

NATIONAL Assessment Centre Services

Date In: 18/01/18	Job description	Date & Time Completed	Done by
Ref No: NA/INC18001157/13	SAS e-filing		
Veh No: XD3834K	E-mail (within 3hrs, ADC 2hrs)		
D.O.A: 13/01/18 1415	i-Motor Claim Form	MI/0978502	
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: GATE	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

Claimant's Particulars :-	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100), INC (\$30)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	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:-		
	OD:		
	*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 (N-on INC) against INC \$20		
	9) N12: Idac Mobile 30		
Cat. 1:	Invoice dated	Fee Charged	
Cat. 2 / 3:	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 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	18/01/2018 17:03
Date Of Accident	13/01/2018 14:15
Exact Location Of Accident	NO 14 ANG MO KIO INDUSTRIAL PARK 2
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	XD3834K
Insured/Policyholder	
Name Of Registered Owner	HIAP LOGISTICS PTE LTD
Co Reg No	200306732H
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62272955

Vehicle Particulars

Manufacturer	SCANIA
Model	-
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	REPORTING ONLY
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	5087599974
Cover Note Number	

Driver

Name of Driver	VENUGOPAL NARAYANAN
Passport No/FIN	G8005874N
Date Of Birth	12/12/1981
Occupation	OUTDOOR
Date Of Driving Pass	15/10/2014
Driving Experience	3 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82790278
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 323 TAH CHING ROAD
	#06-56
Postcode	610323
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	COLLIDED INTO PROPERTY
Weather Conditions	DRIZZLING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
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

I WANTED TO GO IN INSIDE THE SELF STORAGE AT NO 14 ANG MO KIO INDUSTRIAL PARK 2 AT GATE 1 BUT THE GUARD ASKED ME GO BY GATE 2. SO AT THE GATE 2, I REVERSED MY VEH WITH CONTAINER IT'S ABT 50+ FEET LONG. THE SECURITY GUARD ASSIST ME ON THE LEFT SIDE, WHILE REVERSING I FELT THAT MY CONTAINER TOUCH THE GATE AND I STOP IMMEDIATELY, THAN I TAKE A LOOK AT THE GATE. IT'S JUST SLIGHT DAMAGE THAN THE SECURITY GUARD TAKE PHOTO AT SCENE. THAN I PROCEED TO MOVED OFF SAFELY WITHOUT ANY IMPACT TO THE GATE.

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	
Vehicle Make/Model/Colour	
Details Of Properties	GATE
Vehicle Category	NA/UNKNOWN
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

SKETCH PLAN

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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.

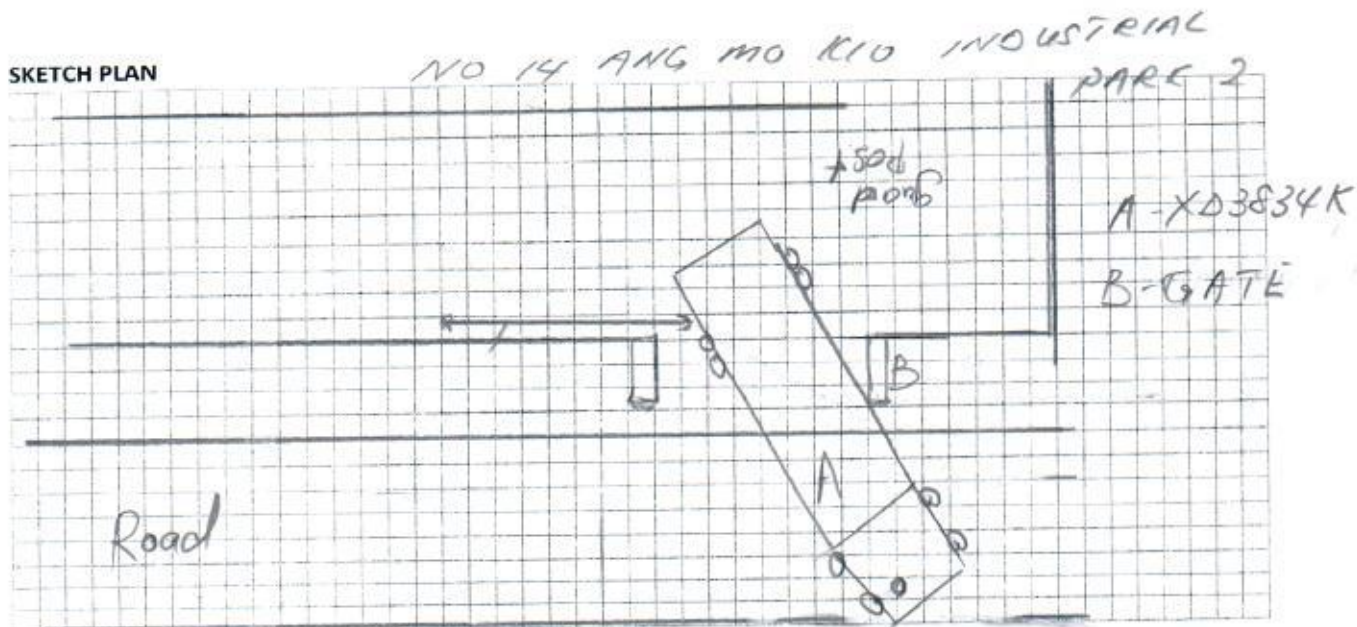


Policyholder's Signature
Date & Time:

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

[Signature] 18/01/18
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

p/s refer to the statement.

DECLARATION

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

Policyholder's Signature
Date & Time:

V. Narayan


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

Sym 18/01/18

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

EMPLOYMENT PASS
Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore


Employer
HIAP LOGISTICS PTE. LTD.



Name
VENUGOPAL NARAYANAN
Occupation
TRAILER TRUCK DRIVER

FIN
G8005874N

Date of Application
01-03-2016
Date of Issue
22-03-2016
Date of Expiry
23-05-2018



L6610607

REPUBLIC OF SINGAPORE **DRIVING LICENCE**

Licence Number **G8005874N**



VENUGOPAL NARAYANAN

Birth Date: **12 Dec 1981**
Issue Date: **03 Jan 2017**
Valid Till: **04/01/2022**

002643928E



VISIT PASS
Immigration Regulations

Name
VENUGOPAL NARAYANAN



Date of Birth: **12-12-1981** Sex: **M** Nationality: **INDIAN**
FIN: **G8005874N** Date of Issue: **22-03-2016** Date of Expiry: **23-05-2018**

MULTIPLE JOURNEY VISA ISSUED

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.




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

		EFFECTIVE DATE
Class 2B	Motorcycles <= 200 cc	05 Jan 2012
Class 3	Motor cars with unladen weight <= 3000kg with <= 7 passengers, exclusive of driver; and other motor vehicles with unladen weight <= 2500kg	05 Jan 2012
Class 4	Motor vehicles which are constructed to carry load or passengers and the unladen weight > 2500kg Motor vehicles which are not constructed to carry load or passengers and the unladen weight <= 7250kg	15 Oct 2014

NP 428A

Licence No: **G8005874N**



Hello, NAC_PAYA_UBI_800601

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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="radio"/>	5087599974	HJAP LOGISTICS PTE LTD	200306732H	GFT	Comprehensive	XD3834K	XD3834K	22/01/2017	

Policy Information

Policy No.	5087599974	Policyholder Name	HIAP LOGISTICS PTE LTD	Policyholder NRIC	200306732H
Address	7 KEPPEL ROAD #03-51A TANJONG PAGAR COMPLEX SINGAPORE 089053				
Product Name	FLEET INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	20/01/2017	Effective Date	22/01/2017 00:00	Expiry Date	21/01/2018 23:59
Third Party Excess	0.00	Own damage Excess	2000.00	Windscreen Excess	300.00
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess			
Agent	VICOM LTD	Agent Tel.	66975210	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	7 KEPPEL ROAD #03-51A	Address 2	TANJONG PAGAR COMPLEX	Address 3	SINGAPORE 089053
Address 4		Address Type	Singapore address	Post Code	089053
Unit No.		Related Policy Number	5087600598		

► Insured Object: XD3834K

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
1	14/12/2017 00:00	Basic Information Endorsement	000001286712414	Endorsement Take Effective	<p>Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover 2 additional vehicles as follows: CHASSIS NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. YS2P4X20005483341 22-12-2017 \$175.39 2. YS2P4X20009226184 22-12-2017 \$175.39 In view of this amendment, an additional premium of \$350.78 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque in favour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque. Alternatively, you could also make payment at any of our branches by cash or NETS.</p>

Claim Handling

Accident MT/0978502

Policy No.	5087599974	Vehicle No.	XD3834K	GST Registration No.	200
Policyholder Name	HIAP LOGISTICS PTE LTD			Policyholder NRIC	200
Product Code	FLEET INSURANCE	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	0	Contact No.(Office)	62272955	Contact No.(Home)	0
Email Address		Special Remark		eCode	No
KFK	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	TCA	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No

▼ Accident Details

Report Date	18/01/2018 18:36	Accident Report Within 24 hrs	Yes	Accident Type	Unk
Date of Accident	13/01/2018	Time of Accident hh:mm	14:15	Country of Accident	Sing
Reporting Centre		Orange Force		ICM No.	
Accident Location	NO 14 ANG MO KIO INDUSTRIAL PARK 2				

▼ Benefits

▼ Excess

Own damage Excess	2,000.00	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	Yes	GST Registration Date	01/12/2004
GST Registration No.	200306732H	GST Status Verified	Yes
Modification History			

▼ Policyholder Mailing Address

Address 1	7 KEPPEL ROAD #03-51A	Address 2	TANJONG PAGAR COMPLEX	Address 3	SIN
Address 4		Address Type	Singapore address	Post Code	0891
Unit No.		Related Policy Number	5087600598		

▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	VENUGOPAL NARAYANAN	Driver NRIC	G8005874N	Driver DOB	12/1
Register Date of Driver License	15/10/2014	Driver Age	36	Driving Experience	3
Contact No.(Mobile)		Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 323	Address 2	TAH CHING ROAD	Address 3	SIN
Address 4		Address Type	Foreign address	Post Code	610
Unit No.	#06-56				
Does he own a Singapore Registered car?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Driver Vehicle No.		Driver Insurer Company	

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Modification History

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	HIAP LOGISTICS PTE LTD	Insured NRIC	200
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	
Email Address		OI Vehicle Number	XD3834K	TP Vehicle Number	GAT
Claim Description	XD3834K / GATE ON 13 Jan 2018				Name of Preferred Workshop
Preferred Workshop Contact No.		Insured Liability *	Partially at Fault		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Rec
Date Registered	18/01/2018 18:41	Claim Close Date		Date Received	18/1
Report Taken By	ROSLINDA	Workshop Repairer		Total Loss but Repaired	
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

Attachment

1/18/2018

Claim Handling(accident reporting Claim Task 001 OD-MX)

Accident No.

MT/0978502

Claim No.

001

Last Doc. Received

☒ Yes ☐ No

Upload Date

18/01/2018 00:00

Path *

[Choose File](#) No file chosen

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[Message Read](#)

Category *

Confidential

Urgency *

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	Descr
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Jan 2018 18:40	NRIC/ Driving License	Normal	NRIC/ Driving License
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Jan 2018 18:40	SAS	Normal	SAS 2011
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Jan 2018 18:40	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Jan 2018 18:40	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Jan 2018 18:40	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Jan 2018 18:40	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Jan 2018 18:40	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Jan 2018 18:40	Photos	Normal	Photos 20:

Video List

Uploaded By/Date	Folder Date	File Name	Source
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