)
Email Address		Special Remark		eCode
KFK	<input type="checkbox"/> No <input type="checkbox"/> Yes	TCA	<input type="checkbox"/> No <input type="checkbox"/> Yes	uCode Reason
NCD Protection	No	NCD Entitlement(%)	0	Private Hire

## ▼ Accident Details

Report Date	03/02/2020 10:15	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	31/01/2020	Time of Accident hh:mm	18:20	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	ALONG CHANGE ROAD (NO 283)			

## ▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00	
OO Standard Excess	600.00	TP Standard Excess	0.00	
YIED OO Excess	1000.00	YIED TP Excess	0.00	Driver is Covered?
Additional Excess				
Total OO Excess Applicable	1600.00	Total TP Excess Applicable	0.00	

## ▼ Benefits

## ▼ GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History	03/02/2020 10:17:13 System changed GST Status Verified from No to Yes		

## ▼ Policyholder Mailing Address

Address 1	BLK 212 #03-341	Address 2	HOUANG STREET 21	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	513208786	

## ▼ OE Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	KARUPSIAN MUTHUPANDIAN	Driver NRIC	GXXXX235T	Driver DOB
Register Date of Driver License	03/05/2018	Driver Age	32	Driving Experience
Contact No.(Mobile)	83411257	Contact No.(Office)		Contact No.(Home)
Address 1	BLK 212 #03-341	Address 2	HOUANG STREET 21	Address 3
Address 4		Address Type	Foreign address	Post Code
Unit No.	03-341			
Does he own a Singapore Registered car?	Yes - No	Driver Vehicle No.	GBF4427X	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 *	OD-MX	Insured Name	INSTIL SERVICES PTE LT
Contact No.(Mobile)		Contact No.(Home)	
Email Address		OI Vehicle Number	GBF4427X
Claim Description	GBF4427X / SG6138K ON 31 Jan 2020		
Preferred Workshop Finalisation	Yes	Insured Liability	Not at Fault
Date Registered		Preferred Repair Option	Preferred Workshop, Name unknown
Report Taken By		GIA report	Received
		Claim Close Date	
			RISLI WAHAB

 Print AK letter

Save Submit

## Attachment

Accident No.	MT/1082555	Claim No.	001
Last Doc. Received	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Upload Date	03/02/2020 10:28

Path \*

Category \*

Confidential

Urgency \*







**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 : 5113208786

Cover : Comprehensive

- |  |                           |
|--|---------------------------|
| 1. Index mark and Registration Number of Vehicle   | : GBF4427X                |
| Chassis Number   | : KNCSJX76LG7058853       |
| 2. Name of Policyholder  | : INSTIL SERVICES PTE LTD |
| 3. Effective Date of Insurance   | : 24 Oct 2019             |
| 4. Expiry Date of Insurance  | : 23 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.<br>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	: HL BANK
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 : META AGENCY PTE. LTD. (00000573430)  
Date of Issue : 15 Oct 2019 16:50 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive