

# NATIONAL Assessment Centre Services (wef 1 Jan 2005) MMA118080574.-01

Date In: 22/6/18 14:21	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NA1MC18011379/64	E-mail (within 5hrs, A/C 2hrs)		
Veh No: XD 47552	i-Motor Claim Form	MT10999700-001	22/6/18 17:16
D.O.A: 21/6/18 22:05.	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
OD / TP: Reporting Only	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: SKU8259C.	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

WA1803947	<b>Invoice Preparation Checklist</b>	Amt (\$)	Amt (\$)
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);	30.00	
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
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)		
	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services -		
	Q1:		
	*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 \$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 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	22/06/2018 14:21
Date Of Accident	21/06/2018 22:05
Exact Location Of Accident	SLE TWDS BKE B4 YISHUN EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	XD4755Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SWEE BUILDERS PTE LTD
Co Reg No	199801449R
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-65470091

### Vehicle Particulars

Manufacturer	ISUZU
Model	CYZ52K
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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	5092917868
Cover Note Number	-

### Driver

Name of Driver	ALAGAPPAN LOGANATHAN
Passport No/FIN	G8467166K
Date Of Birth	20/07/1987
Occupation	OUTDOOR
Date Of Driving Pass	20/11/2014
Driving Experience	3 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	+65-83073429
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	19A TANNERY RD
Postcode	347731
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	
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

PLEASE REFER TO 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	SKU8259C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LATIFF BIN DAWOOD
NRIC/Passport Number	S0571512A
Contact Number	
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.
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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

A = XD 4755Z  
B = SKU 8259C

Caution signboard.

SLE twos BKE by Yishun Exit

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to statement

## 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.:

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

## ADDENDUM

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

Original Report No : MNA 118080574 Vehicle Registration No: XD 4755Z  
Name(as shown in NRIC) : ALAGAPPAN LOGANATHAN NRIC/FIN/Passport No : G8467160K  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : 19A TANNERY ROAD Singapore( 347731)  
Contact (Tel) : 6547 0091 Mobile No. : \_\_\_\_\_  
Email Address : admin@sweebuilders.com.sg  
Date of Accident : 21/06/2018 Time of Accident : 22:00 PM  
Place of Accident : SLE TOWARDS BKE BEFORE YISHUN EXIT  
Insurance Company: NTUC INCOME

### (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:

I WAS DRIVING MY COMPANY LORRY ALONG SLE TOWARDS BKE BEFORE YISHUN EXIT.  
I WAS THERE AS A TMA SUPPORT TO ASSIST EMAS OPERATION TO PUT THE CAUTION  
SIGNBOARD AND LCD SIGNBOARD SHOWING LANE 4 CLOSING. I WENT TO THE  
LOCATION AND STOP MY VEHICLE ON THE LANE 4 PREPARE TO START WORK,  
SUDDENLY VEHICLE B (BEARING NO SKU8295C) CUT INTO MY LANE AND  
COLLIDED ONTO MY LORRY RIGHT FRONT PORTION.



*(Signature)*

Policyholder / Driver's Signature  
Date:

*(Signature)*

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:  
Date: 23/6/18.

## ACCIDENT STATEMENT

ACCIDENT DATE: (21 / 6 / 18) (DD/MM/YYYY), TIME: (22 : 05) (HH:MM)

LOCATION: SLE twds BKE b4 Yishun Ave Exit

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: XD 47552  
b) INSURANCE COMPANY: me  
c) POLICY NUMBER:  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL:  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: 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: Swee Builders Pte Ltd. (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: CONTACT: 6547 0091  
c) ADDRESS:

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

#### DRIVER

- a) NAME: Alagappan Loganathan. (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: CONTACT: 8307 3429  
c) ADDRESS: 19A Tannery Rd CS) 347731

\*d) DATE OF BIRTH: ( / / ) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE:

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: SKU 8259C MODEL:  
b) DRIVER'S NAME: Latiff Bin Dawood.  
c) NRIC/FIN/PASSPORT: S0571512A. CONTACT:

### 9. THIRD PARTY VEHICLE

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

\* No of passenger  
(Including driver)  
(1)

\* No of passenger  
(Including driver)  
( )

\* No of passenger  
(Including driver)  
( )

Email = sb@ sweebuilders.com.sg  
fax =


**REPUBLIC OF SINGAPORE DRIVING LICENCE**



 Licence Number **G 8467166K**  
 Name **ALAGAPPAN LOGANATHAN**  
 Birth Date **20 Jul 1987**  
 Issue Date **17 Mar 2014**  
 Valid Till **02 Apr 2019**

002265701K



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


 Employer **SWEE BUILDERS PTE LTD**  
 Sector **CONSTRUCTION**  
 Name **ALAGAPPAN LOGANATHAN**  
 Occupation **SITE SUPERVISOR**  
 S Pass No. **0 34644705**  
 Date of Application **03-11-2017**  
 Date of Issue **09-12-2017**  
 Date of Expiry **28-12-2018**



L8498487


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

		EFFECTIVE DATE
<b>C</b>	Class 2B Motorcycles <= 200 CC	03 Apr 2007
<b>C</b>	Class 3 Motor cars <= 2000 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 2500 kg	03 Apr 2007
	Class 4 Heavy motor cars and motor tractors > 2500 kg	28 Nov 2014

G8467166K S/No. 9000211207

NP 429A

Licence No: G8467166K



**VISIT PASS**  
Immigration Regulations

Name **ALAGAPPAN LOGANATHAN**  

 Date of Birth **20-07-1987** Sex **M** Nationality **INDIAN**  
 FIN **G8467166K** Date of Issue **09-12-2017** Date of Expiry **28-12-2018**  
**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.



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="radio"/>	5092917868	SWEE BUILDERS PTE LTD	199801449R	GCV	Comprehensive	XD4755Z	XD4755Z	27/07/2017	26/07/2018

## Claim Handling

Accident MT/0999700

Policy No.	5092917868	Vehicle No.	XD4755Z	GST Registration No.	
Policyholder Name	SWEE BUILDERS PTE LTD			Policyholder NRIC	199801449R
Product Code	COMMERCIAL VEHICLE INSURA	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	65470091	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No
<b>Accident Details</b>					
Report Date	22/06/2018 17:09	Accident Report Within 24 hrs	Yes	Accident Type	Damaged whilst parked
Date of Accident	21/06/2018	Time of Accident hh:mm	22:05	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	SLE TWDS BKE B4 YISHUN EXIT				
<b>Benefits</b>					
<b>Excess</b>					
Own damage Excess	1,500.00	Additional Excess		Windscreen Excess	100.00
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			
<b>GST Registered Information</b>					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified	No		
Modification History					
<b>Policyholder Mailing Address</b>					
Address 1	19A TANNERY ROAD	Address 2	SINGAPORE 347731	Address 3	
Address 4		Address Type	Singapore address	Post Code	347731
Unit No.		Related Policy Number	5092918098-01		
<b>OI Driver Info</b>					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	20/07/1987
Unnamed driver Name	ALAGAPPAN LOGANATHAN	Driver NRIC	G8467166K	Driving Experience	3
Register Date of Driver License	20/11/2014	Driver Age	30	Contact No.(Home)	
Contact No.(Mobile)	83073429	Contact No.(Office)		Address 3	
Address 1	19A * TANNERY ROAD	Address 2	SINGAPORE 347731	Post Code	347731
Address 4		Address Type	Singapore address		
Unit No.					
Does he own a Singapore Registered car?	Yes <input type="radio"/> No <input type="radio"/>	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		

Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	SWEE BUILDERS PTE LTD	Insured NRIC	199801449R
Contact No.(Mobile)	96709979	Contact No.(Home)		Contact No.(Office)	65470091
Email Address	sweebpl@singnet.com.sg	O1 Vehicle Number	XD4755Z	TP Vehicle Number	SKU8259C
Claim Description	XD4755Z / SKU8259C ON 21 Jun 2018			Name of Preferred Workshop	0
Preferred Workshop Contact No.	0	Insured Liability *	Not at Fault	GIA report	Received
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	22/06/2018 00:00
Date Registered	22/06/2018 17:15	Claim Close Date			
Report Taken By	LIEW SHAN HUI				

☒ Print AK letter

Save Submit

## Attachment

✕

Accident No.	MT/0999700	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	22/06/2018 17:16
Path *			
Choose File	No file chosen	Category *	Confidential
Choose File	No file chosen	Urgency *	Descr
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

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## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Jun 2018 17:16	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-6-22
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Jun 2018 17:16	SAS	Normal	SAS 2018-6-22
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Jun 2018 17:16	Photos	Normal	Photos 2018-6-22
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Jun 2018 17:16	Photos	Normal	Photos 2018-6-22
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Jun 2018 17:16	Photos	Normal	Photos 2018-6-22

## Video List

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

Scan and uploading