

# NATIONAL Assessment Centre Services

Date In: 24/12/20	Job description	Date & Time Completed	Done by
Ref No: NA/INC0014433/13	SAS e-filing		
Veh No: GB551B	E-mail (within 8hrs, A/C 2hrs)		
D.O.A: 23/12/20 0755	I-Motor Claim Form	28/12	MT/1115224 - 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: ( N-51	Tel:	Fax:
TP Particulars:	Veh No: 54472940	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%. F: 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 repalrer.		
( ) 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

NA2100566	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$30);	Int Bill	Add Bill
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$30)		
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: Idas DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
QC Checked by (Engr-In-Charge):	ON:		
	*N5: Courtesy Car / Tpl Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
Auditors' Comments:	*N8: DV / Collect Excess Coordination \$3		
	TP (N11): TP (N'n 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 Submission	24/12/2020 09:51 (SGT)
Date of Accident	23/12/2020 07:55 (SGT)
Exact Location of Accident	10 Simei Ave, Singapore 486047
Additional Location Information	SIMEI ITE COLLEGE EAST CARPARK
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBJ51B
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#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	TWINCAR RENTAL
Company Reg No	5XXXX815M
Email Address	sales@n51.com.sg
Mobile Phone No	(Phone) +65-68420051
Alternative Phone No	(Office) +65-68420051

#### 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 - Claiming third party
Vehicle Category	Commercial vehicle

#### INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5113564476
Cover Note Number	-

#### DRIVER

Name of Driver	SHANMUGAM HARI KRISHNAN
Passport No/FIN	GXXXX602M
Date Of Birth	10/12/1995
Occupation	Indoor

Date Of Driving Pass .....	12/09/2017
Driving experience .....	3 YEARS AND 3 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-93365721
Alt. Phone Number .....	-
Email Address .....	enquiries@arasgrp.com
Address .....	BLK 137 POTONG PASIR AVE 3
Address complement .....	#02-154
Postcode .....	350137
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Hirer
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 and run / Vandalism / Damaged whilst parked
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) .....	0
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

PLS REFER TO THE ATTACHED STATEMENT.

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	Yes
Was there any audio recorded? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SGU7294D
Vehicle Manufacturer .....	-
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

1. Please report correctly the details of the accident to speed up the claims process.
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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 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

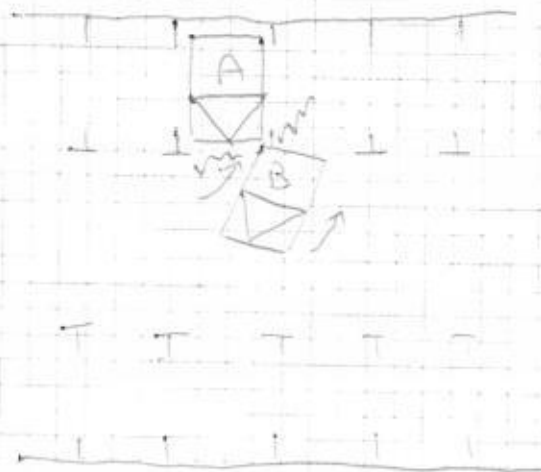
SIMEI ITE COLLEGE EAST  
CAR PARK

Vehicle A

- GBJ 513

Vehicle B

- SGU 7294D



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

My vehicle was stationary stopped at the carpark area inside the premises of ITE college East on the mention date and time.

After I returned to my vehicle, I noticed there was a slip of paper left at my front wind screen area. And was then I noticed my vehicle had been damaged. The damaged portion is on the front left and left front of my vehicle.

I proceed to check on my in-car camera and realized it was a vehicle with licence plate (SGU 7294D) that collided to my vehicle.

The whole accident footage was captured by my in-car camera.

Vehicle A - GBJ 513

Vehicle B - SGU 7294D

## DECLARATION

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

8

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.:



VEHICLE NO:	C18551B	MAKE & MODEL:	Toyota Dyna	AUTO / <u>MANUAL</u>
DATE OF ACCIDENT:	23/12/20	CC:	2982	
TIME OF ACCIDENT:	0755 HRS			
LOCATION OF ACCIDENT:	Parking lot in Simai ITE College East.			
EXACT PURPOSE USED AT TIME OF ACCIDENT:	EMPLOYMENT / PRIVATE USE / PRIVATE HIRE			
NAME OF OWNER:	Twincar Rental			
TEL NO:	H/P: OFFICE: 68420051 HOME:			
NRIC:	S3092815M			
ADDRESS:	52 Jalan Serang S(418343)			
EMAIL:	sales@n51.com.sg			
CLAIM TYPE:	OD / <u>THIRD PARTY</u> / REPORTING ONLY			
FLEET POLICY:	<u>YES</u> / NO?			
INSURANCE COMPANY:	NFUC			
TYPE OF COVERAGE:	Comprehensive / Third Party / Third Party Fire & Theft			
POLICY NO:	5113564476			
NAME OF DRIVER:	AS ABOVE / IF NO:			
NRIC:	G3277602M ANY PASSENGER: NL			
DATE OF BIRTH:	10/12/1995 Licence Pass Date: 12 Sep 2017			
OCCUPATION:	OUTDOOR / <u>INDOOR</u>			
GENDER:	<u>MALE</u> / FEMALE			
CONTACT NO:	H/P: 93365721 OFFICE: HOME:			
ADDRESS:	137 Potong Pasir Ave 3 #02-154S(350137)			
EMAIL:	enquiries@202sigip.com			
DOES DRIVER OWNED ANY VEHICLE:	<u>NO</u> / IF YES, REG NO: INSURER:			
RELATIONSHIP:	Rental / Leasing			
WEATHER CONDITION N:	<u>CLEAR</u> / RAINING / OTHERS:			
ROAD SURFACE:	<u>DRY</u> / WET / OTHER:			
ANY INJURIES:	<u>NO</u> / IF YES, WHO?			
NAME & CONTACT:				
NAME & CONTACT:				
POLICE REPORT:	<u>NO</u> / IF YES, WHERE?			
NOTICE OF INTENDED PROSECUTION GIVEN?	<u>NO</u> / IF YES, WHO?			
VEHICLE B REG NO:	SGU 7294D	ANY PASSENGERS:		
NAME OF DRIVER:		CONTACT NO:		
VEHICLE C REG NO:		ANY PASSENGERS:		
VEHICLE D REG NO:		ANY PASSENGERS:		
VEHICLE E REG NO:		ANY PASSENGERS:		
VEHICLE F REG NO:		ANY PASSENGERS:		
VEHICLE G REG NO:		ANY PASSENGERS:		
ANY WITNESS? IF YES, NAME:		WITNESS CONTACT:		
WAS THERE ANY VIDEO CAPTURE?	<u>YES</u> / NO			
WAS THERE ANY AUDIO RECORDED?	YES / <u>NO</u>			
ACCIDENT SCENE PHOTOS TAKEN?	YES / <u>NO</u>			
ACCIDENT PORTION:	FRONT LEFT / LEFT FRONT.			
WORKSHOP PARTICULAR:	N-51 Automotive Pte Ltd			
CONTACT NO:	68420051 / 67440510			
CONTACT PERSON:	Ion.			
FAX NO:	67410510			
WORKSHOP EMAIL:	sales@n51.com.sg			

## 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 :** 5113564476

**Cover :** Comprehensive

- |   |                  |
|---|------------------|
| 1. Index mark and Registration Number of Vehicle  | : GBJ51B         |
| Chassis Number  | : KDY2318024302  |
| 2. Name of Policyholder   | : TWINCAR RENTAL |
| 3. Effective Date of Insurance  | : 23 Oct 2019    |
| 4. Expiry Date of Insurance   | : 29 Dec 2020    |
| 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)	: S\$2,000
EXCESS (SECTION 2)	: S\$1,500
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 : B.A.S. INSURANCE AGENCY (00000573236)

Date of Issue : 22 Oct 2019 18:26 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive



## Claim Handling

Accident MT/1115224

Policy No.	5113564476	Vehicle No.	GBJ51B	GST Registration No.	
Certificate No.					
Policyholder Name	TWINCAR RENTAL	Cover Type	Comprehensive	Policyholder NRIC	53092815M
Product Code	COMMERCIAL VEHICLE INSURA	Contact No.(Office)	68420051	Loading	0
Contact No.(Mobile)	0	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(%)	0	eCode Reason	
NCD Protection	No			Private Hire	No

## ▼ Accident Details

Report Date	28/12/2020 15:46	Accident Report Within 24 hrs	Yes	Accident Type	Damaged whilst par
Date of Accident	23/12/2020	Time of Accident hh:mm	07:55	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	SIMEI ITE COLLEGE EAST CARPARK				

## ▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	2,000.00	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	2000.00	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	52 JALAN SENANG	Address 2	SINGAPORE 418343	Address 3	
Address 4		Address Type	Singapore address	Post Code	418343
Unit No.		Related Policy Number	5113564476-01		

## ▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	SHANMUGAM HARI KRISHNAN	Driver NRIC	G3277602M	Driver DOB	10/12/1995
Register Date of Driver License	12/09/2017	Driver Age	25	Driving Experience	3
Contact No.(Mobile)	93365721	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 137	Address 2	POTONG PASIR AVENUE 3	Address 3	SINGAPORE 350137
Address 4		Address Type	Singapore address	Post Code	350137
Unit No.	#02-154				
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 New

Claim Type *	OD-MX	Insured Name	TWINCAR RENTAL	Insured NRIC			
Contact No.(Mobile)	96868628	Contact No.(Home)	NIL	Contact No.(Office)			
Email Address		Vehicle Number	GBJ51B	TP Vehicle Number			
Claim Description	GBJ51B / SGU7294D ON 23 Dec 2020				Name of Preferred Workshop		
Preferred Workshop		Insured Liability	Not at Fault				
Consent No. Finalisation	Yes	Repair Option	Preferred Workshop, Name unknown	GIA report	Received		
Date Registered				Claim Close Date	28/12/2020 15:51	Date Received	
Report Taken By					ROSLINDA		
<input type="checkbox"/> Print AK letter							

Save Submit

## Attachment

Accident No.	MT/1115224	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	28/12/2020 15:51

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

Choose File No file chosen

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## Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 28 Dec 2020 15:51	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-12-28
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 28 Dec 2020 15:51	SAS		Normal	SAS 2020-12-28
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 28 Dec 2020 15:51	Photos		Normal	Photos 2020-12-28
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 28 Dec 2020 15:51	Photos		Normal	Photos 2020-12-28
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 28 Dec 2020 15:51	Photos		Normal	Photos 2020-12-28
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 28 Dec 2020 15:51	Photos		Normal	Photos 2020-12-28
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 28 Dec 2020 15:51	Photos		Normal	Photos 2020-12-28
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 28 Dec 2020 15:51	Photos		Normal	Photos 2020-12-28
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 28 Dec 2020 15:51	Photos		Normal	Photos 2020-12-28
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 28 Dec 2020 15:51	Photos		Normal	Photos 2020-12-28
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 28 Dec 2020 15:51	Photos		Normal	Photos 2020-12-28

## Video List

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

Scan and uploading