

**NATIONAL ASSESSMENT CENTRE SERVICES** (with 12/000) **MTA 48069635**

Dist In: **28/05/2018 19:52**

Ref No: **NBA/11118009688M**

Job description: **SAY e-illing**

Job Date/Time Completed: **28/05/2018**

Done by: **20/07**

Veh No: **PC 5854P**

E-mail (vehicle this, A/C this)

OOA: **25/05/2018 22:30**

1-Motor Claim Form **MTA/0996308-001**

1-Motor W/O (within 30 days of this)

1-Photo Uploaded

TP Insured:

Assessment/Survey Report

Ass's Report by Fax/Hand to Owner/Whse

Performed Wksp / INC Assign Wksp / OWI:

TP Particulars: **Yeh No: SJV 6698M**

Owner/Driver: **INC ( ) / Non-INC ( )**

Policy No: **Period: ( ) Cover Type: ( )**

Confirmed by: ( ) Date: ( )

Insured/Driver Liability: ( ) % (Note: B/L, Stans (WO): NI 0.29%, PI 21.79%, FI 30-100%)

Year of Registration: ( ) Warranty: YBS ( ) / NO ( )

Excess: (\$) Loading: \$1,000 ( ) / \$2,000 ( )

General Remarks:

( ) Work in Progress / Customer's information strictly Confidential & strictly NO refer of report.

( ) Total Loss Case: 1 to e-mail Insurer URGENTLY.

Drive-In ( ) / Towed-In ( ) / Involves YBS ( ) / NO ( ) / Towing Co: ( )

Remarks: ( )

1) Apply for Transition Allowance ( ) / Courtesy Car ( )

2) QC Check / Post Repair Inspection ( )

3) Upload Recovery Photo (Repair Cost > \$3000) ( )

Injury: ( )

Other Comments:

**NALB03381**

Item	Description	Amount
1)	AR: Accidental Reporting (\$30)	
2)	DA: Driver's Allowance (\$100) INC	
3)	TP: Towing Fee	
4)	PT: Follow Through Survey	
5)	PT: Follow Through Survey (Recovery)	
6)	TR: Mileage	
7)	NI: (4) DA + SMRT Survey	
8)	NTUC: Additional Survey	
<b>Oil:</b>		
9)	NI: Courtesy Car / Tpl Allowance	
10)	NI: Repair Consideration	
11)	NI: Post Repair Inspection	
12)	NI: DV / collect User's Consideration	
13)	EX (NI): TP IN INO's collect INC	
14)	TP: Towing Mileage	
	Invoiced	

## 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	28/05/2018 19:52
Date Of Accident	25/05/2018 22:20
Exact Location Of Accident	SERANGOON CENTRAL CALTEX PETROL STATION
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC5854P
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ANKIT TRANSPORT
Co Reg No	53176462A
Email Address	RAJOO2615@GMAIL.COM
Mobile Phone No	(LOCAL) +65-84941797
Alternative Phone No	OFFICE-84941797

### Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	5091785568
Cover Note Number	

### Driver

Name of Driver	NATARAJAN RAJENDRAN
NRIC No	S7184018B
Date Of Birth	13/02/1971
Occupation	OUTDOOR
Date Of Driving Pass	12/01/2006
Driving Experience	12 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84941797
Fax Number	
Contact Number	OFFICE-84941797
EMail Address	RAJOO2615@GMAIL.COM

Address	BLK 511 SERANGOON NORTH AVENUE 4 #10-324
Postcode	550511
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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?	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)	0

#### 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

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	SJV6698M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MR TAN
NRIC/Passport Number	S1190945J
Contact Number	96691956
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
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.



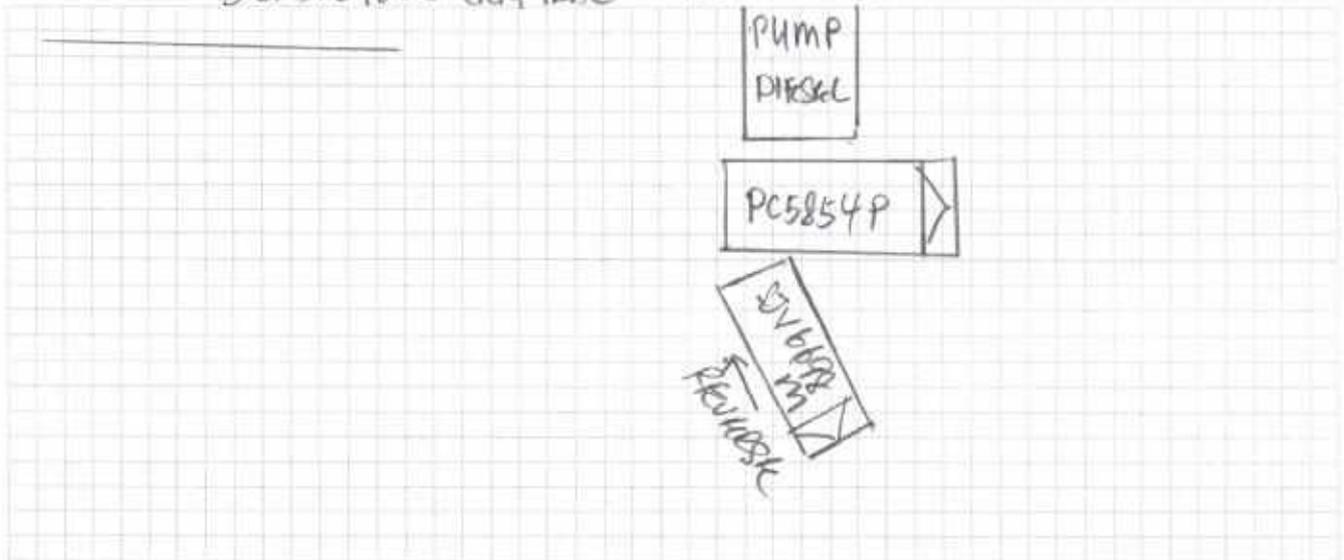
Policyholder's Signature  
Date & Time:

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

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

SKETCH PLAN

SERANGGAM CENTRAL CATERING STATION.



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

25-05-18 at above 22-20 I was Sergeant  
 Central Pumping Diesel Suddenly I have sound  
 when I look I show car SVJ 6698M Bang  
 in to my Van PC 5854P

DECLARATION

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



Policyholder's Signature  
Date & Time:

*[Handwritten Signature]*

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

*[Handwritten Signature]*  
 Reporting Centre Personnel's Signature  
 Name: *[Handwritten Name]*  
 NRIC/FIN No.:

Claim Handling

Accident NT/0996309

Policy No.	5091785368	Vehicle No.	PC5854P	GST Registration No.	
Policyholder Name	ANKIT TRANSPORT			Policyholder NRIC	S3176462A
Product Code	BUS (INSURANCE)	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	84941797	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	- No Yes	TCA	- No Yes	eCode Reason	
MCD Protection	No	NCD Endowment(%)	0	Initial Hire	No

Accident Details

Report Date	26/05/2018 20:02	Accident Report Within 24 hrs	Yes	Accident Type	Damaged whilst parked
Date of Accident	25/05/2018	Time of Accident hh:mm	22:20	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	SERANGOON CENTRAL CALTEX RETROL STATION				

Benefits

Excess

Own damage Excess	2,000.00	Additional Excess		Windscreen Excess	100.00
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	1,300.00	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 260A #06-48E	Address 2	SERKANG EAST WAY	Address 3	SINGAPORE 541360
Address 4		Address Type	Singapore address	Post Code	541360
Unit No.	06-48E	Related Policy Number	5091785368		

01 Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	NATARAJAN RAJENDRAN	Driver NRIC	S71940188	Driver DOB	13/02/1971
Register Date of Driver License	12/01/2006	Driver Age	47	Driving Experience	12
Contact No.(Mobile)	84941797	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 551 #10-324	Address 2	SERANGOON NORTH AVENUE 6	Address 3	SINGAPORE 550511
Address 4		Address Type	Foreign address	Post Code	550511
Unit No.	10-324				
Does he own a Singapore Registered car?	Yes - No	Driver Vehicle No.	PC5854P	Driver Insurer Company	NTUC

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

Modification History

Claim 001 Next

Claim Type *	OD-MX	Insured Name	ANKIT TRANSPORT	Insured NRIC	S3176462A
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	NIL
Email Address		OT Vehicle Number	PC5854P	TP Vehicle Number	STV6898M
Claim Description	PC5854P / S/V6898M ON 25 May 2018			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	GIA report	Received
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	26/05/2018 00:00
Data Registered	26/05/2018 20:06	Claim Close Date			
Report Taken by	ROSLI WAHAB				

Print A4 letter

Attachment

Accident No.	NT/0996309	Claim No.	001
Last Disc. Received	Yes No	Upload Date	26/05/2018 20:07
Path *			
Choose File	No file chosen	Category *	NO
Choose File	No file chosen	Confidential	NO
Choose File	No file chosen	Urgency *	Normal
Choose File	No file chosen	Description *	
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Message Read			

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	Action
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 26 May 2018 20:07	Photos	Normal	Photos 2018-5-28		<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 26 May 2018 20:07	Photos	Normal	Photos 2018-5-28		<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 26 May 2018 20:07	Photos	Normal	Photos 2018-5-28		<a href="#">Edit</a>

	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 28 May 2018 20:07	Photos	Normal	Photos 2018-5-28	<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 28 May 2018 20:07	Photos	Normal	Photos 2018-5-28	<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 28 May 2018 20:07	Photos	Normal	Photos 2018-5-28	<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 28 May 2018 20:07	Photos	Normal	Photos 2018-5-28	<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 28 May 2018 20:07	Photos	Normal	Photos 2018-5-28	<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 28 May 2018 20:07	Photos	Normal	Photos 2018-5-28	<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 28 May 2018 20:07	Photos	Normal	Photos 2018-5-28	<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 28 May 2018 20:07	Photos	Normal	Photos 2018-5-28	<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 28 May 2018 20:07	Photos	Normal	Photos 2018-5-28	<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 28 May 2018 20:07	SAS	Normal	SAS 2018-5-28	<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 28 May 2018 20:07	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-5-28	<a href="#">Edit</a>

Video List

Uploaded By/Date	Folder/Date	File Name	Source	Action
<a href="#">Display in New Window</a> <a href="#">Scan and uploading</a>				

# ACCIDENT STATEMENT

ACCIDENT DATE: 25/05/2018 (DD/MM/YYYY), TIME: 22:20 (HH:MM)

LOCATION: Serangoon Central (CALTEX STN) (CALTEX)

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: PL 5854P  
b) INSURANCE COMPANY: NTUC  
c) POLICY NUMBER: 5091785568  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: TOYOTA HIACE  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: 22:20 pm working  
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)  
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY):

## 2. INSURED / POLICY HOLDER

- a) NAME: ANKIT TRANSPORT (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
c) ADDRESS: \_\_\_\_\_

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER.

## 3. DRIVER

- a) NAME: Natarajan Ratendran (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S7184018B CONTACT: 84941797  
c) ADDRESS: SERANGOOD NORTH AVE 4  
#10-329  
\*d) DATE OF BIRTH: (13/2/1971) (DD/MM/YYYY)  
e) OCCUPATION: (INDOOR / OUTDOOR) ✓  
f) DATE OF DRIVING PASS: 12 Jan 2006

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) ✓  
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: \_\_\_\_\_

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) ✓  
b) ROAD SURFACE: (DRY / WET / OTHERS) ✓

6. WAS ANYBODY INJURED (YES / NO) ✓

7. a) REPORTED TO POLICE (YES / NO) ✓

IF YES, PLEASE STATE WHICH POLICE STATION: \_\_\_\_\_

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SJV 6698M MODEL: \_\_\_\_\_  
b) DRIVER'S NAME: MR. TAN  
c) NRIC/FIN/PASSPORT: S1190945J CONTACT: 96691956

## 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_  
e) DRIVER'S NAME: \_\_\_\_\_  
f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

(1)  
NUMBER OF  
PASSENGER  
INCLUDING DRIVER

( )  
NUMBER OF  
PASSENGER  
INCLUDING DRIVER  
( )  
NUMBER OF  
PASSENGER  
INCLUDING DRIVER

1) EMAIL : RAJOO 2615 @ gmail.com

2) VIDEO :

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7184018B



Name  
NATARAJAN RAJENDRAN

நடராஜன் ராஜேந்திரன்

Race  
INDIAN

Date of Birth  
13-02-1971

Sex  
M

Country of Birth  
INDIA



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S7184018B

Name  
NATARAJAN RAJENDRAN

Birth Date 13 Feb 1971

Issue Date 12 Jan 2006




8430933



NRIC No. S7184018B



Nationality  
INDIAN

Special Group  
A+

Date of issue  
18-12-2001

Address  
APT BLK 511 SERANGOON NORTH AVENUE 4  
#10-324  
SINGAPORE 550511

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

		PAES DATE
Class 3	Motor cars <= 3500 kg with <= 7 passengers, exclusive of the driver and motor tractors/vehicles <= 2500 kg	12 Jun 2006
Class 4A	Motorcycles	16 Jun 2006

S / No. 9000044745

S7184018B

NP 428A



