

NATIONAL Assessment Centre Services.

Jan 1 Jan 05

SN: 20010004

Date In: 23/12/2020 15:24	Job description	Date & Time Completed	Done by
Ref No: N/A/20014369/Y	SAS e-filing		
Veh No: CBA 7458M	E-mail (e-filing 3hrs, A/C 2hrs)		
D.O.A: 16/11/2020 17:03	I-Motor Claims Form	MT/11/07/17-002	23/12/2020 15:32
OD: TP: Reporting Only	I-Motor W/O (With: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax/Hand to Owner/VL32		

Preferred Wkup / INC Assign Wkup / QW: (Tel:	Fax:
TP Particulars:	Veh No: SKM 280P	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 ()	

() Wall-In Customer: Customer's information strictly Confidential & Strictly NO refer of repair.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () : Invoice: YES () / NO () : Towing Co: ()

1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: _____

Date: _____

NA2100180	1) All Incident Reporting (\$30)	
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (\$10)	
Contact No:	3) TP: Towing Fee	\$120
Damaged Portion:	4) PT: Follow-Through Survey	\$30
QC Checked by (Engr-In-Charge):	5) PF: Follow-Through Survey (Resurvey)	\$30
Auditor's Comments:	6) TR: Re-inspection	\$160
Ref: 1:	7) NI: Idea DA + EMRT Survey	
2/3:	8) NTUC Additional Services	
	ON:	\$3
	• NI: Courtesy Car / Tpt Allowance	\$10
	• NI: Repair Coordination	\$25
	• NI: Post Repair Inspection	\$3
	• NI: DV / Collect Excess Coordination	\$20
	TE (NI) / TP (NI) INC against INC	\$0
	9) NI: Idea Mobile	
	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	23/12/2020 15:24 (SGT)
Date of Accident	16/11/2020 17:03 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	EXIT 26A
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBA7458M
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	CLD CONSTRUCTION PTE LTD
Company Reg No	2XXXXX639W
Email Address	cdlconstruction@ymail.com
Mobile Phone No	(Phone) +65-85776579
Alternative Phone No	(Office) +65-62873251

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Dyna
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 - Reporting only
Vehicle Category	Commercial vehicle

INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5117502598
Cover Note Number	-

DRIVER

Name of Driver	MURUGESAN SABARINATHAN
Passport No/FIN	GXXXX585U

Date Of Driving Pass	01/04/2020
Driving experience	7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-85776579
Alt. Phone Number	-
Email Address	mohandino@yahoo.com.sg
Address	6 TUAS SOUTH STREET 15
Address complement	#05-06CDPL TUAS DOMITORY
Postcode	636906
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	Collision - Head to Rear
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
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)	4
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	WORKER
Gender	Male

PASSENGER 2

Name	WORKER
Gender	Male

PASSENGER 3

Name	WORKER
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Clementi Division Headquarters
Police Station Phone No	(Phone) +65-18007740000
Alt. Police Station Phone No	(Fax) +65-67741705
Police Station Address	20 Clementi Avenue 5 Singapore 129858
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH PLAN AND POLICE REPORT D/20201116/7032

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
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Was there any audio recorded? ☐

No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKM2880P
Vehicle Manufacturer	Jaguar
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
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

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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

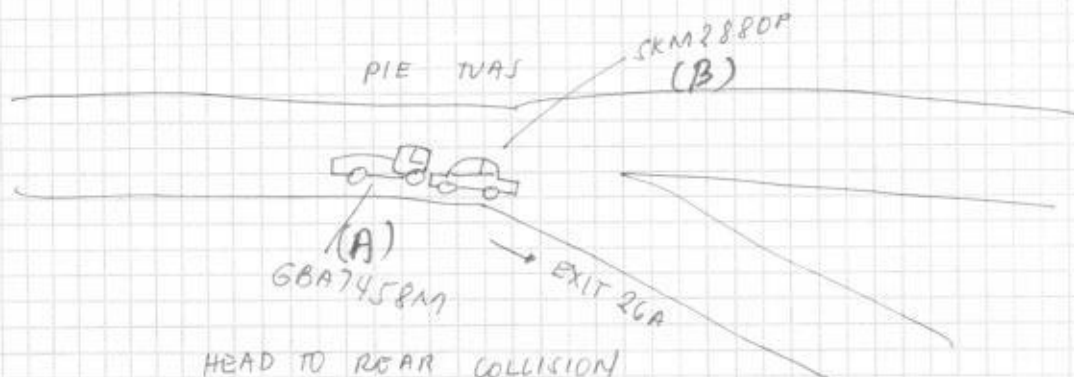
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

THE VEHICLE INFRONT OF ME JAMMED BREAK, CAR PLATE SKM288DP
CAUSING ME TO COLLE INTO HIS CAR (REAR)

POLICE REPORT 10/2020/116/7032

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &
Time



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

Witnessed by Reporting Centre
Personnel

23/12/2020

ACCIDENT STATEMENT

ACCIDENT DATE: (16 / 11 / 2020) (DD/MM/YYYY), TIME: (17 : 03) (HH:MM)

LOCATION: PIE 26A EXIT

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBA 7458 M
b) INSURANCE COMPANY: NTUC INCOME INSURANCE CO-OPERATIVE LIMITED
c) POLICY NUMBER: 5117502598
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: TOYOTA DYNA 150
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: COMPANY USE
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: CLD CONSTRUCTION PTE LTD (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 201300639W CONTACT: 62873251
c) ADDRESS: 21 WOODLANDS CLOSE #05-12 WOODLANDS HORIZON
SINGAPORE 737855

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: MURUGESAN SABARINATHAN (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: G8777585U CONTACT: 8577 6579
c) ADDRESS: 6 TUAS SOUTH STREET 15 #05-60 CORP
TUAS DORMITORY SINGAPORE 636906

*d) DATE OF BIRTH: (15 / 01 / 2000) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 30/09/2019

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: CLEMENTI DIVISION HQ (D/2020/116/7032)

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SKM2880P MODEL: JAGUAR
b) DRIVER'S NAME:
c) NRIC/FIN/PASSPORT: CONTACT:

9. THIRD PARTY VEHICLE

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

Email: cldconstruction@gmail.com
VIDEO mohandino@yahoo.com.sg



**SINGAPORE
POLICE FORCE**



D/20201116/7032

1 of 1

POLICE REPORT (NP299)

Report No. D/20201116/7032

Police Station Of Origin
Clementi Division HQ
20 Clementi Avenue 5 SINGAPORE 129858
Tel No:1800-7740000

Date/Time Report Made 16/11/2020 19:13	Vide Report No.	Station Diary No.
Name Of Informant MURUGESAN SABARINATHAN	Address 6 TUAS SOUTH STREET 15 #05-60 CDPL (TUAS) DORMITORY SINGAPORE 636906	
ID Type / ID No. FIN NO / G8777585U	Contact No. Home/Office: Mobile: 85776579	
Nationality INDIAN	Email Address mohandino@yahoo.com.sg	
Occupation Construction Worker	Sex Male	Age 20
Institution/School Name	Date of Birth 15/01/2000	Race Indian
Date/Time Of Incident 16/11/2020 17:03 - 16/11/2020 17:09	Language English	
	Location Of Incident #01-01	

Brief details.

The vehicle in front of me jammed brake, car plate number SKM 2880 P, causing me to collide into his car from the rear. My car plate is GBA 7458 M.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 16/11/2020 19:13
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp

Claim Handling

Accident MT/1110717

Policy No.	5117502598	Vehicle No.	GBA7458M	GST Registration No.
Certificate No.				
Policyholder Name	CLD CONSTRUCTION PTE LTD			Policyholder NRIC
Product Code	COMMERCIAL VEHICLE INSURA	Cover Type	Comprehensive	Loading
Contact No.(Mobile)	nil	Contact No.(Office)		Contact No.(Home)
Email Address		Special Remark		eCode
KFK	<input type="radio"/> No <input checked="" type="radio"/> Yes	TCA	<input type="radio"/> No <input checked="" type="radio"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	20	Private Hire

▼ Accident Details

Report Date	19/11/2020 15:45	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	16/11/2020	Time of Accident hh:mm	17:00	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	ALONG PIE TOWARDS TUAS			

▼ Total Excess Applicable

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

▼ Benefits

▼ GST Registered Information

GST Registered	Yes	GST Registration Date	01/09/2014
GST Registration No.	201300639W	GST Status Verified	Yes
Modification History	19/11/2020 15:46:57 System changed GST Registered from No to Yes 19/11/2020 15:46:57 System changed GST Registration No. from null to 201300639W 19/11/2020 15:46:57 System changed GST Registration Date from null to 01/09/2014		

▼ Policyholder Mailing Address

Address 1	31 WOODLANDS CLOSE	Address 2	#05-12 WOODLANDS HORIZON	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	05-06K	Related Policy Number	5113511626-01	

▼ OI Driver Info

Driver Name		Driver Type		
Unnamed driver Name		Driver NRIC		Driver DOB
Register Date of Driver License		Driver Age		Driving Experience
Contact No.(Mobile)		Contact No.(Office)		Contact No.(Home)
Address 1		Address 2		Address 3
Address 4		Address Type	Foreign address	Post Code
Unit No.				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Comp.

Modification History

Claim 002

New

Claim Type *	OD-MX	Insured Name	CLD CON
Contact No.(Mobile)	91859670	Contact No. (Home)	
Email Address	CLDCONSTRUCTION@YMAIL.CO	OI Vehicle Number	GBA7458
Claim Description	GBA7458M / SKM2880P ON 16 Nov 2020		
Preferred Workshop	Insured Liability	Fully at Fault	
Contact No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
Report Taken By		Claim Close Date	23/12/2020 15:29
<input type="checkbox"/> Print AK letter			ROSLI WAHAB

[Save](#) [Submit](#)

Attachment

Accident No.	MT/1110717	Claim No.	002
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	23/12/2020 15:32
Path *		Category *	Confidential
Choose File No file chosen		Clear Please Select	NO
Choose File No file chosen		Clear Please Select	NO
Choose File No file chosen		Clear Please Select	NO
Choose File No file chosen		Clear Please Select	NO
Choose File No file chosen		Clear Please Select	NO
Choose File No file chosen		Clear Please Select	NO
Choose File No file chosen		Clear Please Select	NO
Message Board			

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Descr
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 23 Dec 2020 15:32	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 23 Dec 2020 15:32	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 23 Dec 2020 15:32	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 23 Dec 2020 15:32	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 23 Dec 2020 15:32	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 23 Dec 2020 15:32	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 23 Dec 2020 15:32	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 23 Dec 2020 15:29	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 23 Dec 2020 15:29	Photos	Normal	Photos 20
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 23 Dec 2020 15:29	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 23 Dec 2020 15:29	Photos	Normal	Photos 20

Video List

Uploaded By/Date	Folder Date	File Name
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[Display in New Window](#)[Scan and uploading](#)

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" value="16/11/2020 15:41"/>
Vehicle No.(For Motor)	<input type="text" value="GBA7458M"/>	Certificate Number	<input type="text"/>
<input type="button" value="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"/>	5117502598		CLD CONSTRUCTION PTE LTD	201300639W	GCV	Comprehensive	GBA7458M	GBA7458M	27/05/2020	26/05/2021