

NATIONAL Assessment Centre Services		SW0921/0007	
Date In: 30/01/2021 15:15	Job description	Date & Time Completed	Done by
Ref No: NA/MC21001435/Y	SAS e-filing		
Veh No: GBE 2781K	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 28/01/2021 16:00	I-Motor Claim Form	ml/11936/001	30/01/2021 15:25
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: YP8901S	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 repairer.			
() 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

NA210092x	Invoice Preparation Checklist		Am't (\$)	Am't (\$)
	1) AR: Accident Reporting (\$30);		In Bill	Add Bill
	2) DA: Damage Assessment (\$100); INC (\$30)			
	3) TF: Towing Fee \$40/\$45			
	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: Idno DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
QC Checked by (Engr-In-Charge):	ON*			
Auditors' Comments:	*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	30/01/2021 15:19 (SGT)
Date of Accident	28/01/2021 16:00 (SGT)
Exact Location of Accident	Tan Quee Lan St, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF2781K
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	CVM TRADING
Company Reg No	5XXXX737L
Email Address	cyndi@triangleauto.com.sg
Mobile Phone No	(Phone) +65-90695413
Alternative Phone No	+65-90695413

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Cabstar
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	5119089409
Cover Note Number	-

DRIVER

Name of Driver	JAGANNATHAN ALAGAPPAN
Passport No/FIN	GXXXX655M
Date Of Birth	15/06/1983
Occupation	Outdoor

Date Of Driving Pass	13/01/2016
Driving experience	5 YEARS
Gender	Male
Mobile Number	(Phone) +65-90695413
Alt. Phone Number	-
Email Address	cyndi@triangleauto.com.sg
Address	20 TUAS AVENUE 2
Address complement	-
Postcode	639451
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	Side Swipe
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?	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

PLEASE REFER TO SKETCH PLAN

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	YP8901S
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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	JAGANNATHAN ALAGAPPAN
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	GBF2781K
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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.



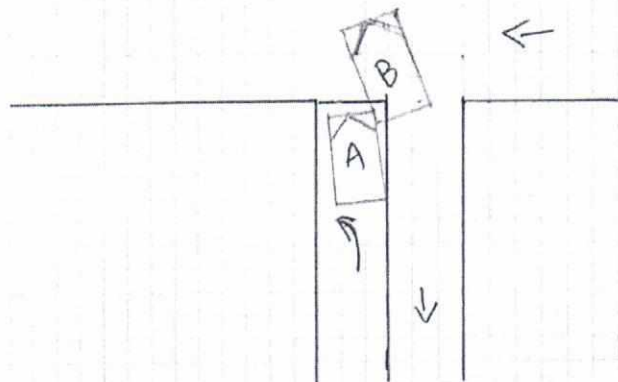
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

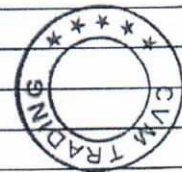
Tan Quee Lan St



(A) GBF2781K
(B) YP8901S

Describe Circumstances of the Accident

On 20.01.2021 at about 16:00hrs Upon reaching a junction of Tan Quee Lan St I stop and waiting for the main road to clear while waiting all of sudden I felt an impact from my rear and I saw a big lorry trying to overtake me on my right using opposite direction lane. However before the vehicle completing making the left turn. The rear of the vehicle collided onto my front again.



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

[Signature] 20/01/2021

Date of Accident : 28/1/21 Accident Time: 1600HRS (24-HR-Format)
 Accident Place : Tan Quee Lan Street
 Vehicle. No. (Car Plate No.) : GBF2781K Make/Model: Nissat Cabstar 2.05ht
 Insurance Company : NTUC Policy No: _____
 Owner or Company Name /IC No. : Cvm Trading (53334737L)
 Owner or Company Contact No. : _____ Owner's Hp 90695413 Company Tel _____
 DRIVER'S Name / IC No. : Jagannathan Alagappan
 DRIVER'S Date Of Birth : 15.06.1983 DRIVER'S License Pass Date 13.01.2016
 Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: _____
 DRIVER'S Address : 20 Tuas Ave 2 S(639451)
 DRIVER'S Contact No./ Alt No. : 1) _____ 2) _____
 DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
 Email Address : cyndie@triangleauto.com.sg
 Weather & Road Surface : ☒ CLEAR & DRY ☐ RAINING & WET ☐ AFTER RAIN & WET
 Reporting Type : Reporting Only ☒ Claim Other Party ☐ Claim Own Insurance
 Number of Passengers (Including Driver): Driver only
 Was there any video Captured by car camera: YES ☐ NO ☒
 Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose
 Any Injury (If YES, Pls state): Neck back Pain

Other Party Driver's Particular (if any)

Vehicle. No: <u>YP8901S</u>	Vehicle. No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver/Contact: _____	IC No. Driver/Contact: _____

* NEW - Passenger's name & gender:



Claim Handling

Accident MT/1119361

Policy No.	5119089409	Vehicle No.	GBF2781K	GST Registration No.	
Certificate No.				Policyholder NRIC	53334737L
Policyholder Name	CVM TRADING	Cover Type	Comprehensive	Loading	0
Product Code	COMMERCIAL VEHICLE INSURA	Contact No.(Office)		Contact No.(Home)	
Contact No.(Mobile)	90695413	Special Remark		eCode	No
Email Address		TCA	No Yes	eCode Reason	
KFK	No Yes	NCD Entitlement(%)	20	Private Hire	No
NCD Protection	No				
Accident Details					
Report Date	30/01/2021 15:17	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	28/01/2021	Time of Accident hh:mm	16:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	TAN QUEE LAN STREET				
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					
Total OD Excess Applicable	600.00	Total TP Excess Applicable	0.00		
Benefits					
GST Registered Information					
GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History	30/01/2021 15:24:00 System changed GST Status Verified from No to Yes				

Policyholder Mailing Address					
Address 1	BLK 798 #02-3340	Address 2	YISHUN RING ROAD	Address 3	KHATIB VALE
Address 4	SINGAPORE 760798	Address Type	Singapore address	Post Code	760798
Unit No.	02-3340	Related Policy Number	5120422232		
OI Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	15/06/1983
Unnamed driver Name	JAGANNATHAN ALAGAPPAN	Driver NRIC	G7681655M	Driving Experience	5
Register Date of Driver License	13/01/2016	Driver Age	37	Contact No.(Home)	
Contact No.(Mobile)	90695413	Contact No.(Office)		Address 3	
Address 1	20 # TUAS AVENUE 2	Address 2	SINGAPORE 639451	Post Code	639451
Address 4		Address Type	Foreign address		
Unit No.					
Does he own a Singapore Registered car?	No	Driver Vehicle No.	GBF2781K	Driver Insurer Company	NTU

Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	No		

Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	CVM TRADING	Insured NRIC			
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)			
Email Address		Vehicle Number	GBF2781K	TP Vehicle Number			
Claim Description	GBF2781K / YP8901S ON 28 Jan 2021				Name of Preferred Workshop		
Preferred Workshop		Insured Liability	Not at Fault	GIA report	Received		
Contact No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Claim Close Date	30/01/2021 15:25	Date Received	
Date Registered							
Report Taken By	ROSLI WAHAB						
<input checked="" type="checkbox"/> Print AK letter							
<input type="button" value="Save"/> <input type="button" value="Submit"/>							

Attachment

Accident No.	MT/1119361	Claim No.	001
Last Doc. Received	Yes No	Upload Date	30/01/2021 15:25

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
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 30 Jan 2021 15:25	Photos		Normal	Photos 2021-1-30
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 30 Jan 2021 15:25	Photos		Normal	Photos 2021-1-30
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 30 Jan 2021 15:25	Photos		Normal	Photos 2021-1-30
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 30 Jan 2021 15:25	Photos		Normal	Photos 2021-1-30
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 30 Jan 2021 15:25	Photos		Normal	Photos 2021-1-30
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 30 Jan 2021 15:25	Photos		Normal	Photos 2021-1-30
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 30 Jan 2021 15:25	Photos		Normal	Photos 2021-1-30
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 30 Jan 2021 15:25	Photos		Normal	Photos 2021-1-30
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 30 Jan 2021 15:25	Photos		Normal	Photos 2021-1-30
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 30 Jan 2021 15:25	Photos		Normal	Photos 2021-1-30
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 30 Jan 2021 15:25	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2021-1-30
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 30 Jan 2021 15:25	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2021-1-30
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 30 Jan 2021 15:25	SAS		Normal	SAS 2021-1-30

Video List

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

Scan and uploading

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 : 5119089409

Cover : Comprehensive

1. Index mark and Registration Number of Vehicle : GBF2781K
Chassis Number : JN1SC2F24Z0858902
2. Name of Policyholder : CVM TRADING
3. Effective Date of Insurance : 15 Sep 2020
4. Expiry Date of Insurance : 29 Aug 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 : PRO-LINK INSURANCE AGENCY (00000571869)

Date of Issue : 15 Sep 2020 16:31 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Business
Owner ID:	737L
Vehicle Details	
Vehicle No.:	GBF2781K
Vehicle to be Exported:	No
Intended Deregistration Date:	28 Feb 2021
Vehicle Make:	NISSAN
Vehicle Model:	CABSTAR 3.0 5M/T ABS 2DR 2WD EURO 5
Primary Colour:	Silver
Manufacturing Year:	2016
Engine No.:	ZD30012779N
Chassis No.:	JN15C2F24Z0858902
Maximum Power Output:	-
Open Market Value:	\$24,942.00
Original Registration Date:	30 Aug 2016
First Registration Date:	30 Aug 2016
Transfer Count:	1
Actual ARF Paid:	\$1,248.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	29 Aug 2026
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
PQP Paid:	\$17,516.00
COE Rebate Amount:	\$9,624.00
Total Rebate Amount:	\$9,624.00

The information contained herein is correct as at 29 Jan 2021

OK