

NATIONAL Assessment Centre Services [Ref: Jan02] MA420028339			
Date In: 31/03/2020 09:58	Job description	Date & Time Completed	Done by
Ref No: NBA/MA20004711/Y	SAS e-filing		
Veh No: SGY 9685A	E-mail (within 3hrs, A/C 3hrs)		
D.O.A: 30/03/2020 09:15	i-Motor Claim Form	MT1090000-002	31/03/2020
OD: TP: Reporting Only	i-Motor W/O (Within: QD 2hrs, TP 4hrs)		11:31
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

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

TP Particulars: Veh No: **SGY 538/L** 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

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	31/03/2020 09:55
Date Of Accident	30/03/2020 09:15
Exact Location Of Accident	JUNCTION OF LEONIE HILL ROAD AND RIVER VALLEY ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGY9685A
Insured/Policyholder	
Name Of Registered Owner	KUNALAN CHAKRAVARTHY DORAISINGHAM
NRIC No	SXXXX938G
Email Address	CDKUNALAN@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96157170
Alternative Phone No	OTHERS-96157170

Vehicle Particulars

Manufacturer	BMW
Model	520I
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	PRIVATE CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5116464259
Cover Note Number	

Driver

Name of Driver	KUNALAN CHAKRAVARTHY DORAISINGHAM
NRIC No	SXXXX938G
Date Of Birth	27/07/1969
Occupation	INDOOR
Date Of Driving Pass	09/02/1988
Driving Experience	32 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96157170
Fax Number	
Contact Number	OTHERS-96157170
Email Address	CDKUNALAN@GMAIL.COM

Address	BLK 544 SERANGOON NORTH AVENUE 3 #06-172
Postcode	554554
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	SIDE SWIPE
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	SJG5381L
Vehicle Make/Model/Colour	HONDA STREAM
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	NG TIONG HUAT
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

SKETCH PLAN

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5. **Any false reporting may be referred to the Police for investigation.**
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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:



31/03/2020
Reporting Centre Personnel's Signature
Name: 
NRIC/FIN No.: 

SKETCH PLAN

RIVER VALLEY ROAD



On-coming Traffic

LEONIE HILL ROAD



A) SGY 9685A

B) SSG 5381L

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was waiting at the junction of Leonie Hill Road, to turn left onto River Valley Road.

My car (SGY 9685A) - A, was behind SSG 5381L (B) at the junction.

Upon noticing that the on-coming traffic on my right had cleared, I signalled and moved off after checking to see if there were any vehicles on my left. At that time I noticed that car SSG 5381L (B) had turned into River Valley Road and slowly merging into traffic.

Taking a final look to my right before merging into River Valley Road, when I hit SSG 5381L (B) in the rear right.

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.:

31/03/2020

ACCIDENT STATEMENT

ACCIDENT DATE: 30/03/2020 (DD/MM/YYYY), TIME: 09:16 (HH:MM)

LOCATION: JUNCTION OF LEONIE HILL RD & RIVER VALLEY RD

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SGY 9685 A
b) INSURANCE COMPANY: NTUC INCOME
c) POLICY NUMBER: 5116464259
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: BMW 520
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE USE
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: Kunalan C. Dorasingham (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: SG9229389 CONTACT: 96157170
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: AS ABOVE (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

* d) DATE OF BIRTH: (____/____/____) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS

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: SG9 5381 L MODEL: HONDA STREAM
b) DRIVER'S NAME: NG TIONG HUAT
c) NRIC/FIN/PASSPORT: 29051 CONTACT: _____

9. THIRD PARTY VEHICLE

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

email = cdkunalan@gmail.com
VIDEO

Claim Handling

Accident MT/1090000

Policy No.	5116464259	Vehicle No.	SGY9685A	GST Registration No.	
Certificate No.					
Policyholder Name	KUNALAN CHAKRAVARTHY DORASINGHAM			Policyholder NRIC	S6922938G
Product Code	PRIVATE CAR INSURANCE	Cover Type	Drive CLASSIC	Lossing	0
Contact No.(Mobile)	NA	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	Not Available

Accident Details					
Report Date	30/03/2020 13:00	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	30/03/2020	Time of Accident (hh:mm)	09:15	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	LEONIE HILL ROAD				

Total Excess Applicable					
Excess Type	PER ACCIDENT	Windscreen Excess	100.00		
OD Standard Excess	600.00	TP Standard Excess	0.00	Driver Is Covered?	Not Applicable
YIED OD Excess		YIED TP Excess			
Additional Excess	0				
Total OD Excess Applicable	600.00	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					

Policyholder Mailing Address					
Address 1	BLK 544 406-172	Address 2	SERANGOON ROAD AVENUE 2	Address 3	SINGAPORE 550544
Address 4		Address Type	Singapore address	Post Code	550544
Unit No.		Related Policy Number	5116464259		

01 Driver Info					
Driver Name		Driver Type		Driver DOB	
Unnamed Driver Name		Driver NRIC		Driving Experience	
Register Date of Driver License		Driver Age		Contact No.(Office)	
Contact No.(Mobile)		Contact No.(Office)		Contact No.(Home)	
Address 1		Address 2		Address 3	
Address 4		Address Type	Foreign address	Post Code	
Unit No.					
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.		Driver Insurer Company	

Modification History

Claim 002 New






Claim Type *	OD-MX	Insured Name	KUNALAN CHAKRAVARTHY DOR	Insured NRIC	S6922938G
Contact No.(Mobile)	96157170	Contact No.(Home)	67539554	Contact No.(Office)	
Email Address	CDKUNALAN@GMAIL.COM	Oil	SGY9685A	TP	SG03383L
Claim Description	SGY9685A / SG03383L ON 30 Mar 2020				
Preferred Workshop		Insured Liability	Fully at Fault	GIA report	Received
Customer No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Claim Close Date	31/03/2020 11:30
Date Registered				Date Received	31/03/2020 00:00
Report Taken By	ROSLI WANAS				

Print AK letter

Save Submit

Attachment

Accident No.	MT/1090000	Claim No.	002
Last Doc. Received	Yes No	Upload Date	31/03/2020 11:31
Path *		Category *	Confidential
Choose File	No file chosen	Please Select	NO
Choose File	No file chosen	Please Select	NO
Choose File	No file chosen	Please Select	NO
Choose File	No file chosen	Please Select	NO
Choose File	No file chosen	Please Select	NO
Choose File	No file chosen	Please Select	NO
Choose File	No file chosen	Please Select	NO
Message Read		Urgency *	Normal

Attachment List							
Attachment	Uploaded By/Date	Category	Urgency	Description	Has Sent? (CO)	Action	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 31 Mar 2020 11:31	Photos	Normal	Photos 2020-3-31		Edit	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 31 Mar 2020 11:31	Photos	Normal	Photos 2020-3-31		Edit	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 31 Mar 2020 11:31	Photos	Normal	Photos 2020-3-31		Edit	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 31 Mar 2020 11:31	Photos	Normal	Photos 2020-3-31		Edit	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 31 Mar 2020 11:31	Photos	Normal	Photos 2020-3-31		Edit	



NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 31 Mar 2020 11:30

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 31 Mar 2020 11:30

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 31 Mar 2020 11:30

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NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 31 Mar 2020 11:30

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 31 Mar 2020 11:30

Photos

Normal

Photos 2020-3-31

Edit

Photos

Normal

Photos 2020-3-31

Edit

Photos

Normal

Photos 2020-3-31

Edit

Photos

Normal

Photos 2020-3-31

Edit

NRIC/ Driving License

Y

Normal

NRIC/ Driving License 2020-3-31

Edit

SAS

Normal

SAS 2020-3-31

Edit

Video List

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

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)
ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5116464259 Cover : drive CLASSIC

1. Index mark and Registration Number of Vehicle : SMP5159E
Chassis Number : WBA5A32000D790262

2. Name of Policyholder : KUNALAN CHAKRAVARTHY DORAISINGHAM

3. Effective Date of Insurance : 02 Mar 2020

4. Expiry Date of Insurance : 01 Mar 2021

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.

This Policy does not cover
(a) Use for hire or reward.
(b) Use for racing, pace-making, reliability trial or speed-testing.
(c) Use for the carriage of goods (other than samples) in connection with any trade or business.
(d) 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\$600
EXCESS (SECTION 2)	: N/A
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	: KUNALAN CHAKRAVARTHY DORAISINGHAM
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
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 : S & M ALLIANCE PTE LTD (00000614373)
Date of Issue : 28 Feb 2020 11:51 hrs



For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive



DEBIT NOTE / TAX INVOICE

DEBIT NOTE NUMBER: D20NB19944997

KUNALAN CHAKRAVARTHY DORAISINGHAM
BLK 544 #06-172
SERANGOON NORTH AVENUE 3
SINGAPORE 550544

DATE: 28 FEB 2020

PARTICULARS	TOTAL (SGD)
PRIVATE CAR INSURANCE POLICY NUMBER: 5116464259 VEHICLE NUMBER: SMP5159E PERIOD OF INSURANCE: 02 MAR 2020 TO 01 MAR 2021	
PREMIUM PAYABLE	1,306.08
GST @ 7%	91.43
TOTAL	1,397.51
BALANCE DUE	1,397.51

Please refer to the reverse of this Debit Note for the list of payment channels available. If you have made your payment, please ignore this Debit Note.

FOR ENQUIRIES, PLEASE CONTACT:
S & M ALLIANCE PTE LTD
TEL: 65431191

E.&O.E

NTUC Income Insurance Co-operative Limited
Income Centre 75 Bras Basah Road Singapore 189557 • Tel: 6788 1777 • Fax: 6438 1500 • Email: enquiry@income.com.sg • Website: www.income.com.sg
an NTUC Social Enterprise