

NATIONAL Assessment Centre Services

Date In: 16/11/20	Job description	Date & Time Completed	Done by
Ref No. NA/INC20012560/13	SAS e-filing		
Veh No. GBB5150H	E-mail (within 3hrs, A/C 2hrs)		
D.O.A: 16/11/20 0540	I-Motor Claim Form	16/11	MT/1110305-001
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: 4P6143B	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 phone: 67886616)	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

NA2006013	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$10)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idas DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	QD:		
	*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: Idas 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	16/11/2020 10:59
Date Of Accident	16/11/2020 05:40
Exact Location Of Accident	70 TUAS SOUTH AVE 1(TUAS VIEW DORMITORY)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBB5150H
Insured/Policyholder	
Name Of Registered Owner	WENG SOON AUTO & LEASING
Co Reg No	5XXXX794E
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-92727979

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL USE
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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5109274512-01
Cover Note Number	

Driver

Name of Driver	KALYANSUNDARAM BALAKRISHNAN
NRIC No	SXXXX552G
Date Of Birth	25/11/1971
Occupation	OUTDOOR
Date Of Driving Pass	23/06/2001
Driving Experience	19 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84892968
Fax Number	
Contact Number	
E-Mail Address	NOEMAIL

Address	BLK 5A MARSILING DRIVE #02-473
Postcode	732005
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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	DRIZZLING
Road Surface	WET

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?	NO
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 DRIVING STRAIGHT OUT FROM THE 70 TUAS SOUTH AVE 1(TUAS VIEW DORMITORY) INFRT OF MY VEH STOP AND I OVERTAKE HIM FROM THE LEFT.AFTER I OVERTAKE SUDDENLY THE VEH B REVERSED HIS VEH AND COLLIDED ONTO MY VEH.

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	YP6143B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	VELLAICHAMI PRABU
NRIC/Passport Number	GXXXX126L
Contact Number	83754579
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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:

K. Balakrishnan
Driver's Signature
(If driver is not the policyholder)
Date & Time: 16/11/20

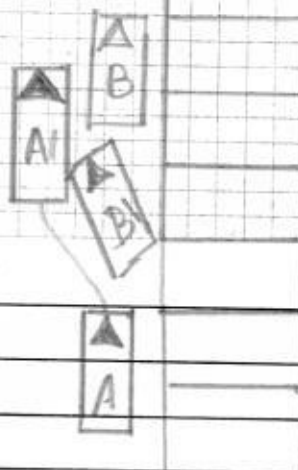
[Signature] 16/11/20
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

70 TUAS SOUTH AVE 1
(TUAS VIEW DORMITORY)

A - GBB5150H

B - 4P6143B



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

P/s refer to the statement.

DECLARATION

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



Policyholder's Signature
Date & Time:

K. Balachandran
Driver's Signature
(If driver is not the policyholder)
Date & Time: 16/11/20

[Signature] 16/11/20
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, 1959 (MALAYSIA)

Certificate Number : 5109274512-01

Cover : Third Party, Fire & Theft

- | | |
|---|----------------------------|
| 1. Index mark and Registration Number of Vehicle | : GBB5150H |
| Chassis Number | : JTFHT02P600042460 |
| 2. Name of Policyholder | : WENG SOON AUTO & LEASING |
| 3. Effective Date of Insurance | : 10 May 2020 |
| 4. Expiry Date of Insurance | : 09 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 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)	: N/A
EXCESS (SECTION 2)	: S\$1,500
INSURE WITH COE	: YES
HIRE PURCHASE COMPANY	: ABWIN 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 : ABWIN PTE LTD (00000614234)
Date of Issue : 24 Apr 2020 16:12 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive

ABWIN PTE LTD
8 Kaki Bukit Road 2 #01-33
Ruby Warehouse Complex
Singapore 417841
Tel : 6342 3332 Fax : 6743 8750

ACCIDENT STATEMENT

ACCIDENT DATE: (16/11/20) (DD/MM/YYYY), TIME: (05:40) (HH:MM)

LOCATION: 70 TUAS SOUTH AVE 1 (TUAS VIEW DORMITORY)

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBB51504
 b) INSURANCE COMPANY: NTUC
 c) POLICY NUMBER: TOYOTA HIACE
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: TOYOTA HIACE
 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)
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: WONG SOON AUTO & LEASING (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: CONTACT: 92727979
 c) ADDRESS:

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: KALYANSUNDARAM BALAKRISHNAN (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 571685536 DE CONTACT: 84892968
 c) ADDRESS: BLK 54 MARILING
 #02-473 (732008)

*d) DATE OF BIRTH: (25/11/1971) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 33/06/2001

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: HIRER

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS DRIZZLING)

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: 4P6143B MODEL:

b) DRIVER'S NAME: VELLAICHAMI PRABU

c) NRIC/FIN/PASSPORT: 57739126L CONTACT: 83754579

9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: MODEL:

e) DRIVER'S NAME:

f) NRIC/FIN/PASSPORT: CONTACT:

* No of passenger
 (Including driver)
 (1)

* No of passenger
 (Including driver)
 ()

* No of passenger
 (Including driver)
 ()

Email =

fax =

VIDEO =

Claim Handling

Accident MT/1110305

Policy No.	5109274512-01	Vehicle No.	GBB5150H	GST Registration No.	
Certificate No.					
Policyholder Name	WENG SOON AUTO & LEASING				
Product Code	COMMERCIAL VEHICLE INSURA	Cover Type	Third Party, Fire & Theft	Policyholder NRIC	53227794E
Contact No.(Mobile)	92727979	Contact No.(Office)	0	Loading	0
Email Address		Special Remark		Contact No.(Home)	0
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	No
NCD Protection	No	NCD Entitlement(%)	20	eCode Reason	
▼ Accident Details			Private Hire		
Report Date	16/11/2020 18:18	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	16/11/2020	Time of Accident hh:mm	05:40	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	70 TUAS SOUTH AVE 1(TUAS VIEW DORMITORY)				
▼ Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess	0.00		
OD Standard Excess	0.00	TP Standard Excess	1,500.00		
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Covered
Additional Excess					
Total OD Excess Applicable	0.00	Total TP Excess Applicable	1,500.00		
▼ Benefits					
▼ GST Registered Information					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified	Yes		
Modification History					

▼ Policyholder Mailing Address

Address 1	BLK 227A #10-200	Address 2	COMPASSVALE DRIVE	Address 3	COMPASSVALE CC
Address 4	SINGAPORE 541227	Address Type	Singapore address	Post Code	541227
Unit No.	10-200	Related Policy Number	5085190811-04		

▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	KALYANSUNDARAM BALAKRISHN	Driver NRIC	S7168552G	Driver DOB	25/11/1971
Register Date of Driver License	23/06/2001	Driver Age	48	Driving Experience	19
Contact No.(Mobile)	84892968	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 5A	Address 2	MARSILING DRIVE	Address 3	MARSILING SPRJH
Address 4	SINGAPORE 732005	Address Type	Singapore address	Post Code	732005
Unit No.	#02-473				
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 *

Contact No.(Mobile)

Email Address

Claim Description

Preferred Workshop	<input type="text"/>	Insured Liability	Not at Fault	Insured Name	WENG SOON AUTO & LEASING	Insured NRIC	
Workshop No.	<input type="text"/>	Preferred Workshop, Name unknown		Contact No.	<input type="text"/>	Contact No. (Office)	
Finalisation	<input type="text"/>	Repair Option		Vehicle Number	GBB5150H	TP Vehicle Number	
Date Registered	<input type="text"/>	GIA report	Received	GBB5150H / YP6143B ON 16 Nov 2020			
				Name of Preferred Workshop			

Report Taken By

Print AK letter

Save Submit

Attachment

Accident No.	MT/1110305	Claim No.	001
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Last Doc. Received

Yes No

Upload Date

16/11/2020 00:00

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

Path *

Category *

Confidential

Urgency *

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

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Nov 2020 18:24	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-11-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Nov 2020 18:24	SAS		Normal	SAS 2020-11-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Nov 2020 18:23	Photos		Normal	Photos 2020-11-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Nov 2020 18:23	Photos		Normal	Photos 2020-11-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Nov 2020 18:23	Photos		Normal	Photos 2020-11-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Nov 2020 18:23	Photos		Normal	Photos 2020-11-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Nov 2020 18:23	Photos		Normal	Photos 2020-11-16
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Nov 2020 18:23	Photos		Normal	Photos 2020-11-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Nov 2020 18:23	Photos		Normal	Photos 2020-11-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Nov 2020 18:23	Photos		Normal	Photos 2020-11-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Nov 2020 18:23	Photos		Normal	Photos 2020-11-16

Video List

Uploaded By/Date	Folder Date	File Name		Source
		Display in New Window	Scan and uploading	