

NATIONAL Assessment Centre Services

Part 1 Jan 2013

SM09213F000Q

Date In: 15/3/21 18:35	Job description	Date & Time Completed	Done by
Ref No NA/INC21003383/64	SAS e-filing		
Veh No WC 5225Y	E-mail (within 2hrs, AIC 2hrs)		
DDA: 13/3/21 16:00	I-Motor Claim Form	MT/1124487 ⁰⁰¹	15/3/21 19:51
OD: 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/VV/KSP		

Professed Wksp / INC Assign Wksp / QW: (Tel: (Fax: (
TP Particulars:	Veh No: SGW 73K	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%; P: 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 repolar.

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

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

Remarks:	TP (INC Non-INC 0788 6610)	TP (INC Non-INC 0788 6610)
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: ()

Date/Time	Location	Remarks

NA 2102156

Driver/Owner:	
Contact No:	
Damaged Portion:	

QC Checked by (Bug-In-Charge):

Adaptors Comments:

Adaptor:

Adaptor:

Adaptor:

Item	Amount	Total
1) AR: Accident Reporting (\$30)		30
2) DA: Damage Assessment (\$100)	INC (\$50)	
3) TP: Towing Fee	\$40/\$45	
4) PT: Follow-Through Survey	\$120	
5) PT: Follow-Through Survey (Resurvey)	\$30	
For claiming against INC Only (wef 10 Jan 2013)		
6) TR: Re-inspection	\$75	
7) NI: Idao DA + EMRT Survey	\$160	
8) NTUC Additional Services:		
OD:		
*NS: Courtesy Car / Tpl Allowance	\$5	
*NG: Repair Co-ordination	\$10	
*NJ: Post Repair Inspection	\$25	
*NB: DV / Collect Excess Coordination	\$5	
*ND: DV / Collect Excess Coordination	\$20	
TP (NI): TP (Non INC) against INC	\$0	
9) NI: Idao Mobile		
Invoice dated		
Invoice dated		
Fee Charged		
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	15/03/2021 18:35 (SGT)
Date of Accident	13/03/2021 16:00 (SGT)
Exact Location of Accident	CTE, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	WC5225Y
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	HSS ENVIRO PTE. LTD.
Company Reg No	2XXXXX582R
Email Address	ADMIN@HSSENVIRO.COM.SG
Mobile Phone No	(Phone) +65-63458787
Alternative Phone No	+65-63458787

VEHICLE PARTICULARS

Manufacturer	Scania
Model	P380CB6X4MHZ
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	5108528128-01
Cover Note Number	-

DRIVER

Name of Driver	RAMADOSS BALADHANDA YUTHAPANI
Work Permit No	GXXXX146K
Date Of Birth	26/07/1983
Occupation	Outdoor

Date Of Driving Pass	14/12/2012
Driving experience	8 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-85919797
Alt. Phone Number	-
Email Address	ADMIN@HSSENVIRO.COM.SG
Address	1 KAMPONG KAYU RD #03-22
Address complement	-
Postcode	431001
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	Chain Collision
Weather Conditions	Raining
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT T/20210313/2105

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	SGW73K
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SGY9680M
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)	-

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.:

A-WC 5225Y
B-SG W73K
C-SG Y9680M

SKETCH PLAN

Central Expressway



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Accident Date & Time : 13/03/2021 @ 16:00

Accident Location : Central Expressway.

Refer to Police Report T1202103131 2105

☒ Reporting Only ☐ Own Damage ☐ Third Party ☐ Claim at other workshop (OD/TP)

DECLARATION

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

IMPORTANT NOTE:

You had been advised by the workshop that in the event that you wish to claim against your own policy (Own Damage Claim), there is a FOURTEEN (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence

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.:



SINGAPORE POLICE FORCE



T/20210313/2105

1 of 3

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20210313/2105

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/03/2021 18:47	Vide Report No.: F/20210313/0153	Station Diary No.:
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Informant's Particulars

Name of Informant: RAMADOSS BALADHANDA YUTHAPANI			Address: 1 KAMPONG KAYU ROAD #03-22 DI TANJONG RHU SINGAPORE 431001		
ID Type / ID No.: FIN NO / G6848146K			Contact No.: Home/Office: Mobile: 85919797		
Nationality: INDIAN			Email:		
Sex: Male	Age: 37	Date of Birth: 26/07/1983	Type of Informant: Driver		
Race: Indian			Language:		Institution / School Name:
Occupation: Working proprietor (construction)			Driving Licence Information: Class: 2B,3,4 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 13/03/2021 16:00	Type of Location:
Location: CENTRAL EXPRESSWAY				
Weather: Raining		Road Surface: Wet		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision:				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGW73K	Car					0
SGY9680M	Car					0
WC5225Y	CEMENT TRUCK					0



**SINGAPORE
POLICE FORCE**



T/20210313/2105

2 of 3

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20210313/2105

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	RAMADOSS BALADHANDA YUTHAPANI	ID No.	G6848146K
Related Vehicle	WC5225Y (CEMENT TRUCK)	Contact No.	85919797
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

ON THE ABOVE MENTIONED DATE, TIME AND LOCATION

I WAS ON THE EXTREME LEFT LANE OUT OF 3 LANES. I WAS TRAVELLING AT ABOUT 30 - 40 KM/H. AS I WAS TRAVELLING, MY WATER BOTTLE DROPPED FROM MY BACKSEAT. SO I QUICKLY REACHED OUT TO TAKE MY WATER BOTTLE AND WANTING PUT IT RIGHT INFRONT OF ME JUST IN CASE IF IT FALLS AGAIN. AS I WAS REACHING OUT TO TAKE THE BOTTLE, A CAR (SGW73K) COLLIDED WITH ME FROM BEHIND. AFTER THE COLLISION HAPPENED, ANOTHER CAR (SGY9680M) COLLIDED WITH THE STATED CAR, CAUSING A CHAIN COLLISION. THE 2 DRIVERS AND MYSELF EXCHANGED PARTICULARS AND ALSO TOOK PHOTOS OF THE ACCIDENT SCENE. POLICE AND AMBULANCE WAS AT SCENE. THAT IS ALL.



SINGAPORE
POLICE FORCE



T/20210313/2105

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20210313/2105

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:

TP /

SC SAIFUL ILHAM BIN ZAHARI

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIA /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151

Signature Of Informant:

Date/Time:

13/03/2021 18:47

Classification Of Case:

Authentication Stamp

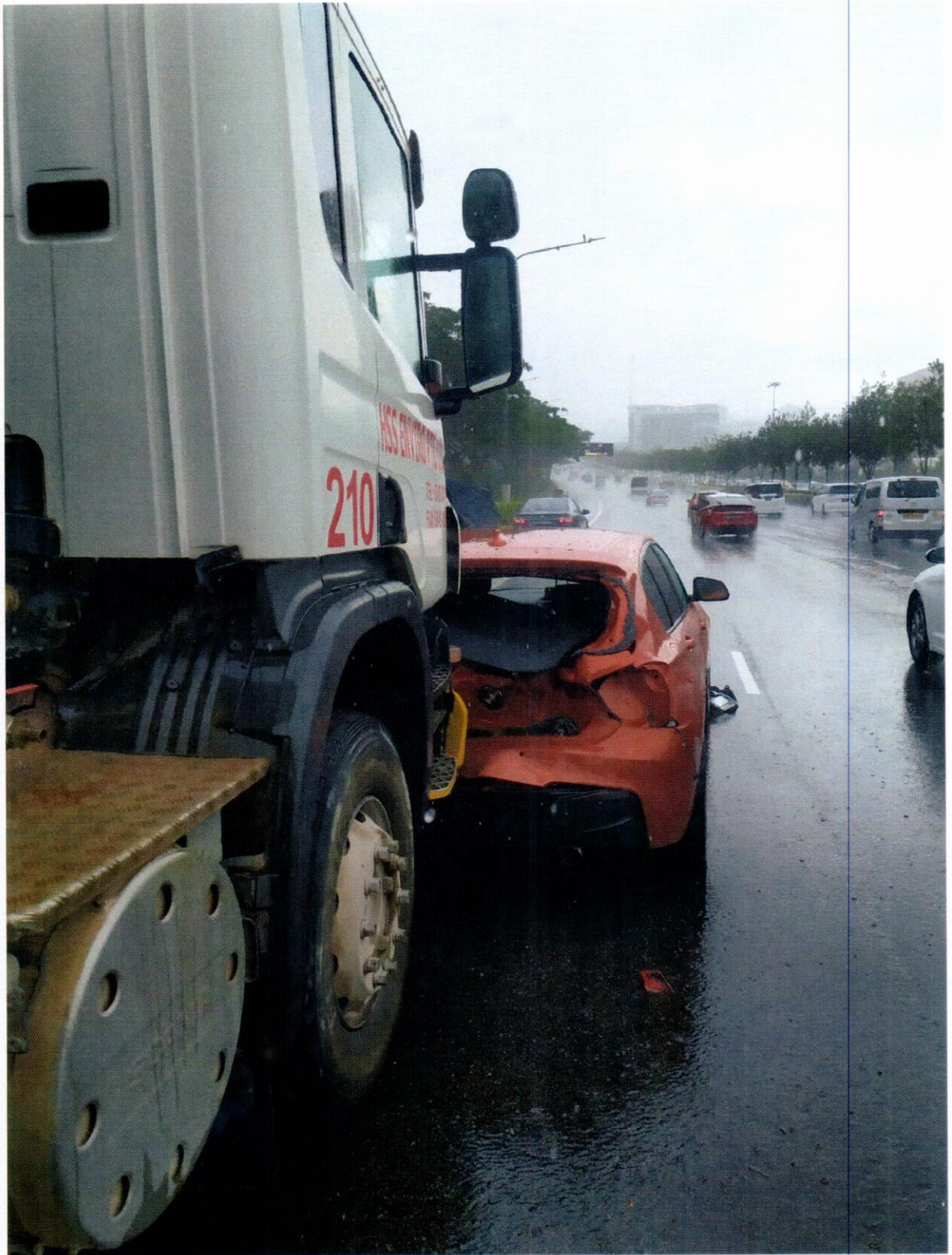
NP168

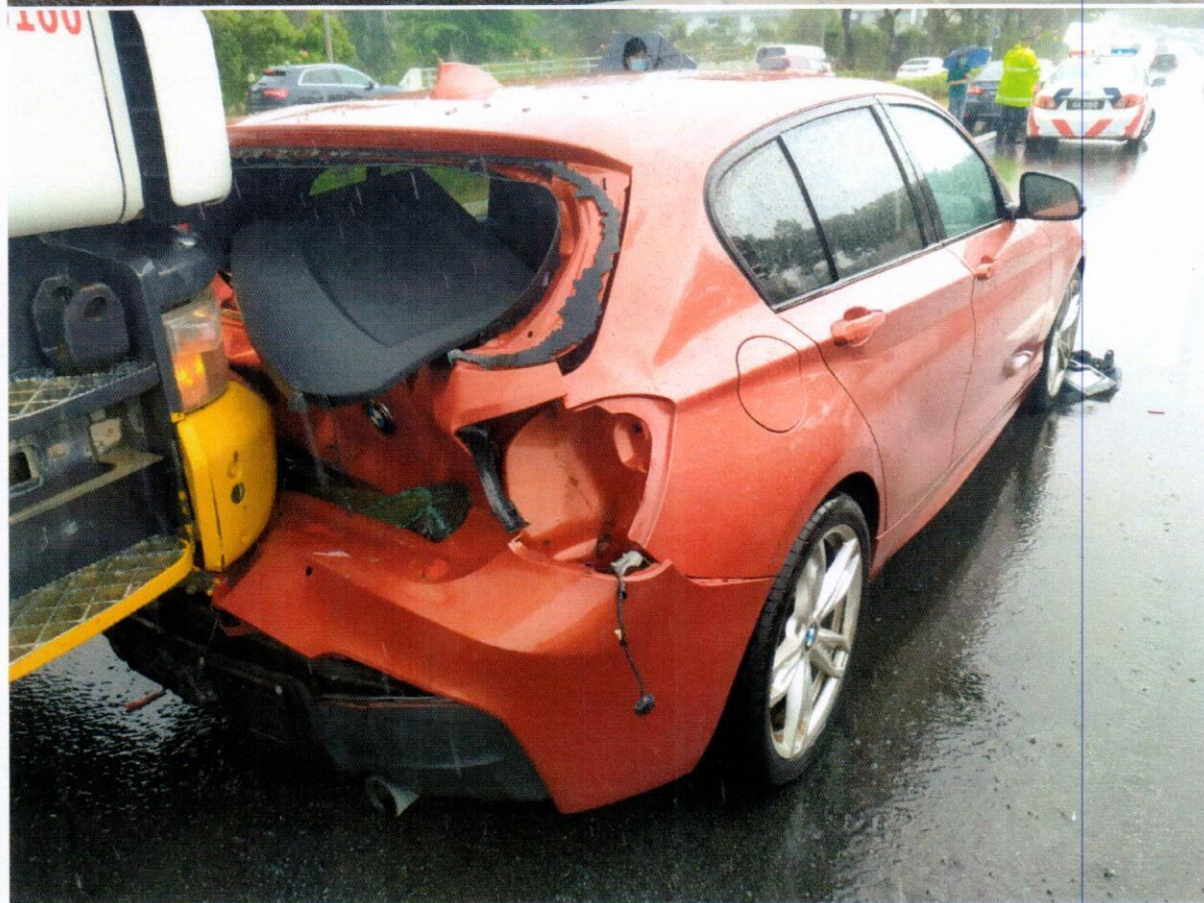


SINGAPORE
POLICE FORCE

Signature: _____

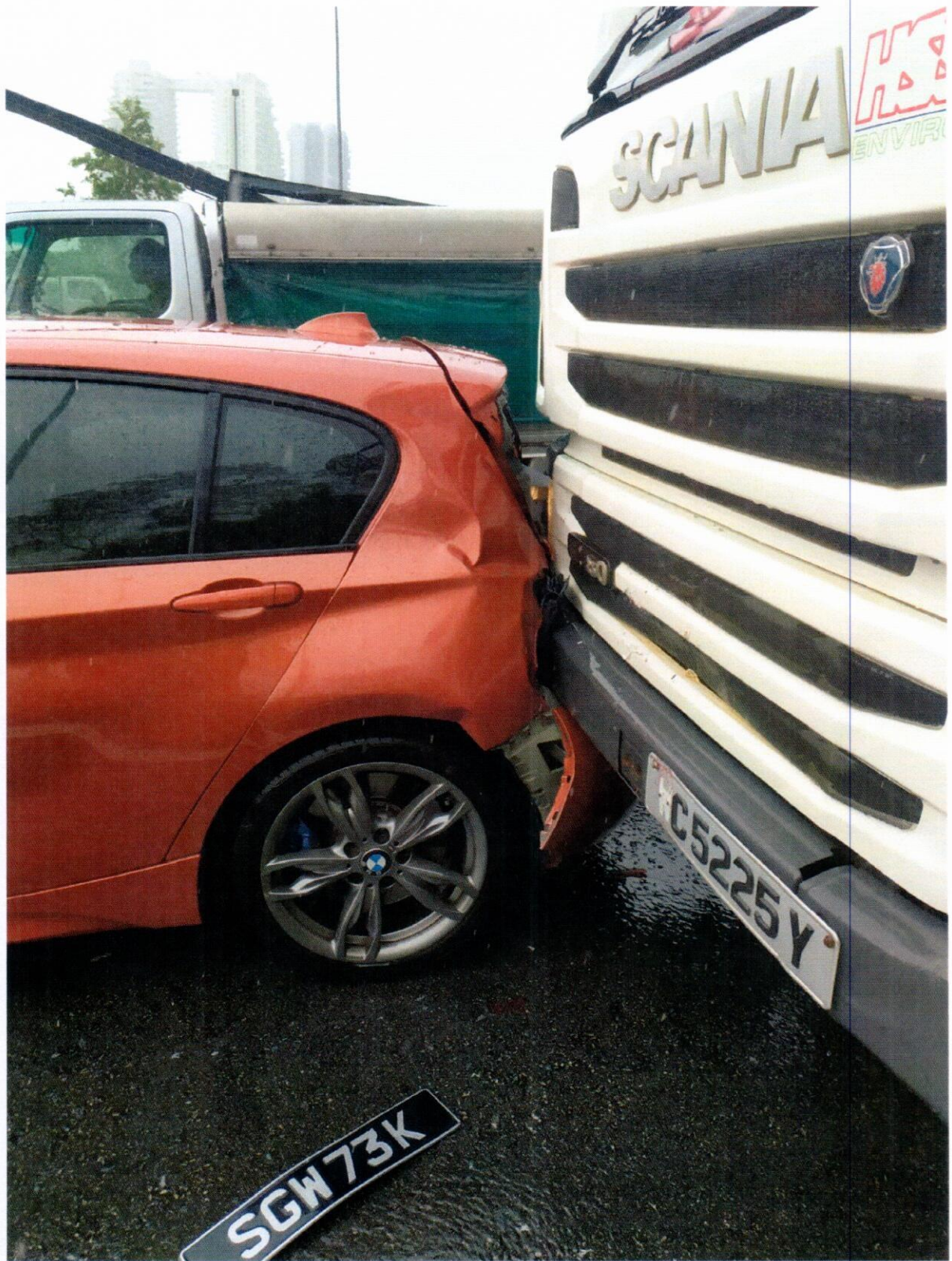
















Hello, NAC_PAYA_UBI_800601

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Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="13/03/2021 18:23"/>							
Vehicle No.(For Motor)	<input type="text" value="WC5225Y"/>	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"/>	5108528128-01	5108528128-01-000008	HSS ENVIRO PTE. LTD.	201001582R	GFM	Preferred Workshop Plan	WC5225Y	WC5225Y	07/04/2020	06/04/2021
				<input type="button" value="Continue"/>						

*If no proper documents are produced, IDAC shall not file the report. Information will be discarded after one week.

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 13/03/2021 (dd/mm/year)

Time of Accident: 16:00 (24HOUR FORMAT)

Vehicle No.: WC5225Y Vehicle Make & Model: Scania / P380CB6X4MHZ Private Hire: (Y/N) (N)

Exact location of Accident: Central Expressway.

Policyholder's Name / IC No.: HSS ENVIRO PTE LTD / 2010 01582R

Driver's Name / IC No.: Ramadas Baladhandayuthapani / 66848146K (As Above)

Driver's Contact No.: 8591 9797 Company Contact No (Company Veh Only): 6345 8787

Driver's Address: 24 Tuas Ave 2, Singapore 639455

Email address: admin@hssenviro.com.sg Insurance Company: NTUC

Relationship between Owner & Driver: (Please CIRCLE one only)

Owner / Spouse / Children / Friend / Parents / Sibling / Relative (Employee) Hirer or Others specify: _____

What do you wish to claim? (Please TICK one only)

Own Insurance / ☐ Other Vehicle (The one you want to claim against) / ☒ Reporting (For Record Purpose)

Exact purpose for which the vehicle
Was being used at time of accident?

Occupation (nature of job) ☐ Indoor / ☒ Outdoor

☐ Private use / ☒ Work purpose

No. of Passengers (Including Driver): 1

*Passenger Name: _____ Gender: Male / Female

*Passenger Name: _____ Gender: Male / Female

Weather condition & Road conditions? (On the day of accident)

☐ Clear & Dry / ☒ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others: _____

Was there any video captured by your Car Camera? ☐ Yes / ☒ No

Any Injuries: ☐ Yes / ☒ No (IF YES) Injured Person Name: _____

Injuries Sustain: _____ Injured Person in Which Vehicle: _____

Police Report filed: ☒ Yes / ☐ No (IF YES) Which Police Station: 10 Ubi Ave 3, Singapore 408865

The Other Party(s) Details:

1. Driver's Name / IC No: _____ Vehicle No: SGW73K

Driver's Contact No: _____ Insurance Company: _____

2. Driver's Name / IC No (If Any): _____ Vehicle No: SGY9680M

Driver's Contact No: _____ Insurance Company: _____

*Independent Witness (If Any): _____ Contact No: _____

Preferred Workshop Name: _____ Contact No: _____