

# NATIONAL Assessment Centre Services

(wef 1 Jan'09) **MA119160494**

Date In: <b>31/1/19-13:42</b>	Job description	Date & Time Completed	Done by
Ref No: <b>MA/INC19021494/24</b>	SAS e-filing		
Veh No: <b>YPS9556</b>	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: <b>10/1/19-14:45</b>	i-Motor Claim Form	<b>17/10/6562-002</b>	<b>31/1/19 14:05</b>
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: Vch No: **JKX 1015N** 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

<b>MA190912V</b>	<b>Invoice Preparation Checklist</b>		Am't (\$) Est Bill	Am't (\$) 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			
	5) FT: Follow-Through Survey (Resurvey) \$30			
	For claiming against INC Only (wef 10 Jan 2009)			
	6) TR: Re-inspection \$75			
	7) N1: Idac DA + SMRT Survey \$160			
	8) NTUC Additional Services:			
	ON*			
	*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 (Non INC) against INC \$20			
	9) N12: Idac Mobile 30			
QC Checked by (Engr-In-Charge):	Invoice dated	Fee Charged		
Auditors Comments:	Invoice dated	Fee Charged		
Dat. 1:				
Dat. 2 / 3:				



## 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 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. 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	05/12/2019 13:47
Date Of Accident	10/10/2019 12:45
Exact Location Of Accident	BEATTY LANE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP5955G
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LO-NET HANDLING PTE LTD
Co Reg No	199404658C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83557114
Alternative Phone No	OFFICE-83557114

### Vehicle Particulars

Manufacturer	ISUZU
Model	FSR34SUQCC
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	5089658350-02
Cover Note Number	

### Driver

Name of Driver	RAMAN ARIRAMAN
Passport No/FIN	G8527696X
Date Of Birth	21/06/1972
Occupation	OUTDOOR
Date Of Driving Pass	17/04/2018
Driving Experience	1 YEAR AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87094887
Fax Number	
Contact Number	OFFICE-87094887
Email Address	NOEMAIL

Address	70 ALPS AVENUE #01-03
Postcode	498801
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	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) 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)	1

#### 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 RPORT - T/20191011/2092.

#### 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	SKX1015U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

0



## SKETCH PLAN

### IMPORTANT NOTICE

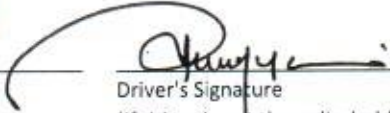
1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material 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.

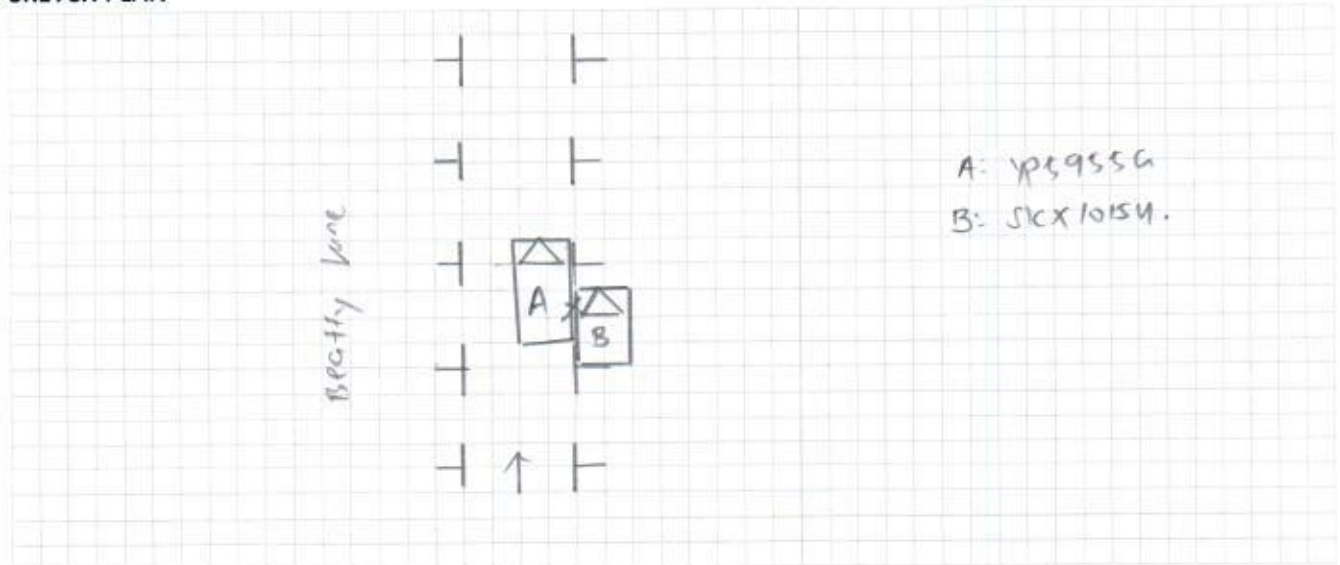


Policyholder's Signature  
Date & Time:

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

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

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - 1/2019/1011/209.

## DECLARATION

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



Policyholder's Signature  
Date & Time:

*[Signature]*

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

*[Signature]*

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





# SINGAPORE POLICE FORCE



T/20191011/2092

1 of 3

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

Report No. T/20191011/2092

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/10/2019 15:11	Vide Report No.:	Station Diary No.:
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Informant's Particulars				
Name of Informant: RAMAN ARIRAMAN			Address: 70 ALPS AVENUE #01-03 SINGAPORE 498801	
ID Type / ID No.: FIN NO / G8527696X			Contact No.: Home/Office: Mobile: 87094887	
Nationality: MALAYSIAN			Email:	
Sex: Male	Age: 47	Date of Birth: 21/06/1972	Type of Informant: Driver	
Race:			Language:	Institution / School Name:
Occupation: Other heavy truck and lorry drivers			Driving Licence Information: Class: 2B,3 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 10/10/2019 12:45	Type of Location:
Location: BEATTY LANE				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKX1015U	Car	AUDI	A3 SEDAN 1.4 TFSI (AMBIENTE)	Black	Slightly Damaged	0
YP5955G	TRUCK	ISUZU	FSR34SUQ CC	Blue	No Damage	0



**SINGAPORE  
POLICE FORCE**



T/20191011/2092

2 of 3

Report No. T/20191011/2092

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

**CONTINUATION OF REPORT**

**Brief Details.**

AT THE STATED DATE, TIME AND PLACE

I WAS TRAVELLING ALONG A ONE-LANE ROAD WHICH WAS VERY NARROW. BESIDE MY VEHICLE THERE WERE OTHER VEHICLES PARKED AND I HAD TO SWERVE LEFT AND RIGHT TO AVOID COLLIDING WITH THEM. HOWEVER, I ACCIDENTALLY HIT THE VEHICLE ON MY RIGHT, WHICH IS A BLACK CAR AND THE CAR'S LEFT MIRROR WAS DAMAGED. I COULD NOT SEE THE CAR AT THE RIGHT SIDE SINCE IT WAS A BLIND SPOT. AFTERWARDS, SINCE NO ONE WAS ON THE CAR, I LEFT MY PARTICULARS ON THE BLACK CAR. I WAITED FOR 40 MINUTES FOR THE OWNER BUT HE DID NOT APPEAR, THUS I LEFT.





**SINGAPORE  
POLICE FORCE**



T/20191011/2092

3 of 3

Report No. T/20191011/2092

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

**CONTINUATION OF REPORT**

**Sketch Plan**

Informant is not able to provide sketch plan

**IMPORTANT:** Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:  
TP /  
LIM CHIN KIAT

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIT /

Contact No.:

Authentication Stamp  
NP168

Signature Of Informant:

Date/Time:  
11/10/2019 15:11

Classification Of Case:

eBaoTech

GeneralClaim

Hello, NAC\_PAYA\_UBI\_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

## Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="10/10/2019 12:45"/>							
Vehicle No.(For Motor)	<input type="text" value="YP5955G"/>	Certificate Number	<input type="text"/>							
<input type="button" value="Search"/>										
Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5089658350-02		LO-NET HANDLING PTE LTD	199404658C	GCV	Comprehensive	YP5955G	YP5955G	10/04/2019	09/04/2020
<input type="button" value="Continue"/>										



## Claim Handling

Accident MT/1066367

Policy No.	5089658350-02	Vehicle No.	YP5955G	GST Registration No.	199404658C
Certificate No.					
Policyholder Name	LO-NET HANDLING PTE LTD	Policyholder NRIC		199404658C	
Product Code	COMMERCIAL VEHICLE INSURAI	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	NIL	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	
KPK	<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(%)	20	Private Hire	No
<b>Accident Details</b>					
Report Date	11/10/2019 09:41	Accident Report Within 24 hrs	Yes	Accident Type	Collided into Parked Vehicle
Date of Accident	10/10/2019	Time of Accident (hh:mm)	12:55	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BEATTY LANE				
<b>Total Excess Applicable</b>					
Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	1,500.00	TP Standard Excess	0.00		
YIED OD Excess		YIED TP Excess		Driver is Covered?	Not Applicable
Additional Excess					
Total OD Excess Applicable	1500.00	Total TP Excess Applicable	0.00		
<b>Benefits</b>					
Coverage		Sum Insured	9999999.99		
Third Party Working Risk					
<b>GST Registered Information</b>					
GST Registered	Yes	GST Registration Date	01/12/1996		
GST Registration No.	199404658C	GST Status Verified	Yes		
Modification History	11/10/2019 09:42:55 System changed GST Registered from No to Yes 11/10/2019 09:42:55 System changed GST Registration No. from null to 199404658C 11/10/2019 09:42:55 System changed GST Registration Date from null to 01/12/1996				
<b>Policyholder Mailing Address</b>					
Address 1	91 COMPASSVALE BOW	Address 2	#01-38 JEWEL @ BUANGKOK	Address 3	SINGAPORE 544688
Address 4		Address Type	Singapore address	Post Code	544688
Unit No.		Related Policy Number	5112557315		
<b>OT Driver Info</b>					
Driver Name		Driver Type		Driver DOB	
Unnamed driver Name		Driver NRIC		Driving Experience	
Register Date of Driver License		Driver Age		Contact No.(Home)	
Contact No.(Mobile)		Contact No.(Office)		Address 3	
Address 1		Address 2		Post Code	
Address 4		Address Type	Foreign address		
Unit No.					
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Modification History

Claim 002

New

Claim Type *	OD-MX	Insured Name	LO-NET HANDLING PTE LTD	Insured NRIC	199404658C	
Contact No.(Mobile)	90470788	Contact No.(Home)	NIL	Contact No.(Office)	63470168	
Email Address	myuen@seabancgroup.com	OT Vehicle Number	YP5955G	TP Vehicle Number	5KX1015J	
Claimant Type Claimant *	Please Select	Type of Benefit *	Please Select			
Claimant Name *		Claimant NRIC *				
Claimant Address						
Claim Description	YP5955G / 5KX1015J ON 10 Oct 2019				Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Fully at Fault			
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received	
Date Registered	05/12/2019 14:05	Claim Close Date		Date Received	05/12/2019 00:00	
Report Taken By	Jackson					
<input checked="" type="checkbox"/> Print AX letter						

Save Submit

## Attachment

Accident No.	MT/1066367	Claim No.	002		
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	05/12/2019 14:07		
Path *		Category *	Confidential	Urgency *	Description *
	Browse...	Clear	Please Select	Normal	
	Browse...	Clear	Please Select	Normal	
	Browse...	Clear	Please Select	Normal	
	Browse...	Clear	Please Select	Normal	
	Browse...	Clear	Please Select	Normal	
	Browse...	Clear	Please Select	Normal	

☐ Send Message

Attachment List						
Attachment	Uploaded By/Date	Category	Y	Urgency	Description	Msg Sent? (CO)
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV[CES] on 05 Dec 2019 14:07	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2019-12-5	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV[CES] on 05 Dec 2019 14:06	SAS		Normal	SAS 2019-12-5	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV[CES] on 05 Dec 2019 14:06	Photos		Normal	Photos 2019-12-5	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV[CES] on 05 Dec 2019 14:06	Photos		Normal	Photos 2019-12-5	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV[CES] on 05 Dec 2019 14:06	Photos		Normal	Photos 2019-12-5	
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV[CES] on 05 Dec 2019 14:06	Photos		Normal	Photos 2019-12-5	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV[CES] on 05 Dec 2019 14:06	Photos		Normal	Photos 2019-12-5	
Video List						
Uploaded By/Date	Folder Date	File Name	?	Source	Action	
<div>Display in New Window</div> <div>Scan and uploading</div>						