

# NATIONAL Assessment Centre Services

Date In: 13/07/20	Job description	Date & Time Completed	Done by
Ref No: NA/INC20007232/13	SAS e-filing		
Veh No: SLT14215	E-mail (within 8hrs, AOC 2hrs)		
D.O.A: 12/07/20 1730	I-Motor Claim Form	m7/1096724-001	
OD: TP Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner / Wksp		

Preferred Wksp / INC Assign Wksp / QW: ( N-51	Tel:	Fax:
TP Particulars:	Veh No: SLF9385G	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

NA2003665	Invoice Preparation Checklist	Ant (\$)	Ant (\$)
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);	Int. Bill	Add Bill
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idco DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
QC Checked by (Engr-In-Charge):	ON:		
	*N5: Courtesy Car / Tpl Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
Auditors' Comments:-	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non INC) against INC \$20		
Cal. 1:	9) N12: Idco Mobile 30		
Cal. 2 / 3:	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	13/07/2020 15:22
Date Of Accident	12/07/2020 17:30
Exact Location Of Accident	CTE TWDS CITY EXIT PIE TWDS CHANGI
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLJ1421S
<b>Insured/Policyholder</b>	
Name Of Registered Owner	EVEREST AUTO
Co Reg No	5XXXX267D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-87771128
<b>Vehicle Particulars</b>	
Manufacturer	HYUNDAI
Model	T30
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	COMMERCIAL VEHICLE
<b>Insurance Company</b>	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	5114853141
Cover Note Number	
<b>Driver</b>	
Name of Driver	SEE SIEW KIANG
NRIC No	SXXXX313H
Date Of Birth	30/04/1972
Occupation	INDOOR
Date Of Driving Pass	24/02/2000
Driving Experience	20 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-88709372
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 899C WOODLANDS DRIVE 50 #06-288
Postcode	732899
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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?	YES
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

PLS REFER TO THE ATTACHED 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	SLF9385G
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)	

## SKETCH PLAN

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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:

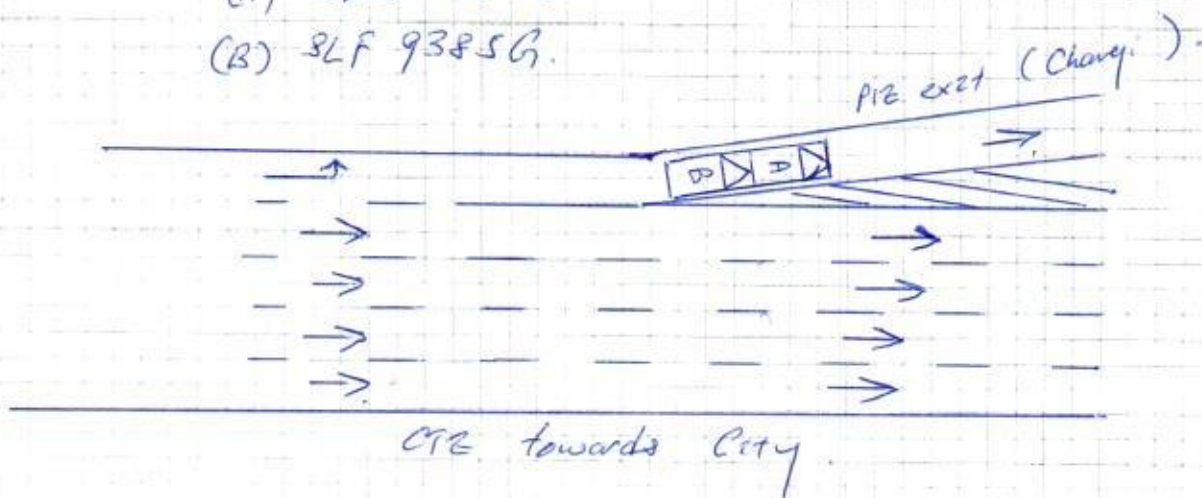
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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

SKETCH PLAN

(A) - SLJ 1421 S.

(B) - SLF 9385 G.



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 12/07/2020 at @ 1730 hrs, I was travelling in my vehicle (SLJ 1421 S) along CTE towards City exit into PIE exit towards the direction of Changy on the left lane. I slow down and stopped due to traffic jammed ahead. Suddenly, a car (SLF 9385 G) from behind collided onto the rear portion of my vehicle.

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]* 13/07/20

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

<b>Vehicle No.</b>	SLJ 7427 S.	Model / Make	Hyundai i30.
<b>Date of Accident</b>	12/07/2020		
<b>Time of Accident</b>	1730 HRS		
<b>Location of Accident</b>	CTE towards City - exit A/E towards Changi		
<b>Exact purpose use during accident</b>	Rental.		
<b>Name of Owner</b>	Everest Auto		
<b>Telephone No.</b>	H/P: 8777 1128	Home :	Office :
<b>NRIC</b>	53267267D.		
<b>Address</b>	315 274A, Punggol Place #14-808 (Regalia) (Q) 821274.		
<b>Claim type</b>	OD <u>THIRD PARTY</u> REPORTING ONLY		
<b>Insurance Company</b>	NTUC.		
<b>Type of Coverage</b>	Comprehensive <u>Third Party</u> Third Party / Fire / Theft		
<b>Policy No.</b>	5114853141 - 000006.		
<b>Name of Driver</b>	As Above If No, SEE SIEW KIAN G.		
<b>NRIC</b>	572813134	Any Passengers :	N.A.
<b>Date of birth</b>	30/04/1972.		
<b>Occupation</b>	Outdoor / <u>Indoor</u>		
<b>Driving License Pass Date</b>	24/02/2000.		
<b>Gender</b>	Male / <u>Female</u>		
<b>Contact No.</b>	H/P: 8870 9372	Home :	Office :
<b>Address</b>	BLK 899C Woodlands Drive 50 #06-288 (Q) 732899		
<b>Driver have any own vehicle</b>	<u>No</u> , If yes, Reg No.		
<b>Relationship</b>	Employee, If no, state <u>husb</u>		
<b>Weather condition</b>	<u>Clear</u> Raining Other		
<b>Road Surface</b>	<u>Dry</u> Wet Other		
<b>Any Injuries</b>	No, <u>If Yes, Who?</u>		
<b>Name And Contact No.</b>	SEE SIEW KIAN G (H/P: 8870 9372)		
<b>Name And Contact No.</b>			
<b>Police Report</b>	<u>No</u> , If Yes, Where?		
<b>Vehicle B No.</b>	SLF 9385 G.	Any Passengers :	
<b>Name of Driver</b>	Kumaran Suppiah Vijayadevan	Contact No. :	
<b>Vehicle C No.</b>		Any Passengers :	
<b>Vehicle D No.</b>		Any Passengers :	
<b>Vehicle E no.</b>		Any Passengers :	
<b>Vehicle F No.</b>		Any Passengers :	
<b>Vehicle G No.</b>		Any Passengers :	
<b>Witness Name</b>	N.A.	Witness Contact :	N.A.
<b>Accident Portion</b>	Rear Portion.		
<b>Camera Recorder</b>	Yes <u>No</u>		
<b>Email Address</b>			
<b>PARTICULAR WORKSHOP</b>	N-SI		
<b>CONTACT NO.</b>	6842 0051 / 6744 0510		
<b>CONTACT PERSON</b>	Joseph TAN.		
<b>FAX NO</b>	6741 0510		
<b>WORKSHOP Email ADDRESS</b>	Sales @ nsi.com.sg		

## 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:** 5114853141-000006

**Cover :** Third Party

1. Index mark and Registration Number of Vehicle : **SU1421S**  
Chassis Number : KMHDC51DMAU243134
2. Name of Policyholder : EVEREST AUTO
3. Effective Date of Insurance : 19 Feb 2020
4. Expiry Date of Insurance : 18 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 or Hirer's business.

**This Policy does not cover**

- (a) Use for racing, pace-making, reliability trial or speed-testing.
- (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (c) 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)	: N/A
EXCESS (SECTION 2)	: S\$1,500
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: N/A
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: N/A
NCD PROTECTION	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: N/A

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 : M PLUS CONSULTANCY (00000571872)  
Date of Issue : 13 Dec 2019 16:14 hrs

**For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED**



Chief Executive

Claim Handling

Accident MT/1096724

Policy No.	5114853141	Vehicle No.	SLJ1421S	GST Registration No.	
Certificate No.	5114853141-000006				
Policyholder Name	EVEREST AUTO	Cover Type	Third Party	Policyholder NRIC	S32672671
Product Code	FLEET MASTER INSURANCE	Contact No. (Office)	0	Loading	0
Contact No. (Mobile)	87771128	Special Remark		Contact No. (Home)	0
Email Address				eCode	131
KFK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	0%	NCD Entitlement(%)	0	Private Hire	No
Accident Details					
Report Date	13/07/2020 17:31	Accident Report Within 24 hrs	Yes	Accident Type	Collision - P
Date of Accident	12/07/2020	Time of Accident hh:mm	17:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	CTE TWO5 CITY EXIT RE TWO5 CHANGI				
Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess	0.00		
OD Standard Excess	0.00	TP Standard Excess	1,500.00		
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Covered
Additional Excess					
Total OD Excess Applicable	0.00	Total TP Excess Applicable	1,500.00		
Benefits					
GST Registered Information					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified			
Modification History					
Policyholder Mailing Address					
Address 1	BLK 274A #24-80B	Address 2	PUNGGOL PLACE	Address 3	PUNGGOL PLACE
Address 4	SINGAPORE 821274	Address Type	Singapore address	Post Code	821274
Unit No.	14-80B	Related Policy Number	511204836		
Q1 Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	30/04/197
Unnamed driver Name	SEE SEF DW KUAN	Driver NRIC	S32610138	Driving Experience	20
Register Date of Driver License	24/02/2000	Driver Age	46	Contact No. (Home)	0
Contact No. (Mobile)	887044172	Contact No. (Office)	0	Address 3	SINGAPORE
Address 1	BLK 269C	Address 2	WOODLANDS DRIVE 50	Post Code	732899
Address 4		Address Type	Singapore address		
Unit No.	#06-268				
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.		Driver Insurer Company	
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes No		
Modification History					
Claim 001 OD-MX New					

Claim Type *	OD-MX	Insured Name	EVEREST AUTO	In NR
Contact No. (Mobile)		Contact No. (Home)		Co NC (O
Email Address		Q1 Vehicle Number	SLJ1421S	TP Ve NL
Claim Description	SLJ1421S / SLF9385G ON 12 Jul 2020			No Pr Wi
Preferred Workshop		Insured Liability	Not at Fault	
Repair Option	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	13/07/2020 17:37	Claim Close Date		Dr Re
Report Taken By	ROSILINDA	Workshop Repairer		To bu Re

Print AK letter

Save Submit

Attachment

Accident No. MT/1096724

Claim No. 001

Last Doc. Received Yes No

Upload Date 13/07/2020 17:35

Path \*

Category \*

Confidential

Urgency \*

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Clear Please Select

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No file chosen

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No file chosen

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Normal

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NO

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Normal

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Clear

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Normal

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Attachment List

Attachment	Uploaded By/Date	Category	?	Urgency	Description
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Jul 2020 17:37	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-7-13
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Jul 2020 17:37	SAS		Normal	SAS 2020-7-13
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Jul 2020 17:37	Photos		Normal	Photos 2020-7-13
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Jul 2020 17:37	Photos		Normal	Photos 2020-7-13
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Jul 2020 17:37	Photos		Normal	Photos 2020-7-13
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Jul 2020 17:37	Photos		Normal	Photos 2020-7-13
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Jul 2020 17:37	Photos		Normal	Photos 2020-7-13
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Jul 2020 17:37	Photos		Normal	Photos 2020-7-13
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Jul 2020 17:37	Photos		Normal	Photos 2020-7-13

Video List

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