

# NATIONAL Assessment Centre Services

Date In: 21/09/20	Job description	Date & Time Completed	Done by
Ref No: NA/INC20010098/13	SAS e-filing		
Veh No: GBF4009L	E-mail (within 3hrs, A/C 2hrs)		
D.O.A: 20/09/20 1410	i-Motor Claim Form	NT/1104069-001	
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: (	Tel:	Fax:
TP Particulars:	Veh No: 5J48349L	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

NA2005001	Invoice Preparation Checklist		Am't (\$) In Bill	Am't (\$) Add Bill
Claimant's Particulars:	1) AR: Accident Reporting (\$30);			
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$50)			
Contact No:	3) TP: 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: Idac 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 (Non INC) against INC \$20			
	9) N12: Idac 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 willful 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	21/09/2020 15:27
Date Of Accident	20/09/2020 14:10
Exact Location Of Accident	BEDOK NORTH AVE 1
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF4029L
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SAI RHEA FOODS PTE. LTD.
Co Reg No	2XXXXX967G
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-82596061

### Vehicle Particulars

Manufacturer	TOYOTA
Model	REGIUS ACE
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	5118092626
Cover Note Number	

### Driver

Name of Driver	KVZHANDAIVELU SELVAMURUGAN
NRIC No	SXXXX756J
Date Of Birth	31/01/1962
Occupation	OUTDOOR
Date Of Driving Pass	10/05/2001
Driving Experience	19 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82461232
Fax Number	
Contact Number	
EMail Address	MBKMURUGAN@GMAIL.COM

Address	BLK 308 HOUGANG AVE 5 #02-329
Postcode	530308
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

I WAS TRAVELLING STRAIGHT ALONG BEDOK NORTH AVE 1 ON THE EXTREME LEFT LANE. INFRT OF MY VEH STOP DUE TO THE RED TRAFFIC LIGHT AHEAD AND I CAN'T STOP ONTIME AND MY VEH HIT ONTO THE REAR PORTION OF VEH B.

#### 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	SJG8349L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LIM TENG FONG(LIN DINGFENG)
NRIC/Passport Number	SXXXX876C
Contact Number	92382017
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

# ACCIDENT STATEMENT

ACCIDENT DATE: (20/09/20) (DD/MM/YYYY), TIME: (14:10) (HH:MM)

LOCATION: BEDOK NORTH AVE 1

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBF4029L  
b) INSURANCE COMPANY: NTHC  
c) POLICY NUMBER: 5118092626  
d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT  
e) MAKE & MODEL: TOYOTA REGIUS ACE  
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) NO  
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

## 2. INSURED / POLICY HOLDER

- A) NAME: SNAI RHEA FOODS PTE LTD (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: CONTACT: 82461232 82596061  
c) ADDRESS:

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

## DRIVER

- a) NAME: KVZHANDAIVELU SELVAMURUGAN (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S2718756J CONTACT: 82461232  
c) ADDRESS:

\*d) DATE OF BIRTH: (31/01/1962) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 10/05/2001

## 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: SJG 83491 MODEL:  
b) DRIVER'S NAME: LIM TENG FONG (LIN BING FENG)  
c) NRIC/FIN/PASSPORT: S9901876C CONTACT: 92382017

## 9. THIRD PARTY VEHICLE

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

Email = MBK MURUGAN@gmail.com

fax =

VIDEO =

## SKETCH PLAN

### IMPORTANT NOTICE

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

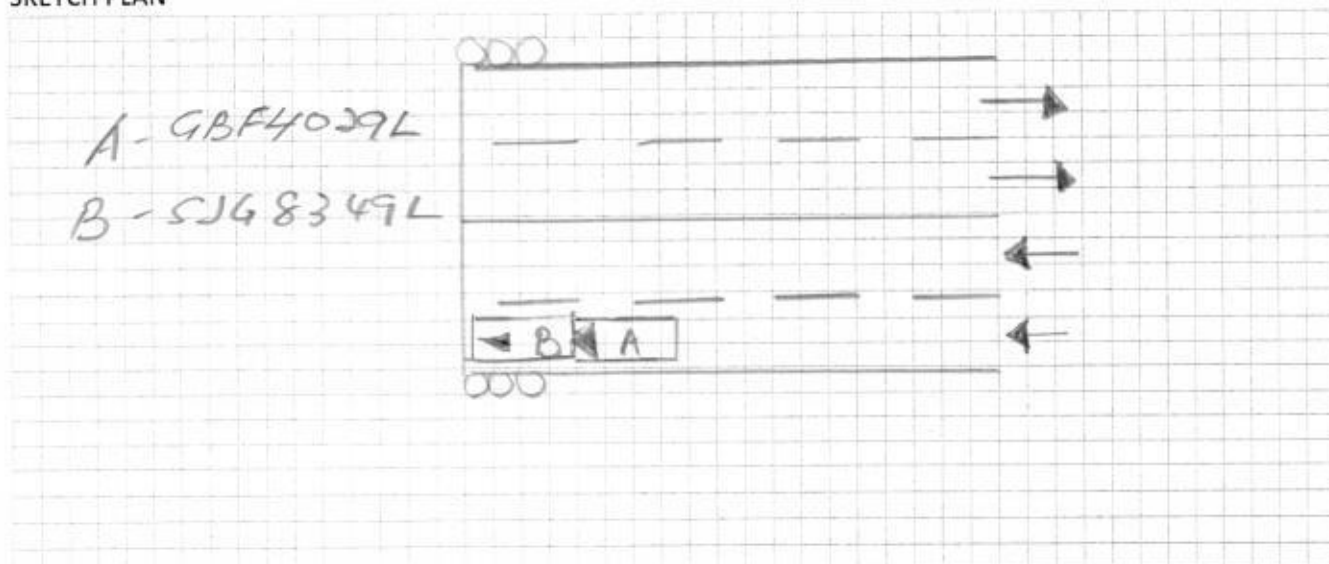
Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 21/09/2020

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



SKETCH PLAN

BEDOK NORTH AVE 1



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

*Pls refer to the statement.*

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: *21/09/2020*

*[Signature]* *21/09/20*  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

## 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, 1960 (MALAYSIA)

**Certificate Number:** 5118092626

**Cover:** Comprehensive

- |   |   |
|---|---|
| 1. Index mark and Registration Number of Vehicle  | : GBF4029L  |
| Chassis Number  | : KDH2015022661   |
| 2. Name of Policyholder   | : SAI RHEA FOODS PTE. LTD.  |
| 3. Effective Date of Insurance  | : 02 Jul 2020   |
| 4. Expiry Date of Insurance   | : 01 Jul 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	: MOTOR CREDIT 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 : HON BROTHERS MOTOR (00000571733)  
 Date of Issue : 02 Jul 2020 14:03 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive

## Claim Handling

Accident MT/1104069

Policy No.	5118092626	Vehicle No.	GBF4029L	GST Registration No.	201711967
Certificate No.					
Policyholder Name	SAI RHEA FOODS PTE. LTD.			Policyholder NRIC	201711967
Product Code	COMMERCIAL VEHICLE INSURANCE	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	82596061	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	No
KPK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No

## Accident Details

Report Date	21/09/2020 16:39	Accident Report Within 24 hrs	Yes	Accident Type	Collision - P
Date of Accident	20/09/2020	Time of Accident hh:mm	14:10	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BEDOK NORTH AVE 3				

## 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	Yes	GST Registration Date	17/08/2018
GST Registration No.	201711967G	GST Status Verified	Yes
Modification History	21/09/2020 16:42:07 System changed GST Registered from No to Yes 21/09/2020 16:42:07 System changed GST Registration No. from null to 201711967G 21/09/2020 16:42:07 System changed GST Registration Date from null to 17/08/2018		

## Policyholder Mailing Address

Address 1	161 KITCHENER ROAD	Address 2	SINGAPORE 208531	Address 3	
Address 4		Address Type	Singapore address	Post Code	208531
Unit No.		Related Policy Number	5118092626		

## DI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	KVZHANDAVELU SELVAM	Driver NRIC	S27187563	Driver DOB	31/01/196
Register Date of Driver License	10/05/2001	Driver Age	58	Driving Experience	19
Contact No.(Mobile)	82461232	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 308	Address 2	HOUANG AVENUE 5	Address 3	SINGAPORE
Address 4		Address Type	Singapore address	Post Code	530308
Unit No.	#02-329				
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	SAI RHEA FOODS PTE. LTD.	In NR
Contact No.(Mobile)	82596061	Contact No.(Home)		Co No (O)
Email Address		OT Vehicle Number	GBF4029L	TP Ve No
Claim Description	GBF4029L / S3G8349L ON 20 Sept 2020			Na Pri Wh
Preferred Workshop	Insured Liability	Fully at fault		
Workshop No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report Received
Date Registered	21/09/2020 16:46	Claim Close Date		De Re
Report Taken By	ROSINDA	Workshop Repairer		To bu Re
Print AK letter				
Save Submit				

## Attachment

Accident No.	MT/1104069	Claim No.	001
Last Doc. Received	Yes No	upload Date	21/09/2020 00:00

Path *	Category *	Confidential	Urgency *
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

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NO

Normal

Choose File No file chosen

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Clear

Please Select

NO

Normal

## Attachment List

Attachment	Uploaded By/Date	Category	?	Urgency	Description
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Sep 2020 16:46	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-9-21
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Sep 2020 16:45	SAS		Normal	SAS 2020-9-21
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Sep 2020 16:45	Photos		Normal	Photos 2020-9-21
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Sep 2020 16:45	Photos		Normal	Photos 2020-9-21
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Sep 2020 16:45	Photos		Normal	Photos 2020-9-21
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Sep 2020 16:45	Photos		Normal	Photos 2020-9-21
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Sep 2020 16:44	Photos		Normal	Photos 2020-9-21
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Sep 2020 16:44	Photos		Normal	Photos 2020-9-21
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Sep 2020 16:44	Photos		Normal	Photos 2020-9-21
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Sep 2020 16:44	Photos		Normal	Photos 2020-9-21
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Sep 2020 16:44	Photos		Normal	Photos 2020-9-21
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Sep 2020 16:44	Photos		Normal	Photos 2020-9-21

## Video List

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