

# NATIONAL Assessment Centre Services

Date In: 22/12/20	Job description	Date & Time Completed	Done by
Ref No. NA/INC20014253/13	SAS e-filing		
Veh No: 4P6185E	E-mail (within 3hrs, A/C 2hrs)		
D.O.A: 21/12/20 1000	I-Motor Claim Form	23/12 MT/4114765	-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: ISS HYDROCULTURE 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 for line: 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	Action

NA2100387	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
Customer's Particulars:	1) AR: Accident Reporting (\$30);		
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 (Engn-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) NI: Idno 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: Idno 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 Submission	22/12/2020 11:10 (SGT)
Date of Accident	21/12/2020 10:00 (SGT)
Exact Location of Accident	Joo Chiat PI, Singapore
Additional Location Information	PARKWAY EAST HOSPITAL
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP6185E
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#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	LAU BOON HENG KWEI TEOW & NOODLE MANUFACTORY
Company Reg No	0XXXX000D
Email Address	sntsnarayanan@gmail.com
Mobile Phone No	(Phone) +65-64420784
Alternative Phone No	(Office) +65-64420784

#### VEHICLE PARTICULARS

Manufacturer	Isuzu
Model	NHR85AUE4A R1
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle

#### INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5073254177-05
Cover Note Number	-

#### DRIVER

Name of Driver	SUBRAMANIAN LAKSHMANA NARAYANAN
Passport No/FIN	GXXXX778Q
Date Of Birth	13/11/1994
Occupation	Outdoor

Date Of Driving Pass .....	20/08/2018
Driving experience .....	2 YEARS AND 4 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-86236524
Alt. Phone Number .....	-
Email Address .....	sntsnarayanan@gmail.com
Address .....	BLK 55 CHAI CHEE DRIVE
Address complement .....	#08-184
Postcode .....	460055
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Employee
Does Driver Own Other Vehicles? .....	No
Vehicle Registration Number of Other Vehicle Owned by Driver .....	-
Insurance Company of Other Vehicle Owned by Driver .....	-

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident .....	Hit by fallen tree / Other objects
Weather Conditions .....	Clear
Road Surface .....	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	1
Was anybody injured in the Accident? .....	No
Was any injured conveyed to hospital by ambulance? .....	-
Was any other material or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	No
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

I WAS WAITING AT THE GANTRY SIDE AT PARKWAY HOSPITAL WAITING FOR THE BARRIER TO OPEN.WHILE WAITING SUDDENLY A STONE FLY FROM THE GRASS CUTTER AND HIT ONTO MY DRIVER DOOR GLASS AND THE GLASS SHATTERED IN A SMALL PIECES AT THE DRIVER SEAT.

#### 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 .....	ISS HYDROCULTURE PTE LTD
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Mobile equipment
Name of Driver .....	MOFIZUL
Work Permit No .....	0XXXXX2580
Contact Number .....	(Phone) +65-63408607
Address .....	-

Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

## SKETCH PLAN

### 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. 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 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.
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.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

### Sketch Plan



A - 4P6185E

B - ISS HYDROCULTURE ATE LTD

Pls refer to the statement.

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

Witnessed by Reporting Centre  
Personnel



# ACCIDENT STATEMENT

ACCIDENT DATE: (21 / 12 / 20) (DD/MM/YYYY), TIME: (10 : 00) (HH:MM)

LOCATION: PARKWAY HOSPITAL

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: 4P6183E  
b) INSURANCE COMPANY: NIMC  
c) POLICY NUMBER:  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: 15424  
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: LAU BOON HENG (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: CONTACT: 64420784  
c) ADDRESS:

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

## DRIVER

- a) NAME: SUBRAMANIAN LAKSHMANA NARAYANAN (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: BLESS CHAI CONTACT: 86236524  
c) ADDRESS: BLESS CHAI (HEE DEIV)  
H08-184 (460055)

\*d) DATE OF BIRTH: (13 / 11 / 1994) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 20/08/2018

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: 155 HYDROCULTURE PTE LTD  
b) DRIVER'S NAME: MOFIZUL MODEL:  
c) NRIC/FIN/PASSPORT: 063232580 CONTACT: 63498607

## 9. THIRD PARTY VEHICLE

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

Email = Snts narayanan@gmail.com

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 :** 5111881572-01-000014

**Cover :** Comprehensive

- |   |  |
|---|--|
| 1. Index mark and Registration Number of Vehicle  | : YP6185E                                      |
| Chassis Number  | : JAANHR85EH7100191                            |
| 2. Name of Policyholder   | : LAU BOON HENG KWEI TEOW & NOODLE MANUFACTORY |
| 3. Effective Date of Insurance  | : 10 Sep 2020                                  |
| 4. Expiry Date of Insurance   | : 09 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	: 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 : VICTOR MOTOR CREDIT PTE LTD (00000614276)

Date of Issue : 02 Sep 2020 08:17 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive



## Claim Handling

Accident MT/1114765

Policy No.	5111881572-01	Vehicle No.	YP6185E	GST Registration No.	201713715E
Certificate No.	5111881572-01-000014				
Policyholder Name	LAU BOON HENG KWEI TEOW & NOODLE MANUFACTORY			Policyholder NRIC	079590000
Product Code	FLEET MASTER INSURANCE	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	0	Contact No.(Office)	64420784	Contact No.(Home)	0
Email Address		Special Remark		eCode	No
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No

## ▼ Accident Details

Report Date	23/12/2020 15:20	Accident Report Within 24 hrs	Yes	Accident Type	Others
Date of Accident	21/12/2020	Time of Accident hh:mm	10:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	PARKWAY EAST HOSPITAL				

## ▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	600.00	TP Standard Excess			
YIED OD Excess	1,000.00	YIED TP Excess	0.00	Driver is Covered?	Covered
Additional Excess					
Total OD Excess Applicable	1,600.00	Total TP Excess Applicable	0.00		

## ▼ Benefits

## ▼ GST Registered Information

GST Registered	Yes	GST Registration Date	01/07/2017
GST Registration No.	201713715E	GST Status Verified	Yes
Modification History			

## ▼ Policyholder Mailing Address

Address 1	96J JALAN SENANG	Address 2	SINGAPORE 418489	Address 3	
Address 4		Address Type	Singapore address	Post Code	418489
Unit No.		Related Policy Number	5111881572-01		

## ▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	SUBRAMANIAN LAKSHMANA N	Driver NRIC	G2758778Q	Driver DOB	13/11/1994
Register Date of Driver License	20/08/2018	Driver Age	26	Driving Experience	2
Contact No.(Mobile)	86236524	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 55	Address 2	CHAI CHEE DRIVE	Address 3	SINGAPORE 460055
Address 4		Address Type	Singapore address	Post Code	460055
Unit No.	#08-184				
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	LAU BOON HENG KWEI TEOW B	Insured NRIC		
Contact No.(Mobile)		Contact No. (Home)		Contact No. (Office)		
Email Address		OI Vehicle Number	YP6185E	TP Vehicle Number		
Claim Description	YP6185E / ISS HYDROCULTURE PTE LTD ON 21 Dec 2020				Name of Preferred Workshop	
Preferred Workshop		Insured Liability	Not at Fault			
Preferred Workshop No. Finalisation	Yes	Repair Option	Preferred Workshop, Name unknown	GIA report	Received	
Date Registered	23/12/2020 15:26	Claim Close Date		Date Received		
Report Taken By	ROSLINDA	Workshop Repairer		Total Loss but Repaired		

☒ Print AK letter

Save Submit

## Attachment

Accident No.	MT/1114765	Claim No.	001
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Last Doc. Received

☒ Yes ☐ No

Upload Date

23/12/2020 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

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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 23 Dec 2020 15:26	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-12-23
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Dec 2020 15:26	SAS		Normal	SAS 2020-12-23
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Dec 2020 15:26	Photos		Normal	Photos 2020-12-23
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Dec 2020 15:26	Photos		Normal	Photos 2020-12-23
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Dec 2020 15:26	Photos		Normal	Photos 2020-12-23
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Dec 2020 15:25	Photos		Normal	Photos 2020-12-23
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Dec 2020 15:25	Photos		Normal	Photos 2020-12-23
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Dec 2020 15:25	Photos		Normal	Photos 2020-12-23
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Dec 2020 15:25	Photos		Normal	Photos 2020-12-23

## Video List

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