

NATIONAL Assessment Centre Services

Date In: 25/05/22	Job description	Date & Time Completed	Done by
Ref No: NA/40522004940/13	SAS e-filing		
Veh No: 4P43256	E-mail (within 8hrs. AIC 2hrs)		
D.O.A: 15/05/22 1100	i-Motor Claim Form		
OD: TP (Reporting Only)	i-Motor W/O (Within: OE 2hrs, TP 4hrs)		
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

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

TP Particulars:	Veh No: SMQ549R	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

Claimant's Particulars :-	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
		1st Bill	Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors' Comments :-	5) FT: Follow-Through Survey (Resurvey) \$30		
Cat 1:	6) TR: Re-inspection \$75		
Cat 2/3:	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:n INC) against INC \$20		
	9) N12: Idac 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 Submission 25/05/2022 18:09 (SGT)
Date of Accident 15/05/2022 11:00 (SGT)
Exact Location of Accident Singapore
Additional Location Information BLK 274 & 275 YISHUN ST 22 OPEN CARPARK.
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number YP4325G

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner SLK ENGINEERING PTE. LTD.
Company Reg No 2XXXXX193Z
Email Address slkepl@yahoo.com.sg
Mobile Phone No (Phone) +65-86127283
Alternative Phone No +65-86127283

VEHICLE PARTICULARS

Manufacturer Mitsubishi
Model Canter
Variant -
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 - Reporting only
Vehicle Category Commercial vehicle
Transmission Manual
CC 2998

INSURANCE COMPANY

Name of Insurance Company United Overseas Insurance Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number DHOM110175152001
Cover Note Number -

DRIVER

Name of Driver REGUNATHAN SUBASHCHANDRABOSE
Passport No/FIN GXXXX523N

Date Of Birth	02/12/1984
Occupation	Outdoor
Date Of Driving Pass	26/12/2017
Driving experience	4 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-84077559
Alt. Phone Number	-
Email Address	slkepl@yahoo.com.sg
Address	BLK 275 YISHUN ST 22
Address complement	#12-132
Postcode	760275
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	Collision - Head to Rear
Weather Conditions	Clear
Road Surface	Dry

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 vehicle 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

I WAS REVERSING MY VEH INTO THE CARPARK LOT AT BLK 274 & 275 YISHUN STREET 22 OPEN CARPARK.WHILE REVERSING MY VEH HIT ONTO THE FRONT LEFT PORION OF VEH B.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	FRT ONLY WITH DRIVER
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMQ549R
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	ONG LONG HAN
NRIC No	SXXXX074F

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

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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.



[Handwritten signature]

[Handwritten signature] 25/05/22

Policyholder's Signature / Date & Time

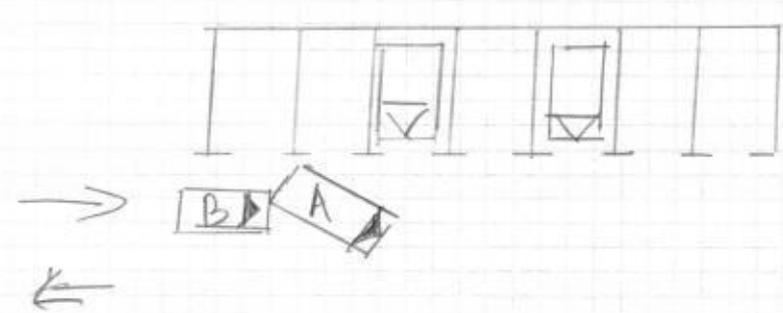
Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan

BLK 274, YISHUN ST 22 OPEN CAR PARK

A- 4P4325G
B- 5MQ549R



Describe Circumstances of the Accident

I was reversing my veh into the carpark lot at
BLK 274 & 275 YISHUN Street @ open carpark.
While reversing my veh hit onto the ~~rear~~ front
left portion of veh B.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

R. [Signature]

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

[Signature] 25/05/22

Witnessed by Reporting Centre Personnel

ACCIDENT STATEMENT

ACCIDENT DATE: 15/05/22 (DD/MM/YYYY), TIME: 11:00 (HH:MM)

LOCATION: BLK 274 YISHUN ST 22 OPEN CARPARK

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: YP4325G
b) INSURANCE COMPANY: UBI
c) POLICY NUMBER: DHOM110175152001
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: HINO AUTO / MANUAL
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: SLK ENGINEERING PTE LTD (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 86127283
c) ADDRESS: _____

* CONTINUE TO 3. d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: REGUNATHAN SUBASHCHANDRA BOSE (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: G6759523N CONTACT: 84077559
c) ADDRESS: BLK 275 YISHUN ST 22
#12-132 (760275)

*d) DATE OF BIRTH: 02/12/1984 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)
f) YEARS OF DRIVING EXPERIENCE: 26/12/2017

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: SMQ 549R MODEL: _____

b) DRIVER'S NAME: ONG LONG HAN

c) NRIC/FIN/PASSPORT: 57400074F CONTACT: _____

9. THIRD PARTY VEHICLE

a) 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 = slkep1@yahoo.com.sg

fax =

video = yes, front only (with driver)

Certificate of Insurance

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

ORIGINAL

CERTIFICATE NO.	DH0M110175152001	Excess:	\$500/-SECTION 1 \$3000/-APPL TO <25 YRS & OR <3YRS EXP \$100/-WINDSCREEN DAMAGE CLAIM
Type of Cover	COMPREHENSIVE		
Vehicle Number	YP4325G		
Name of Insured	SLK ENGINEERING PTE LTD		
Restricted Driver(s)	NOT APPLICABLE		

Period of Insurance 30 September 2021 to 29 September 2022 **Engine#** 4P10C35316
Chassis# FEB21EA20981

Goods carrying - Private Type [MZ 300]

AUTHORISED DRIVER

Any person who is driving on the Insured's order or with their permission

LIMITATIONS AS TO USE

- (1) Use in connection with the Insured's business
- (2) Use for the carriage of passengers (other than for hire or reward) in connection with the Insured's business
- (3) Use for social domestic and pleasure purposes

THE POLICY DOES NOT COVER

- (1) Use for hire or reward or for racing pace-making reliability trial or speed-testing
- (2) Use whilst drawing a trailer except the towing of any disabled mechanically propelled vehicle

Provided that the person is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

*Limitation rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

I/WE HEREBY CERTIFY that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles(Third-Party Risks and Compensation) Act (Chapter 189) and part IV of the Road Transport Act, 1987 (Malaysia).

UNITED OVERSEAS INSURANCE LTD



For the Company

FSCPP Date : 20/08/2021

Enquire Vehicle Registration Details

Vehicle Registration Details

Vehicle No.
YQ2532H

Make/Model
HINO/XZU710R 14FT WID CAB 5T MT

Vehicle Scheme
-

Current Propellant
Diesel

Chassis No.
JHHUCV3F30K034697

Vehicle Type
Goods (Open) Lorry (Metal Body)/Pickup

Owner's Details

Owner Name:
SLK ENGINEERING PTE. LTD.

Owner ID Type:
Company

NRIC/Passport/Company Cert No.:
201108193Z

Registered Address:
**1023 YISHUN INDUSTRIAL PARK A #01-11 YISHUN INDUSTRIAL PARK A
SINGAPORE 768762**

Mailing Address:
-

2480 kg

Maximum Laden Weight:

5000 kg

Vehicle Attachment 1:

With Hood

Vehicle Attachment 2:

-

Vehicle Attachment 3:

-

Additional Registration Fee (ARF) and COE Information

Open Market Value:

\$37,042.00

Additional Registration Fee Rate:

5.00 %

Actual ARF Paid:

\$1,853.00

Vehicle Lifespan Expiry Date:

26 Jul 2040

OPC Cash Rebate Eligibility:

No

QP during COE Bidding Exercise:

\$24,202.00

COE No.:

2020040105000032G

COE Expiry Date:

26 Jul 2030

COE Category:

C - Goods Vehicle & Bus

COE Registration Category:

C - Goods Vehicle & Bus

Quota Premium (QP) / Prevailing Quota Premium

\$24,202.00 / -

Actual QP Paid

\$24,202.00