

NATIONAL Assessment Centre Services

[wef 1 Jan'05] MNA118080855

Date In: 23/6/18-09:29	Job description	Date & Time Completed	Done by
Ref No: NA/INC18011433/24	SAS e-filing		
Veh No: YP21362	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 23/6/18-17:40	i-Motor Claim Form	MT/0999749-001	23/6/18 12:42
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: 53062	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%. P: 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

NA1803946	Invoice Preparation Checklist	Amt (\$) In Bill	Amt (\$) Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);		
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:-		
	QJ)*		
	*N5: Courtesy Car / Tpl Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (N-in 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 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	23/06/2018 09:29
Date Of Accident	22/06/2018 17:40
Exact Location Of Accident	UPP PAYA LEBAR RD BEFORE JUNC LIM TECK BOO RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP2136Z
Insured/Policyholder	
Name Of Registered Owner	SRI AMBIKAS PTE LTD
Co Reg No	200509816W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62821234

Vehicle Particulars

Manufacturer	ISUZU
Model	NHR85AUE4A R1
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	YES
Policy Number	5087321921-01
Cover Note Number	

Driver

Name of Driver	MEYAPPAN S/O JAGANATHAN
NRIC No	S1508197Z
Date Of Birth	09/12/1960
Occupation	OUTDOOR
Date Of Driving Pass	18/07/1983
Driving Experience	34 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82395714
Fax Number	
Contact Number	OFFICE-82395714
Email Address	NOEMAIL

Address	BLK 204 SERANGOON CENTRAL #07-102
Postcode	550204
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)	2
Passenger 1	NAME: : - GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20180622/2145.

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	SG5306Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	BUS
Name of Driver	TANG KING YEW
NRIC/Passport Number	G6917229L
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.

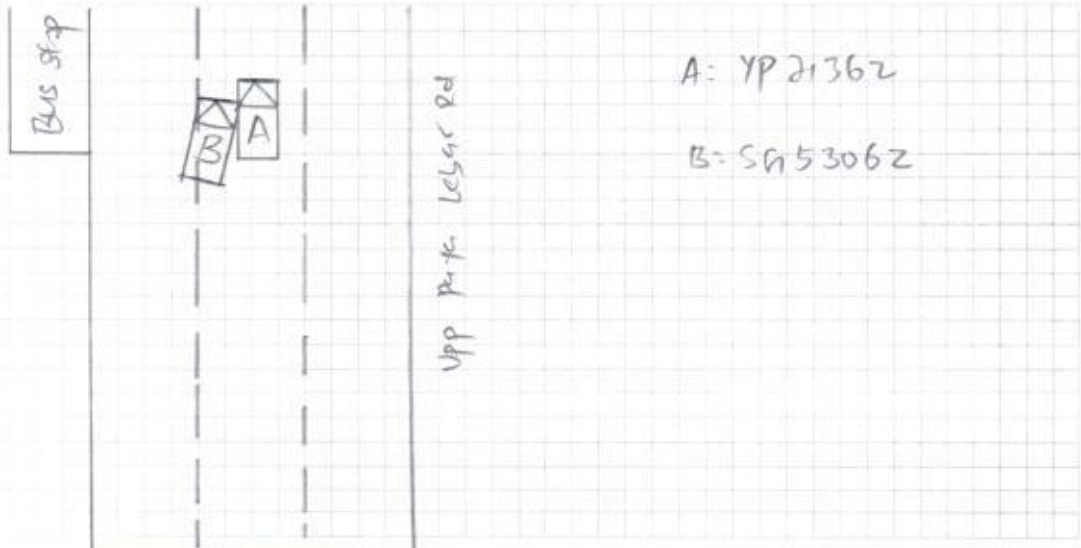


Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - T/20180622/2145.

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.:



**SINGAPORE
POLICE FORCE**



T/20180622/2145

1 of 2

POLICE REPORT (NP299)

Report No. T/20180622/2145

Police Station Of Origin
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Date/Time Report Made 22/06/2018 18:59	Vide Report No.	Station Diary No.		
Name Of Informant MEYAPPAN S/O JAGANATHAN	Address APT BLK 204 SERANGOON CENTRAL #07-102 HDB-SERANGOON EST SINGAPORE 550204			
ID Type / ID No. NRIC NO / S1508197Z	Contact No. Home/Office	Mobile 82395714		
Nationality SINGAPORE CITIZEN	Email Address			
Occupation Lorry driver	Sex Male	Age 57	Date of Birth 09/12/1960	Race Indian
Institution/School Name	Language English			
Date/Time Of Incident 22/06/2018 17:40	Location Of Incident SINGAPORE			

Brief details.

On the 22/06/2018 at about 5.40pm, I was travelling with my Lorry(YP2136Z) along Upper Paya Lebar Road > Paya Lebar Road, there's a bus(SG5306Z) stationary at the bus stop, when I was about to drive pass the bus, suddenly the bus started moving and turn out of the bus stop. In the result his bus right side mirror collided into my Lorry left side portion.

I am lodging this for insurances purposes.

Signature Of Officer Recording The Report: TP / TONG HWEE SIONG	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 22/06/2018 18:59
Officer In-Charge Of Case: TP / Traffic Police Department Investigation Branch / Staff Sgt TANG SIEW PING Contact No.: 65476430	Classification Of Case:

Authentication Stamp



**SINGAPORE
POLICE FORCE**



T/20180622/2145

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. T/20180622/2145

That's all.

Signature Of Officer Recording The Report: TP / TONG HWEE SIONG
Signature Of Interpreter: Not applicable
Officer In-Charge Of Case: TP / Traffic Police Department Investigation Branch / Staff Sgt TANG SIEW PING Contact No.: 65476430

Authentication Stamp

Signature Of Informant:
Date/Time: 22/06/2018 18:59
Classification Of Case:

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S150813

Name MEYAPPAN S/O JAGANATHAN

Birth Date 09 Dec 1960

Issue Date 16 Jul 2003

000663251F

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S1508197Z

Name MEYAPPAN S/O JAGANATHAN

Quota 1967

Race INDIAN

Date of birth 09-12-1960 Sex M

Country of Birth SINGAPORE

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

Class	Description	Pass Date
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	15 Jul 1983
Class 4	Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kilograms	30 May 1985
Class 5	Motor Vehicles which are not constructed themselves to carry any load and the weight of which unladen exceeds 2250 kilograms	10 Jun 1985

NP425A

Licence No. S1508197Z

2042011

S1508197Z

21-06-1995

2025133

eBaoTech

GeneralClaim

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"/>	5087321921-01	SRI AMBIKAS PTE LTD	200509816W	GFT	Comprehensive	YP2136Z	YP2136Z	13/10/2017	

 Policy Information

Policy No.	5087321921-01	Policyholder Name	SRI AMBIKAS PTE LTD	Policyholder NRIC	200509816W
Address	24 NEW INDUSTRIAL ROAD #04-01 PEI FU INDUSTRIAL BUILDING SINGAPORE 536210				
Product Name	FLEET INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	06/09/2017	Effective Date	13/10/2017 00:00	Expiry Date	12/10/2018 23:59
Excess Type		All Claim Excess			
Third Party Excess	0.00	Own damage Excess	600.00	Windscreen Excess	100.00
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess		Young/Inexperience Driver Excess	
Agent	JUN SHI INSURANCE AGENCY	Agent Tel.	65320118	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

 Policyholder Mailing Address

Address 1	24 NEW INDUSTRIAL ROAD	Address 2	#04-01 PEI FU INDUSTRIAL BUI	Address 3	SINGAPORE 536210
Address 4		Address Type	Singapore address	Post Code	536210
Unit No.		Related Policy Number	5084986984-01		

 Insured Object: YP2136Z

 Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
1	13/10/2017 00:00	Basic Information Endorsement	000001286775296	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover the following vehicle(s) as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. JAANPR75HJ7100223 20-03-2018 \$901.74 In view of this amendment, an additional premium of \$901.74 (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.
2	20/03/2018 00:00	Basic Information Endorsement	000001286778197	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that from 20 Mar 2018, the following policy details are amended as follows: VEHICLE REGISTRATION NUMBER: YP8376H

[Continue](#) [Cancel](#)

Claim Handling

• Exit

Accident MT/0999749

Policy No.	5087321921-01	Vehicle No.	YP2136Z	GST Registration No.	200509816W
Policyholder Name	SRI AMBIKAS PTE LTD			Policyholder NRIC	200509816W
Product Code	FLEET INSURANCE	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	0	Contact No.(Office)	62821234	Contact No.(Home)	0
Email Address		Special Remark		eCode	<input type="text"/>
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	23/06/2018 12:39	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross lane
Date of Accident	22/06/2018	Time of Accident hh:mm	17:40	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	URP PAYA LEBAR RD BEFORE JUNC LIM TECK BOO RD				

↳ **Benefits**

↳ **Excess**

Own damage Excess	600.00	Additional Excess		Windscreen Excess	100.00
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	15/08/2005
GST Registration No.	200509816W	GST Status Verified	Yes
Modification History			

↳ Policyholder Mailing Address

Address 1	24 NEW INDUSTRIAL ROAD	Address 2	#04-01 PEI PU INDUSTRIAL BU	Address 3	SINGAPORE 536210
Address 4		Address Type	Singapore address	Post Code	536210
Unit No.		Related Policy Number	5064980954-01		

↳ OT Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	09/12/1960
Unnamed Driver Name	MEYAPPAN S/O JAGANATHAN	Driver NRIC	S15081972	Driving Experience	34
Register Date of Driver License	18/07/1983	Driver Age	57	Contact No.(Home)	0
Contact No.(Mobile)	82195714	Contact No.(Office)	0	Address 3	SINGAPORE 550204
Address 1	BLK 204	Address 2	SERANGOON CENTRAL	Post Code	550204
Address 4		Address Type	Singapore address		
Unit No.	07-102				
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

New

Claim Type *	OD-MX	Insured Name	SRI AMBIKAS PTE LTD	Insured NRIC	200509816W
Contact No.(Mobile)	91985274	Contact No.(Home)		Contact No.(Office)	62995317
Email Address		OT Vehicle Number	YP2136Z	TP Vehicle Number	SG5306Z
Claim Description	YP2136Z / SG5306Z ON 22 Jun 2018				
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	23/06/2018 12:42	Claim Close Date		Date Received	23/06/2018 00:00
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AX letter					

Save Submit

Attachment

Accident No.	MT/0999749	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	23/06/2018 12:43

Path *	Category *	Confidential	Urgency *	Description *
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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↳ **Attachment List**

23/6/2018