

# NATIONAL Assessment Centre Services

(wef 1 Jan 2005) **WNA 2009816**

Date In: <b>11/1/2013 13:50</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NA/INC2012372/24</b>	SAS e-filing		
Veh No: <b>C60D31029</b>	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: <b>11/1/2013 - 18:55</b>	i-Motor Claim Form	<b>11/1/2013 17:04</b>	
OD: <b>TP</b> 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: <b>G8F 8492</b>	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 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

<b>NA2009816</b>	Invoice Preparation Checklist	Ant (\$)	Ant (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$30);	for Bill	Add Bill
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: 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*		
QC Checked by (Engr-In-Charge):	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
Auditors Comments:	TP (N11): TP (N11) against INC		
Dat 1:	9) N12: Idac Mobile 30		
Dat 2 / 3:	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	11/11/2020 13:50
Date Of Accident	10/11/2020 18:35
Exact Location Of Accident	PIE TWDS CHANGI BEFORE TOH GUAN EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBD3102A
<b>Insured/Policyholder</b>	
Name Of Registered Owner	PINTARY INTERNATIONAL PTE LTD
Co Reg No	2XXXXXX317H
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-63163323

### Vehicle Particulars

Manufacturer	NISSAN
Model	CABSTAR 3.0 5M/T ABS 2DR 2WD EURO 5
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	THIRD PARTY
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	5111920403-01
Cover Note Number	

### Driver

Name of Driver	ISLAM MD SHORIFUL
Passport No/FIN	GXXXX637Q
Date Of Birth	07/03/1981
Occupation	OUTDOOR
Date Of Driving Pass	01/02/2019
Driving Experience	1 YEAR AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98663352
Fax Number	
Contact Number	OFFICE-98663352
EEmail Address	NOEMAIL

Address 12S ENTERPRISE ROAD  
ENTERPRISE 10  
Postcode 627697

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 - CHANGE/CROSS LANE  
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? YES  
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: : JEROME EMERIC SINGKA ANAK RICAHRD  
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

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 GBF1869Z  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category COMMERCIAL VEHICLE  
Name of Driver CHELLAIYA RAMARAJAN  
NRIC/Passport Number GXXXX970R  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name ISLAM MD SHORIFUL  
Approximate Age  
Injuries Sustain BODY  
Injured person in which vehicle? GBD3102A  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

**DETAILS OF INJURED PERSON 2**

Name JEROME EMERIC SINGKA ANAK RICAHRD  
Approximate Age  
Injuries Sustain BODY  
Injured person in which vehicle? GBD3102A  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode



## SKETCH PLAN

### IMPORTANT NOTICE

- 1) Please report **correctly** the details of the accident to speed up the claims process.
- 2) This Form must be **completely 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 fact 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 as 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 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) in this accident shall be collectively referred to as the "Insurers"). The Insurers' lawyer/ 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 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 or corresponding, statement, invoices, reports, or notices to me, which could involve disclosure of certain personal data about me to bring 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 Insurer's lawyers/ law firms, may/ are permitted to collect, use or 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 lawyer/ 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 purposed stated, or;
  - ii. For complying with the requirements under any regulations, law or court orders.



Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not policyholder)

Date & Time:

Reporting Centre Personnel's Signature

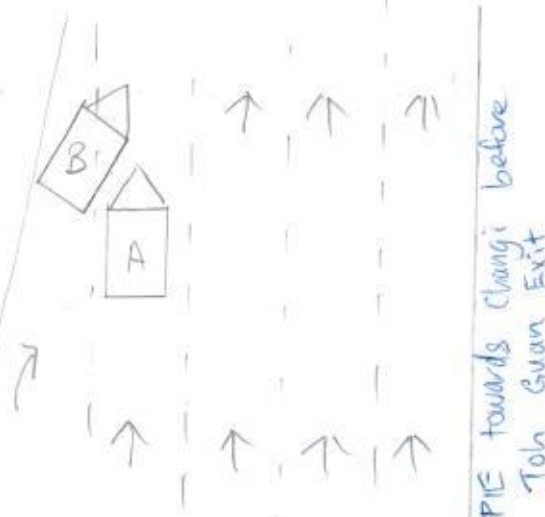
Name:

NRIC/ FIN No:

Vehicle A : GBD 3102A

Vehicle B : GPF 1869Z

SKETCH PLAN




On 10 November 2020, at 6.35pm I was driving a vehicle GBD 3102A on PIE towards Changi before Toh Guan Exit. Suddenly veh B GPF 1869Z drove out from Bukit Batok Road exit, cut into my lane from the slip road and hit onto the front left portion of my vehicle.

**DECLARATION**

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



Policyholder's Signature  
Date & Time:

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

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



### Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 10 / 11 / 20 (dd/mm/yy) Time of Accident: 18 : 35 (24-HR-FORMAT)

Vehicle No.: RBD 3102A Vehicle Make & Model: Nissan Cabstar

Exact location of Accident: PIC changi before Toh Guan Exit.

Policyholder's Name/ IC No.: \_\_\_\_\_

Driver's Name/ IC No.: Islam Md Shoriful (As Above) ☐

Driver's Contact No.: 9866 3352 Company Contact No.: 6316 3323

Driver's Address: 128 Enterprise Road Enterprise 10 S (627697)

Insurance Company: NTUC Email address (if any): sales@garage13.com.sg

#### Relationship between Owner & Driver:

Owner / Spouse / Children / Friend / Parent / or Others specify: Employee

#### What do you wish to claim? (Please TICK ONE only)

☐ Own Insurance/ ☒ Other Vehicle (The one you want to claim against)/ Reporting (For Record Purpose)

#### Exact purpose for which the vehicle was being used at time of accident?

☐ Private use/ ☒ Work purpose

Occupation (nature of job): ☐ Indoor/ ☒ Outdoor

No. of Passengers (Including Driver): 2

Passenger Name: Jerome Emeric Singka Andre Richard Gender: male

Passenger Name: \_\_\_\_\_ Gender: \_\_\_\_\_

#### Weather Condition & Road Conditions? (On the day of accident)

☒ Clear & Dry/ ☐ Raining & Wet/ ☐ After-Rain & Wet/ ☐ Drizzling & Wet/ Others: \_\_\_\_\_

Was there any video captured by your Car Camera? ☐ Yes/ ☒ No

Any Injuries: ☒ Yes/ ☐ No (If YES) Injured Person's Name: Driver & Passenger.

Injuries Sustain: \_\_\_\_\_ Injured Person's in which vehicle: \_\_\_\_\_

Police Report filed: ☐ Yes/ ☒ No (If YES) Which Police Station: \_\_\_\_\_

### The Other Party(s) Details:

1. Driver's Name/ IC No.: G2078970R Chellaiya Ramarajan Vehicle No. G5F 1869Z

Driver's Contact No.: \_\_\_\_\_ Insurance Company (If any): \_\_\_\_\_

2. Driver's Name/ IC No.: \_\_\_\_\_ Vehicle No. \_\_\_\_\_

Driver's Contact No.: \_\_\_\_\_ Insurance Company (If any): \_\_\_\_\_

\*Independent Witness (If Any): \_\_\_\_\_ Contact No.: \_\_\_\_\_

Preferred Workshop Name: \_\_\_\_\_ Contact No.: \_\_\_\_\_

\*If no proper documents are produced, IDAC should not file the report. Information will be discarded after one week.

## THE SCHEDULE

### Commercial Vehicle Insurance Policy

This Policy sets out the terms of a contract between NTUC Income Insurance Co-operative Limited (INCOME) and you (the Insured named in the schedule to this Policy).

The statements, information and declaration provided by you at the time of proposal shall form the basis of this contract. We (INCOME) will provide the insurance set out in this Policy in respect of events occurring during the Period of Insurance shown in the Schedule and any further period for which we may accept a renewal premium.

The provision of this insurance is subject to:

1. any Endorsement specified as operative in the Schedule
2. the Conditions and General Exclusions of this Policy, and
3. the payment of the premium specified in the Schedule.

This Policy, the Schedule and the Certificate of Insurance are to be read together as one document.

GST Reg No. M90372806G

Policy Number : 5111920403-01  
The Policyholder : PINTARY INTERNATIONAL PTE. LTD.  
12S ENTERPRISE ROAD  
ENTERPRISE 10  
SINGAPORE 627697

Period of Insurance : 27 Aug 2020 To 26 Aug 2021  
Sum Insured : Market Value of Insured Vehicle at Time of Loss  
Premium (inclusive GST) : S\$2,672.25

#### Interest Insured

Cover Type : Preferred Workshop Plan  
Make/Model : NISSAN/CABSTAR  
Capacity : 1.72 ton(s)  
Registration Number : GBD3102A  
Chassis Number : JN15C2F24Z0856327  
Excess (Section 1) : S\$600  
Excess (Section 2) : N/A  
Windscreen Excess : S\$100  
Hire Purchase Company : N/A

Number of Seater : 2  
Registration Date : 27 Aug 2014  
Insure with COE : Yes  
NCD Entitlement : 10%

Memo A : N/A

Endorsement Operative : M7

Agency : YONG LEE SENG MOTOR PTE LTD (00000613109)  
Date of Issue : 24 Aug 2020 21:22 hrs

#### DUTY OF DISCLOSURE

We would remind you that you must disclose to us, fully and faithfully, the facts you know or ought to know, otherwise you may not receive any benefit from your Policy.

Signed in Singapore by order of the Board of Directors



Chief Executive