

# NATIONAL Assessment Centre Services

Form 1 (5/2013)

Date In: 31/05/22	Job description	Date & Time Completed	Done by
Ref No: NA/40122005177/13	SAs e-filing		
Veh No: 901816X	E-mail (within 8hrs. Aft 2hrs)		
D.O.A: 31/05/22 0940	i-Motor Claim Form		
(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: SHA464J	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

NA2201513

Claimant's Particulars :-	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) 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		
	4) FT : Follow-Through Survey \$120		
	5) RT : Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR : Re-inspection \$75		
	7) N1 : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
QC Checked by (Engr-In-Charge):	OD*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
Auditors' Comments :-	TP (N11) : TP (Non INC) against INC \$20		
Cat. 1:	9) N12: Idac Mobile \$30		
Cat. 2/3:	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	31/05/2022 18:42 (SGT)
Date of Accident	31/05/2022 09:40 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	CTE TWDS PIE CHANGI EXIT 8B
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	YQ1816X
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#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	ARC URBAN SERVICES PTE. LTD.
Company Reg No	2XXXXX281M
Email Address	suryaancurban@gmail.com
Mobile Phone No	(Phone) +65-67479949
Alternative Phone No	(Office) +65-67479949

#### VEHICLE PARTICULARS

Manufacturer	Hino
Model	XZU710R 14FT WIDE CAB 5T
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?	Yes
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	4009

#### INSURANCE COMPANY

Name of Insurance Company	United Overseas Insurance Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DHOM120047631902
Cover Note Number	-

#### DRIVER

Name of Driver	RATHINAVEL SURESH
Passport No/FIN	GXXXX809U

Date Of Birth .....	27/01/1982
Occupation .....	Outdoor
Date Of Driving Pass .....	10/01/2011
Driving experience .....	11 YEARS AND 4 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-91316059
Alt. Phone Number .....	-
Email Address .....	suryaancurban@gmail.com
Address .....	53 UBI AVE 1
Address complement .....	#05-43 PAYA UBI INDUSTRIAL PARK
Postcode .....	408934
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 TRAVELLING FROM CTE TWDS PIE CHANGI EXIT 8B ON THE RIGHT LANE OF A2-LANES RD.DUE TO THE HEAVY TRAFFIC EVERY VEH MOVING SLOW.I ACCIDENTALLY HIT ONTO THE REAR PORTION OF VEH B.

#### 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 .....	SHA4164J
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Taxi
Name of Driver .....	LEONG SIEW MENG
NRIC No .....	SXXXX600J
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

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 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

Sketch Plan

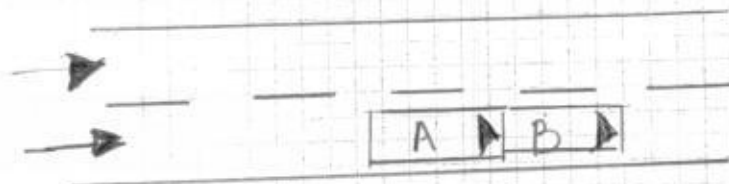
R. SURONG  
Driver's Signature (If driver is not the policyholder) / Date & Time

2/ym 31/05/22  
Witnessed by Reporting Centre Personnel

CTE TWRD AIE CHANGI EXIT 8B

A - YQ1816X

B - SHA4164J



### Describe Circumstances of the Accident

On 31/5/2022 at 9.40am, I was travelling CTE towards PIE Changi Exit 8B due to heavy traffic every vehicle moving slow. I accidentally hit onto the taxi SHA HIGHI in front of me.

### Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

P. Surendra

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

Slynn 31/05/22

Witnessed by Reporting Centre Personnel



# ACCIDENT STATEMENT

ACCIDENT DATE: (31 / 05 / 2022) (DD/MM/YYYY), TIME: (9 : 40) (HH:MM)

LOCATION: CTE towards PIE Changi Exit 8B

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: YQ 1816X  
b) INSURANCE COMPANY: UOI  
c) POLICY NUMBER: DHOM120047631902  
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:  
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: ARC URBAN SERVICES PTE LTD (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: CONTACT: 67479949  
c) ADDRESS:

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

## DRIVER

- a) NAME: RATHINAVEL SURESH (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: G7927809U CONTACT: 91316059  
c) ADDRESS: 53 UBI AVE 1, #05-42, DAYANG INDUSTRIAL PR  
SINGAPORE 408924

\*d) DATE OF BIRTH: (27 / 01 / 1982) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 11

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: SHA 4164J MODEL:  
b) DRIVER'S NAME: Leong Siew Meng  
c) NRIC/FIN/PASSPORT: S1202600J CONTACT:

## 9. THIRD PARTY VEHICLE

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

Suryaarcurban@gmail.com

Email = suryaarcurban@gmail.com

fax =

VIDEO = No



MEMBER OF THE UOB GROUP

United Overseas Insurance Limited  
146 Robinson Road  
#02-01 UOI Building  
Singapore 068909  
Tel (65) 6222 7733  
Fax (65) 6327 3869 / 6327 3870  
Fax (65) 6327 3872 (claims)  
Email: contactus@uoi.com.sg  
uoi.com.sg  
Co. Reg. No. 197100152R

### 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**

<b>CERTIFICATE NO.</b>	DHOM120047631902	<b>Excess:</b>	\$500/-SECTION 1 \$100/-WINDSCREEN DAMAGE CLAIM \$3000/-APPL TO <25 YRS & OR <3YRS EXP
<b>Type of Cover</b>	COMPREHENSIVE		
<b>Vehicle Number</b>	YQ1816X		
<b>Name of Insured</b>	ARC URBAN SERVICES PTE LTD		
<b>Restricted Driver(s)</b>	NOT APPLICABLE		

**Period of Insurance** 9 October 2021 to 8 October 2022  
**Hire Purchase** UNITED OVERSEAS BANK LIMITED

**Engine#** N04CVV10885  
**Chassis#** JHHUCV3HX0K032236

MZ 801

AUTHORISED DRIVER

Any person provided he is in the Insured's employ and is driving on their order or with their permission

#### LIMITATIONS AS TO USE

Use in connection with the Insured's business

Whilst the Motor Vehicle is being so used the carriage of passengers is permitted

THE POLICY DOES NOT COVER

- (1) Use for racing pace-making reliability trial or speed-testing
- (2) Use for the carriage of passengers for hire or reward
- (3) Use whilst drawing a greater number of trailer in all than is permitted by law

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 : 22/09/2021