

# NATIONAL Assessment Centre Services (wef 1 Jan 2015)

Date In: 17/03/21	Job description	Date & Time Completed	Done by
Ref No: NA/INC21003505/13	SAS e-filing		
Veh No: WC 6511P	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 16/03/21 1755	i-Motor Claim Form 17/03 MT/1124763-001		
OD / TP: <u>Reporting Only</u>	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: SUR5173M	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

NA 2102033	<b>Invoice Preparation Checklist</b>		Amt (\$) 1st Bill	Amt (\$) Add Bill
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);		30	
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			
QC Checked by (Engr-In-Charge):	5) FT : Follow-Through Survey (Resurvey) \$30			
Auditors' Comments :-	For claiming against INC Only (wef 10 Jan 2005)			
Cat. 1:	6) TR : Re-inspection \$75			
Cat. 2 / 3:	7) N1 : Idac DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
	On*			
	*N5: Courtesy Car / Tpt 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: Idac Mobile 30			
	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 ..... 17/03/2021 17:20 (SGT)  
Date of Accident ..... 16/03/2021 17:55 (SGT)  
Exact Location of Accident ..... Canberra Way, Singapore 752106  
Additional Location Information ..... JUNC OF CANBERRA CRESCENT  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... WC6511P

#### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... DYNAMIC CONST & ENGINEERING PTE. LTD.  
Company Reg No ..... 2XXXXX062D  
Email Address ..... ANDY.LEE@PAS.SG  
Mobile Phone No ..... (Phone) +65-99999999  
Alternative Phone No ..... +65-84533747

#### VEHICLE PARTICULARS

Manufacturer ..... Isuzu  
Model ..... CYH52S  
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  
Transmission ..... Manual  
CC ..... 15681

#### INSURANCE COMPANY

Name of Insurance Company ..... NTUC Income Insurance Co-operative Ltd  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... 5112736601-01  
Cover Note Number ..... -

#### DRIVER

Name of Driver ..... SINGARAVEL KUMAR  
Passport No/FIN ..... FXXXX457P



Date Of Birth .....	03/07/1976
Occupation .....	Outdoor
Date Of Driving Pass .....	25/08/2015
Driving experience .....	5 YEARS AND 7 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-84533747
Alt. Phone Number .....	-
Email Address .....	ANDY.LEE@PAS.SG
Address .....	1 BUKIT BATOK ST 22
Address complement .....	#08-05
Postcode .....	659592
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? .....	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

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 .....	SJR5173M
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	NG BOON KHENG
NRIC No .....	SXXXX459C
Contact Number .....	(Phone) +65-96978636
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 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:

17-3-21

GIA&M SketchPlanForm\_V2



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

17-3-21

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

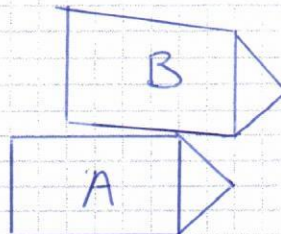
17/03/21



# SKETCH PLAN

JUNC OF CANBERRA WAY  
AND CANBERRA CRESCENT

Vehicle No  
A - WC6511P  
B - SJR5173M



## Legend



Vehicle



Bike

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLEASE SEE ATTACHED

## DECLARATION

I/We declare the foregoing particulars are true in every respect.  
Please be advised that your insurer may have a 14 day clause whereby the claim against own policy must be made within the stipulated timeframe from the date of occurrence. Kindly check your policy for more details.

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.:


17-3-21

17-3-21

On 16/3/2021 at about 17.55pm I was travelling along Canberra Way. At the traffic junction of Canberra Way and Canberra Crescent, 3rd party SJR5173M who was travelling on my left side was too close to my vehicle.

Resulting in both our vehicles side swiped against each other, (3rd party right side has collided against my vehicle front left side corner.)

After the accident we exchanged our particulars and no injuries in this accident. This is for reporting purposes.

  
f-8331457P

SINGARAVEL KUMAR

F8331457P

17/3/2021



**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No: SNO9213H0001 Vehicle Registration No: WC6511P  
Name (as shown in NRIC): SINGARAVEL KUMAR NRIC/FIN/Passport No: FXXXX457P  
(\*Vehicle Driver/Vehicle Owner) (\*) Please delete as appropriate  
Address: 1 BUKIT BATOK ST 22 #05-05 Singapore ( 659592 )  
Contact (Tel): \_\_\_\_\_ Mobile No.: 84533747  
Email Address: \_\_\_\_\_  
Date of Accident: 16/03/21 Time of Accident: 1755  
Place of Accident: JUNC OF CANBERRA WAY & CANBERRA CRESCENT  
Insurance Company: NTUC

**(B) ADDITIONAL INFORMATION /AMENDMENTS:**

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

ADD IN SCENE PHOTOS

\_\_\_\_\_  
Policyholder / Driver's Signature  
Date:

shw 19/03/21  
\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:  
Date:



# ACCIDENT STATEMENT (Part I)

This is NOT an admission of blame / liability, but a summary of identities and facts which will speed up the settlement of claims

andy.lee@pas.sg

To be signed by BOTH drivers

1 Date of accident 16/3/2021 1755pm		2 Exact location of accident CANBERRA WAY at the junction of CANBERRA WAY and CANBERRE CRESCENT		3 Injuries even if slight No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	
4 Material damage To vehicles other than vehicles A and B No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>		To objects other than vehicles No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>		5 Witness' name, address and tel no. (to be underlined if he/she is passenger in vehicle A or vehicle B) Vehicle Video Camera Available No <input type="checkbox"/> Yes <input type="checkbox"/>	

Registration No. (VEHICLE A) WC6511P

6 Insured / policyholder (see insurance cert.)  
Name DYNAMIC CONST & ENGINEERING PTE LTD  
Address 1 BUKIT BATOK STREET 22 #08-05 S(659592)  
NRIC / Passport no. 201327062D  
Tel no. (from 9am till 5pm) \_\_\_\_\_  
HP \_\_\_\_\_

7 Vehicle  
Make, type ISUZU / CYH52S

8 Insurance company  
☒ C ☐ TPFT ☐ TPO  
Does the policy cover damage to vehicle A?  
No ☐ Yes ☒  
Policy No. 5112736601-01-000010

9 Driver  
☐ Same as Owner  
Name SINGARAVEL KUMAR  
NRIC / Passport no. P8331457P  
Class of licence 3, 4  
HP 8453 3747  
Gender Male ☒ Female ☐

12 CIRCUMSTANCES  
Put a cross (X) in each of the relevant boxes applicable to your vehicle

<input type="checkbox"/>	Chain Collision
<input type="checkbox"/>	Collided into Bicyclist
<input type="checkbox"/>	Collided into Motorcyclist
<input type="checkbox"/>	Collided into Parked Vehicle
<input type="checkbox"/>	Collided into Pedestrian
<input type="checkbox"/>	Collided into Property
<input type="checkbox"/>	Collision - Change/Cross Lane
<input type="checkbox"/>	Collision - Cross Junction
<input type="checkbox"/>	Collision - Head on Collision
<input type="checkbox"/>	Collision - Head to Rear
<input type="checkbox"/>	Collision - Major/Minor Rd
<input type="checkbox"/>	Collision - Opening Door of Vehicle
<input type="checkbox"/>	Collision - Roundabout
<input type="checkbox"/>	Collision - U-Turn
<input type="checkbox"/>	Drink Driving / Drug Influence
<input type="checkbox"/>	Fire, Explosion or Lightning
<input type="checkbox"/>	Flood
<input type="checkbox"/>	Hit and Run / Vandalism / Damaged whilst Parked
<input type="checkbox"/>	Hit by Fallen Tree / Other Objects
<input type="checkbox"/>	No Collision
<input type="checkbox"/>	Side Swipe
<input type="checkbox"/>	Theft

Registration No. (VEHICLE B) SJR5173M

6 Insured / policyholder (see insurance cert.)  
Name NG BOON KHEUNG  
Address \_\_\_\_\_  
NRIC / Passport no. S7206459C  
Tel no. (from 9am till 5pm) \_\_\_\_\_  
HP 9697 8636

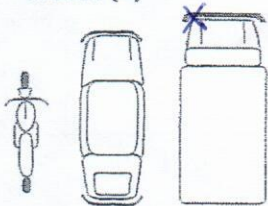
7 Vehicle  
Make, type HONDA / CIVIC 3DRS TYPE R

8 Insurance company  
☐ C ☐ TPFT ☐ TPO  
Does the policy cover damage to vehicle B?  
No ☐ Yes ☐  
Policy No. (if available) \_\_\_\_\_

9 Driver (See driving licence) (if different from insured B above)  
Name NG BOON KHEUNG  
NRIC / Passport no. S7206459C  
Class of licence 2B, 2A, 2, 3  
HP 9697 8636  
Gender Male ☒ Female ☐

← State TOTAL number of boxes marked with a cross →

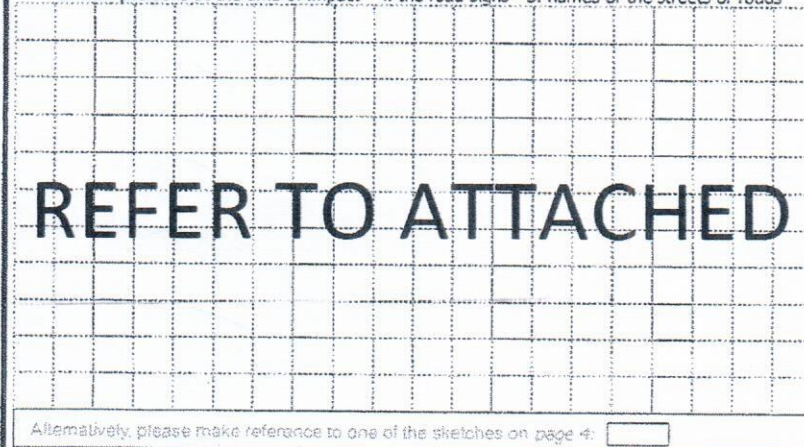
10 Indicate the point of initial impact with an arrow (⇒)



11 Visible damage to vehicle A

14 My remarks

13 Sketch of accident when impact occurred 13  
Please indicate: 1. layout of the road - 2. the direction of vehicles A and B with arrows - 3. their positions at the time of impact - 4. the road signs - 5. names of the streets or roads



15 Signatures of drivers

A

*[Signature of Driver A]*

B

14 My remarks

\* In the event of injuries or in the event of damage to property other than to vehicles A and B, give information overleaf

Do not alter anything in the statement after signing. Subsequently, each driver should take one copy.

For insured's Individual Statement (Part II) see overleaf →



# INDIVIDUAL STATEMENT (Part II)

Own Workshop Email / Fax (If any)

To be completed and submitted within 24 hours to your insurer or Idac or appointed workshop (Use a separate sheet of paper where necessary)

Insured	1 Occupation (if more than one, state all) <b>DRIVER</b>		Email: <b>andy.lee@pas.sg</b>						
	2 Vehicle registration no. <b>WC6511P</b>	C.C. <b>15681 C.C.</b>	If commercial vehicle, state permissible carrying capacity						
	3 Is driver the owner? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If no, State Relationship of Driver with owner <b>EMPLOYEE</b>		state the vehicle number and name of insurer of driver's own vehicle (where applicable)						
	4 Exact purpose for which vehicle was being used at time of accident <input type="checkbox"/> Private use <input checked="" type="checkbox"/> Commercial use <input type="checkbox"/> Hire & reward <input type="checkbox"/> Private Hire <input type="checkbox"/> Others - please specify								
	5 Is the vehicle still in use? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If no, state where it is at present Tel no. _____								
Of which vehicle are you the owner?  <input checked="" type="checkbox"/> A  <input type="checkbox"/> B	6 Are you claiming under your own insurance policy for repair to your vehicle? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If no, state action to be taken <input type="checkbox"/> Third Party <input checked="" type="checkbox"/> Reporting Only <input type="checkbox"/> Third Party (Own Workshop)								
	7 Date of birth <b>03/07/1976</b>	Occupation <b>DRIVER</b>	Date of license pass <b>25/08/2015</b>	Was vehicle driven with the insured's permission? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Was driver an employee of the insured's company? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
	8 Give details of any pre-existing impairment of sight or hearing and of any other disability <b>NIL</b>								
	9 Full details of all driving convictions including pending prosecutions in the last 36 months								
	<table border="1"> <thead> <tr> <th>Date</th> <th>Offence</th> <th>Penalty</th> </tr> </thead> <tbody> <tr> <td></td> <td><b>NIL</b></td> <td></td> </tr> </tbody> </table>				Date	Offence	Penalty		<b>NIL</b>
Date	Offence	Penalty							
	<b>NIL</b>								
Injured persons	10 Name(s), address(es) and approximate age(s)	Injuries sustained	If vehicle occupants, state in which vehicle	Were seat belts being worn? Yes <input type="checkbox"/> No <input type="checkbox"/>	Was injured conveyed to hospital by ambulance? Yes <input type="checkbox"/> No <input type="checkbox"/>				
		<b>NIL</b>		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>				
				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>				
				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>				
				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>				
Damage to property & vehicles (other than vehicles A and B)	11 Name(s) and address(es) of owner(s)	Vehicle registration no. or details of property	Nature of damage	Insurer's name and address (if known)					
		<b>NIL</b>							
Police action	12 Was the accident reported to the Police? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, please state which Police station _____								
	13 Was notice of intended prosecution given? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, against whom? _____								
Accident details	14 Weather conditions Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others <input type="checkbox"/>								
	15 Road surface Wet <input type="checkbox"/> Dry <input checked="" type="checkbox"/> Others <input type="checkbox"/>								
	16 Speed of vehicles A <input type="checkbox"/> km/hr B <input type="checkbox"/> km/hr								
	17 What warnings were given by driver or other party? _____								
	18 Were street lights illuminated? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>								
	19 What lights were displayed on your vehicle/the other vehicle(s)? _____								
	20 If your vehicle is commercial, state weight of load carried at time of accident _____								
	21 State how accident happened, width of roads, speed limits, etc (Refer to attached)								
Declaration	22 State number of Passengers (Including Driver) <b>1</b>								
	<p>I/We declare the foregoing particulars are true in every respect</p> <p>Policyholder's signature _____ Date <b>17-3-21</b></p> <p>Driver's signature (if driver is not the policyholder) _____ Date <b>17-3-21</b></p>								



Hello, NAC\_PAYA\_UBI\_800601

[Change Language](#) [Change Password](#) [Log Out](#)

[My Desktop](#)  
[Notice of Loss](#)

Policy Query

Policy No.

Date of Accident

16/03/2021 19:55

Vehicle No.(For Motor)

WC6511P

Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5112736601-01	5112736601-01-000010	DYNAMIC CONST & ENGINEERING PTE. LTD.	201327062D	GFM	Comprehensive	WC6511P	WC6511P	22/09/2020	21/09/2021

Continue

## 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** : 5112736601-01-000010

**Cover** : Comprehensive

- |  |   |
|--|---|
| 1. Index mark and Registration Number of Vehicle   | : <b>WC6511P</b>                        |
| Chassis Number   | : JALCYH52SD7000384                     |
| 2. Name of Policyholder  | : DYNAMIC CONST & ENGINEERING PTE. LTD. |
| 3. Effective Date of Insurance   | : 22 Sep 2020                           |
| 4. Expiry Date of Insurance  | : 21 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.<br>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\$2,000
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
INSURE WITH COE	: YES
HIRE PURCHASE COMPANY	: SWEE SENG CREDIT PTE 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 : PINNACLE ADVISORY SERVICES (00000572981)

Date of Issue : 08 Sep 2020 16:03 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive



Claim Handling

Accident MT/1124763

Policy No.	5112736601-01	Vehicle No.	WC6511P	GST Registration No.	201
Certificate No.	5112736601-01-000010				
Policyholder Name	DYNAMIC CONST & ENGINEERING PTE. LTD.			Policyholder NRIC	201
Product Code	FLEET MASTER INSURANCE	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	0	Contact No.(Office)	0	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	17/03/2021 19:40	Accident Report Within 24 hrs	Yes	Accident Type	Side
Date of Accident	16/03/2021	Time of Accident hh:mm	17:55	Country of Accident	Sing
Reporting Centre		Orange Force		ICM No.	
Accident Location	JUNC OF CANBERRA WAY & CANBERRA CRESCENT				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	2,000.00	TP Standard Excess			
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Cove
Additional Excess					
Total OD Excess Applicable	2,000.00	Total TP Excess Applicable	0.00		

Benefits

GST Registered Information

GST Registered	Yes	GST Registration Date	15/12/2014
GST Registration No.	201327062D	GST Status Verified	Yes
Modification History			

Policyholder Mailing Address

Address 1	1 BUKIT BATOK STREET 22	Address 2	#08-05	Address 3	SIN
Address 4		Address Type	Singapore address	Post Code	659
Unit No.	09-113	Related Policy Number	5112738043-01		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	03/1
Unnamed driver Name	SINGARAVEL KUMAR	Driver NRIC	F8331457P	Driving Experience	5
Register Date of Driver License	25/08/2015	Driver Age	44	Contact No.(Home)	0
Contact No.(Mobile)	84533747	Contact No.(Office)	0	Address 3	SIN
Address 1	1 BUKIT BATOK STREET 22	Address 2		Post Code	659
Address 4		Address Type	Singapore address		
Unit No.	#08-05				
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	DYNAMIC CONST & ENGINEER1	Insured NRIC	201
Contact No.(Mobile)	91342250	Contact No.(Home)		Contact No.(Office)	679
Email Address	ADMIN@DYNAMIC.COM.SG	OI Vehicle Number	WC6511P	TP Vehicle Number	SJR
Claim Description	WC6511P / SJR5173M ON 16 Mar 2021			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	GIA report	Rec
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	17/1
Date Registered	17/03/2021 19:48	Claim Close Date		Total Loss but Repaired	
Report Taken By	ROSLINDA	Workshop Repairer			

☒ Print AK letter

Save Submit

Attachment

Accident No. MT/1124763

Claim No. 001

Last Doc. Received ☒ Yes ☐ No

Upload Date 17/03/2021 00:00

Path \*

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Message Read

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Confidential NO

Urgency \* Normal

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 17 Mar 2021 19:46	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2021-3-17
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 17 Mar 2021 19:46	SAS		Normal	SAS 2021-3-17
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 17 Mar 2021 19:45	Photos		Normal	Photos 2021-3-17
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 17 Mar 2021 19:45	Photos		Normal	Photos 2021-3-17
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 17 Mar 2021 19:45	Photos		Normal	Photos 2021-3-17
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 17 Mar 2021 19:45	Photos		Normal	Photos 2021-3-17
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 17 Mar 2021 19:45	Photos		Normal	Photos 2021-3-17
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 17 Mar 2021 19:45	Photos		Normal	Photos 2021-3-17

Video List

Uploaded By/Date	Folder Date	File Name	Source
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