

N/A/20047166

NATIONAL Assessment Centre Services. [Post 1 Jan 2001]

Date In: 20/05/2020 15:20	Job description	Date & Time Completed	Done by
Ref No: N/A/INC2000584917	SAS e-filing		
Veh No: GRD 3144D	E-mail (4 data 2hrs, AIC 2hrs)		
D.O.A: 20/05/2020 08:20	I-Motor Claims Form	17/05/2020 - 001	20/05/2020 16:04
OID: TP: Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whse		

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

TP Particulars: Vch No: SGL 9911R 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 raplor.

() 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: ()

Date/Time	Action

N/A/2002948

Driver/Owner: ()

Contact No: ()

Damaged Portion: ()

QC Checked by (Engr-In-Charge): ()

Author's Comments: ()

Cal 1: ()

2/2

1) ART: Accident Reporting (\$30)	INC (\$10)
2) DA: Damage Assessment (\$100)	\$40/\$45
3) TP: Towing Fee	\$120
4) PT: Follow-Through Survey	\$30
5) PT: Follow-Through Survey (Resurvey)	\$30
For claimant against INC Only (over 10 Jan 2005)	\$75
6) TR: Re-inspection	\$160
7) NI: Idea DA + SMRT Survey	
8) NTUC Additional Services:	
ON:	
*NS: Courtesy Car / Tpl Allowance	\$5
*NG: Repair Coordination	\$10
*NI: Post Repair Inspection	\$25
*ND: DV / Collect Excess Coordination	\$3
*NE: DV / Collect Excess Coordination	\$20
TE (NI): TP (NS: INC) against INC	\$0
9) NI: Idea Mobile	
Invoice dated	
Invoice dated	

Fee Charged

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	20/05/2020 15:20
Date Of Accident	20/05/2020 08:20
Exact Location Of Accident	ALONG WOODLANDS AVE 9 TOWARDS WOODLANDS AVE 10
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GBD3144D
Insured/Policyholder	
Name Of Registered Owner	ANJANA KITCHEN PTE LTD
Co Reg No	2XXXXX861N
Email Address	ADMIN@ANJANAKITCHEN.COM
Mobile Phone No	(LOCAL) +65-86696672
Alternative Phone No	OFFICE-93385508
Vehicle Particulars	
Manufacturer	NISSAN
Model	NV200
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	5105894349-01
Cover Note Number	
Driver	
Name of Driver	PALANIAPPAN POOBENDRAN
NRIC No	SXXXX674F
Date Of Birth	09/03/1975
Occupation	OUTDOOR
Date Of Driving Pass	19/03/1999
Driving Experience	21 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86696672
Fax Number	
Contact Number	OTHERS-93385508
EMail Address	ADMIN@ANJANAKITCHEN.COM

Address	BLK 250 CHOA CHU KANG AVENUE 2 #03-458
Postcode	680250
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 - HEAD TO REAR
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	SGL9911R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	KHAIRIL AZHAR BIN NOORAMAN
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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.
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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.

ANTJANA KITCHEN
PTE LTD

X

Policyholder's Signature
Date & Time:

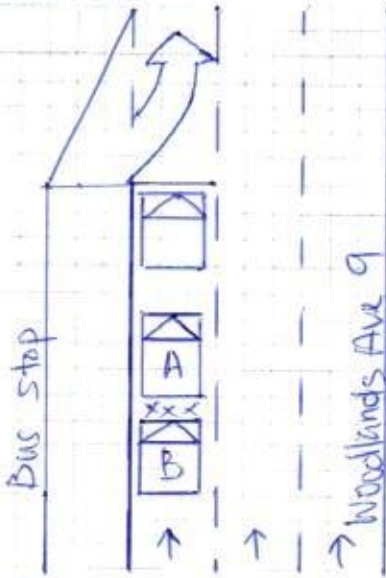
ANTJANA KITCHEN
PTE LTD

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

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

20/05/2020
Rashid Hartab

SKETCH PLAN



Veh A: GBD3144D
Veh B: SGL9911R

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On above date & time, I was driving my vehicle A (GBD3144D) traveling along Woodlands Avenue 9 towards Woodlands Avenue 10 on third lane of a 3-lanes, road. Somewhere at the bus stop 46461, vehicle ahead slowed down and stopped. As such, I applied brake and stopped completely behind vehicle ahead. Out of sudden, vehicle B (SGL9911R) came from rear and collided directly onto the rear portion of my vehicle.

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.:

Vehicle No.	GBD 3144D	Model / Make	Nissan NV200
Date of Accident	20/5/20		
Time of Accident	0820	HRS	
Location of Accident	Along Woodlands Avenue 9 towards Woodlands Avenue 10		
Exact purpose use during accident	Work		
Name of Owner	Anjang Kitchen Pte Ltd		
Telephone No.	H/P : 86696672	Home :	Office :
NRIC	201810861N		
Address	2 Venture Drive #01-44 S(608526)		
Claim type	OD	THIRD PARTY	REPORTING ONLY
Insurance Company	NTUC		
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft
Policy No.	5105894349-01		
Name of Driver	As Above If No, Palaniappan Pookendran		
NRIC	87562674F	Any Passengers : -	
Date of birth	9/3/1975		
Occupation	Outdoor	/	Indoor
Driving License Pass Date	19/3/1999		
Gender	Male / Female		
Contact No.	H/P : 93855508	Home :	Office :
Address	BLK 250 Choa Chu Kang Avenue 2 #03-458 S(680250)		
Driver have any own vehicle	No	If yes, Reg No.	
Relationship	Employee,	If no, state	
Weather condition	Clear	Raining	Other
Road Surface	Dry	Wet	Other
Any Injuries	No	If Yes, Who?	
Name And Contact No.			
Name And Contact No.			
Police Report	No	If Yes, Where?	
Vehicle B No.	SGL9911R	Any Passengers :	
Name of Driver	Khairil Azhar Bin	Contact No. :	
Vehicle C No.	Nooraman	Any Passengers :	
Vehicle D No.		Any Passengers :	
Vehicle E no.		Any Passengers :	
Vehicle F No.		Any Passengers :	
Vehicle G No.		Any Passengers :	
Witness Name		Witness Contact :	
Accident Portion	Rear portion		
Camera Recorder	Yes / No		
Email Address	admin@anjmakitchen.com		
PARTICULAR WORKSHOP	N-51 Automotive Pte Ltd		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	Brandon		
FAX NO	6741 0510		
WORKSHOP EMAIL ADDRESS	sales@n51.com.sg		

Claim Handling

Accident MT/1092969

Policy No.	5105894349-01	Vehicle No.	GBD3144D	GST Registration No.	
Certificate No.					
Policyholder Name	ANJANA KITCHEN PTE LTD			Policyholder NRIC	201810861N
Product Code	COMMERCIAL VEHICLE INSURAN	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	86696672	Contact No.(Office)		Contact No.(Home)	
Email Address	admin@anjanakitchen.com	Special Remark		eCode	No
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No

Accident Details

Report Date	20/05/2020 15:45	Accident Report Within 24 hrs	Yes	Accident Type	Collision - He
Date of Accident	20/05/2020	Time of Accident hh:mm	08:20	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG WOODLANDS AVE 9 TOWARDS WOODLANDS AVE 10				

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	Driver is Covered?	Covered
Additional Excess					
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	20/05/2020 15:50:19 System changed GST Status Verified from No to Yes		

Policyholder Mailing Address

Address 1	2 VENTURE DRIVE	Address 2	#01-44 VISION EXCHANGE	Address 3	SINGAPORE
Address 4		Address Type	Singapore address	Post Code	608526
Unit No.	01-44	Related Policy Number	5105894349-01		

DI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	PALANIAPPAN POOBENDRAN	Driver NRIC	S7562674F	Driver DOB	09/03/1975
Register Date of Driver License	19/03/1999	Driver Age	45	Driving Experience	21
Contact No.(Mobile)	93855508	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 250 #03-458	Address 2	CHOA CHU KANG AVENUE 2	Address 3	SINGAPORE
Address 4		Address Type	Foreign address	Post Code	680250
Unit No.	03-458				
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.	GBD3144D	Driver Insurer Company	NTUC

Declaration	
Breathalyser or Blood Test Reading?	0 mg
Any injury?	<input checked="" type="radio"/> Yes <input type="radio"/> No

Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	ANJANA KITCHEN PTE LTD	Insu NRIC	
Contact No.(Mobile)		Contact No. (Home)	NIL	Cont No. (Off)	
Email Address		OI Vehicle Number	GBD3144D	TP Vehi Num	
Claim Description	GBD3144D / SGL9911R ON 20 May 2020				
Preferred Workshop		Insured Liability	Not at Fault		
Repair No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered				20/05/2020 15:56	Claim Close Date
Report Taken By				ROSLI WAHA8	Date Recd
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

Attachment

Accident No.	MT/1092969	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	20/05/2020 16:04
Path *			
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select

Choose FileNo file chosen

Choose FileNo file chosen

Choose FileNo file chosen

Message Read

Clear

Clear

Clear

Please SelectNONormal

Please SelectNONormal

Please SelectNONormal

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 20 May 2020 16:04	Photos		Normal	Photos 2020-5-20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 20 May 2020 16:04	Photos		Normal	Photos 2020-5-20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 20 May 2020 16:04	Photos		Normal	Photos 2020-5-20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 20 May 2020 16:04	Photos		Normal	Photos 2020-5-20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 20 May 2020 16:04	Photos		Normal	Photos 2020-5-20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 20 May 2020 15:56	Photos		Normal	Photos 2020-5-20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 20 May 2020 15:56	Photos		Normal	Photos 2020-5-20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 20 May 2020 15:56	Photos		Normal	Photos 2020-5-20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 20 May 2020 15:56	Photos		Normal	Photos 2020-5-20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 20 May 2020 15:56	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-5-20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 20 May 2020 15:56	SAS		Normal	SAS 2020-5-20

Video List

Uploaded By/Date	Folder Date	File Name		Source
		Display in New Window	Scan and uploading	

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 : 5105894349-01

Cover : Comprehensive

1. Index mark and Registration Number of Vehicle : **GBD3144D**
Chassis Number : VSKYBAM20Z0088016
2. Name of Policyholder : ANJANA KITCHEN PTE LTD
3. Effective Date of Insurance : 01 Mar 2020
4. Expiry Date of Insurance : 28 Feb 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.
(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	: ABWIN PTE LTD
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 : 24 Feb 2020 16:07 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive