

NATIONAL Assessment Centre Services. [ver 1 Jan 03]

Date In: 28/07/20	Job description	Date & Time Completed	Done by
Ref No: NA/INC00007798/13	SAS e-filing		
Veh No: QBB5035H	E-mail (within 3hrs, AIC 2hrs)		
DOA: 27/07/20 1200	I-Motor Claim Form	MT/1098212 - 001	
OT - TP: Reporting Only	I-Motor W/O (within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wkspr		

Preferred Wksp / INC Assign Wksp / QW: () Tot: () Fax: ()

TP Particulars: Vch No: QBE6120G 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 repeler.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In (); Invoice: YES () / NO (); Towing Co: ()

Remarks: (INC Ref: 07004616)

1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: _____

Date/Time	Action

NA2003921

Invoice Description	Amount	Inc	Non-Inc
1) AR: Accident Reporting (\$30)			
2) DA: Damage Assessment (\$100); INC (\$30)			
3) TP: Towing Fee \$40/\$45			
4) PT: Follow-Through Survey \$120			
5) PT: Follow-Through Survey (Resurvey) \$30			
For claimant's use only (INC Only) (ver 10 Jan 2003)			
6) TR: Re-inspection \$75			
7) NI: Idao 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 / Collal Excess Coordination \$5			
TP (N11): TP (Non INC) against INC \$20			
9) N12: Idao Mobile \$0			
Invoice dated	Fee Charged		
Invoice dated	Fee Charged		

Circumstances Particulars:	
Driver/Owner:	
Contact No:	
Damaged Portion:	
QC Checked by (Bugi-In-Charge):	
Auditors Comments:	
Sub:	

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	28/07/2020 15:03
Date Of Accident	27/07/2020 12:00
Exact Location Of Accident	39 GREENWICH DRIVE OUTSIDE FOOD CENTRE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBB5035H
Insured/Policyholder	
Name Of Registered Owner	BSN TECH ENGINEERING PTE. LTD.
Co Reg No	2XXXXX445N
Email Address	BSNTECHENGINEERING@GMAIL.COM
Mobile Phone No	
Alternative Phone No	OFFICE-94294283
Vehicle Particulars	
Manufacturer	TOYOTA
Model	DYNA
Exact Purpose for which vehicle was being used at time of accident	MATERIAL DELIVERY
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	5115020039
Cover Note Number	
Driver	
Name of Driver	RAMAIYAN SELVAM
Passport No/FIN	GXXXX868T
Date Of Birth	03/02/1971
Occupation	OUTDOOR
Date Of Driving Pass	28/01/2020
Driving Experience	0 YEAR AND 5 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-82649086
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	9 LITTLE ROAD #03-03
Postcode	536985
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

I WAS TRAVELLING ALONG GREENWICH DR ON THE LEFT LANE OF A2-LANES RD, I SWERVED MY VEH TO MY RIGHT LANE SUDDENLY VEH B CAME AND HIT ONTO MY FRT RIGHT SIDE PORTION OF MY VEH.

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	GBE6120G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	SOH CHENG YEE JIMMY
NRIC/Passport Number	SXXXX334C
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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.

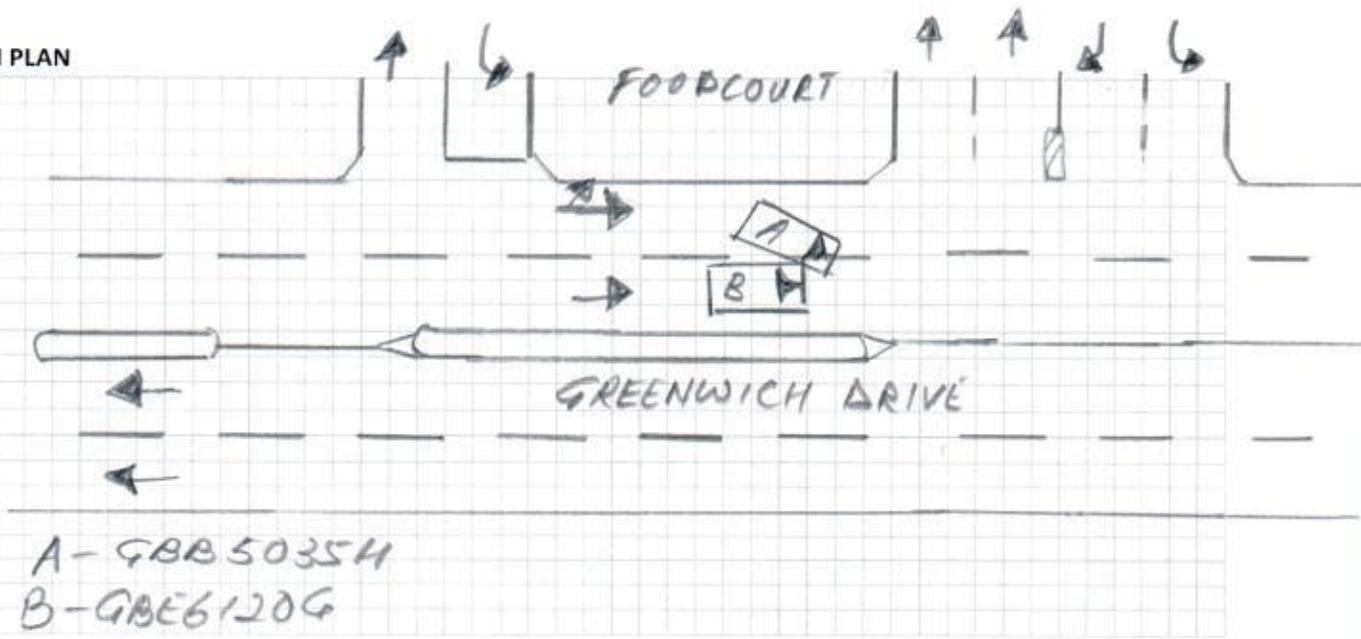


Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



A - GBB5035H
B - GBE6120G

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls refer to the statement.

DECLARATION

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



[Signature]
Policyholder's Signature
Date & Time:

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

[Signature] 28/07/20
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

ACCIDENT STATEMENT

ACCIDENT DATE: (29/07/20) (DD/MM/YYYY), TIME: (12:02) (HH:MM)

LOCATION: 39 Litch Dr Greenwich Outdoor food centre

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBB 5035 H
- b) INSURANCE COMPANY: B INCOME
- c) POLICY NUMBER: 5115020039
- d) POLICY TYPE: (COMPREHENSIVE) THIRD PARTY / THIRD PARTY FIRE & THEFT
- e) MAKE & MODEL:
- f) TYPE: (SALOON / COUPE / MPV / VAN (LORRY) MOTORCYCLE / OTHERS)
- g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
- h) PURPOSE OF USING AT ACCIDENT TIME: medical delivery.
- 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: Ramayam Selvam (MALE / FEMALE) C. BASWARAN
- B) NRIC/FIN/PASSPORT: G7924881 CONTACT: 870643127
- C) ADDRESS: 9 Little Road #03-03 Singapore 9, Little Road #03-03, Singapore

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Ramayam Selvam (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: G7924881 CONTACT: 82649086
- c) ADDRESS: 9 Little Road #03-03 Singapore

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

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 12 year.

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) Rai 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: GBT 61209.

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: GBE6120G MODEL:
- b) DRIVER'S NAME: Soh Cheng Yee Jimmy
- c) NRIC/FIN/PASSPORT: S7508334C CONTACT:

9. THIRD PARTY VEHICLE

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

* No. of passenger (including driver) (1)

* No. of passenger (including driver) ()

* No. of passenger (including driver) ()

Email: bsntechengineering@gmail.com

Email =

fax =

video =

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

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5115020039		BSN TECH ENGINEERING PTE. LTD.	201619445N	GCV	Comprehensive	GBB5035H	GBB5035H	20/12/2019	04/02/2021

Continue

Claim Handling

The premium of this policy has not been collected.

Accident MT/1098212

Policy No.	5113020029	Vehicle No.	GBB5035H	GST Registration No.	
Certificate No.					
Policyholder Name	BSN TECH ENGINEERING PTE. LTD.				
Product Code	COMMERCIAL VEHICLE (INSUR)	Cover Type	Comprehensive	Policyholder NRIC	201619440
Contact No.(Mobile)	94394283	Contact No.(Office)	0	Loading	0
Email Address		Special Remark		Contact No.(Home)	0
KFK	No Yes	TCA	No Yes	eCode	No
NCD Protection	No	NCD Entitlement(%)	0	eCode Reason	
Accident Details			Private Hire	No	

Report Date	28/07/2020 17:36	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	27/07/2020	Time of Accident hh:mm	12:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	39 GREENWICH DRIVE OUTSIDE FOOD CENTRE				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00	Driver is Covered?	Covered
OD Standard Excess	600.00	TP Standard Excess	0.00		
YIED OD Excess	1,000.00	YIED TP Excess	0.00		
Additional Excess					
Total OD Excess Applicable	1,600.00	Total TP Excess Applicable	0.00		

Benefits

GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History	28/07/2020 17:29:23 System changed GST Status Verified from No to Yes		

Policyholder Mailing Address

Address 1	1 BRUCKE ROAD	Address 2	#01-25 KATONG PLAZA	Address 3	SINGAPORE
Address 4		Address Type	Singapore address	Post Code	429029
Unit No.	R1-35	Related Policy Number	5113047455		

O1 Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	03/02/197
Unnamed driver Name	RAMAIYAN SELVAN	Driver NRIC	G7974668T	Driving Experience	0
Register Date of Driver License	28/01/2020	Driver Age	49	Contact No.(Home)	0
Contact No.(Mobile)	93649086	Contact No.(Office)	0	Address 3	SINGAPORE
Address 1	9 LITTLE ROAD	Address 2		Post Code	336985
Address 4		Address Type	Singapore address		
Unit No.	#01-03				
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

Claim 001 OD-MX **New**

Claim Type *	OD-MX	Insured Name	BSN TECH ENGINEERING PTE. L	In NR
Contact No.(Mobile)		Contact No.		Cc
Email Address		Contact No.(Home)		Nc (O
Claim Description		O1		TP
Preferred Workshop		Vehicle Number	GBB5035H	Ve Nu
Insured Liability	Fully at Fault			Ni
Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received	Pr W
Date Registered	28/07/2020 17:42	Claim Close Date		Dr Re
Report Taken By	ROSLINDA	Workshop Repairer		To Bu Re

Print AK letter

Save Submit

Attachment

Accident No.	MT/1098212	Claim No.	001
Lost Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	28/07/2020 00:00
Path *		Category *	Please Select
Choose File	No file chosen	Confidential	NO
Choose File	No file chosen	Urgency *	Normal

Choose File No file chosen

Clear

Please Select

NO

Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Jul 2020 17:42	NRIC/ Driving License	Normal	NRIC/ Driving License 2020-7-28
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Jul 2020 17:42	SAS	Normal	SAS 2020-7-28
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Jul 2020 17:42	Photos	Normal	Photos 2020-7-28
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Jul 2020 17:42	Photos	Normal	Photos 2020-7-28
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Jul 2020 17:42	Photos	Normal	Photos 2020-7-28
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Jul 2020 17:41	Photos	Normal	Photos 2020-7-28
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Jul 2020 17:41	Photos	Normal	Photos 2020-7-28
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Jul 2020 17:41	Photos	Normal	Photos 2020-7-28
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Jul 2020 17:41	Photos	Normal	Photos 2020-7-28

Video List

Uploaded By/Date	Folder Date	File Name	Source
<input type="button" value="Display in New Window"/> <input type="button" value="Scan and uploading"/>			