

NATIONAL Assessment Centre Services

Date In: 13/01/2021	Job description	Date & Time Completed	Done by
Ref No. NA/INC21000596/13	SAS e-filing		
Veh No: SLA67104	E-mail (within 8hrs, A/C 2hrs)		
D.O.A: 12/01/21 0950	i-Motor Claim Form	14/01 MT/1117346-001	
OD: TP Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner / Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SHC1399M	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:	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

Claimant's Particulars:	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
Driver/Owner:	1) AR: Accident Reporting (\$30);	INC (\$30)	
Contact No:	2) DA: Damage Assessment (\$100);	\$40/\$45	
Damaged Portion:	3) TF: Towing Fee	\$120	
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey	\$30	
For claiming against INC Only (wef 10 Jan 2005)	5) FT: Follow-Through Survey (Resurvey)	\$75	
6) TR: Re-inspection		\$160	
7) NI: Idao DA + SMRT Survey			
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		\$3	
TP (N11): TP (Non INC) against INC		\$20	
9) N12: Idno Mobile		\$0	
Invoice dated	Fee Charged		
Invoice dated	Fee Charged		

Cal. 1:

Cal. 2 / 3:

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	13/01/2021 09:46 (SGT)
Date of Accident	12/01/2021 09:50 (SGT)
Exact Location of Accident	Eng Neo Ave, Singapore
Additional Location Information	TWDS LORNIE RD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLA6710Y
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	SOMU VANNIYAR ELANGOVAN
NRIC No	SXXXX937H
Email Address	elan_95@hotmail.com
Mobile Phone No	(Phone) +65-91474368
Alternative Phone No	(Office) +65-65741095

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Vezel
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car

INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5078227821-04
Cover Note Number	-

DRIVER

Name of Driver	SOMU VANNIYAR ELANGOVAN
NRIC No	SXXXX937H
Date Of Birth	01/05/1961
Occupation	Outdoor

Date Of Driving Pass	10/12/2003
Driving experience	17 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-91474368
Alt. Phone Number	(Office) +65-65741095
Email Address	elan_95@hotmail.com
Address	BLK 678A JURONG WEST STREET 64
Address complement	#13-303
Postcode	641678
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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	Raining
Road Surface	Wet

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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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

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	SHC1399H
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
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) -

INJURED PERSONS DETAILS

INJURED 1


Name of injured person	SOMU VANNIYAR ELANGOVAN
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	SLA6710Y
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

Accident Reporting Draft

VEHICLE NO: SLA6710Y

MODEL: HONDA VEZEL

AUTO/MANUAL

DATE OF ACCIDENT	12/1/2021	C.C: 1496 cc
TIME OF ACCIDENT	0950	HRS AM/PM
LOCATION OF ACCIDENT	ENG NEO AVE TOWARDS LORNIE ROAD	
EXACT PURPOSE USE DURING ACCIDENT		
NAME OF OWNER	SOMU VANNIYAR ELANGO VAN	
CONTACT NO.	91474368, 65741095 EMAIL: elan_95@hotmail.com	
NRIC	S2709937H	
CLAIM TYPE	OD / <u>THIRD PARTY</u> / REPORTING ONLY THIRD PARTY	
INSURANCE CO.	NTUC	
TYPE OF COVERAGE	<u>COMPREHENSIVE</u> / THIRD PARTY / THIRD PARTY FIRE & THEFT	
POLICY NO.		
NAME OF DRIVER	AS ABOVE / IF NO: SAME AS ABOVE	
NRIC	S2709937H	ANY PASSENGER: 0
DATE OF BIRTH	1/5/1961	
OCCUPATION	<u>OUTDOOR</u> / INDOOR	
DATE OF DRIVING PASS		
GENDER	MALE / FEMALE	
CONTACT NO.	91474368, 65741095 EMAIL: elan_95@hotmail.com	
ADDRESS	BLK 678A JURONG WEST STREET 64 #13-303 S(641678)	
DOES DRIVER OWN OTHER VEHICLES	NO / IF YES: REG NO.	
RELATIONSHIP	EMPLOYEE / IF NO:	
WEATHER CONDITION	CLEAR / RAINY / OTHER: RAINY	
ROAD SURFACE	DRY / WET / OTHER: WET	
ANY INJURIES	NO / IF YES: YES <i>Driver</i>	
CONTACT NO.		
POLICE REPORT	NO / IF YES:	
VIDEO RECORDING	NO / YES	
VEHICLE B NO.	SHC1399H	ANY PASSENGER:
NAME		
CONTACT NO.		
VEHICLE C NO.	ANY PASSENGER:	
VEHICLE D NO.	ANY PASSENGER:	
VEHICLE E NO.	ANY PASSENGER:	
VEHICLE F NO.	ANY PASSENGER:	
ANY WITNESS		
WITNESS CONTACT NO.		
PARTICULAR WORKSHOP	<div style="text-align: center;">  <p>Ryder Auto Pte Ltd</p> <p>2 Kaki Bukit Ave 2, #02-19/22 @ Kaki Bukit Auto Hub, Singapore 417921</p> <p>Email: ryderautoworkshop@gmail.com Tel: 67418277 Fax: 67468277</p> </div>	
MOBILE NO.		
CONTACT PERSON		
FAX NO.		


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 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:

 12/01/2021
Driver's Signature
(If driver is not the policyholder)
Date & Time:

 13/01/21
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN:

ENG NEO AVE TOWARDS LORNIE ROAD

VEHICLE A: SLA6710Y

VEHICLE B: SHC1399H

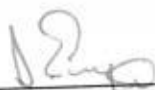



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


I WAS TRAVELLING ALONG ENG NEO AVE TOWARDS LORNIE ROAD. VEHICLE AHEAD SLOWED DOWN AND STOPPED. I FOLLOWED SUIT. MOMENTS LATER, VEHICLE B REAR-ENDED MY VEHICLE.

DECLARATION

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


Policyholder's Signature
Date & Time:

 12/01/2021
Driver's Signature
(if driver is not the policyholder)
Date & Time:

 13/01/21
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: 5078227821-04

Cover : drive CLASSIC

1. Index mark and Registration Number of Vehicle : **SLA6710Y**
Chassis Number : **RU11110815**
2. Name of Policyholder : **SOMU VANNIYAR ELANGO VAN**
3. Effective Date of Insurance : **11 Mar 2020**
4. Expiry Date of Insurance : **10 Mar 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.

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) Use for any purpose in connection with the Motor Trade.

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
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: YES (FREE)
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: SOMU VANNIYAR ELANGO VAN
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: DBS BANK 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 : LECO PRESTIGE PTE. LTD. (00000572761)
Date of Issue : 29 Feb 2020 11:57 hrs
Reprint : 29 Feb 2020 11:57 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive

1/14/2021

Claim Handling

Accident MT/1117346

Policy No.	5078227821-04	Vehicle No.	SLA6710Y	GST Registration No.	
Certificate No.				Policyholder NRIC	S2709937H
Policyholder Name	SOMU VANNIYAR ELANGOVAN	Cover Type	drive CLASSIC	Loading	0
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)	0	Contact No.(Home)	0
Contact No.(Mobile)	91474368	Special Remark		eCode	No
Email Address		TCA	No Yes	eCode Reason	
KFK	No Yes	NCD Entitlement(%)	50	Private Hire	No
NCD Protection	Yes				
Accident Details					
Report Date	14/01/2021 11:55	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to
Date of Accident	12/01/2021	Time of Accident hh:mm	09:50	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ENG NEO AVE TWDS LORNE RD				
Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	600.00	TP Standard Excess	0.00	Driver is Covered?	Covered
YIED OD Excess	0.00	YIED TP Excess	0.00		
Additional Excess	0.00	Total TP Excess Applicable	0.00		
Total OD Excess Applicable	600.00				
Benefits					
GST Registered Information					
GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History					

Policyholder Mailing Address					
Address 1	BLK 678A #13-303	Address 2	JURONG WEST STREET 64	Address 3	SINGAPORE 6416
Address 4		Address Type	Singapore address	Post Code	641678
Unit No.	13-303	Related Policy Number	5078227821-04		
01 Driver Info					
Driver Name	SOMU VANNIYAR ELANGOVAN	Driver Type	Main Driver	Driver DOB	01/05/1961
Unnamed driver Name		Driver NRIC	S2709937H	Driving Experience	17
Register Date of Driver License	10/12/2003	Driver Age	59	Contact No.(Home)	0
Contact No.(Mobile)	91474368	Contact No.(Office)	0	Address 3	SINGAPORE 6416
Address 1	BLK 678A	Address 2	JURONG WEST STREET 64	Post Code	641678
Address 4		Address Type	Singapore address		
Unit No.	#13-303	Driver Vehicle No.		Driver Insurer Company	
Does he own a Singapore Registered car?	No				
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any Injury?	No		

Modification History

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	SOMU VANNIYAR ELANGOVAN	Insured NRIC	S2709937H
Contact No.(Mobile)	91474368	Contact No. (Home)	NIL	Contact No. (Office)	
Email Address	elan_95@hotmail.com	01 Vehicle Number	SLA6710Y	TP Vehicle Number	
Claim Description	SLA6710Y / SHC1399H ON 12 Jan 2021				
Preferred Workshop	Preferred	Insured Liability	Not at Fault	GIA report	Received
Consumer No. Finalisation	Yes	Repair Option	Preferred Workshop, Name unknown	Claim Close Date	14/01/2021 11:58
Date Registered				Workshop Repairer	ROSINDA
Report Taken By				Date Received	
					Total Lost but Repaired
<input checked="" type="checkbox"/> Print AK letter					
<input type="button" value="Save"/> <input type="button" value="Submit"/>					

Attachment

Accident No. MT/1117346

Claim No. 001

Last Doc. Received

☒ Yes ☐ No

Upload Date

14/01/2021 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

Choose File

No file chosen

Message Read

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NO

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Clear

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NO

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NO

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Clear

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NO

Normal

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Jan 2021 11:58	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2021-1-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Jan 2021 11:58	SAS		Normal	SAS 2021-1-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Jan 2021 11:58	Photos		Normal	Photos 2021-1-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Jan 2021 11:58	Photos		Normal	Photos 2021-1-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Jan 2021 11:58	Photos		Normal	Photos 2021-1-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Jan 2021 11:58	Photos		Normal	Photos 2021-1-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Jan 2021 11:58	Photos		Normal	Photos 2021-1-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Jan 2021 11:57	Photos		Normal	Photos 2021-1-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Jan 2021 11:57	Photos		Normal	Photos 2021-1-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Jan 2021 11:57	Photos		Normal	Photos 2021-1-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Jan 2021 11:57	Photos		Normal	Photos 2021-1-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Jan 2021 11:57	Photos		Normal	Photos 2021-1-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Jan 2021 11:57	Photos		Normal	Photos 2021-1-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Jan 2021 11:57	Photos		Normal	Photos 2021-1-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Jan 2021 11:57	Photos		Normal	Photos 2021-1-14

Video List

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