

NATIONAL Assessment Centre Services.

Page 1 of 2

NA2004473

Date In: 26/08/2020 10:04	Job Description	Date & Time Completed	Done by
Ref No: NBR/NA2000893614	SAS e-filing		
Veh No: YP 79835	E-mail (Vehicle Size, AIC Size)		
O.O.A. 20/08/2020 11:30	I-Motor Claim Form	NA/1101068-201	26/08/2020 10:52
OD: TP: Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/VK32		

Preferred Wkep / INC Assign Wkep / QW: (	Tel: (	Fax: (
TP Particulars:	Veh No: YN 36567	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 Refor 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: ()

NA2004473	Driver/Owner:	1) AIC: Accident Reporting (\$30)	
Contact No:		2) DA: Damage Assessment (\$100) INC (\$10)	
Damaged Portion:		3) TP: Towing Fee \$40/\$45	
QC Checked by (Engr-In-Charge):		4) PF: Follow-Through Survey \$120	
		5) PF: Follow-Through Survey (Resurvey) \$30	
		6) TR: Re-inspection \$75	
		7) NI: Idea DA + EMRT Survey \$160	
		8) NIUC: Additional Services	
		9) NI: Idea Mobile	
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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	25/08/2020 10:04
Date Of Accident	20/08/2020 11:30
Exact Location Of Accident	PENJURU ROAD TURN RIGHT INTO WEST COAST ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP7083J
Insured/Policyholder	
Name Of Registered Owner	SHELEV LEASING PTE. LTD.
Co Reg No	2XXXXX296N
Email Address	NYQSPL@SINGNET.COM.SG
Mobile Phone No	(LOCAL) +65-97574032
Alternative Phone No	OFFICE-62274449
Vehicle Particulars	
Manufacturer	HINO
Model	HINO XZU710R-HKFMS3
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	REPORTING ONLY
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	5110299472-01
Cover Note Number	
Driver	
Name of Driver	CHEW KHAI SENG
NRIC No	SXXXX995D
Date Of Birth	15/11/1953
Occupation	OUTDOOR
Date Of Driving Pass	27/12/1979
Driving Experience	40 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97574032
Fax Number	
Contact Number	OFFICE-62274449
EMail Address	NYQSPL@SINGNET.COM.SG

Address	BLK 508 ANG MO KIO AVENUE 8 #09-2590
Postcode	560508
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	SIDE SWIPE
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: : SHANMUGASUNDRAM GENDER: : MALE

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	YN3656T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

SKETCH PLANIMPORTANT NOTICE

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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.:

SKETCH PLAN

WEST COAST HIGHWAY



A) YP7083J

B) YN3656T



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT PRAMOURU ROAD

ON 20/08/2020 AT ABOUT 11:30HRS I WAS AT WEST COAST ROAD
 PRAMOURU ROAD & WAS TURNING TOWARDS WEST COAST ROAD
 & I DO NOT NOTICE OF ANY ACCIDENT WHEN SOMEONE
 STOP & KNOCK ON THE DOOR SAYING THAT MY Lorry HIT
 HIS Lorry YN3656T

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.:

SEARCH

ACCIDENT STATEMENT

ACCIDENT DATE: 20/08/2020 (DD/MM/YYYY), TIME: 11:30 AM (HH:MM)

LOCATION: WEST COAST Rd

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: YP 7083J
b) INSURANCE COMPANY: NINE
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: HINO
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: APACAD 11:30 AM
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: SHANMUGASUN PERUMAL (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 62274449 / 62273669
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: SHANMUGASUN PERUMAL (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 97574032
c) ADDRESS: _____

* d) DATE OF BIRTH: (____/____/____) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: _____

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: YM 36567 MODEL: _____
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: _____ MODEL: _____
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

Email = NYQ SPL@MGNFET-Com.SG
VID20

Claim Handling

Accident MT/1101068

Policy No.	5110299472-01	Vehicle No.	YP7083J	GST Registration No.	
Certificate No.	5110299472-01-000011				
Policyholder Name	SHELEV LEASING PTE. LTD.			Policyholder NRIC	201634296N
Product Code	FLEET MASTER INSURANCE	Driver Type	Comprehensive	Loading	0
Contact No.(Mobile)	97574032	Contact No.(Office)	62274449	Contact No.(Home)	
Insured Address		Special Remark		eCode	N/A
KFK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No

Accident Details

Report Date	25/08/2020 10:48	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	20/08/2020	Time of Accident hh:mm	11:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	PENJURU ROAD TURN RIGHT INTO WEST COAST ROAD				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	2,000.00	TP Standard Excess	1,500.00	Driver is Covered?	Covered
YIED OD Excess	0.00	YIED TP Excess	0.00		
Additional Excess					
Total OD Excess Applicable	2000.00	Total TP Excess Applicable	1,500.00		

Benefits

GST Registered Information

GST Registered	Yes	GST Registration Date	01/06/2017
GST Registration No.	201634296N	GST Status Verified	Yes
Modification History	25/08/2020 10:51:04 System changed GST Registered from No to Yes 25/08/2020 10:51:04 System changed GST Registration No. from null to 201634296N 25/08/2020 10:51:04 System changed GST Registration Date from null to 01/06/2017		

Policyholder Mailing Address

Address 1	1 TUAS AVENUE 20	Address 2	SINGAPORE 638832	Address 3	
Address 4		Address Type	Singapore address	Post Code	638832
Unit No.		Related Policy Number	5110300210-01		

01 Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	15/11/1953
Unnamed driver Name	CHEW KHAI SENG	Driver NRIC	S0835995D	Driving Experience	40
Register Date of Driver License	27/12/1979	Driver Age	66	Contact No.(Home)	
Contact No.(Mobile)	97574032	Contact No.(Office)	62274449	Contact No.(Name)	
Address 1	BLK 508 #09-2590	Address 2	ANG MO KIO AVENUE 8	Address 3	CHENG SAN CREST
Address 4	SINGAPORE 560508	Address Type	Foreign address	Post Code	560508
Unit No.	09-2590				
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.	YP7083J	Driver Insurer Company	NTUC

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

Modification History

Claim 001 New

Claim Type *	DD-MX	Insured Name	SHELEV LEASING PTE. LTD.	Insured NRIC	201634296N
Contact No.(Mobile)		Contact No.(Home)	N/A	Contact No.(Office)	N/A
Email Address		TP Vehicle Number	YP7083J	Vehicle Number	YN3656T
Claim Description	YP7083J / YN3656T ON 20 Aug 2020			Name of Preferred Workshop	
Preferred Workshop		Insured Liability	Not at Fault		
Submit No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered				Claim Close Date	25/08/2020 10:52
Report Taken By				Date Received	25/08/2020 00:

Print AIC letter

Save Submit

Attachment

Accident No.	MT/1101068	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	25/08/2020 10:52

Path *

Choose File No file chosen

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Category *	Confidential	Urgency *	Description *
Clear Please Select	NO	Normal	
Clear Please Select	NO	Normal	
Clear Please Select	NO	Normal	
Clear Please Select	NO	Normal	
Clear Please Select	NO	Normal	
Clear Please Select	NO	Normal	

Send Mail

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 25 Aug 2020 10:52		Photos	Normal	Photos 2020-8-25

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 25 Aug 2020 10:52	Photos	Normal	Photos 2020-8-25
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 25 Aug 2020 10:52	Photos	Normal	Photos 2020-8-25
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 25 Aug 2020 10:52	Photos	Normal	Photos 2020-8-25
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 25 Aug 2020 10:52	Photos	Normal	Photos 2020-8-25
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 25 Aug 2020 10:52	Photos	Normal	Photos 2020-8-25
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 25 Aug 2020 10:52	Photos	Normal	Photos 2020-8-25
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 25 Aug 2020 10:52	Photos	Normal	Photos 2020-8-25
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 25 Aug 2020 10:52	Photos	Normal	Photos 2020-8-25
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 25 Aug 2020 10:52	Photos	Normal	Photos 2020-8-25
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 25 Aug 2020 10:52	NRIC/ Driving License	Y	NRIC/ Driving License 2020-8-25
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 25 Aug 2020 10:52	SAS	Normal	SAS 2020-8-25

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 : 5110299472-01-000011

Cover : Comprehensive

1. Index mark and Registration Number of Vehicle

: **YP7083J**

Chassis Number

: JHHUC53H50K020249

2. Name of Policyholder

: SHELEV LEASING PTE. LTD.

3. Effective Date of Insurance

: 08 Jun 2020

4. Expiry Date of Insurance

: 07 Jun 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.

(b) Use for the carriage of passengers or goods 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 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\$2,000

EXCESS (SECTION 2) : S\$1,500

WINDSCREEN EXCESS : S\$100

INSURE WITH COE : YES

HIRE PURCHASE COMPANY : MAYBANK SINGAPORE LIMITED

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 : S & M ALLIANCE PTE LTD (00000614373)

Date of Issue : 08 Jun 2020 18:03 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive