

NATIONAL Assessment Centre Services

Date In: 12/12/19	Job description	Date & Time Completed	Done by
Ref No: NA/INC19021927/C13	SAS e-filing		
Veh No: RU64476	E-mail (within 8hrs, AIC 2hrs)		
DOA: 04/12/2019 0600	i-Motor Claim Form	MT/1075379-001	
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: GBF9812J	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

NA2000759

Invoice Preparation Checklist

Amt (\$)
1st 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)	
Cat 1:	6) TR : Re-inspection \$75	
Cat 2 / 3:	7) N1 : Idac DA + SMRT Survey \$160	
	8) NTUC Additional Services:-	
	ON*	
	*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 \$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 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	12/12/2019 15:22
Date Of Accident	04/12/2019 06:00
Exact Location Of Accident	7 ABINGDON ROAD CARPARK
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	RU6447G
Insured/Policyholder	
Name Of Registered Owner	TRANS EQUATORIAL ENGINEERING PTE LTD
Co Reg No	1XXXXX923Z
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-94877586
Vehicle Particulars	
Manufacturer	NISSAN
Model	NP300
Exact Purpose for which vehicle was being used at time of accident	WORK
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	5084340773-03
Cover Note Number	
Driver	
Name of Driver	SIVARAMAN SARAVANAN
Passport No/FIN	GXXXX847R
Date Of Birth	30/06/1976
Occupation	OUTDOOR
Date Of Driving Pass	10/06/2019
Driving Experience	0 YEAR AND 5 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-83019382
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	25 BUKIT BATOK ST 22
Postcode	659591
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?	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)	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

I WANTED TO MOVE OUT MY VEH AT 7 ABINGDON ROAD CARPARK. VEH B WAS PARKED IN RT OF MY VEH. WHILE MOVING OFF MY WATER BOTTLE FELL ON THE FLOOR AND STUCK AT THE BRAKE PEDAL. I COULDN'T PRESS MY BRAKE PEDAL SO I QUICKLY PULLED MY HANDBRAKE BUT IT'S TOO LATE. MY VEH HIT ONTO THE LEFT SIDE PORTION OF VEH B.

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	GBF9812J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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.

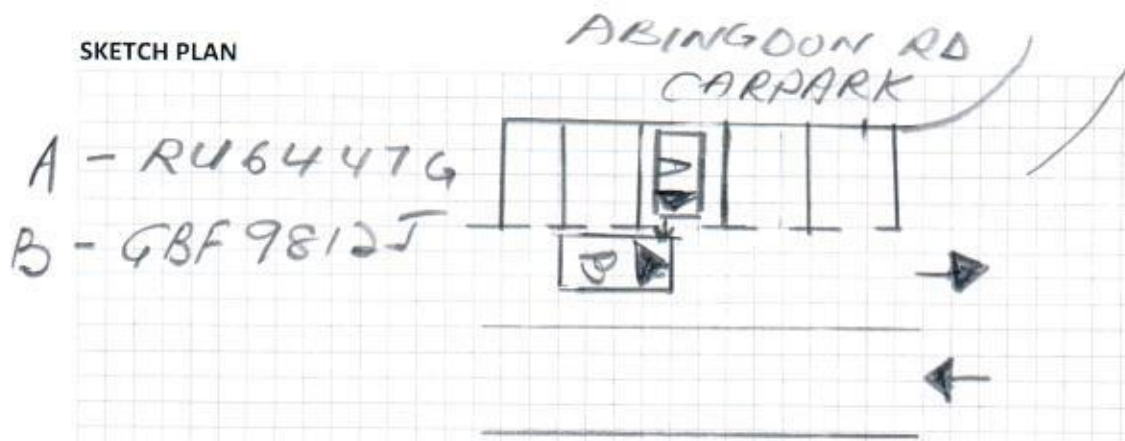


Policyholder's Signature
Date & Time:

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

dym 12/12/19
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls refer to the statement.

DECLARATION

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



Policyholder's Signature
Date & Time:

S. Saravanan

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

S. S. S. 12/12/19

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

uploaded 30/12/19

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 : MNA119163682 Vehicle Registration No: RU6447G
Name(as shown in NRIC) : TRANS EQUATORIAL ENGINEERING PTE LTD NRIC/FIN/Passport No : 1XXXXX923Z
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore()
Contact (Tel) : _____ Mobile No. : 94877586
Email Address : _____
Date of Accident : 04/12/2019 Time of Accident : 06:00
Place of Accident : 7 ABINGDON ROAD CARPARK
Insurance Company: NTUC

(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:

Amend revert from OD to Reporting Only

S. Saravanan



Policyholder / Driver's Signature
Date: 30/12/2019

[Signature]

Reporting Centre Personnel's Signature
Name: _____
NRIC/FIN No.: _____
Date: 30/12/19

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)

Certificate Number : 5084340773-03

Cover : Comprehensive

1. Index mark and Registration Number of Vehicle : RU6447G
Chassis Number : MNTCB4D23Z0000013
2. Name of Policyholder : TRANS EQUATORIAL ENGINEERING PTE LTD
3. Effective Date of Insurance : 05 Oct 2019
4. Expiry Date of Insurance : 04 Oct 2020
5. Persons or Classes of Persons entitled to drive#
(a) The Policyholder.
(b) Any other person who is driving on the Policyholder's order or with his/her permission.
Provided that the person driving 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.
6. Limitations as to Use#
(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.
(b) Use for the carriage of passengers or goods in connection with the Policyholder's business.

This Policy does not cover

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

Limitations rendered inoperative by Section 8 of the Motor Vehicle (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.

EXCESS (SECTION 1)	: S\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
INSURE WITH COE	: YES
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

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)

Agency : KINETIC INSURANCE AGENCY (00000573090)
Date of Issue : 04 Oct 2019 10:30 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive



MT/AE/MISC/125

06 Oct 2019

TRANS EQUATORIAL ENGINEERING PTE LTD
25 BUKIT BATOK STREET 22
SINGAPORE 659591

Dear Policyholder

ENDORSEMENT FOR POLICY NUMBER: 5084340773-03
VEHICLE NUMBER: RU6447G

Thank you for giving us the opportunity to serve you.

We confirm that from 05 Oct 2019 to 04 Oct 2020, this policy is extended to cover the insured vehicle whilst being driven within the airside of Singapore Changi Airport.

The policy does not cover any loss or damage to aircraft and its passengers, including any and all forms of aviation liability.

The terms and conditions of this policy remain unchanged.

Please attach this letter to your motor policy document as it serves as an Endorsement to your policy.

If you have any queries, please contact our Customer Service Officers at 6788 6616 or email us at csquery@income.com.sg. Alternatively, you may contact your agent KINETIC INSURANCE AGENCY at 66946128 or email chrissy@km.sg. We would be most happy to assist you.

Yours sincerely

Eddie Loke
Senior Underwriting Manager
Motor Insurance

NTUC Income Insurance Co-operative Limited

Income Centre 75 Bras Basah Road Singapore 189557 • Tel: 6788 1777 • Fax: 6338 1500 • Email: csquery@income.com.sg • Website: www.income.com.sg
an NTUC Social Enterprise

Claim Handling

Accident MT/1075579

Policy No.	5084340773-03	Vehicle No.	RU6447G	GST Registra
Certificate No.				
Policyholder Name	TRANS EQUATORIAL ENGINEERING PTE LTD			Policyholder I
Product Code	COMMERCIAL VEHICLE (INSURAN	Cover Type	Comprehensive	Loading
Contact No.(Mobile)	94577586	Contact No.(Office)	0	Contact No.(I
Email Address		Special Remark		eCode
KFK	No Yes	TCA	No Yes	eCode Reaso
NCD Protection	No	NCD Entitlement(%)	20	Private Hire
Accident Details				
Report Date	13/12/2019 12:17	Accident Report Within 24 hrs	Yes	Accident Typ
Date of Accident	04/12/2019	Time of Accident hh:mm	06:00	Country of Ar
Reporting Centre		Orange Force		ICM No.
Accident Location	7 ABINGDON ROAD CARPARK			
Total Excess Applicable				
Excess Type	Per Accident	Windscreen Excess	100.00	
OD Standard Excess	600.00	TP Standard Excess	0.00	
YIED OD Excess	1,000.00	YIED TP Excess	0.00	Driver is Covi
Additional Excess				
Total OD Excess Applicable	1,600.00	Total TP Excess Applicable	0.00	
Benefits				
Coverage		Sum Insured		
Airside		99999999.99		
GST Registered Information				
GST Registered	Yes	GST Registration Date		01
GST Registration No.	R200400518	GST Status Verified		Yes
Modification History	13/12/2019 12:20:32-System changed GST Registration Date from 01/01/2015 to 01/04/1994 13/12/2019 12:20:32-System changed GST Status Verified from No to Yes			
Policyholder Mailing Address				
Address 1	25 BUKIT BATOK STREET 22	Address 2	SINGAPORE 659591	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5084340773-03	
OI Driver Info				
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	SIVARAMAN SARAVANAN	Driver NRIC	G7711897R	Driver DOB
Register Date of Driver License	10/06/2019	Driver Age	43	Driving Exper
Contact No.(Mobile)	83019362	Contact No.(Office)	0	Contact No.(I
Address 1	25 BUKIT BATOK STREET 22	Address 2	TEE BUILDING	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.				
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.		Driver Insure
Declaration				
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes No	

Modification History

Claim 001 OD-MD New

Claim Type *	OD-MD	Insured Name	T
Contact No.(Mobile)		Contact No. (Home)	6
Email Address		OT Vehicle Number	R
Claim Description	RU6447G / GBF9812J ON 4 Dec 2019		
Preferred Workshop		Insured Liability	Fully at Fault
Boards No. Finalisation	Yes	Preferred Repair Option	income to assign workshop
Date Registered	13/12/2019 12:28	GIA report	Received
Report Taken By	ROSLINDA	Claim Close Date	
		Workshop Repairer	

[Print AK letter](#)

Save

Submit

Attachment

Accident No.

MT/1075579

Claim No.

001

Last Doc. Received

* Yes

No

Upload Date

13/12/2019 00:01

Path

Category

Confid

Choose File

No file chosen

Clear

Please Select

NO

Choose File

No file chosen

Clear

Please Select

NO

Choose File

No file chosen

Clear

Please Select

NO

Choose File

No file chosen

Clear

Please Select

NO

Choose File

No file chosen

Clear

Please Select

NO

Choose File

No file chosen

Clear

Please Select

NO

Message Read

Attachment List

Attachment	Uploaded By/Date	Category	?	Urgency	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Dec 2019 12:25	NRIC/ Driving License	Y	Normal	NRIC/ Dr
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Dec 2019 12:25	SAS		Normal	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Dec 2019 12:23	Photos		Normal	PI
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Dec 2019 12:23	Photos		Normal	PI
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Dec 2019 12:23	Photos		Normal	PI
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Dec 2019 12:23	Photos		Normal	PI
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Dec 2019 12:23	Photos		Normal	PI
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Dec 2019 12:23	Photos		Normal	PI
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Dec 2019 12:23	Photos		Normal	PI
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Dec 2019 12:23	Photos		Normal	PI
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Dec 2019 12:23	Photos		Normal	PI

Video List

Uploaded By/Date

Folder Date

File Name

?

Display in New Window

Scan and uploading

ASSIGNMENT (IDAC)

By CSCE- Nature of Accident:

- 1) Vehicle hit Vehicle:
 - a) Motorist ()
 - b) Motorcycle ()
 - c) Bicycle ()
- 2) Vehicle hit ?
 - a) Pedestrian ()
 - b) Animal ()
- 3) Vehicle hit Road Side Objects:
 - a) Govn Property ()
(E.g. signpost, fence, tree etc)
 - b) Road Work Object ()
 - c) Private Property ()
- 4) Vehicle drop into drain ()
- 5) Damage due to Act of God:
 - a) Fallen Object ()
 - b) Flood ()
 - c) Other ()
- 6) Parked & Found Damaged:
 - a) Vandalism ()
 - b) Hit by Moving Object ()
- 7) Theft Case
 - a) Stolen ()
 - b) Damage found when recovered ()
- 8) Fire
 - a) Whilst driving ()
 - b) Parked ()
- 9) Accident date more than 24hrs ()

Remarks for internal information

Remarks to appear in Works Order & Assessment report

- 1) Potential Total Loss ()
- 2) SRS Light on ()
- 3) ABS Light on ()

By Assessor- 1) Vehicle Information

Vch No. **RV 6447 G** a Regn **5 Oct 2015**
 Type: M/Cat / M/Cycle / Bus / Van / Lorry / Land / Prime Mover / Light / Truck / Trailer or **Pick-up Double Cab**
 Make & Model **Nissan NP300 NAVARA** **2298**
 Colour **Yellow** Transmission Type: Auto / **2298**
 Eng/No. **39766**
 C/Ho. **MNTCB4D23Z0000013**
 Gen. Cond. Good / **2298** / Poor / Burnt or
 Steering: **2298** / Jammed / Leaked / Burnt or
 Brake: **2298** / Jammed / Leaked / Burnt or
 Modi: **2298** / S/Rim / STD A/Rim or
 Tyre Size: F: **255/70 R16**
 R: **255/70 R16**
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or **Falken**
 Front **5** mm Rear **6** mm
 R/Bal. **5** mm P/Bal. **6** mm
 L/Bal. **5** mm L/Bal. **6** mm
 Parallel Import: Yes **No** Towed-In: Yes / No
 Repair Type: **LS** / I.B.J. Towing Required: **Yes** / No
 No of Repair Days: **7** Vehicle in Idac: **Yes** / No
 D.O.I. **13/12/2019** Time:

By Assessor- 2) Comments

- 1) Damages not due to recent accident.
- 2) Damages do not seem hit onto:
 - a. Vehicle () b. Motorcycle () c. Bicycle () d. Pedestrian ()
 - e. Animal () f. Govn Object () g. Road Work Object ()
 - h. Private Property () i. Drain () j. Road Kerb/Grass Verge ()
- 3) Vehicle does not seem damaged as a result of:
 - a. Fallen Object () b. Flood () c. Vandalism () d. Fire ()
 - e. Moving Object () f. Stolen () g. Stolen & Recovered ()

Time Started

Time Completed

1) CSO

2) ASS

3) Entire Operation Completed Time

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	923Z
Vehicle Details	
Vehicle No.:	RU6447G
Vehicle to be Exported:	No
Intended Deregistration Date:	14 Dec 2019
Vehicle Make:	NISSAN
Vehicle Model:	NP300 NAVARA D/CAB 6MT
Primary Colour:	White
Manufacturing Year:	2015
Engine No.:	YS2330682A
Chassis No.:	MNTCB4D23Z0000013
Maximum Power Output:	-
Open Market Value:	\$26,518.00
Original Registration Date:	05 Oct 2015
First Registration Date:	05 Oct 2015
Transfer Count:	0
Actual ARF Paid:	\$0.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Rebate Amount:	\$0.00
Total Rebate Amount:	\$0.00

The information contained herein is correct as at 13 Dec 2019

OK

Enquire Vehicle Transfer Fee

Vehicle Details

Vehicle No. RU6447G	
Make / Model NISSAN / NP300 NAVARA D/CAB 6MT	
Vehicle Type : E13 - Road Tax Exempted Twin Cabin Goods Vehicle	
Vehicle Attachment 1 : No Attachment	
Vehicle Scheme : Restricted Use	
Chassis No. : MNTCB4D23Z0000013	
Propellant : Diesel	
Engine No. : YS2330682A	
Motor No. : -	
Engine Capacity : 2298 cc	
Power Rating : -	
Maximum Power Output : -	
Maximum Laden Weight : 2910 kg	
Unladen Weight : 1840 kg	

Claim Handling

Accident MT/1075579

Task TransferExit

LOSLALSUB

Policy No.	5084340773-03	Vehicle No.	RU6447G	GST Registration No.	M200400518
Certificate No.					
Policyholder Name	TRANS EQUATORIAL ENGINEERING PTE LTD			Policyholder NRIC	198002923Z
Product Code	COMMERCIAL VEHICLE INSURANCE	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	94477566	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	No
KFK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	20	Private Hire	No

Accident Details

Report Date	13/12/2019 12:17	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	09/12/2019	Time of Accident hh:mm	06:00	Country of Accident	Singapore
Reporting Centre	NATIONAL ASSESSMENT CENTRE	Orange Force	No	ICM No.	
Accident Location	7 ABINGDON ROAD CARPARK				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	000.00	TP Standard Excess	0.00		
YIED OD Excess	3,000.00	YIED TP Excess	0.00	Driver is Covered?	Covered
Additional Excess					
Total OD Excess Applicable	3,000.00	Total TP Excess Applicable	0.00		

Benefits

Coverage	Sum Insured
Airside	99999999.99

GST Registered Information

GST Registered	Yes	GST Registration Date	01/04/1994
GST Registration No.	M200400518	GST Status Verified	Yes
Modification History	13/12/2019 12:29:37 System changed GST Registration Date from 01/01/2015 to 01/04/1994 13/12/2019 12:20:32 System changed GST Status Verified from No to Yes		

Policyholder Mailing Address

Address 1	25 BUKIT BATOK STREET 22	Address 2	SINGAPORE 659591	Address 3	
Address 4		Address Type	Singapore address	Post Code	659591
Unit No.		Related Policy Number	5084340773-03		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	SIVARAMAN SARAVANAN	Driver NRIC	G7711847R	Driver DOB	30/06/1976
Register Date of Driver License	10/06/2019	Driver Age	43	Driving Experience	0
Contact No.(Mobile)	83019382	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	25 BUKIT BATOK STREET 22	Address 2	TFE BUILDING	Address 3	SINGAPORE 659591
Address 4		Address Type	Singapore address	Post Code	659591
Unit No.					
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.		Driver Insurer Company	

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes No
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Modification History

Investigation

Claim 001 OD-MD

Claim Case Officer Ng Hak Joo

Claim Type	OD-MD	Insured Name	TRANS EQUATORIAL ENGINEERING	Insured NRIC	19800292
Contact No.(Mobile)		Contact No. (Home)	64303646	Contact No. (Office)	65F11066
Email Address		OI Vehicle Number	RU6447G	TP Vehicle Number	GBF98123
Claim Description	RU6447G / GBF98123 ON 4 Dec 2019			Name of Preferred Workshop	
Preferred Workshop Request Realisation	Yes	Preferred Repair Option	Income to assign workshop	Insured Eligibility report	Fully at Resolved
Date Registered	13/12/2019 12:28	Claim Close Date		Date Received	13/12/201
Report Taken By	ROSEINDA	Workshop Repairer		Total Loss but Repaired	
				OD Excess Collected by Workshop	

Print AK letter

Modification History

Special Claim Creation Approval

Approval

Reason

Remarks

damage assessment

Attachment

Vehicle Info

Vehicle Make

NISSAN

Vehicle Model

NAVARA

Engine Capacity

1.07

Date of Registration

05/10/2015

Classis No.

MNTR4D23Z0000013

Towing Required

Yes

No

Type of Tender

Own Damage

Vehicle in IDAC

Yes

No

Assessor Name

SIMON

Parallel Import

Yes

No

IDAC/Workshop Name

NATIONAL ASSESSMENT CENTRE

IDAC/Workshop Location

51 UBI AVENUE | #01-25 PAVA

Survey Current Status

Windscreen Parts & Labour Cost

Total Loss

Yes

No

Market Value(\$)

Scrape Value(\$)

Economical Repair Value(\$)

NO OF REPAIR:07 DAYS:FRT BUMPER LOWER COVER-REPLACE,FRT GRILLE CHROME MOULDING-REPLACE,FRT GRACE PANEL-REPLACE,AIRCON LIQUID PIPE-UNCONFIRM

Remark

Remark for Supplementary

Damage Listing

Find a Part

	No.	Part No.	Description	Qty *	Repair Co
roof					
Not Applicable	1	27100101	GRILLE (FRONT)	1	Replace
ABS	2	27100801	GRILLE EMBLEM (FRONT)	1	Replace
ABSORBER	3	32200101	NUMBER PLATE (FRONT)	1	Replace
ACCELERATOR	4	32200201	NUMBER PLATE BASE (FRONT)	1	Replace
ACTUATOR	5	16000101	BUMPER (FRONT)	1	Replace
ADVERTISEMENT STICKER	6	16002401	BUMPER CLIPS (FRONT)	6	Replace
AIR BAG	7	16001301	BUMPER BRACKET (FRONT LEFT)	1	Replace
AIR BLOWER	8	16001302	BUMPER BRACKET (FRONT RIGHT)	1	Replace
AIR BOX	9	16009001	BUMPER REINFORCEMENT (FRONT)	1	Replace
AIR CHAMBER BOX	10	16002901	BUMPER FOG LAMP COVER (FRONT LEFT)	1	Unconfirm
AIR CLEANER	11	16002902	BUMPER FOG LAMP COVER (FRONT RIGHT)	1	Replace
AIR COMPRESSOR	12	16002701	BUMPER FOG LAMP (FRONT LEFT)	1	Unconfirm
AIR CON	13	16002702	BUMPER FOG LAMP (FRONT RIGHT)	1	Replace
AIR CON (VAN)	14	27700101	HEAD LAMP (LEFT)	1	Replace
AIR COOLER	15	27700102	HEAD LAMP (RIGHT)	1	Replace
AIR DISTRIBUTOR	16	41300101	SUPPORT PANEL (FRONT)	1	Replace
AIR FILTER	17	149001	BONNET	1	Replace
AIR FLOW	18	14903401	BONNET LOCK (LOWER)	1	Unconfirm
AIR GRILLE	19	149043	BONNET RUBBER (LONG)	1	Unconfirm
AIR HORN	20	112023	AIR CON CONDENSER	1	Replace
AIR INTAKE	21	112085	AIR CON RECEIVER DRYER	1	Unconfirm
AIR RESONATOR BOX	22	344001	RADIATOR	1	Unconfirm
AIR THROTTLE BODY AND SENSOR	23	344005	RADIATOR COWLING	1	Unconfirm
ALARM	24	344008	RADIATOR FAN	1	Unconfirm
ALTERNATOR	25	344007	RADIATOR EXPANSION TANK	1	Unconfirm
ALUMINIUM PANEL - SIDE	26	25400901	FENDER INNER SHIELD (FRONT LEFT)	1	Unconfirm
AMPLIFIER	27	25400103	FENDER (FRONT RIGHT)	1	Replace
ANTENNA	28	25400802	FENDER INNER PANEL (FRONT RIGHT)	1	Repair
ANTI ROLL	29	25400902	FENDER INNER SHIELD (FRONT RIGHT)	1	Replace
APRON	30	23300202	DOOR (FRONT RIGHT)	1	Repair
ARCH					
ARM REST					
ASH TRAY					
AUTO CLUTCH					
AUTO COOLER PIPE					
AUTO CRUISE MOTOR					
AUTO TRANSMISSION					
AXLE					
BACK REST (M/C)					

Save

Submit

https://gicclaim.income.com.sg/gcs/icm/eclaim/damageAssessmentSave.do

2/2



NATIONAL ASSESSMENT CENTRE SERVICES
(LKK GROUP)

51 Ubi Ave 1, #01-25, Paya Ubi Industrial Park,
Singapore 408933, TEL: 6841 0055 FAX: 6841 6315



Vehicle Movement Form

Vehicle Check-In

Vehicle No: RU6447G Date In: _____ Time In: _____ with Keys: Yes / No

For Office use

Attended by: _____

Workshop Collection of Vehicle

Workshop: ABWIN

Collection Date: 27/12/2019 Time: 1230 with Keys: ☒ Yes ☐ No

Tow Truck No: YH8292 Tow Man: LEONG NRIC: S1645987I

Signature: [Signature] 86803200

For office use

Attended by: _____

Approved by: _____

Workshop Return of Vehicle

Workshop: _____

Returned Date: _____ Time: _____ with Key: Yes / No

* Tow In / Drive In

Tow Man / Workshop Representative: _____ NRIC: _____

Signature: _____

For office use

Attended by: _____

Owner Collection of Vehicle

Collection Date: _____ Time: _____ with Key: Yes / No

Owner: _____ NRIC: _____

Signature: _____

For office use

Attended by: _____

Approved by: _____

*waiting for the driver to
make an appointment
from 05 to reporting
only*

LKK Paya Ubi

From: Ng Hak Joo <hakjoo.ng@income.com.sg>
Sent: Monday, 23 December 2019 1:17 PM
To: Beverlyn Deloria
Cc: Clarence Richard Anthony; LKK Paya Ubi; Charlie Kyaw
Subject: RE: RU6447G UNDER OWN DAMAGE CLAIM: MT/1075579 FOR DATE OF ACCIDENT: 04/12/2019

Dear Ms Beverlyn of Trans Equatorial Engrg

Thank you for your email.

As per our below email:

You may liase with the Reporting Centre IDAC on your vehicle accordingly:
NATIONAL ASSESSMENT CENTRE SERVICES
Address: 51 UBI AVENUE 1 #01-25 PAYA UBI INDUSTRIAL PARK SINGAPORE 408933
TEL: 68410055

Thank You

Ng Hak Joo
Executive
Operations, Motor and Personal Lines (PL)
T +65 64307890
www.income.com.sg



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Find out more at income.com.sg/careers



From: Beverlyn Deloria [mailto:beverlyn.deloria@teeintl.com]
Sent: Monday, 23 December 2019 11:27 AM
To: Ng Hak Joo <hakjoo.ng@income.com.sg>
Cc: Clarence Richard Anthony <clarence.anthony@income.com.sg>; LKK Paya Ubi <rspu@lkkauto.com>; Charlie Kyaw <charlie.kyaw@teeintl.com>
Subject: RE: RU6447G UNDER OWN DAMAGE CLAIM: MT/1075579 FOR DATE OF ACCIDENT: 04/12/2019

Dear Ng,

Can Return back our RU vehicles so we can do the repair of thank you.

Thank you and have a nice day!

Regards,

Beverlyn Vergara

Trans Equatorial Engineering Pte Ltd

Phone #: 6546 2338 / 93847561

From: Ng Hak Joo [mailto:hakjoo.ng@income.com.sg]

Sent: Saturday, 21 December, 2019 3:53 PM

To: Beverlyn Deloria <beverlyn.deloria@teeintl.com>

Cc: Clarence Richard Anthony <clarence.anthony@income.com.sg>; LKK Paya Ubi <rpu@lkkauto.com>

Subject: RE: RU6447G UNDER OWN DAMAGE CLAIM: MT/1075579 FOR DATE OF ACCIDENT: 04/12/2019

Dear Ms Beverlyn of Trans Equatorial Engrg

We have tried to call you at 9384 7561, but no response.

From available information provided to us, we noted that your driver, Mr Sivaraman Saravanan of ID G7711847R holds only a Class 3C driving license. Under Traffic Regulations, a Class 3C license can only be used to drive cars and not light goods vehicles, mini vans and small buses. Under LTA's record, RU6447G is reflected as a light goods vehicle.

We therefore regret to advise that we are unable to admit this claim and will be repudiating all claims that may arise out of this accident. This means that you and your driver will be personally liable for all claims arising out of this accident, including the repairs of your own vehicle.

If you have any questions, please contact our Customer Service Officers at 64307948 or email us at motor@income.com.sg.

We will follow up with a letter on the above to be signed by our manager.

In the meantime, you may liaise with the Reporting Centre IDAC on your vehicle accordingly:

NATIONAL ASSESSMENT CENTRE SERVICES

Address: 51 UBI AVENUE 1 #01-25 PAYA UBI INDUSTRIAL PARK SINGAPORE 408933

TEL: 68410055

Thank You

Ng Hak Joo

Executive

Operations, Motor and Personal Lines (PL)

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Find out more at income.com.sg/careers

in

From: Ng Hak Joo
Sent: Friday, 20 December 2019 5:51 PM
To: 'beverlyn.deloria@teeintl.com' <beverlyn.deloria@teeintl.com>
Cc: Clarence Richard Anthony <clarence.anthony@income.com.sg>
Subject: RE: RU6447G UNDER OWN DAMAGE CLAIM: MT/1075579 FOR DATE OF ACCIDENT: 04/12/2019

From: Ng Hak Joo
Sent: Thursday, 19 December 2019 6:04 PM
To: 'beverlyn.deloria@teeintl.com' <beverlyn.deloria@teeintl.com>
Cc: Clarence Richard Anthony <clarence.anthony@income.com.sg>; Norman Bay <norman.bay@income.com.sg>; Woo Chee Wai <CheeWai.Woo@income.com.sg>
Subject: RU6447G UNDER OWN DAMAGE CLAIM: MT/1075579 FOR DATE OF ACCIDENT: 04/12/2019

Dear Ms Beverlyn of Trans Equatorial Engrg

We spoke, your driver for the above vehicle, Mr Sivaraman Saravanan: G7711847R has only has a Class 3C driving license, i.e. can drive all Class 3 vehicle except for Light Goods Vehicles, Mini Vans, and Small Buses RU6447G being a Goods vehicles, hence, he is not allowed to drive RU6447G.

Therefore, please forward all his relevant documents like Work Permit, driving license for our review.

Thank You

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