

NATIONAL Assessment Centre Services [wef 1 Jan 2005] NAH 481/8836			
Date In: 04/10/2008 14:33	Job description	Date & Time Completed	Done by
Ref No: NAH 481/8836/17	SAS e-filing		
Veh No: GBA 7097	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 13/09/2008 15:18	i-Motor Claim Form		
OD / TPC: 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: **BA02PUC** 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

NAH 806347

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Date 1:

Date 2 / 3:

Invoice Preparation Checklist		Am't (\$) 1st Bill	Am't (\$) Add Bill
1) AR: Accident Reporting (\$30);			
2) DA: Damage Assessment (\$100); INC (\$80)			
3) TF: Towing Fee \$40/\$45			
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) NI: Idao DA + SMRT Survey \$160			
8) NTUC Additional Services:-			
ON:			
*N3: Courtesy Car / Tpt Allowance	\$5		
*N6: Repair Co-ordination	\$10		
*N7: Post Repair Inspection	\$25		
*N8: DV / Collect Excess Coordination	\$5		
TE (N11): TP (Non INC) against INC	\$20		
9) N12: Idao Mobile	\$0		
Invoice dated	Fee Charged		

Integrity

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	04/10/2018 14:33
Date Of Accident	13/09/2018 15:15
Exact Location Of Accident	TUAS AMENITY CENTRE AT 71 PIONEER ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBA7809J
Insured/Policyholder	
Name Of Registered Owner	SINGAPORE ENGINEERING & CONSTRUCTION PTE LTD
Co Reg No	-
Email Address	LIMCW@BBR.COM.SG
Mobile Phone No	(LOCAL) +65-85521481
Alternative Phone No	OFFICE-65462280

Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA
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	UNITED OVERSEAS INSURANCE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DHOM110159741700
Cover Note Number	

Driver

Name of Driver	LETCHIMANAN A/L RAMASAMY
Passport No/FIN	F7697340R
Date Of Birth	03/10/1963
Occupation	OUTDOOR
Date Of Driving Pass	06/05/1996
Driving Experience	22 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-85521481
Fax Number	
Contact Number	OFFICE-65462280
Email Address	LIMCW@BBR.COM.SG

Address -
Postcode -
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 CLEAR
Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO
Number of vehicles involved in the accident 1
Was any body injured in the Accident? NO
Was any injured conveyed to hospital by ambulance? NO
Was any other material or property damaged? NO
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

ON 13092018 AT ABOUT 15:15HRS I WAS AT TUAS AMENITY CENTRE AT NO. 71 PIONEER ROAD AND WANTED TO ENTER THE CARPARK GANTRY. AFTER THE FRONT VEHICLE ENTER I FOLLOW & THOUGHT THAT THE BARRIER ALREADY WENT UP AND I ACCIDENTALLY STEP THE ACCELERATOR AND BANG ON THE BARRIER THAT ALL.

Attachment(s)

Are accident photos available for attachment? YES
Was there any video captured by Car Camera? YES
Remarks/ Reasons: WITH OWNER
Was there any audio recorded? NO

SKETCH PLAN

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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:

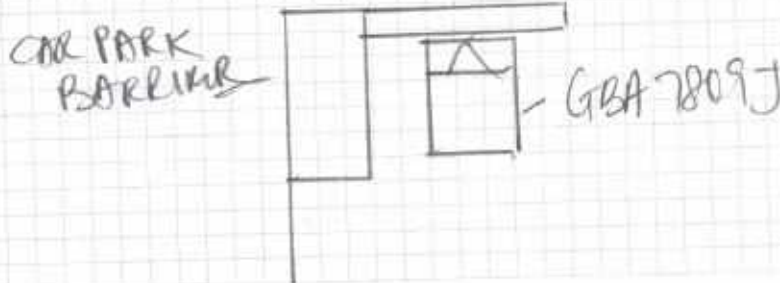


Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

SKETCH PLAN

Tuas Amenity Centre A7 71 Pioneer Rd



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

At.

On 13/02/2018 At about 15:15hrs I was at Tuas Amenity Centre A7 71 Pioneer Road & wanted to enter the car park. After the front vertical fence, I also follow & I thought that the barrier already went up but mistake I accidentally step my accelerator & back on to the barrier.

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.:

ACCIDENT STATEMENT

ACCIDENT DATE: 13/09/2018 (DD/MM/YYYY), TIME: 16:30 (HH:MM)

LOCATION: Twiss Amenity Centre A7 71 Pioneer Road

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBA7809J
 b) INSURANCE COMPANY: COT
 c) POLICY NUMBER: 280M110159141100
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Toyota N/A
 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: SIRPRA KALINAMERNEY & ASSURANCE (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 65062280 CONTACT: 65062280
 c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: LEITCHMONON A/L RAMASAMY (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 7697340R CONTACT: 85521481
 c) ADDRESS: _____

* d) DATE OF BIRTH: 03/10/1963 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 05/05/1996

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: BARRIER MODEL: _____

b) DRIVER'S NAME: _____ CONTACT: _____

c) NRIC/FIN/PASSPORT: _____

9. THIRD PARTY VEHICLE


d) VEHICLE NUMBER: _____ MODEL: _____

e) DRIVER'S NAME: _____ CONTACT: _____

f) NRIC/FIN/PASSPORT: _____

EMAIL = Linew@bbr.com.sg

VIDEO =

 **WORK PERMIT**
Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore

Employer
BBR PILING PTE. LTD.

BP-S0037W



Name
LETCHIMANAN A/L RAMASAMY

Work Permit No. Sector
3 71433554 CONSTRUCTION



K0422709

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number **F7697340R**
Name
LETCHIMANAN A/L RAMASAMY

Birth Date **03 Oct 1963**
Issue Date **22 May 2014**
Valid Till **24 May 2019**



 002307042K

VISIT PASS
Immigration Regulations

25-06-2018

Name
LETCHIMANAN A/L RAMASAMY

File
F7697340R
Date of Birth Sex
03-10-1963 M
Nationality
MALAYSIAN

Download SGWorkPass
App to check status



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 06 May 1996
Class 3 Motor Cars < 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles < 2500kg 06 May 1996

NP 428A



Licence No: F7697340R



MEMBER OF THE UOB GROUP

United Overseas Insurance Limited
3 Anson Road
#28-01 Springleaf Tower
Singapore 079909
Tel (65) 6222 7733
Fax (65) 6327 3869 / 6327 3870
Email: ContactUs@uoi.com.sg
uoi.com.sg
Co. Reg. No. 197300152R

Certificate of Insurance

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

ORIGINAL

CERTIFICATE NO.	DHOM110159741700	Excess:	\$600/-SECTION 1 \$3000/-APPL TO <25 YRS & OR <3YRS EXP \$100/-WINDSCREEN DAMAGE CLAIM
Type of Cover	COMPREHENSIVE		
Vehicle Number	GBA7809J		
Name of Insured	SINGAPORE ENGINEERING & CONSTRUCTION PTE LTD		
Restricted Driver(s)	NOT APPLICABLE		

Period of Insurance 28 December 2017 to 27 December 2018

Engine# 1KD1702805
Chassis# JTFAT35Y203001457

Goods carrying - Private Type [M2 300]

AUTHORISED DRIVER

Any person who is driving on the Insured's order or with their permission

LIMITATIONS AS TO USE

- (1) Use in connection with the Insured's business
- (2) Use for the carriage of passengers (other than for hire or reward) in connection with the Insured's business
- (3) Use for social domestic and pleasure purposes

THE POLICY DOES NOT COVER

- (1) Use for hire or reward or for racing pace-making reliability trial or speed-testing
- (2) Use whilst drawing a trailer except the towing of any disabled mechanically propelled vehicle

Provided that the person is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

*Limitation rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

I/WE HEREBY CERTIFY that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and part IV of the Road Transport Act, 1987 (Malaysia).

UNITED OVERSEAS INSURANCE LTD

FCADJ Date : 12/12/2017


For the Company