

# NATIONAL Assessment Centre Services.

Ref: 1 Jan 05

MA1842006889

Date In: 22/07/2020 17:04	Job description	Date & Time Completed	Done by
Ref No: N/A/INC 2000 7574/4	SAS e-filing		
Veh No: SMK 4580D	E-mail (by date time, AIC time)		
DOA: 22/07/2020 22:46	I-Motor Claims Form	mt1842006889-001	22/07/2020 17:28
OD: TP: Reporting Only	I-Motor W/O (within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Witness		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: SHB 8005D	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: \_\_\_\_\_

Date: \_\_\_\_\_

NA2003816	1) All Accident Reporting (\$30)	
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (\$10)	
Contract No:	3) TP: Towing Fee \$40/\$45	
Damaged Portion:	4) PT: Follow-Through Survey \$110	
QC Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey) \$10	
	For claiming against INC Only (see 10 Jan 2019)	
	6) TR: Re-inspection \$75	
	7) NI: 1 day DA + EMRT Survey \$160	
	8) NIUC Additional Services:	
	ON:	
	• NI: Courtesy Car / Tpt Allowance \$3	
	• NI: Repairs Co-ordination \$10	
	• NI: Post Repair Inspection \$25	
	• NI: DV / Collect Excess Coordination \$3	
	TE (NI): TP (NI) INC against INC \$20	
	2) NI: 1 day Mobile \$30	
	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	22/07/2020 17:04
Date Of Accident	21/07/2020 22:40
Exact Location Of Accident	TURN LEFT FROM TANJONG PAGAR TOWARDS NEIL ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMK4580D
<b>Insured/Policyholder</b>	
Name Of Registered Owner	A MANOJ KUMAR
NRIC No	SXXXX425Z
Email Address	MANOJKUMAR_94@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-90284729
Alternative Phone No	OTHERS-90284729

### Vehicle Particulars

Manufacturer	BMW
Model	320I
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	5109052445
Cover Note Number	

### Driver

Name of Driver	A MANOJ KUMAR
NRIC No	SXXXX425Z
Date Of Birth	01/01/1994
Occupation	INDOOR
Date Of Driving Pass	14/11/2012
Driving Experience	7 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90284729
Fax Number	
Contact Number	OTHERS-90284729
EMail Address	MANOJKUMAR_94@HOTMAIL.COM

Address	BLK 684A JURONG WEST STREET 64 #12-101
Postcode	641684
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	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)	2
Passenger 1	NAME: : ROSHINI ASOKAN GENDER: : FEMALE

#### 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 AND ATTACHMENT

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH OWNER
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHB8005D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)


## SKETCH PLAN

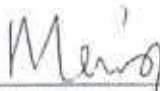
### IMPORTANT NOTICE

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

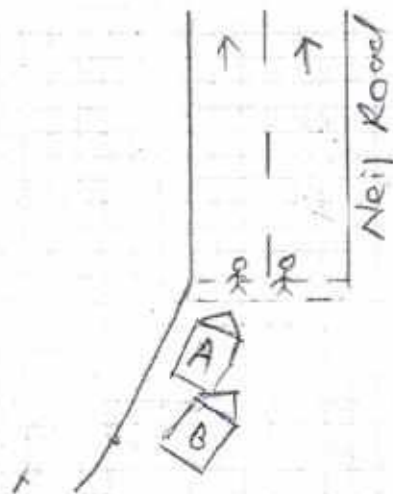
  
\_\_\_\_\_  
Policyholder's Signature  
Date & Time:

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

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



SKETCH PLAN



A = SMK 4580D

B = SHB 8005D

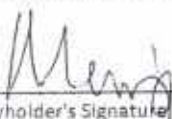
Turning left from  
Tanjong Pagar Road  
to Neil Road


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


Refer to attached

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.:



On 21.07.20 at about 22:40 hours, while I was turning left from Tanjong Pagar Road to Neil Road. I slow down and stop for the pedestrians to cross. Suddenly, I heard a loud bang from behind. When I alighted and realized it was vehicle (B) who hit my rear portion of my vehicle (A). I wish to state that I have one passenger inside the vehicle.

Vehicle (A): SMK 4580D

Vehicle (B): SHB 8005D

*gnt* 22/07/2020

Date of Accident : 21/07/20 Accident Time: 22:40 (24-HR-Format)  
 Accident Place : Turning left from Tanjung Pagar Road to Neil Road  
 Vehicle No. (Car Plate No.) : SMK4580D Make/Model: Bmw 320i  
 Insurance Company : NTUC Policy No: 5109052445  
 Owner or Company Name / IC No. : A Manoj Kumar (594004252)  
 Owner or Company Contact No. : 9028 4729 Owner's Hp — Company Tel —  
 DRIVER'S Name / IC No. : A Manoj Kumar (594004252)  
 DRIVER'S Date Of Birth : 01/01/1994 DRIVER'S License Pass Date 17/11/2012  
 Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Owner  
 DRIVER'S Address : BK 684 A Jurong West Street 64, # 12-101  
 DRIVER'S Contact No. / Alt No. : 1) 56641684 2) 9028 4729  
 DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)  
 Email Address : Manoj Kumar - 94@hotmail.com  
 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): 2  
 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  
 Any Injury (If YES, Pls state): -NO-

**Other Party Driver's Particular (if any)**

Vehicle No: <u>SHB 8005 D</u>	Vehicle No: <u>—</u>
Vehicle Make/Model: <u>—</u>	Vehicle Make/Model: <u>—</u>
Name Driver: <u>—</u>	Name Driver: <u>—</u>
IC No. Driver/Contact: <u>—</u>	IC No. Driver/Contact: <u>—</u>

\* NEW - Passenger's name & gender:

Passenger = Ashini Akoka N (Female)



## Claim Handling

Accident MT/1007634

Policy No.	319052443	Vehicle No.	SMK4580D	GST Registration No.	
Certificate No.					
Policyholder Name	A MANOJ KUMAR			Policyholder NRIC	S9400425Z
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Leading	0
Contact No.(Mobile)	90284729	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remarks		eCode	No
NRE	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	WCD Endowment(%)	20	Private Hire	No

## Accident Details

Report Date	22/07/2020 17:10	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	22/07/2020	Time of Accident (H:mm)	22:40	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	TURN LEFT FROM TANJONG PAGAR TOWARDS NEIL ROAD				

## Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	800.00	TP Standard Excess	0.00		
WCD OD Excess	0.00	WCD TP Excess	0.00	Driver is Covered?	Covered
Additional Excess	0.00				
Total OD Excess Applicable	800.00	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 684A #12-101	Address 2	JURONG WEST STREET 84	Address 3	SINGAPORE 641684
Address 4		Address Type	Singapore address	Post Code	641684
Unit No.	12-101	Related Policy Number	319052443		

## OI Driver Info

Driver Name	A MANOJ KUMAR	Driver Type	Main Driver		
Uninsured driver Name		Driver NRIC	S9400425Z	Driver DOB	01/01/1994
Register Date of Driver License	14/11/2012	Driver Age	26	Driving Experience	7
Contact No.(Mobile)	90284729	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 684A #12-101	Address 2	JURONG WEST STREET 84	Address 3	SINGAPORE 641684
Address 4		Address Type	Singapore address	Post Code	641684
Unit No.	12-101				
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.	SMK4580D	Driver Insurer Company	NTUC

## Declaration

Breathalyzer or Blood Test Reading?	0 mg	Any Injury?	Yes No
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## Modification History

Claim 001 OD-MX New

Claim Type *	OD-MX	Insured Name	A MANOJ KUMAR	Insured NRIC	S9400425Z
Contact No.(Mobile)	90284729	Contact No. (Home)		Contact No. (Office)	
Email Address		Vehicle Number	SMK4580D	Vehicle Number	S18B005D
Claim Description	SMK4580D / S18B005D ON 21 JUL 2020				
Preferred Workshop		Insured Liability	Not at Fault	Name of Preferred Workshop	
Banknote No. / Photocopy	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	22/07/2020 17:13	Claim Close Date		Date Received	22/07/2020 9
Report Taken By	RDSLE WAHAB	Workshop Referrer		Total Loss But Repaired	

Print AX letter

Save Submit

## Attachment

Accident No.	MT/1007634	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	22/07/2020 17:28

Choose File	No file chosen	Clear	Please Select	Category *	Confidential	Urgency *	Description *
Choose File	No file chosen	Clear	Please Select	NO	Normal		
Choose File	No file chosen	Clear	Please Select	NO	Normal		
Choose File	No file chosen	Clear	Please Select	NO	Normal		
Choose File	No file chosen	Clear	Please Select	NO	Normal		
Choose File	No file chosen	Clear	Please Select	NO	Normal		
Choose File	No file chosen	Clear	Please Select	NO	Normal		

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent (CO)
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE		Photos	Normal	Photos 2020-7-22	

S (BUKIT MERAH)) on 22 Jul 2020 17:28

NAC\_BUKIT\_MERAH\_800676( NATIONAL ASSESSMENT CENTRE SERVICE  
S (BUKIT MERAH)) on 22 Jul 2020 17:28

Photos

Normal

Photos 2020-7-22

NAC\_BUKIT\_MERAH\_800676( NATIONAL ASSESSMENT CENTRE SERVICE  
S (BUKIT MERAH)) on 22 Jul 2020 17:28

Photos

Normal

Photos 2020-7-22

NAC\_BUKIT\_MERAH\_800676( NATIONAL ASSESSMENT CENTRE SERVICE  
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Photos

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Photos 2020-7-22

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Photos

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Photos 2020-7-22

NAC\_BUKIT\_MERAH\_800676( NATIONAL ASSESSMENT CENTRE SERVICE  
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Photos

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Photos 2020-7-22

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S (BUKIT MERAH)) on 22 Jul 2020 17:28

Photos

Normal

Photos 2020-7-22

NAC\_BUKIT\_MERAH\_800676( NATIONAL ASSESSMENT CENTRE SERVICE  
S (BUKIT MERAH)) on 22 Jul 2020 17:28

Photos

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Photos 2020-7-22

NAC\_BUKIT\_MERAH\_800676( NATIONAL ASSESSMENT CENTRE SERVICE  
S (BUKIT MERAH)) on 22 Jul 2020 17:28

NRIC/ Driving License

Y

Normal

NRIC/ Driving License 2020-7-22

NAC\_BUKIT\_MERAH\_800676( NATIONAL ASSESSMENT CENTRE SERVICE  
S (BUKIT MERAH)) on 22 Jul 2020 17:28

NRIC/ Driving License

Y

Normal

NRIC/ Driving License 2020-7-22

NAC\_BUKIT\_MERAH\_800676( NATIONAL ASSESSMENT CENTRE SERVICE  
S (BUKIT MERAH)) on 22 Jul 2020 17:28

SAS

Normal

SAS 2020-7-22

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:** 5109052445

**Cover :** drivo CLASSIC

- |   |                     |
|---|---------------------|
| 1. Index mark and Registration Number of Vehicle  | : SMK4580D          |
| Chassis Number  | : WBAPG56000NM25958 |
| 2. Name of Policyholder   | : A MANOJ KUMAR     |
| 3. Effective Date of Insurance  | : 24 Apr 2019       |
| 4. Expiry Date of Insurance   | : 28 Nov 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	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: A MANOJ KUMAR
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 : DICKSON INSURANCE AGENCY PTE. LTD. (00000573832)  
Date of Issue : 24 Apr 2019 10:44 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive



**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No: MANAY20061889 Vehicle Registration No: SMK 4580D  
Name (as shown in NRIC): A MANOJ KUMAR NRIC/FIN/Passport No: SMAY 4252  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address: \_\_\_\_\_ Singapore ( )  
Contact (Tel): \_\_\_\_\_ Mobile No.: 90284129  
Email Address: \_\_\_\_\_  
Date of Accident: 21/07/2020 Time of Accident: 22:40  
Place of Accident: TURN LEFT FROM TG POLAR TOWARDS NHIL ROAD  
Insurance Company: NMC

**(B) ADDITIONAL INFORMATION / AMENDMENTS:**

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

EMAIL ADDRESS TO MANOJKUMAR 94@hotman.com.

Policyholder / Driver's Signature  
Date:

23/07/2020  
Reporting Centre Personnel's Signature  
Name: Repd hotman  
NRIC/FIN No.:  
Date: