

NATIONAL Assessment Centre Services

(Ref: JAR05)

| | | | |
|---------------------------|--|------------------------|----------|
| Date In: 30/1/20 | Job description: SAS e-filing ✓ | Date & Time Completed: | Done by: |
| Ref No: NA/INC2000/622/TL | E-mail (within 8hrs, AIC 2hrs): | | |
| Veh No: 9P59559 | i-Motor Claim Form ✓ | | |
| D O A: 09/1/20 | 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 Asslgn Wksp / QW: (

Tel:

Fax:

TP Particulars:

Veh No:

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

Invoice Preparation Checklist

Amt (\$)

Amt (\$)

Est Bill

Add Bill

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

at 1:

at 2/3:

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) N1: Idac DA + SMRT Survey \$160

8) NTUC Additional Services:-

OD*

*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 (N-in INC) against INC \$20

9) N12: Idac Mobile \$30

Invoice date/t

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 | 30/01/2020 18:37 |
| Date Of Accident | 07/01/2020 14:00 |
| Exact Location Of Accident | KALLANG BAHRU TOWARDS LAVENDER ST |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|--|--|
| Vehicle Registration Number | YP5955G |
| Insured/Policyholder | |
| Name Of Registered Owner | LO-NET HANDLING PTE LTD |
| Co Reg No | - |
| Email Address | LONETHANDLING8850@GMAIL.COM |
| Mobile Phone No | (LOCAL) +65-87094887 |
| Alternative Phone No | OFFICE-87094887 |
| Vehicle Particulars | |
| Manufacturer | ISUZU |
| Model | FSR-7.8 D 34P (M) |
| 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 | GXXXX696X |
| Date Of Birth | 21/06/1972 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 17/04/2018 |
| Driving Experience | 1 YEAR AND 8 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-87094887 |
| Fax Number | |
| Contact Number | |
| EMail Address | NOEMAIL |

| | |
|---|--|
| Address | 91 COMPASSVALE BOW #01-38 JEWEL@BUANGKOK |
| Postcode | 544688 |
| 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 | RAINING |
| Road Surface | WET |

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

PLEASE REFER TO CIRCUMSTANCES OF ACCIDENT

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 | PC6757E |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | BUS |
| Name of Driver | |
| NRIC/Passport Number | |
| Contact Number | |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |
| No. Of Passenger (Including Driver) | 1 |

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.

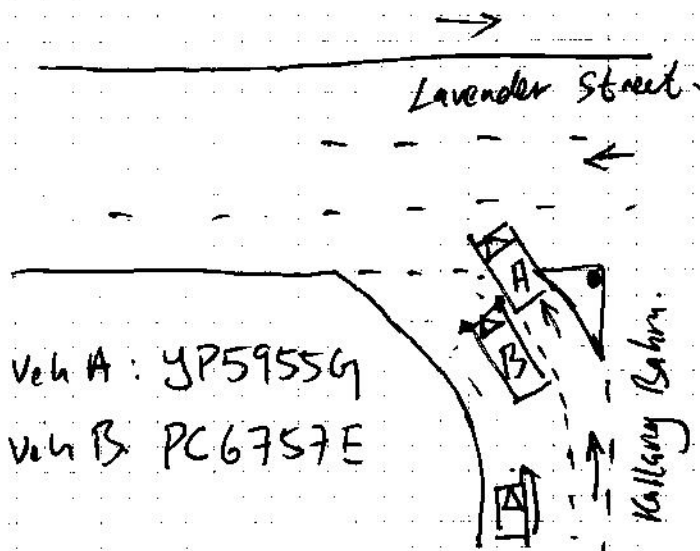


Policyholder's Signature
Date & Time:

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

I was driving at slip road Kallang Bahru towards Lavender Street. As I was driving out into Lavender Street, Vehicle B also move out. As both of our vehicles move my lorry left side body touched Vehicle B front RH wing mirror. We stopped our vehicles and checked if there was any damages. There was only slight scratches onto Vehicle B wing mirror. and my vehicle have no damage. Driver of Vehicle B say no need to report as we checked that the wing mirror was working fine and left the scene. My company received a letter on 24/1/20 stating that there was a claim against my vehicle and I came to IDAC Paya Ubi to make my report.

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.:

Claim Handling

Accident MT/1079682

| | | | | | |
|---|---|-------------------------------|-------------------------|------------------------|------------------|
| Policy No. | 5089658350-02 | Vehicle No. | YPS955G | GST Registration No. | 199404658C |
| Certificate No. | | | | | |
| Policyholder Name | LO-NET HANDLING PTE LTD | | | Policyholder NRIC | 199404658C |
| Product Code | COMMERCIAL VEHICLE INSURANCE | Cover Type | Comprehensive | Loading | 0 |
| Contact No.(Mobile) | NIL | Contact No.(Office) | | Contact No.(Home) | |
| 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 | 13/01/2020 10:56 | Accident Report Within 24 hrs | No | Accident Type | Side Swipe |
| Date of Accident | 07/01/2020 | Time of Accident hh:mm | 11:00 | Country of Accident | Singapore |
| Reporting Centre | administrator | Orange Force | No | ICM No. | |
| Accident Location | ALONG KALLANG BAHRU TOWARDS LAVENDER STREET | | | | |
| Total Excess Applicable | | | | | |
| Excess Type | Per Accident | Windscreen Excess | 100.00 | | |
| OD Standard Excess | 1,500.00 | TP Standard Excess | 0.00 | | |
| YIED OD Excess | 1,000.00 | YIED TP Excess | 0.00 | Driver is Covered? | Not Covered |
| Additional Excess | | | | | |
| Total OD Excess Applicable | 2,500.00 | Total TP Excess Applicable | 0.00 | | |
| Benefits | | | | | |
| Coverage | | Sum Insured | 99999999.99 | | |
| Third Party Working Risk | | | | | |
| GST Registered Information | | | | | |
| GST Registered | Yes | GST Registration Date | 01/12/1996 | | |
| GST Registration No. | 199404658C | GST Status Verified | Yes | | |
| Modification History | | | | | |
| Policyholder Mailing Address | | | | | |
| 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 | 5087162726-03 | | |
| OI Driver Info | | | | | |
| Driver Name | Unnamed Driver | Driver Type | Unnamed Driver | Driver DOB | 21/06/1972 |
| Unnamed driver Name | RAMAN ARIRAMAN | Driver NRIC | G8527696X | Driving Experience | 1 |
| Register Date of Driver License | 17/04/2018 | Driver Age | 47 | Contact No.(Home) | |
| Contact No.(Mobile) | 87094887 | Contact No.(Office) | | Address 3 | SINGAPORE 544688 |
| Address 1 | 91 COMPASSVALE BOW | Address 2 | #01-38 JEWEL @ BUANGKOK | Post Code | 544688 |
| Address 4 | | Address Type | Singapore address | | |
| Unit No. | 01-38 | | | | |
| 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 | | |

Modification History

Claim 002 OD-MX

| | | | | | | |
|--|---------------------------------|--------------------|-------------------------|-------------------------|----------------------------|-----|
| Claim Type * | OD-MX | Insured Name | LO-NET HANDLING PTE LTD | Insured NRIC | 1994 | |
| Contact No.(Mobile) | 90470788 | Contact No. (Home) | NIL | Contact No. (Office) | 6347 | |
| Email Address | myuen@seabancgroup.com | Vehicle Number | YPS955G | TP | PC67 | |
| Claim Description | YPS955G / PC6757E ON 7 Jan 2020 | | | | Name of Preferred Workshop | JNK |
| Preferred Workshop Remark No. Finalisation | 0 | Insured Liability | Partially at Fault | GIA report | Received | |
| Date Registered | 31/01/2020 12:18 | Claim Close Date | | Date Received | 31/0 | |
| Report Taken By | TAUFIKH | Workshop Repairer | | Total Loss but Repaired | | |

Print AK letter

Save Submit

Attachment

| | | | | | |
|------------------------------|------------|---------------|------------------|-----------|-----|
| Accident No. | MT/1079682 | Claim No. | 002 | | |
| Last Doc. Received | Yes No | Upload Date | 31/01/2020 12:20 | | |
| Path * | | Category * | Confidential | Urgency * | Doc |
| Choose File No file chosen | Clear | Please Select | NO | Normal | |
| Choose File No file chosen | Clear | Please Select | NO | Normal | |
| Choose File No file chosen | Clear | Please Select | NO | Normal | |
| Choose File No file chosen | Clear | Please Select | NO | Normal | |
| Choose File No file chosen | Clear | Please Select | NO | Normal | |

Choose File : No file chosen

Clear















Please Select

NO

Normal

Message Read

Attachment List

| Attachment | Uploaded By/Date | Category | | Urgency | Description |
|---|--|-----------------------|---|---------|---------------------------------|
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 31 Jan 2020 12:20 | NRIC/ Driving License | Y | Normal | NRIC/ Driving License 2020-1-31 |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 31 Jan 2020 12:20 | NRIC/ Driving License | Y | Normal | NRIC/ Driving License 2020-1-31 |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 31 Jan 2020 12:20 | Photos | | Normal | Photos 2020-1-31 |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 31 Jan 2020 12:20 | Photos | | Normal | Photos 2020-1-31 |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 31 Jan 2020 12:20 | Photos | | Normal | Photos 2020-1-31 |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 31 Jan 2020 12:20 | Photos | | Normal | Photos 2020-1-31 |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 31 Jan 2020 12:20 | Photos | | Normal | Photos 2020-1-31 |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 31 Jan 2020 12:20 | Photos | | Normal | Photos 2020-1-31 |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 31 Jan 2020 12:19 | Photos | | Normal | Photos 2020-1-31 |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 31 Jan 2020 12:19 | Photos | | Normal | Photos 2020-1-31 |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 31 Jan 2020 12:19 | Photos | | Normal | Photos 2020-1-31 |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 31 Jan 2020 12:19 | Photos | | Normal | Photos 2020-1-31 |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 31 Jan 2020 12:19 | NRIC/ Driving License | Y | Normal | NRIC/ Driving License 2020-1-31 |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 31 Jan 2020 12:19 | SAS | | Normal | SAS 2020-1-31 |

Video List

Uploaded By/Date

Folder Date

File Name

Source

Display in New Window

Scan and uploading

ACCIDENT STATEMENT

ACCIDENT DATE: (07/01/2020) (DD/MM/YYYY), TIME: (14:00) (HH:MM)

LOCATION: Kallang Bahru towards Lavender St

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: YP5955G
b) INSURANCE COMPANY: NTUC
c) POLICY NUMBER: 5089 658350-02
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: Suzuki FSR 34
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: Lo-Net Handling Pte Ltd (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Raman Ariraman (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: G 8527696X CONTACT: 87094887
c) ADDRESS: 91 Compassvale Bow #01-38
Jewel @ Bangkok. S(544688)

*d) DATE OF BIRTH: (21/06/1972) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 2 yrs

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: PC6757E MODEL: _____
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

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

Email = lonethandling8850@gmail.com

fax =

VIDE.O =

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

Employer
LO-NET HANDLING PTE LTD

Name
RAMAN ARIRAMAN

Work Permit No
5 23035789

Sector
SERVICE

For LKK/NAC Use Only

52

K1585001

REPUBLIC OF SINGAPORE

For LKK/NAC Use Only

21 Jun 2018

27 Jun 2018

002768193K

VISIT PASS
Immigration Regulations

10-07-2018

Name
RAMAN ARIRAMAN

FIN
G8527696X

Date of Birth
21-06-1972

Sex
M

Nationality
MALAYSIAN

Downloaded 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 CLASSES

EFFECTIVE DATE

| Class | Description | Effective Date |
|----------|---|----------------|
| Class 1B | Motorcycles <= 250 CC | 27 Jun 2018 |
| Class 3 | Motor cars <= 3500 kg with <= 7 passengers, exclusive of the driver, and motor tractors/vehicles <= 2500 kg | 17 Apr 2018 |
| Class 4 | Heavy motor cars and motor tractors > 2500 kg | 17 Apr 2018 |

For LKK/NAC Use Only

G8527696X

S / No. 9000279022

NP 420A

Licence No: G8527696X

Our Ref: MT/CA/TP/001/1079682-001/CCQK/VU

13 Jan 2020

LO-NET HANDLING PTE LTD
91 COMPASSVALE BOW
#01-38 JEWEL @ BUANGKOK
SINGAPORE 544688

Dear Policyholder

CLAIM NUMBER: MT/1079682-001
ACCIDENT INVOLVING YP5955G / PC6757E on 7 Jan 2020

We would like to inform you that a claim has been made against your motor policy.

We need to respond to this claim within seven days. We would appreciate it if you could provide us:

- a. additional evidence, if any, such as accident photographs, video clips or witnesses' statement
- b. information on whether you are making a claim against the other party

We wish to remind you that under this motor insurance policy, you are required to report the accident, whether there is damage or not, within 24 hours or the next working day after the accident at any of our reporting centres. If you have not done so, please report this accident to us immediately. Otherwise, we regret to inform you that we may not be able to handle the claim on your behalf.

You need not respond to us if you have already reported the accident and do not have any further information.

We wish to remind you not to admit liability, make offer or payment without informing us and getting our approval. If you are making a claim against another party or have instructed your workshop or lawyers to act on your behalf, please update us on the developments. This is important as any liability undertaken by you may have serious implication on the third party claim against you, and may result in us not being able to handle the claim for you.

If you have any queries, please contact our Customer Service Officers at 6788 6616 or email us at motor@income.com.sg.

Yours sincerely



Goh Peng Hong
Manager
Motor Insurance

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) Certificate Number

| Select | Policy No. | Certificate Number | Policyholder Name | Policyholder NRIC | Product | Cover Type | Vehicle No. | Insured Object | Commence Date | Expiry Date |
|----------------------------------|---------------|--------------------|-------------------------|-------------------|---------|---------------|-------------|----------------|---------------|-------------|
| <input checked="" type="radio"/> | 5089658350-02 | | LO-NET HANDLING PTE LTD | 199404658C | GCV | Comprehensive | YP5955G | YP5955G | 10/04/2019 | 09/04/2020 |