

NATIONAL Assessment Centre Services.

[Part 1 Jan'05] MNA1201007F3

Date In: 13/11/20 17:09	Job description	Date & Time Completed	Done by
Ref No: MAL/INC 20012530/64	SAS e-filing		
Veh No: SL5 3737X	E-mail (within 2hrs, A/C 2hrs)		
DDA: 5/11/20 20:50	I-Motor Claim Form	MT/1109449 ⁰⁰²	13/11/20 17:31
(ID) TP / Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wks		

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

TP Particulars: Vch No: Unknown 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 ()

() Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repater.

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

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

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

Injury: _____

NA2005990		
Driver/Owner:	1) All: Accident Reporting (\$30)	30.00
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)	
Damaged Portion:	3) TP: Towing Fee \$40/\$45	
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120	
	5) FT: Follow-Through Survey (Resurvey) \$30	
	For claimant against INC Only (w/c 10 Jan 2005)	
	6) TR: Re-inspection \$75	
	7) NI: Idaho 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 (NI): TP (Non INC) against INC \$20	
	9) NI: Idaho Mobile \$0	
	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	13/11/2020 17:09
Date Of Accident	05/11/2020 20:50
Exact Location Of Accident	SERANGOON CENTRAL DR CARPARK (BISE22)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLS3737X
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Insured/Policyholder

Name Of Registered Owner	RAMESH KUMAR S/O DHINAKARAN
NRIC No	SXXXX175E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97388272
Alternative Phone No	OFFICE-97388272

Vehicle Particulars

Manufacturer	BMW
Model	X1
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	PRIVATE CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5103002192-02
Cover Note Number	

Driver

Name of Driver	RAMESH KUMAR S/O DHINAKARAN
NRIC No	SXXXX175E
Date Of Birth	13/01/1978
Occupation	INDOOR
Date Of Driving Pass	08/07/1999
Driving Experience	21 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97388272
Fax Number	
Contact Number	OFFICE-97388272
Email Address	NOEMAIL

Address	43A LORONG ONG LYE
Postcode	536414
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLIDED INTO PARKED VEHICLE
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	SERANGOON NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 50 SERANGOON AVE 2 #01-02 , POSTCODE: 556129 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4880999 - FAX NO: 64883561
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT T/20201113/2054

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	UNKNOWN
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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1. Please report **correctly** the details of the accident to speed up the claims process.
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3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material facts may allow insurance companies to **repudiate policy liability**.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "**Personal Information**") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "**Insurers**"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "**Purposes**")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.



Policyholder's Signature
Date & Time:

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



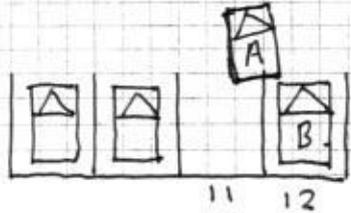
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

A = SLS 3737 X

B = Unknown.
(red Van)

Serangoon Central Drive Carpark. (Bise 22).



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report T/2020 1113 / 2054.

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.:



Police Station Of Origin:
Serangoon N.P.C
50 Serangoon Avenue 2 #01-02 SINGAPORE
556129
Tel No: 1800-4880999

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	RAMESH KUMAR S/O DHINAKARAN	ID No.	S7877175E
Related Vehicle	SLS3737X (Car)	Contact No.	97388272
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 5/11/2020 at about 2050hrs, I drove my vehicle (registration plate number: SLS 3737X) into the carpark at 263 Serangoon Central Drive. I then saw a parking lot however I do not know the lot number. There was a red coloured van, which I do not know the car plate number, parked at the right side of the parking lot that I wanted to park at. While I was reversing leftwards into the said lot, I heard a slight "bump" sound coming from the right rear bumper of my vehicle, and I believed that I had knocked onto something as I felt a small impact to my vehicle. I then looked at my rear mirror and my right side mirror to check however I did not see anyone in the said red van or around the parking lot, as such I drove out of the parking lot and stopped further down the carpark at the side to make a check as I did not want to block the way.

I then went down to make a check on my vehicle and I saw that there were some new scratches on the right rear bumper of my vehicle. I then saw the driver of the red van in the van itself, as such I wanted to speak to the driver of the red van to exchange particulars, however I saw the driver drove off the red van as such did not manage to speak to him. As such, I was unsure if there was damage to the red van, thus I did not know what to do. I would like to state that there is no in-car camera in my vehicle. I also have not checked on the cost of damage, which is a small dent and a few scratches, to my vehicle. I would like to state that I do not know the carpark number.

On 12/11/2020, I received a letter from traffic police informing me that the traffic police is investigating into the said incident and that I have to lodge a traffic accident report. In addition, I also received a letter from NTUC income informing me that a claim has been made against my motor policy and the vehicles involved stated in the letter were my vehicle and other vehicle bearing plate number SFX8118U, however I am unsure if that is the registration plate number of the said red van. As such, I am lodging this traffic accident report.



**SINGAPORE
POLICE FORCE**



T/20201113/2054

Police Station Of Origin:
Serangoon N.P.C
50 Serangoon Avenue 2 #01-02 SINGAPORE
556129
Tel No: 1800-4880999

3 of 3

Report No. T/20201113/2054

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:

F /

Sgt 2 POH WAN XUAN, GLORIS

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

13/11/2020 13:31

Officer In Charge Of Case:

TP / GIA /

Staff Sgt WONG SIEU LUI

SN 154

Contact No.: 65476151

Classification Of Case:

Authentication Stamp

NP168

Singapore Police Force

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"/>	5103002192-02		RAMESH KUMAR S/O DHINAKARAN	S7877175E	GPC	drivo CLASSIC	SLS3737X	SLS3737X	04/09/2020	03/09/2021

Continue

ACCIDENT STATEMENT

ACCIDENT DATE: (5 / 11 / 20) (DD/MM/YYYY), TIME: (20 : 50) (HH:MM)

LOCATION: Serangoon Central Drive

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLS 3737X
b) INSURANCE COMPANY: _____
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: BMW X2
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Private use
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: Ramesh Kumar S/o Dhinakaran (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 97 388 272
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: As Above (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

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

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: _____

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: owner

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: Serangoon MPC

Unknown.

8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: SFX 218U MODEL: red van

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: _____

* No of passenger
(including driver)
(1)

* No of passenger
(including driver)
()

* No of passenger
(including driver)
()

↓ zero
ramesh013@gmail.com

Email = ramesh@

fax =

VIDEO = No.



SINGAPORE POLICE FORCE

Traffic Police
Singapore Police Force
10, Ubi Avenue 3
Singapore 408865
Tel : 6547 0000
Fax : 6547 6259

Date : 10 Nov 2020

Your Ref :
Our Ref : TP/IP/49147/2020

RAMESH KUMAR S/O DHINAKARAN
43A LORONG ONG LYE
SINGAPORE 536414

000085



Dear Sir / Madam,

**CASE OF TRAFFIC ACCIDENT INVOLVING SLS3737X ALONG SERANGOON CENTRAL DRIVE ON
05 NOV 2020 @ 8.50 PM**

Please be informed that Traffic Police is investigating into the above matter and will update you the status in due course.

2 IF you have not lodged a Police Report of a Traffic Accident (NP168) in respect of the said accident which is now required for police investigation, please do so as soon as possible at the nearest police station, Neighbourhood Police Centre (NPC), Neighbourhood Police Post (NPP) or online via Singapore Police Force Electronic Police Centre (<http://www.police.gov.sg/epc>).

3 Please note that the information given by you in the Police Report of a Traffic Accident (NP168) will be carefully considered. You may not be called upon for an interview if the information in the Police Report is sufficient for our investigation. However, if you have any further information or other evidence (such as CCTV footages) which you have not stated in your report and which you think will assist in the investigation, you are advised to contact the Investigation Officer within 2 weeks of this letter to arrange for an appointment.

4 You may contact the Investigation Officer NOR AFFENDY BIN JAFFAR at his / her office number: 65476368 or the supervisor TAN CHIN YONG at 65476425 if you have any further queries.

5 Thank you.

Yours faithfully,

PUTEH BTE SHARIFF (SUPT)
CHIEF INVESTIGATION OFFICER
INVESTIGATION BRANCH
TRAFFIC POLICE

This is computer generated and does not require a signature.

Our Ref: MT/CA/TP/001/1109449-001/AL/VU

09 Nov 2020

RAMESH KUMAR S/O DHINAKARAN
43A LORONG ONG LYE
SINGAPORE 536414

Dear Policyholder

CLAIM NUMBER: MT/1109449-001
ACCIDENT INVOLVING SLS3737X / SFX8118U on 5 Nov 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