

# NATIONAL Assessment Centre Services. (wef 1 Jan'05) MHA117168476

Date In: 23/12/17-12:06	Job description	Date & Time Completed	Done by
Ref No: NA/INC7024324/24	SAS e-filing		
Veh No: 6B05024D	E-mail (within 3hrs, AIC 2hrs)		
D.O.A : 12/12/17 16:30	i-Motor Claim Form	M/10974905	23/12/17 12:32
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: SKA9162X	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

NA1707914	Invoice Preparation Checklist	Am't (\$) Int Bill	Am't (\$) Add Bill
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);		
Driver/Owner:	2) DA : Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TP : 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 : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
QC Checked by (Engr-In-Charge):	QD*		
	*N5: Courtesy Car / Tpl Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
Auditors' Comments :-	TP (N11) : TP (Non INC) against INC \$20		
Dat. 1:	9) N12: Idac Mobile 30		
Dat. 2 / 3:	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 ability.
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 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 Report	23/12/2017 10:06
Date Of Accident	22/12/2017 16:30
Exact Location Of Accident	JUNC FARRER RD & HOLLAND RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBD5024D
<b>Insured/Policyholder</b>	
Name Of Registered Owner	L-ONYX PRIVATE LIMITED
Co Reg No	200807912G
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62801828

### Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA 3.0 DIESEL M/T
Exact Purpose for which vehicle was being used at time of accident	WORKING
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5075516143-02
Cover Note Number	

### Driver

Name of Driver	RAMASAMY RAJESH
Passport No/FIN	G8379798W
Date Of Birth	26/06/1971
Occupation	OUTDOOR
Date Of Driving Pass	22/07/2011
Driving Experience	6 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82648779
Fax Number	
Contact Number	OFFICE-82648779
Email Address	NOEMAIL

Address	BLK 30 DEFU LANE 10 #01-116
Postcode	539211
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

#### Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO 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	SKA9162X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHUA PUAY HUA, IVY
NRIC/Passport Number	S1159058F
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2



## 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.

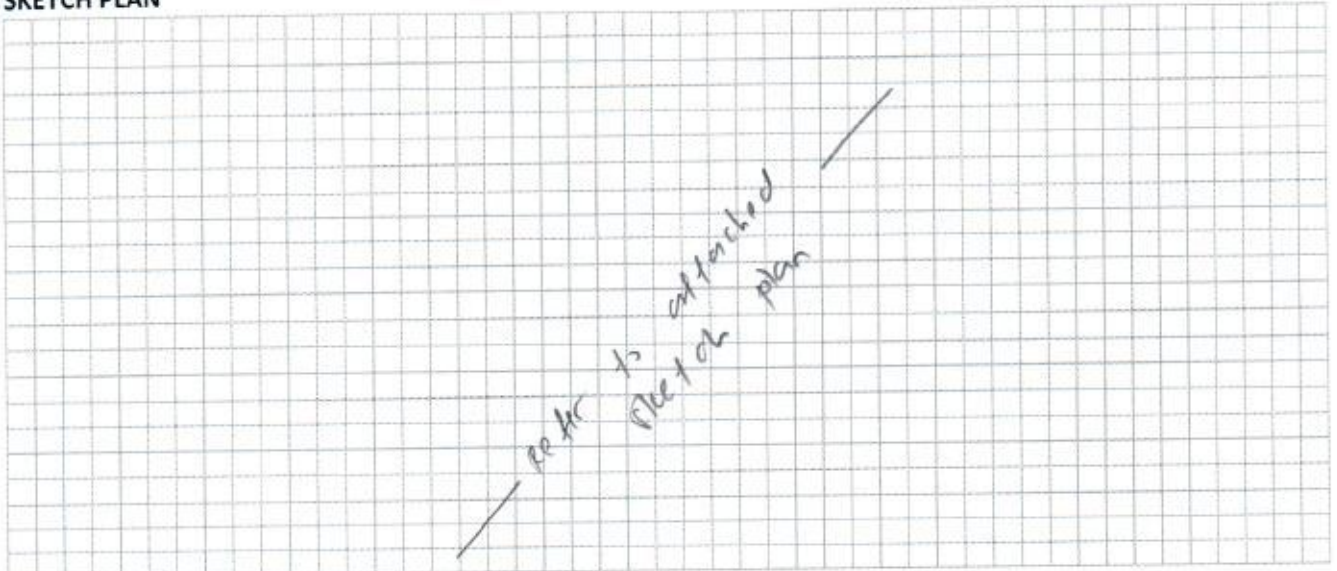


Policyholder's Signature  
Date & Time:

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

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

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 22/12/19 16:30 I was turning from Farrer Rd twds Holland Rd lane

3. suddenly vehicle B along lane 2 trying to go straight along the

junction which his lane was a right turn only. In a result vehicle B

collided onto my vehicle rear right portion.

## DECLARATION

I/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:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

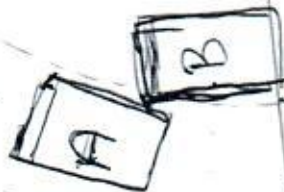


Quarry

Holland flower.

A: GBDJ042A


B: SKA9162X



**REPUBLIC OF SINGAPORE** **DRIVING LICENCE**


 Licence Number: **G8379798W**  
 Name: **RAMASAMY RAJESH**  
 Birth Date: **26 Jun 1971**  
 Issue Date: **01 Jun 2016**  
 Valid Till: **21/07/2021**

002573265E



**YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)**

		<b>EFFECTIVE DATE</b>
<b>C</b>	<b>Class 2B</b> Motorcycles <= 200 CC	22 Jul 2011
<b>C</b>	<b>Class 3</b> Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 2500 kg	22 Jul 2011
<b>3</b>		
<b>C</b>		

G8379798W S / No. 9000266379

NP 428A

Licence No: G8379798W





L-ONYX PRIVATE LIMITED  
30 DEFU LANE 10  
#01-116 DEFU INDUSTRIAL ESTATE  
SINGAPORE 539211

14 Dec 2017

## Your application is approved

Dear Sir / Madam

We are pleased to inform you that RAMASAMY RAJESH's Work Permit application has been approved in-principle.

The next page lists the steps you need to take for your worker to be issued a Work Permit card. Your worker can only start work after you have issued the Work Permit.

You need to complete the steps on the next page by 28 Dec 2017 or we will withdraw the approval.

Yours sincerely

Penny Han (Mrs)  
Controller of Work Passes

NAME OF FOREIGN WORKER  
RAMASAMY RAJESH  
WORK PERMIT NO.  
0 34259720  
PASSPORT NO.  
K0876452  
DATE OF APPLICATION  
14 DEC 2017  
CPF SUBMISSION NO  
200807912G - PTE - 01  
MONTHLY LEVY RATE  
S\$600  
SB TRANSMISSION REF NO  
6185142

### ▲ IMPORTANT

- You must comply with the Employment of Foreign Manpower Act, and the Conditions and Regulatory Conditions of Work Permit. MOM will take action on non-compliance. You can read the rules at [www.mom.gov.sg](http://www.mom.gov.sg)



eBaoTech

General Claim

Hello, NAC\_PAYA\_UBI\_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

## Policy Query

Policy No.  Date of Accident   
Vehicle No.(For Motor)

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="checkbox"/>	5075516143-02	L-ONYX PRIVATE LIMITED	200807912G	GCV	Comprehensive	GBD5024D	GBD5024D	12/11/2017	11/11/2018

## ▼ Policy Information

Policy No.	5075516143-02	Policyholder Name	L-ONYX PRIVATE LIMITED	Policyholder NRIC	200807912G
Address	BLK 30 #01-116 DEFU LANE 10 SINGAPORE 539211				
Product Name	COMMERCIAL VEHICLE INSURAI	Plan		Group Policy Flag	N
Policy Issue Date	31/10/2017	Effective Date	12/11/2017 00:00	Expiry Date	11/11/2018 23:59
Third Party Excess	0.0	Own damage Excess	600	Windscreen Excess	100.0
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess			
Agent	THINK ONE AUTOMOBILE & TR	Agent Tel.	65433303	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

## ▼ Policyholder Mailing Address

Address 1	BLK 30 #01-116	Address 2	DEFU LANE 10	Address 3	SINGAPORE 539211
Address 4		Address Type	Singapore address	Post Code	539211
Unit No.		Related Policy Number	5075516143-02		

## ► Insured Object: GBD5024D

## ▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
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Continue

Cancel



## Claim Handling

Accident MT/0974905

Policy No.	5075516143-02	Vehicle No.	GBD5024D	GST Registration No.	
Policyholder Name	L-ONYX PRIVATE LIMITED			Policyholder NRIC	
Product Code	COMMERCIAL VEHICLE INSURANCE	Cover Type	Comprehensive	Loading	
Contact No.(Mobile)	0	Contact No.(Office)	62801828	Contact No.(Home)	
Email Address		Special Remark		eCode	
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(%)	10	Private Hire	No

**Accident Details**

Report Date	23/12/2017 10:29	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Chang
Date of Accident	22/12/2017	Time of Accident hh:mm	16:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	JUNC FARRER RD & HOLLAND RD				

**Benefits**

**Excess**

Own damage Excess	600.00	Additional Excess		Windscreen Excess	
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			

**GST Registered Information**

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	No
Modification History			

**Policyholder Mailing Address**

Address 1	BLK 30 #01-116	Address 2	DEFU LANE 10	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.		Related Policy Number	5075516143-02		

**OI Driver Info**

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	
Unnamed driver Name	RAMASAMY RAJESH	Driver NRIC	G8379796W	Driving Experience	
Register Date of Driver License	22/07/2011	Driver Age	46	Contact No.(Home)	
Contact No.(Mobile)	82648779	Contact No.(Office)	0	Address 3	
Address 1	BLK 30	Address 2	DEFU LANE 10	Post Code	
Address 4	SINGAPORE 539211	Address Type	Singapore address		
Unit No.	01-116				
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	L-ONYX PRIVATE LIMITED	Insured NRIC	
Contact No.(Mobile)	97802745	Contact No.(Home)		Contact No.(Office)	
Email Address		OI Vehicle Number	GBD5024D	TP Vehicle Number	
Claim Description	GBD5024D / SKA9162X ON 22 Dec 2017			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	GIA report	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	
Date Registered	23/12/2017 10:32	Claim Close Date		Total Loss but Repaired	
Report Taken By	Jackson	Workshop Repairer			

☒ Print AK letter

**Save** **Submit**

## Attachment

Accident No.	MT/0974905	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	23/12/2017 11:15

Path \*

Please Select

Category \*

<input type="text"/>	<input type="button" value="Browse"/>	<input type="button" value="Clear"/>	Please Select	NO	Normal
<input type="text"/>	<input type="button" value="Browse"/>	<input type="button" value="Clear"/>	Please Select	NO	Normal
<input type="text"/>	<input type="button" value="Browse"/>	<input type="button" value="Clear"/>	Please Select	NO	Normal
<input type="text"/>	<input type="button" value="Browse"/>	<input type="button" value="Clear"/>	Please Select	NO	Normal
<input type="text"/>	<input type="button" value="Browse"/>	<input type="button" value="Clear"/>	Please Select	NO	Normal

**Attachment List**

Attachment	Uploaded By/Date	Category	Urgency	De
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Dec 2017 11:15	NRIC/ Driving License	Normal	NRIC/ Driving
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Dec 2017 11:15	NRIC/ Driving License	Normal	NRIC/ Driving
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Dec 2017 10:32	SAS	Normal	SAS
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Dec 2017 10:32	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Dec 2017 10:32	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Dec 2017 10:32	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Dec 2017 10:32	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Dec 2017 10:32	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Dec 2017 10:32	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Dec 2017 10:32	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Dec 2017 10:32	Photos	Normal	Photos

**Video List**

Uploaded By/Date	Folder Date	File Name	Sour
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