

NATIONAL Assessment Centre Services. [part 1 Jan 2021] MMA 120098682

Date In: 9/11/20 11:53	Job description	Date & Time Completed	Done by
Ref No: NA/INC 20012233/164	SAS e-filing		
Veh No: YQ 2628 R	E-mail (within 2hrs, A/C 2hrs)		
TPA: 5/11/20 17:55	I-Motor Claim Form	MT/1109279 ⁰⁰²	9/11/20 20:18
TP: Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel: (Fax: (
TP Particulars:	Veh No: SJN 6959 C	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 ()	

General Remarks:
() Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repolrer.
() Total Loss Case : to e-mail Insurer URGENTLY.
Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: (/)

Remarks: (INC 20012233/164)	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	Location

NA 2005908	Invoice/Registration Checklist	Am (\$)	SA (\$)
Claimants Particulars:	1) AR: Accident Reporting (\$30);	20.00	
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$10)	80.00	
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey) \$30		
Auditors Comments:	For claimant against INC Only (wef 10 Jan 2021)		
	6) TR: Re-inspection \$75		
	7) N1: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	ON:		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10	10.00	
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idao Mobile \$0		
	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	09/11/2020 11:53
Date Of Accident	05/11/2020 17:55
Exact Location Of Accident	KAKI BUKIT IND TERRACE TURNING TO KAKI BUKIT RD 3
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YQ2628R
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Insured/Policyholder

Name Of Registered Owner	ED BUILDERS PTE LTD
Co Reg No	2XXXXX745G
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-67464101

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	FUSO
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?	YES
If No, Please state action to be taken	
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	5119034744
Cover Note Number	

Driver

Name of Driver	RAVICHANDRAN NIRMAL
NRIC No	GXXXX660R
Date Of Birth	28/04/1994
Occupation	OUTDOOR
Date Of Driving Pass	01/12/2017
Driving Experience	2 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91226495
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	NO 49 KAKI BUKIT INDUSTRIAL TERRACE
Postcode	416129
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 - MAJOR/MINOR RD
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?	
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

REFER TO 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	SJN6959C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MUHAMMAD AZLAN BIN MOHAMED
NRIC/Passport Number	SXXXX905H
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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.:

Kaki Bukit Rd 3.

A = YQ 2628 R.

B = STM 6959 C.

B = STN 6959C.

Kaki Quert Rd 3.

I was travelling along Kaki Bukit Ind terrace waiting to turn right into Kaki Bukit Rd 3. All Veh stop before the yellow box then I inched out to the Yellow box prepare to turn right. Suddenly Veh B come ~~to~~ from main road and hit onto my Veh left front portion.

I/We declare the foregoing particulars are true in every respect.

the foregoing particulars

R. N. N. N.

[Signature]

Hello, NAC_PAYA_UBI_800601

Change Language Change Password Log Out

My Desktop

Notice of Loss

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text"/>
Vehicle No.(For Motor)	<input type="text" value="YQ2628R"/>	Certificate Number	<input type="text"/>

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5119034744		ED BUILDERS PTE LTD	201016745G	GCV	Comprehensive	YQ2628R	YQ2628R	14/09/2020	13/09/2021

Continue

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 : 5119034744

Cover : Comprehensive

1. Index mark and Registration Number of Vehicle : To Be Advised
Chassis Number : FEB21EA35052
 2. Name of Policyholder : ED BUILDERS PTE LTD
 3. Effective Date of Insurance : 11 Sep 2020
 4. Expiry Date of Insurance : 10 Sep 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	: DAIMLER FINANCIAL SERVICES AFRICA & ASIA PACIFIC 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 : INXURE NETWORK SERVICES (00000614975)
Date of issue : 11 Sep 2020 10:08 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive

ACCIDENT STATEMENT

ACCIDENT DATE: (5 / 11 / 20) (DD/MM/YYYY). TIME: (17 : 55) (HH:MM)

LOCATION: Kali Buluf industrial terrace ^{turning to} Kali Buluf

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: YQ 2628R.
b) INSURANCE COMPANY: MVC
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: Mit Puso
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: work.
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: ED Builders Pte Ltd. (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 67464101
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Ravi Chandran Nirmal (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 91226495.
c) ADDRESS: No 49 Kali Buluf industrial terrace.

*d) DATE OF BIRTH: (____/____/____) (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: SJN 6959C MODEL: _____
b) DRIVER'S NAME: Muhammad Azlan Bin Mohamed
c) NRIC/FIN/PASSPORT: S8637905H. CONTACT: _____

9. THIRD PARTY VEHICLE

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

96968926 ms wu.

claim type on windy email = CICYWU20@gmail.com

fax =

VIDEO = No.

ASSIGNMENT (IDAC)**By CSO- Nature of Accident:**

- 1) Vehicle hit Vehicle: ☐ 2) Vehicle hit ?? ☐
- a) Motorcar ☐ a) Pedestrian ☐
- b) M/cycle ☐ b) Animal ☐
- c) Bicycle ☐
- 3) Vehicle hit Road Side Objects: ☐
- a) Govrn. Property ☐ b) Road Work Object ☐
- (Eg: signboard, barrier, tree etc) c) Private Property ☐
- 4) Vehicle drop into drain ☐
- 5) Damage due to Act of God: ☐
- a) Fallen Object ☐ b) Flood ☐
- c) Other, ☐
- 6) Parked & Found Damaged: ☐
- a) Vandalism ☐ b) Hit by Moving Object ☐
- 7) Theft Case ☐
- a) Stolen ☐ b) Damage found ☐
- when recovered.
- 8) Fire ☐
- a) Whilst driving ☐ b) Parked ☐
- 9) Accident date more than 24hrs ☐

Remarks for internal information**Remarks to appear in Works Order & Assessment report**

- 1) Potential Total Loss ☐
- 2) SRS Light on ☐
- 3) ABS Light on ☐

By Assessor- 1) Vehicle Information

Veh No: YQ 2628R Yr Regn: Sept 2020

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / MPV

/ Truck / Trailer or

Make & Model: Mitsubishi Canter c.c. 2998

Colour White Transmission Type: Auto / Manual

Eng/No: 4P10E15131 Sp. Reading: 6724

C/No: FEB21EA35052

Gen. Cond: Good / Fair / Poor / Burnt or

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 195/85R15

R: — " — (double)

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or Dunlop

Front 6 mm R/Bal. 6/6 mm

L/Bal. 6 mm L/Bal. 6/6 mm

Parallel Import: Yes / No Towed-In: Yes / No

Repair Type: LS / I.B.I Towing Required: Yes / No

No of Repair Days: 3 Vehicle in Idac: Yes / No

D.O.I. 09/11/2020 Time: 1130hrs

By Assessor- 2) Comments

1) Damages not due to recent accident.

2) Damages do not seem hit onto:

- a. Vehicle ☐ b. Motorcycle ☐ c. Bicycle ☐ d. Pedestrian ☐
- e. Animal ☐ f. Govrn Object ☐ g. Road Work Object ☐
- h. Private Property ☐ i. Drain ☐ j. Road Kerb/Grass Verge ☐

3) Vehicle does not seem damaged as a result of:

- a. Fallen Object ☐ b. Flood ☐ c. Vandalism ☐ d. Fire ☐
- e. Moving Object ☐ f. Stolen ☐ g. Stolen & Recovered ☐

Time Started:

Time completed:

1) CSO

2) ASS

3) Entire Operation Completed Time:

YQ 26282

- ✓ 1.) Front bumper x 1 Dental
- ✓ 2.) — " — LH side ~~cover~~ ^{garnish} x 1 missing / dislodged
- ✓ 3.) Front LH headlamp x 1 broken
- ✓ 4.) — " — side cover garnish x 1 missing / dislodged
- ✓ 5.) Front LH signal lamp x 1 broken
- ✓ 6.) Front LH step panel garnish x 1 cut
- ✓ 7.) Front ~~the~~ LH door x 1 repair
- ✓ 8.) — " — company logo and tel number ^{sticker} x 1 Nec
- ✓ 9.) — " — blue tec sticker x 1 Nec
- ✓ 10.) Front LH ~~to~~ corner panel x 1 repair
- ✓ 11.) Front grille panel x 1 repair
- ✓ 12.) Front LH Door lower hinge x 1 repair.