

NATIONAL Assessment Centre Services

Ref: 11-118

NA/INC2000849014

Date In: 15/08/2020 11:18	Job description	Date & Time Completed	Done by
Ref No: NA/INC2000849014	SAS e-filing		
Veh No: GZ 60874	E-mail (within 8hrs, Not 2hrs)		
D.O.A: 14/08/2020 13:50	i-Motor Claim Form	15/08/2020 12:20	
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 / Wksp		

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:

Veh No: YN 6135K

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 Refline: 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

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Cal 1:

Cal 2/3:

Invoice Preparation Checklist

- 1) AR: Accident Reporting (\$30);
- 2) DA: Damage Assessment (\$100); INC (\$30)
- 3) TF: Towing Fee \$40/\$45
- 4) FT: Follow-Through Survey \$120
- 5) RT: Follow-Through Survey (Resurvey) \$30
- 6) TR: Re-inspection \$75
- 7) NI: Idau DA + SMRT Survey \$160
- 8) NTUC Additional Services:-

ON:

*N5: Courtesy Car / Tp Allowance \$5

*N6: Repair Co-ordination \$10

*N7: Post Repair Inspection \$25

*N8: DV / Collect Excess Coordination \$5

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

9) N12: Idno Mobile \$0

Invoice dated

Invoice dated

Fee Charged

Fee Charged

Am't (\$)
In Bill

Am't (\$)
Add 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 GtA 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	15/08/2020 11:18
Date Of Accident	14/08/2020 13:50
Exact Location Of Accident	ALONG KALLANG ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GZ6487U
Insured/Policyholder	
Name Of Registered Owner	FOUR CITY (S) PTE LTD
Co Reg No	2XXXXX114K
Email Address	VICTOR_MOTOR_CREDIT@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-90697043
Alternative Phone No	OFFICE-90697043
Vehicle Particulars	
Manufacturer	TOYOTA
Model	DYNA
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	THIRD PARTY
Fleet Policy	NO
Policy Number	5116132627
Cover Note Number	
Driver	
Name of Driver	PONNISAMY GANESAMOORTHY
Passport No/FIN	GXXXX154K
Date Of Birth	31/07/1992
Occupation	OUTDOOR
Date Of Driving Pass	17/02/2016
Driving Experience	4 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90697043
Fax Number	
Contact Number	OTHERS-90697043
EMail Address	VICTOR_MOTOR_CREDIT@HOTMAIL.COM

Address	140 PAYA LEBAR ROAD #06-21 AZ @ PAYA LEBAR
Postcode	409015
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	YN6135K
Vehicle Make/Model/Colour	ISUZU
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	82805113
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:

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

15/08/2020
Reporting Centre Personnel's Signature
Name: *ROSALINDA*
NRIC/FIN No.: *110101000000*

SKETCH PLAN

Along Kallang Road

ICA Bldg

Bus Stop

Bus Lane

B N A D

X D

A) GZ6487U

B) YN6135K

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 14/08/2020 I WAS TRAVELLING ALONG KALLANG ROAD WHEN I SAW VEHICLE (X) SLOW DOWN WITH SIGNAL LIGHT TO TURN IN TO ICA BLDG, SUDDENLY I FELT A BUMP FROM THE REAR, I CAME DOWN & SAW A ~~Lorry~~ VAN YN6135K BANG ON TO THE REAR OF MY Lorry GZ6487U.

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.:

ACCIDENT STATEMENT

ACCIDENT DATE: (14/08/2020) (DD/MM/YYYY), TIME: (13:50) (HH:MM)

LOCATION: Along Kallang Road.

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GZ 6487U
b) INSURANCE COMPANY: NRIC
c) POLICY NUMBER: 51163
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: Toyota Aygo
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: WORKING
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: Fark city @ P/L (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: CONTACT:
c) ADDRESS:

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Pongy Samy GANASAMODITHY (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: G34684 CONTACT: 90697043
c) ADDRESS:

* d) DATE OF BIRTH: (31/07/1992) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE:

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: YN 6135K MODEL: SUZUKI
b) DRIVER'S NAME:
c) NRIC/FIN/PASSPORT: CONTACT: 82805113

9. THIRD PARTY VEHICLE

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

Email = victor_motor_credit@hotmail.com

fax = 6702 2251

VIDEO =

Claim Handling

Accident MT/1100029

Policy No.	1111111111	Vehicle No.	G25487U	GST Registration No.	FOUR CITY LTD
Certificate No.				Policyholder NRIC	900000000000
Policyholder Name	FOUR CITY (S) PTE LTD	Cover Type	Third Party	Policyholder Loading	0
Product Code	COMMERCIAL VEHICLE INSURANCE	Contact No.(Office)		Contact No.(Home)	
Contact No.(Mobile)	90000000	Special Remark		eCode	No
Email Address		TCA	No Yes	eCode Reason	
ATK	No Yes	NCD Entitlement(%)	0	Private Hire	No
NCD Protection	No				

Accident Details

Report Date	15/08/2020 11:14	Accident Report Within 24 Hrs	Yes	Accident Type	Collision - Ho
Date of Accident	14/08/2020	Time of Accident hh:mm	00:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No	
Accident Location	At (Yes) / Along (No) Road				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	0.00	Driver is Covered?	Covered
OD Standard Excess	0.00	TP Standard Excess	0.00		
YIED OD Excess	0.00	YIED TP Excess	0.00		
Additional Excess		Total TP Excess Application	0.00		
Total OD Excess Applicable	0.00				

Benefits

GST Registered Information

GST Registered	No	GST Registration Date	20/05/2014
GST Registration No.	900000000000	GST Status Verified	Yes
Modification History	15/08/2020 11:14 System changed GST Registration No. from FIVE CITY PTE LTD to FOUR CITY LTD.		

Policyholder Mailing Address

Address 1	140 PARK LANE ROAD	Address 2	409-21 AZ @ PARK LANE	Address 3	SINGAPORE
Address 4		Address Type	Singapore address	Post Code	439015
Unit No.	01123	Related Policy Number	900000000000		

01 Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	00/00/0000
Unnamed driver Name	REDAUNTARY CANT NAME 000000	Driver NRIC	000000000000	Driving Experience	0
Register Date of Driver License	00/00/0000	Driver Age	00	Contact No.(Home)	
Contact No.(Mobile)	90000000	Contact No.(Office)		Address 1	SINGAPORE
Address 1	140 PARK LANE ROAD	Address 2	409-21 AZ @ PARK LANE	Post Code	439015
Address 4		Address Type	Foreign address		
Unit No.	00-01	Driver Vehicle No.	G25487U	Driver Insurer Company	NTUC
Does he own a Singapore Registered car?	Yes No				

Declaration

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

Claim 001 New

Claim Type *	OD-MX	Insured Name	FOUR CITY (S) PTE LTD	Insu. NRIC	
Contact No.(Mobile)		Contact No.(Home)		Contact No.(OR)	
Email Address		CI	G25487U	TP Vehi Num	
Claim Description	G25487U / YN6133K ON 14 Aug 2020				Num. Prob. Work
Preferred Workshop	Insured Liability	Not at Fault			
Preferred Workshop Finalisation	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received	
Date Registered	15/08/2020 12:19	Claim Close Date		Data Recd	
Report Taken By	ROSLI WANAB				

Print All Letter

Save Submit

Attachment

Accident No.	MT/1100029	Claim No.	001
Last Doc. Received	Yes No	Upload Date	15/08/2020 12:20
Path *		Category *	Confidential
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

Clear

Please Select

Normal

Clear

Please Select



Normal

Clear

Please Select

Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) @ 15 Aug 2020 12:20	Photos	Normal	Photos 2020-8-15
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) @ 15 Aug 2020 12:20	Photos	Normal	Photos 2020-8-15
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) @ 15 Aug 2020 12:20	Photos	Normal	Photos 2020-8-15
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) @ 15 Aug 2020 12:20	Photos	Normal	Photos 2020-8-15
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) @ 15 Aug 2020 12:20	Photos	Normal	Photos 2020-8-15
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) @ 15 Aug 2020 12:20	Photos	Normal	Photos 2020-8-15
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) @ 15 Aug 2020 12:20	Photos	Normal	Photos 2020-8-15
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) @ 15 Aug 2020 12:20	Photos	Normal	Photos 2020-8-15
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) @ 15 Aug 2020 12:20	Photos	Normal	Photos 2020-8-15
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) @ 15 Aug 2020 12:20	Photos	Normal	Photos 2020-8-15
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) @ 15 Aug 2020 12:20	NRIC/ Driving License	Normal	NRIC/ Driving License 2020-8-15
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) @ 15 Aug 2020 12:20	SAS	Normal	SAS 2020-8-15

Video List

Uploaded By/Date	Folder Name	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 : 5116132627

Cover : Third Party

- | | |
|---|-------------------------|
| 1. Index mark and Registration Number of Vehicle | : GZ6487U |
| Chassis Number | : JTFUF34Y403012126 |
| 2. Name of Policyholder | : FOUR CITY (S) PTE LTD |
| 3. Effective Date of Insurance | : 10 Feb 2020 |
| 4. Expiry Date of Insurance | : 09 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)	: N/A
EXCESS (SECTION 2)	: N/A
INSURE WITH COE	: 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 : VICTOR MOTOR CREDIT PTE LTD (00000614276)

Date of Issue : 10 Feb 2020 16:40 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive