

NATIONAL Assessment Centre Services

Part 1 Jan 2009

MMA 120039989

Done by

Date In 4/4/20 13:20

Ref No MA/INC 20004918164

Veh No SKX 8967 B

Time 3/4/20 11:30

OT (P) Reporting Only

TP Insurer

Job description

Date & Time Completed

SAS e-filing

E-mail (within 3hrs, AIC 2hrs)

I-Motor Claim Form

MT/109070001

4/4/20 13:36

I-Motor W/O (Within: OD 2hrs, TP 4hrs)

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:

SKX 8562 X

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 100 Inc 6788 6616)

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 2002460

Claimant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors Comments:

Tel:

Fax:

Invoice Particulars (Non Checklist)

1) AR: Accident Reporting (\$30);

2) DA: Damage Assessment (\$100); INC (\$30)

3) TP: Towing Fee \$40/\$45

4) FT: Follow-Through Survey \$120

5) PT: Follow-Through Survey (Resurvey) \$30

For claimant assist (INC Only) (wef 10 Jan 2009)

6) TR: Re-Inspection \$75

7) NI: Idao DA + SMRT Survey \$160

8) NTUC Additional Services:-

Q1:

*N5: Courtesy Car / Tpt Allowance \$5

*N6: Repair Co-ordination \$10

*N7: Post Repair Inspection \$25

*N8: DV / Collect Excess Coordination \$5

*N11: TP (INC) against INC \$20

*N12: Idao Mobile \$0

Invoice dated

Invoice dated

Fee Charged

Fee Charged

Am (\$)

RAAR (\$)

30.00

Mod Bill

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	04/04/2020 13:20
Date Of Accident	03/04/2020 11:30
Exact Location Of Accident	BT BATOK EAST AVE 6 & OLD JURONG RD JUNCTION
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKX8967B
Insured/Policyholder	
Name Of Registered Owner	YAM SENG ENGINEERING PTE. LTD.
Co Reg No	2XXXXX287H
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-94241734

Vehicle Particulars

Manufacturer	JAGUAR
Model	XF 25T
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	THIRD PARTY
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	5114498971
Cover Note Number	

Driver

Name of Driver	PALANICHAMY KANDASAMY
NRIC No	SXXXX016F
Date Of Birth	13/03/1969
Occupation	OUTDOOR
Date Of Driving Pass	02/10/2002
Driving Experience	17 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94241734
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 622 BUKIT BATOK CENTRAL #03-500
Postcode	650622
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	COLLISION - HEAD TO REAR
Weather Conditions	AFTER RAINED
Road Surface	WET

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)	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

REFER TO STATEMENT

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	SKC8562X
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)	

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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.:

BT BATOK EAST AVE

OLD JURONG RD

VEHICLE:

A: SKX 8967B

B: ~~SKX 8562X~~
SKC 8562X

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON THE STATED DATE, TIME AND AVE. I WAS

TRAVELING ON THE 2 LANE. THE TRAFFIC LIGHT TURNS RED

AND I STOPPED. ALL OF A SUDDEN VEHICLE "B" BANG

ONTO MY REAR WITH A BIG IMPACT. I MANAGE TO

CONTROL MY VEHICLE BUT MY VEHICLE MOVE AT LEAST

20M TO 30M AFTERWARDS. WE EXCHANGE PARTICULATE AND LEFT.

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:

Signature of Reporting Centre Personnel

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Date of Accident : 03/04/2020 Accident Time: 1130AM - (24-HR-Format)
Accident Place : BT Batok east Ave 6 and Old Jurong Rd Junction
Vehicle Reg. No. (Car Plate No.) : SKX 8967 B
Vehicle Make/Model : Jaguar XF 25T
Insurance Company : NTUC Policy No. 5114498971
Owner or Company Name /IC No. : Yam Seng engineering Pte LTD
Owner or Company Contact No. : _____ Owner's Hp 9424 1734 Company Tel _____
DRIVER'S Name / IC No. : PALANICHAMY KANDASAMY 56960016 F
DRIVER'S Date Of Birth : 13/03/1969 DRIVER'S License Pass Date 08/09/2003
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: OWNER
DRIVER'S Address : 622 Bukit Batok Central #03-500 Singapore 650622
DRIVER'S Contact No./ Alt No. : 1) _____ 2) 9424 1734
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address : Arimin@mycar.sg
Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (Including Driver): 01

Was there any video Captured by car camera: YES \ NO

Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Other Party Driver's Particular (if any)

Vehicle Reg. No: SKC 8562X

Vehicle Reg. No: _____

Vehicle Make/Model: TOYOTA ALTIS

Vehicle Make/Model: _____

Name Driver: —

Name Driver: _____

IC No. Driver: —

IC No. Driver: _____

Driver's Contact & Add: —

Driver's Contact & Add: _____

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: 5114498971

Cover : drive PREMIUM

1. Index mark and Registration Number of Vehicle : **SKX8967B**
Chassis Number : SAJBB4AG7GCY08071
2. Name of Policyholder : YAM SENG ENGINEERING PTE. LTD.
3. Effective Date of Insurance : 31 Dec 2019
4. Expiry Date of Insurance : 30 Dec 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.

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	: YES
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: PALANICHAMY KANDASAMY
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
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 : ABWIN PTE LTD (00000614234)

Date of Issue : 29 Nov 2019 11:29 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

Claim Handling

Accident MT/1090700

Policy No.	5114498971	Vehicle No.	SKX8967B	GST Registration No.	
Certificate No.					
Policyholder Name	YAM SENG ENGINEERING PTE. LTD.	Cover Type	drive PREMIUM	Policyholder NRIC	201006287H
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	94241734	Special Remark		Contact No.(Home)	
Email Address		TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode	No
KPK	<input type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	40	eCode Reason	
NCD Protection	No			Private Hire	No
Accident Details					
Report Date	04/04/2020 13:33	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	03/04/2020	Time of Accident hh:mm	11:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BT BATOK EAST AVE 6 & OLD JURONG RD JUNCTION				
Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	600.00	TP Standard Excess	0.00	Driver is Covered?	Covered
YIED OD Excess	0.00	YIED TP Excess	0.00		
Additional Excess	0				
Total OD Excess Applicable	600.00	Total TP Excess Applicable	0.00		
Benefits					
GST Registered Information					
GST Registered	Yes	GST Registration Date	08/11/2011		
GST Registration No.	201006287H	GST Status Verified	Yes		
Modification History	04/04/2020 13:35:02 System changed GST Registered from No to Yes 04/04/2020 13:35:02 System changed GST Registration No. from null to 201006287H 04/04/2020 13:35:02 System changed GST Registration Date from null to 08/11/2011				
Policyholder Mailing Address					
Address 1	1 SOON LEE STREET	Address 2	#06-48 PIONEER CENTRE	Address 3	SINGAPORE 627605
Address 4		Address Type	Singapore address	Post Code	627605
Unit No.		Related Policy Number	5114323335		
Q1 Driver Info					
Driver Name	PALANICHAMY KANDASAMY	Driver Type	Main Driver	Driver DOB	13/03/1969
Unnamed driver Name		Driver NRIC	S6960016F	Driving Experience	27
Register Date of Driver License	01/01/1993	Driver Age	51	Contact No.(Home)	
Contact No.(Mobile)	94241734	Contact No.(Office)		Address 1	SINGAPORE 650622
Address 1	BLK 622 #03-500	Address 2	BUKIT BATOK CENTRAL	Post Code	650622
Address 4		Address Type	Singapore address		
Unit No.	03-500			Driver Insurer Company	
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.			
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No		

Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	YAM SENG ENGINEERING PTE. LTD.	Insured NRIC	201006287H
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	
Email Address		Q1 Vehicle Number	SKX8967B	TP Vehicle Number	SKC8562X
Claim Description	SKX8967B / SKC8562X ON 3 Apr 2020			Name of Preferred Workshop	0
Preferred Workshop	0	Insured Liability	Not at Fault		
Workshop No.	0	Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Finalisation	Yes			Claim Close Date	04/04/2020 13:36
Date Registered				Date Received	04/04/2020
Report Taken By	LIEW SHAN HUI				

☒ Print AK letter

Save Submit

Attachment

Accident No.	MT/1090700	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	04/04/2020 13:36
Path *			
Choose File	No file chosen	Category *	Please Select
Choose File	No file chosen	Confidential	NO
Choose File	No file chosen	Urgency *	Normal
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Message Read			
Attachment List			

2/2