

NATIONAL Assessment Centre Services

Ref: JAR03

2

Date In: 26/11/20.	Job description	Date & Time Completed	Done by
Ref No. NA/INC20013085/13	SAS e-filing		
Veh No: GY8198X	E-mail (within 3hrs, A/C 3hrs)		
D.O.A: 26/11/20 0800	I-Motor Claim Form	27/11	MT/1111597-001
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: QBB9098A	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:	Done by
1) Apply for Transport Allowance () / Courtesy Car ()	
2) QC Check / Post Repair Inspection ()	
3) Upload Resurvey Photo [Repair Cost > \$3000] ()	

Injury:

Defect / Action:

NA2006285	Invoice: Reproduction Charge	Amount	Add Bill
1) AR: Accident Reporting (\$30)			
2) DA: Damage Assessment (\$100)	INC (\$30)		
3) TP: Towing Fee	\$40/\$45		
4) FT: Follow-Through Survey	\$120		
5) RT: Follow-Through Survey (Resurvey)	\$30		
For claiming against INC Only (wef 10 Jan 2005)			
6) TR: Re-inspection	\$75		
7) NI: Idas 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: Idas 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	26/11/2020 17:50
Date Of Accident	26/11/2020 08:00
Exact Location Of Accident	LORONG 21 GEYLANG
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GY8198X
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Insured/Policyholder

Name Of Registered Owner	TAI WAH REFRIGERATION & AIR-CON SVCS
Co Reg No	4XXXX700W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-98198198

Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA
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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5032866199-12
Cover Note Number	

Driver

Name of Driver	SOLAIMALAI KASIVISWANATHAN
NRIC No	GXXXX035R
Date Of Birth	08/11/1992
Occupation	OUTDOOR
Date Of Driving Pass	05/12/2014
Driving Experience	5 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97898198
Fax Number	
Contact Number	
EMail Address	KASIVISWANATHAN3040@ICLOUD.COM

Address	BLK 520 BEDOK NORTH AVE 1 #12-350
Postcode	460520
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	SIDE SWIPE
Weather Conditions	AFTER RAIN
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?	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

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	GBB9098A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	ONG KEONG LENG
NRIC/Passport Number	SXXXX400C
Contact Number	97634338
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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)

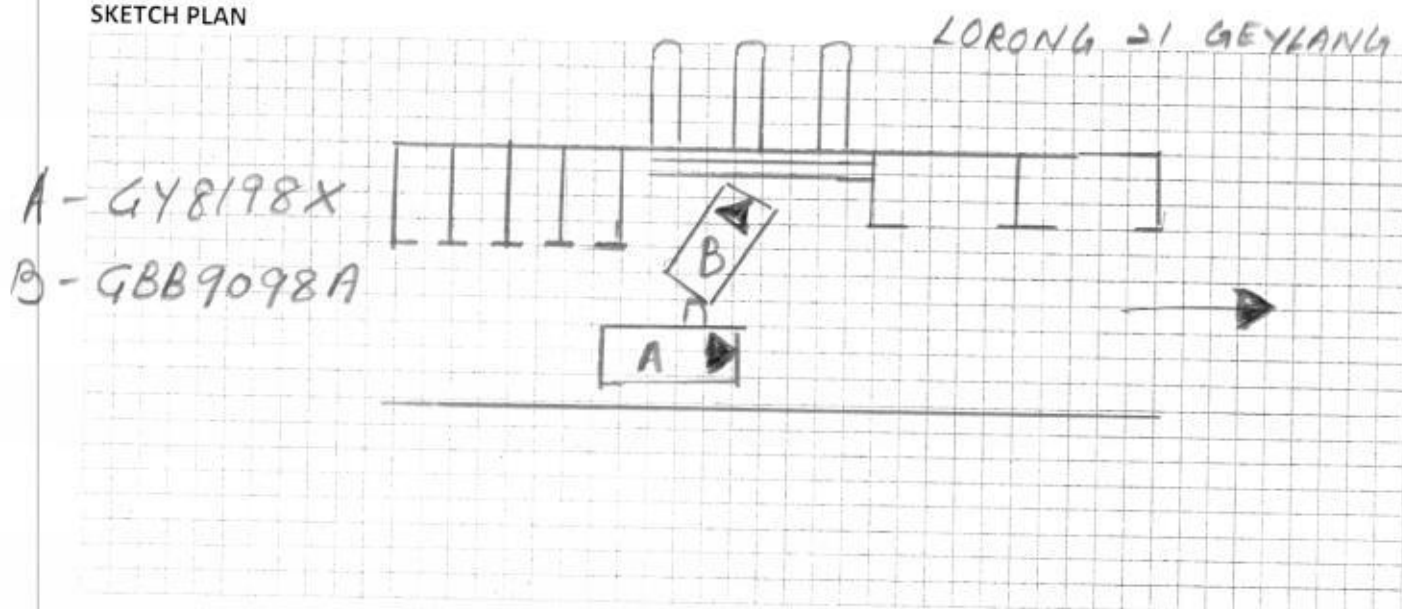
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


I was travelling straight along Lor 21 Geylang.


Suddenly veh B reversed his veh and hit onto my left side mirror.

DECLARATION

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


Policyholder's Signature
Date & Time:

 26/11/2020
Driver's Signature
(If driver is not the policyholder)
Date & Time:

 26/11/20
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

ACCIDENT STATEMENT

ACCIDENT DATE: 26 / 11 / 20 (DD/MM/YYYY), TIME: 08 : 00 (HH:MM)

LOCATION: LORONG DI GEYLANG

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: G48198X
b) INSURANCE COMPANY: NFUC
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: TOYOTA DYNA
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)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: 991 WAH REFRIGERATION 1 AIR-CON SVCS (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 98198898
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: SOKAIMALAI KASIVISWANATHAN (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: G3006035R CONTACT: 97898198
c) ADDRESS: BLK 520 BEDOK NORTH AVE 1
H12-350 (460520)

*d) DATE OF BIRTH: 08 / 11 / 1992 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 05 / 12 / 2014

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: AFTER RAIN

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

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: G889098A MODEL: _____
b) DRIVER'S NAME: ONG KEONG LENG
c) NRIC/FIN/PASSPORT: 57618400L CONTACT: 97634338

9. THIRD PARTY VEHICLE

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

Email =

fax =

video =

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 : 5032866199-12

Cover : Third Party, Fire & Theft

- | | |
|--|--|
| 1. Index mark and Registration Number of Vehicle | : GY8198X |
| Chassis Number | : JTFUF34Y303002848 |
| 2. Name of Policyholder | : TAI WAH REFRIGERATION & AIR-CON SVCS |
| 3. Effective Date of Insurance | : 01 Nov 2020 |
| 4. Expiry Date of Insurance | : 31 Oct 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)	:	N/A
EXCESS (SECTION 2)	:	N/A
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 : CHESSA INSURANCE AGENCIES PTE. LTD. (00000615068)
 Date of Issue : 01 Oct 2020 21:29 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive

Claim Handling

Accident MT/1111597

Policy No.	5032866199-12	Vehicle No.	GY8198X	GST Registration No.	MX3009961N
Certificate No.					
Policyholder Name	TAI WAH REFRIGERATION & AIR-CON SVCS	Cover Type	Third Party, Fire & Theft	Policyholder NRIC	43844700W
Product Code	COMMERCIAL VEHICLE (NSURA)	Contact No.(Office)	0	Loading	0
Contact No.(Mobile)	98198198	Special Remark		Contact No.(Home)	0
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	No
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	20	eCode Reason	
NCD Protection	No			Private Hire	No
▼ Accident Details					
Report Date	27/11/2020 10:13	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	26/11/2020	Time of Accident hh:mm	08:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	LORONG 21 GEYLANG				
▼ Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess	0.00		
OD Standard Excess	0.00	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	0.00	Total TP Excess Applicable	0.00		
▼ Benefits					
▼ GST Registered Information					
GST Registered	Yes	GST Registration Date	01/04/1994		
GST Registration No.	MX3009961N	GST Status Verified	Yes		
Modification History	27/11/2020 10:16:47 System changed GST Registration Date from 01/01/2015 to 01/04/1994 27/11/2020 10:16:47 System changed GST Status Verified from No to Yes				
▼ Policyholder Mailing Address					
Address 1	14 LOR 23 GEYLANG RD	Address 2	SINGAPORE 388357	Address 3	
Address 4		Address Type	Singapore address	Post Code	388357
Unit No.		Related Policy Number	5032866199-12		
▼ OI Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	08/11/1992
Unnamed driver Name	SOLAJMALAI KASIVISWANATHA	Driver NRIC	G3006035R	Driving Experience	5
Register Date of Driver License	05/12/2014	Driver Age	28	Contact No.(Home)	0
Contact No.(Mobile)	97898198	Contact No.(Office)	0	Address 3	SINGAPORE 460520
Address 1	BLK 520	Address 2	BEDOK NORTH AVENUE 1	Post Code	460520
Address 4		Address Type	Singapore address		
Unit No.	#12-350				
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		

Modification History

Claim 001 OD-MX **New**

Claim Type *	OD-MX	Insured Name	TAI WAH REFRIGERATION & AIR-CON SVCS	Insured NRIC	
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	
Email Address		OT Vehicle Number	GY8198X	TP Vehicle Number	
Claim Description	GY8198X / GBB9098A ON 26 Nov 2020				
Preferred Workshop		Insured Liability	Not at Fault	Name of Preferred Workshop	
Repair No.	Yes	Preferred Repair Option	Preferred Workshop, Name unknown		
Finalisation		GIA report	Received		
Date Registered		Claim Close Date	27/11/2020 10:20	Date Received	
Report Taken By		Workshop Repairer	ROSLINDA	Total Lost but Repaired	

☒ Print AK letter

Save Submit

Attachment

Accident No. MT/1111597

Claim No. 001

Last Doc. Received

☒ Yes ☐ No

Upload Date

27/11/2020 00:00

Path *

Choose File No file chosen

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Message Read

Category *	Confidential	Urgency *
Please Select	NO	Normal
Please Select	NO	Normal
Please Select	NO	Normal
Please Select	NO	Normal
Please Select	NO	Normal
Please Select	NO	Normal
Please Select	NO	Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Nov 2020 10:20	NRIC/ Driving License	Normal	NRIC/ Driving License 2020-11-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Nov 2020 10:20	SAS	Normal	SAS 2020-11-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Nov 2020 10:20	Photos	Normal	Photos 2020-11-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Nov 2020 10:20	Photos	Normal	Photos 2020-11-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Nov 2020 10:19	Photos	Normal	Photos 2020-11-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Nov 2020 10:19	Photos	Normal	Photos 2020-11-27
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Nov 2020 10:18	Photos	Normal	Photos 2020-11-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Nov 2020 10:18	Photos	Normal	Photos 2020-11-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Nov 2020 10:18	Photos	Normal	Photos 2020-11-27
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Nov 2020 10:18	Photos	Normal	Photos 2020-11-27

Video List

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