

# NATIONAL Assessment Centre Services

Date In: 04/01/21	Job description	Date & Time Completed	Done by
Ref No. NA/INC21000052/12	SAS e-filing		
Veh No: GBB5025H	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 03/01/21 1730	I-Motor Claim Form	05/01 17/11/2021-001	
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: SIM7278H	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: 67886616)	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

NA2100998	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$30);	Int. Bill	Add Bill
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$30)		
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)		
Date 1:	6) TR: Re-inspection \$75		
Date 2/3:	7) NI: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	ON:		
	*N5: Courtesy Car / Tp. Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (N/v INC) against INC \$20		
	9) N12: Idno 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 Submission	04/01/2021 14:39 (SGT)
Date of Accident	03/01/2021 17:30 (SGT)
Exact Location of Accident	CTE, Singapore
Additional Location Information	CTE TWDS MACPHERSON
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBB5035H
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#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	BSN TECH ENGINEERING PTE. LTD.
Company Reg No	2XXXXX445N
Email Address	bsntechengineering@gmail.com
Mobile Phone No	(Phone) +65-94294283
Alternative Phone No	+65-94294283

#### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Dyna
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Reporting only
Vehicle Category	Commercial vehicle

#### INSURANCE COMPANY

Name of Insurance Company	NTUC
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 .....	1 YEAR
Gender .....	Male
Mobile Number .....	(Phone) +65-82649086
Alt. Phone Number .....	-
Email Address .....	selvaram2013@gmail.com
Address .....	8 JALAN MESRA
Address complement .....	-
Postcode .....	368765
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Employee
Does Driver Own Other Vehicles? .....	No
Vehicle Registration Number of Other Vehicle Owned by Driver .....	-
Insurance Company of Other Vehicle Owned by Driver .....	-

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident .....	Side Swipe
Weather Conditions .....	AFTER RAIN
Road Surface .....	Wet

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	2
Was anybody injured in the Accident? .....	No
Was any injured conveyed to hospital by ambulance? .....	-
Was any other material or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	No
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE ATTACHED STATEMENT.

#### 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 .....	SJM7278H
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	-
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-

Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

## SKETCH PLAN

### IMPORTANT NOTICE

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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 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.

### 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.

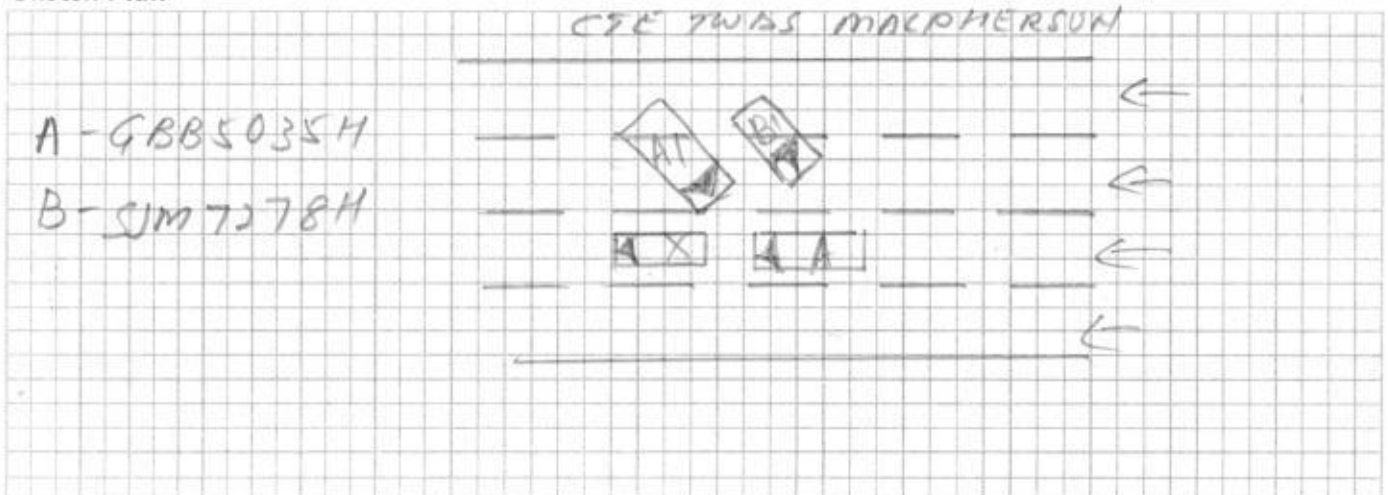


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

### Sketch Plan



### Describe Circumstances of the Accident

I was travelling straight along cre towards Macpherson on the 3<sup>rd</sup> lane of A4-lanes road. Suddenly infit of my veh jammed brake and i followed suit without any contact to the firt veh. A moment later i felt the impact and my veh and veh B pushed forward, <sup>to the right</sup> and facing opposite direction. I'm not sure how the impact occurred.

### Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

Ant. 04/01/21

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

shyer 04/01/21

Witnessed by Reporting Centre Personnel



## ACCIDENT STATEMENT

ACCIDENT DATE: (03/1/21) (DD/MM/YYYY), TIME: (17:30) (HH:MM)

LOCATION: CTE TWDS MALPHERSON

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBR50534  
b) INSURANCE COMPANY: NTUC  
c) POLICY NUMBER: 5115020039  
d) POLICY TYPE: COMPREHENSIVE + THIRD PARTY / THIRD PARTY FIRE & THEFT  
e) MAKE & MODEL: TOYOTA DYNA (M)  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY) / MOTORCYCLE / OTHERS  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME:  
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: BSN TECH ENGINEERING PTE LTD (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: 201619445N CONTACT: 82649086  
c) ADDRESS:

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

### DRIVER

- a) NAME: RAMAIVAN SELVAM (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: G792486T CONTACT: 82649086  
c) ADDRESS: 8 JALAN MESRA  
368765

\*d) DATE OF BIRTH: (03/02/1971) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 28/01/2020

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 stop rain)  
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: SJM 72784 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 = selvaram2013@gmail.com

fax =

VIDEO = N/A

Hello, NAC\_PAYA\_UBI\_800601

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

## Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="03/01/2021 10:47"/>
Vehicle No.(For Motor)	<input type="text" value="GBB5035H"/>	Certificate Number	<input type="text"/>
<input type="button" value="Search"/>			

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



## Claim Handling

## Accident MT/1116204

Policy No.	5115020039	Vehicle No.	GBB5035H	GST Registration No.	
Certificate No.					
Policyholder Name	BSN TECH ENGINEERING PTE. LTD.			Policyholder NRIC	201619445N
Product Code	COMMERCIAL VEHICLE INSURA	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	94294283	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	No
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No

## ▼ Accident Details

Report Date	05/01/2021 17:38	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	03/01/2021	Time of Accident hh:mm	17:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	CTE TWDS MACPHERSON				

## ▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	600.00	TP Standard Excess	0.00	Driver is Covered?	Covered
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			

## ▼ Policyholder Mailing Address

Address 1	1 BROOKE ROAD	Address 2	#B1-25 KATONG PLAZA	Address 3	SINGAPORE 4299
Address 4		Address Type	Singapore address	Post Code	429979
Unit No.	B1-25	Related Policy Number	5115947455		

## ▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	03/02/1971
Unnamed driver Name	RAMAIVAN SELVAMM	Driver NRIC	G7924866T	Driving Experience	0
Register Date of Driver License	28/01/2020	Driver Age	49	Contact No.(Home)	0
Contact No.(Mobile)	82549086	Contact No.(Office)	0	Address 3	
Address 1	8 JALAN MESRA	Address 2	SINGAPORE 368765	Post Code	368765
Address 4		Address Type	Singapore address		
Unit No.					
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Declaration			
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No

## Modification History

Claim 001 OD-MX New

Claim Type *	OD-MX	Insured Name	BSN TECH ENGINEERING PTE.	Insured NRIC			
Contact No.(Mobile)		Contact No. (Home)		Contact No. (Office)			
Email Address		Vehicle Number	GBB5035H	TP Number			
Claim Description	GBB5035H / SJM7278H ON 3 Jan 2021				Name of Preferred Workshop		
Preferred Workshop		Insured Liability	Not at Fault	GIA report	Received		
Finalisation	Yes	Repair Option	Preferred Workshop, Name unknown				
Date Registered				Claim Close Date	05/01/2021 17:51	Date Received	
Report Taken By				Workshop Repairer	ROSLINDA	Total Lost but Repaired	
<input type="checkbox"/> Print AK letter							
<div>Save Submit</div>							

## Attachment

Accident No.	MT/1116204	Claim No.	001
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Last Doc. Received

☒ Yes ☐ No

Upload Date

05/01/2021 00:00

Path \*

[Choose File](#) No file chosen

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[Choose File](#) No file chosen

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[Message Read](#)

Clear	Category *	Confidential	Urgency *
<a href="#">Clear</a>	<a href="#">Please Select</a>	<a href="#">NO</a>	<a href="#">Normal</a>
<a href="#">Clear</a>	<a href="#">Please Select</a>	<a href="#">NO</a>	<a href="#">Normal</a>
<a href="#">Clear</a>	<a href="#">Please Select</a>	<a href="#">NO</a>	<a href="#">Normal</a>
<a href="#">Clear</a>	<a href="#">Please Select</a>	<a href="#">NO</a>	<a href="#">Normal</a>
<a href="#">Clear</a>	<a href="#">Please Select</a>	<a href="#">NO</a>	<a href="#">Normal</a>
<a href="#">Clear</a>	<a href="#">Please Select</a>	<a href="#">NO</a>	<a href="#">Normal</a>
<a href="#">Clear</a>	<a href="#">Please Select</a>	<a href="#">NO</a>	<a href="#">Normal</a>

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Jan 2021 17:50	NRIC/ Driving License	Normal	NRIC/ Driving License 2021-1-5
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Jan 2021 17:50	SAS	Normal	SAS 2021-1-5
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Jan 2021 17:46	Photos	Normal	Photos 2021-1-5
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Jan 2021 17:46	Photos	Normal	Photos 2021-1-5
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Jan 2021 17:46	Photos	Normal	Photos 2021-1-5
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Jan 2021 17:44	Photos	Normal	Photos 2021-1-5
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Jan 2021 17:44	Photos	Normal	Photos 2021-1-5
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Jan 2021 17:44	Photos	Normal	Photos 2021-1-5
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Jan 2021 17:44	Photos	Normal	Photos 2021-1-5
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Jan 2021 17:44	Photos	Normal	Photos 2021-1-5

## Video List

Uploaded By/Date	Folder Date	File Name	Source
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