

# NATIONAL Assessment Centre Services

Date In: 02/11/20	Job description	Date & Time Completed	Done by
Ref No. NA/INC20011890/13	SAS e-filing		
Veh No: QF6818E	E-mail (within 8hrs, AOC 2hrs)		
D.O.A: 30/10/20 1930	I-Motor Claim Form	MT/1108607/001	
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: SCM16634	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:
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Date/Time	Action

NA2005801	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$30);	Int. Bill	Add Bill
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$30)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) NT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idao 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: Idao 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	02/11/2020 09:44
Date Of Accident	30/10/2020 19:30
Exact Location Of Accident	BRADDELL RD EXIT FROM CTE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GT6818E
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SOLAR AIR-CONDITIONING & ELECTRICAL SERVICES PTE L
Co Reg No	2XXXXX006N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-67446073

### Vehicle Particulars

Manufacturer	NISSAN
Model	NV350
Exact Purpose for which vehicle was being used at time of accident	WORK
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	5100473760-02
Cover Note Number	

### Driver

Name of Driver	SIME YON AROCKIYASAMY
Passport No/FIN	GXXXX222W
Date Of Birth	13/07/1976
Occupation	OUTDOOR
Date Of Driving Pass	03/04/2009
Driving Experience	11 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-99999999
Fax Number	
Contact Number	OFFICE-67446073
EMail Address	NOEMAIL

Address	BLK 3024 UBI RD 3 #04-101
Postcode	408652
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)	2
Passenger 1	NAME: : CHONG KOK KEONG 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

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	SLM1663U
Vehicle Make/Model/Colour	HONDA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHIANG SHANG MENG
NRIC/Passport Number	SXXXX404H
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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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.



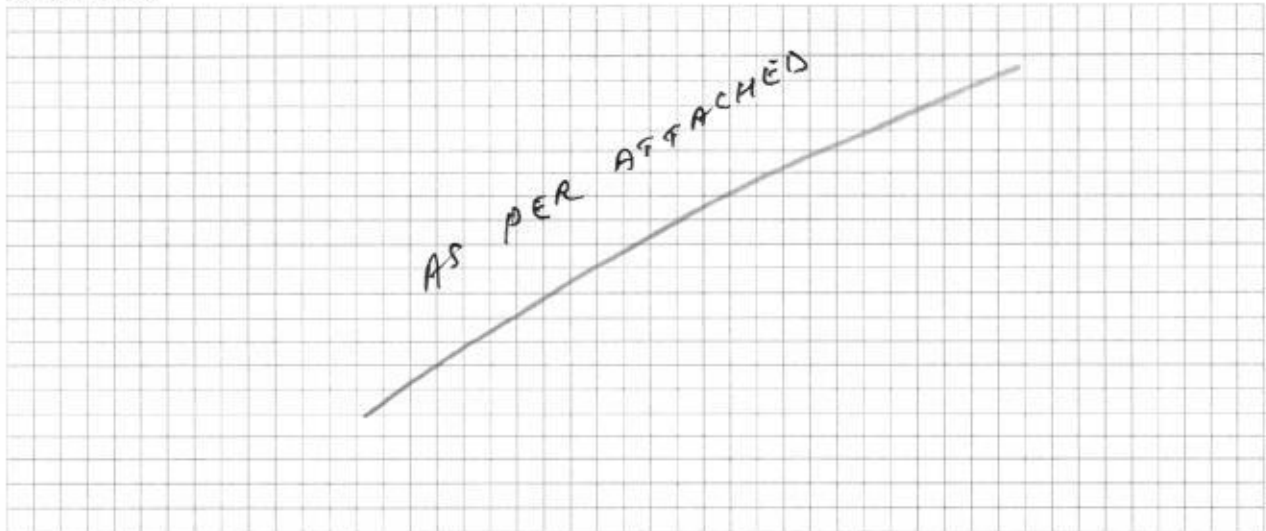
Policyholder's Signature  
Date & Time:

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

31.10.20

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

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

VEHICLE (GLM16630) filter out into the outer lane and suddenly ~~stopping~~ jamming the Brake. MY VAN GT6818E was following behind, keeping to our lane, but due to the front vehicle stopping the Brakes too suddenly the driver was unable to stop in time resulting in the accident.

## 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.:

31/10/20

VAN  
(476818E)  
(A)

CHR  
(5116630)  
(B)

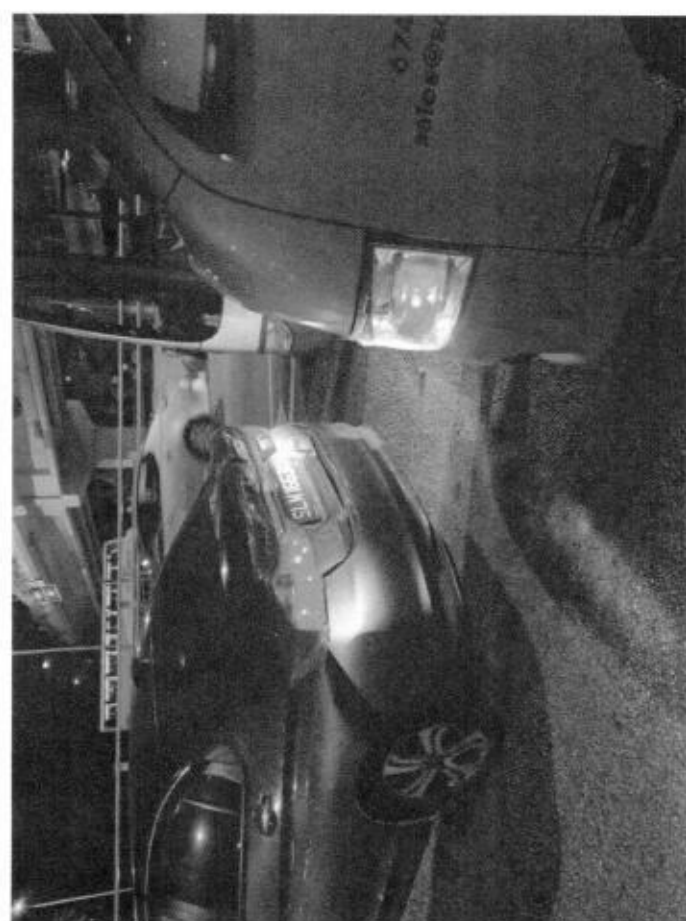
BRADDELL ROAD











# ACCIDENT STATEMENT

ACCIDENT DATE: 30/10/2020 (DD/MM/YYYY), TIME: 19:30 (HH:MM)

LOCATION: BRADDELL ROAD (EXIT FROM CT13)

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GT6818E  
 b) INSURANCE COMPANY: NTBC Income  
 c) POLICY NUMBER: 5100473760-02  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: NISSAN NU350  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: WORK PURPOSES  
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)  
 IF NO, PLEASE STATE (THIRD PARTY CLAIM/ REPORTING ONLY) OD - Agent will do for him

## 2. INSURED / POLICY HOLDER

- A) NAME: SOLAR AIRCONDITIONING & ELECTRICAL SVC P/L (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: 200704206N CONTACT: 67446073  
 c) ADDRESS: KAMPONG UBI INDUSTRIAL ESTATE  
BK 3024 UBI RD 3 #04-101 S408652

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

## DRIVER

- a) NAME: SIMEYON AROCKIYASAMY (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: G7736222W CONTACT: 67446073  
 c) ADDRESS: BK 3024 UBI RD 3 #04-101  
S408652

\*d) DATE OF BIRTH: 13/07/1976 (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: SLM1663U MODEL: Honda  
 b) DRIVER'S NAME: CHIANG SHANG MENG  
 c) NRIC/FIN/PASSPORT: S1697404H CONTACT: \_\_\_\_\_

## 9. THIRD PARTY VEHICLE

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

\* No of passenger  
 (including driver)  
(2)

CHONG KOK KONG  
(M)

\* No of passenger  
 (including driver)  
(0)

\* No of passenger  
 (including driver)  
( )

email = gerald.jereld@EUBI  
jereld@com.sg

fax =

video =

Wm.  
 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 :** 5100473760-02

**Cover :** Comprehensive

- |   |  |
|---|--|
| 1. Index mark and Registration Number of Vehicle  | : <b>GT6818E</b>                                       |
| Chassis Number  | : JN1MC2E26Z0002089                                    |
| 2. Name of Policyholder   | : SOLAR AIR-CONDITIONING & ELECTRICAL SERVICES PTE LTD |
| 3. Effective Date of Insurance  | : 30 May 2020  |
| 4. Expiry Date of Insurance   | : 29 May 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	: 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 : KHC HOLDINGS PTE LTD (00000613934)  
Date of Issue : 14 May 2020 12:11 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive

## Claim Handling

Accident MT/1108607

Policy No.	5100473760-02	Vehicle No.	GT6818E	GST Registration No.	200704006N
Certificate No.					
Policyholder Name	SOLAR AIR-CONDITIONING & ELECTRICAL SERVICES PTE LTD			Policyholder NRIC	200704006N
Product Code	COMMERCIAL VEHICLE INSURA	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	0	Contact No.(Office)	67446073	Contact No.(Home)	0
Email Address					eCode <input type="button" value="No"/>
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	Special Remark			
NCD Protection	No	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
		NCD Entitlement(%)	20	Private Hire	No

## ▼ Accident Details

Report Date	02/11/2020 10:57	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to
Date of Accident	30/10/2020	Time of Accident hh:mm	19:30	Country of Accident	Singapore
Reporting Centre				ICM No.	
Accident Location	BRADDELL RD EXIT FROM CTE				

## ▼ 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	01/04/2007
GST Registration No.	200704006N	GST Status Verified	Yes
Modification History	02/11/2020 11:05:46 System changed GST Registered from No to Yes 02/11/2020 11:05:46 System changed GST Registration No. from null to 200704006N 02/11/2020 11:05:46 System changed GST Registration Date from null to 01/04/2007		

## ▼ Policyholder Mailing Address

Address 1	3024 #04-101	Address 2	UBI ROAD 3	Address 3	SINGAPORE 4086
Address 4		Address Type	Singapore address	Post Code	408652
Unit No.		Related Policy Number	5112552981-01		

## ▼ O1 Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	SIME YON AROCKIYASAMY	Driver NRIC	G7736222W	Driver DOB	13/07/1976
Register Date of Driver License	03/04/2009	Driver Age	44	Driving Experience	11
Contact No.(Mobile)	0	Contact No.(Office)	67446073	Contact No.(Home)	0
Address 1	BLK 3024	Address 2	UBI ROAD 3	Address 3	KAMPONG UBI INI
Address 4	SINGAPORE 408652	Address Type	Singapore address	Post Code	408652
Unit No.	#04-101				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.			
		Driver Insurer Company			

## Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No
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## Modification History

Claim 001 OD-MX New

Claim Type *	OD-MX	Insured Name	SOLAR AIR-CONDITIONING & E	Insured NRIC	
Contact No.(Mobile)		Contact No.(Home)	67446073	Contact No.(Office)	
Email Address		OI	kohkw2@singnet.com.sg	TP Vehicle Number	
Claim Description	GT6818E / SLM1663U ON 30 Oct 2020				
Preferred Workshop		Insured Liability	Partially at Fault	GIA report	Received
Preferred Repair Option	Yes	Preferred Workshop, Name unknown			
Date Registered		Claim Close Date	02/11/2020 11:07	Date Received	
Report Taken By		Workshop Repairer	ROSILINDA	Total Loss but Repaired	

Print AK letter

Save Submit

## Attachment

Accident No.	MT/1108607	Claim No.	001
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Last Doc. Received

☒ Yes ☐ No

Upload Date

02/11/2020 00:00

Path \*

Category \*

Confidential

Urgency \*

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

Choose File No file chosen

Message Read

Clear

Please Select

NO

Normal

Clear

Please Select

NO

Normal

Clear

Please Select

NO

Normal

Clear

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NO

Normal

Clear

Please Select

NO

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NO

Normal

## Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Nov 2020 11:07	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-11-2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Nov 2020 11:07	SAS		Normal	SAS 2020-11-2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Nov 2020 11:07	Photos		Normal	Photos 2020-11-2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Nov 2020 11:07	Photos		Normal	Photos 2020-11-2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Nov 2020 11:07	Photos		Normal	Photos 2020-11-2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Nov 2020 11:07	Photos		Normal	Photos 2020-11-2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Nov 2020 11:07	Photos		Normal	Photos 2020-11-2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Nov 2020 11:07	Photos		Normal	Photos 2020-11-2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Nov 2020 11:07	Photos		Normal	Photos 2020-11-2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Nov 2020 11:07	Photos		Normal	Photos 2020-11-2

## Video List

Uploaded By/Date

Folder Date

File Name

Source

Display in New Window

Scan and uploading