

NATIONAL Assessment Centre Services

| | | | | |
|-------------|-------------------|--|-----------------------|---------|
| Date In | 20/11/2017 13:30 | Job description | Date & Time Completed | Done by |
| Ref No | NA/CTI17022060/14 | SAS e-filing | | |
| Veh No | GBE1579R | E-mail (within 3hrs, AIC 2hrs) | | |
| DOA | 20/11/2017 07:30 | i-Motor Claim Form | | |
| OD | TP Reporting Only | i-Motor W/O (Within: OD 2hrs, TP 4hrs) | | |
| | | i-Photo Uploaded | | |
| | | Assessment/Survey Report | | |
| TP Insurer: | | Ass't Report by Fax / Hand to Owner/Wksp | | |

| | | |
|--|--|-----------------------|
| Preferred Wksp / INC Assign Wksp / QW: (| Tel: | Fax: |
| TP Particulars: | Veh No: SJL1563D | 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 |
|-----------|---------|
| | |
| | |
| | |
| | |
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| | |

| | | | | |
|---------------------------------|-----------|---|-------------|----------|
| Claimant's Particulars:- | NA1707134 | Invoice Preparation Checklist | Amf (\$) | Amf (\$) |
| Driver/Owner: | | 1) AR: Accident Reporting (\$30); | 1st Bill | Add Bill |
| 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 | | |
| | | 5) FT: 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:- | | |
| | | 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 (Non INC) against INC \$20 | | |
| | | 9) N12: Idac 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 ability.
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 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 | 20/11/2017 13:30 |
| Date Of Accident | 20/11/2017 07:30 |
| Exact Location Of Accident | YISHUN AVE 1 TWDS LENTOR |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|-------------------------|
| Vehicle Registration Number | GBE1579R |
| Insured/Policyholder | |
| Name Of Registered Owner | NGOI & NGOI ENGINEERING |
| Co Reg No | 53173451W |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-97419436 |
| Alternative Phone No | OFFICE-62688834 |

Vehicle Particulars

| | |
|--|------------------------|
| Manufacturer | TOYOTA |
| Model | TOYOTA DYNA 150 MANUAL |
| Exact Purpose for which vehicle was being used at time of accident | WORKING HOURS |
| Are you claiming under your own insurance policy for repair to your vehicle? | NO |
| If No, Please state action to be taken | THIRD PARTY |
| Vehicle Category | COMMERCIAL VEHICLE |

Insurance Company

| | |
|---------------------------|---|
| Name of Insurance Company | CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD. |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | DMCVSN1660221701 |
| Cover Note Number | |

Driver

| | |
|----------------------|----------------------|
| Name of Driver | JAYARAMAN ANBARASAN |
| Passport No/FIN | G6571072U |
| Date Of Birth | 24/05/1989 |
| Occupation | INDOOR |
| Date Of Driving Pass | 18/04/2013 |
| Driving Experience | 4 YEARS AND 7 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-83459314 |
| Fax Number | |
| Contact Number | OTHERS-83459314 |
| Email Address | NOEMAIL |

| | |
|---|--|
| Address | 7030 ANG MO KIO AVE 5 NORTH STAR@AMK #02-12 |
| Postcode | 569880 |
| Was driver an employee of the Insured's Company | YES |
| If No, Relationship of the Driver with the Insured | |
| Vehicle Registration Number of Driver's Own Vehicle | - |
| | - |
| Insurance Company of Driver's Own Vehicle | - |
| | - |
| | - |

General Information of the Accident

| | |
|--------------------|-----------------|
| Type Of Accident | CHAIN COLLISION |
| Weather Conditions | CLEAR |
| Road Surface | DRY |

Other Information

| | |
|---|-----|
| Was any foreign vehicle involved in this accident? | NO |
| Was any body injured in the Accident? | YES |
| 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) | 3 |

Details of Police Action

| | |
|---|----|
| Was the accident reported to the police? | NO |
| If Yes, Please state which Police Station | |
| 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 | SJL1563D |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Name of Driver | |
| NRIC/Passport Number | |
| Contact Number | |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |
| No. Of Passenger (Including Driver) | |

Details of Witness

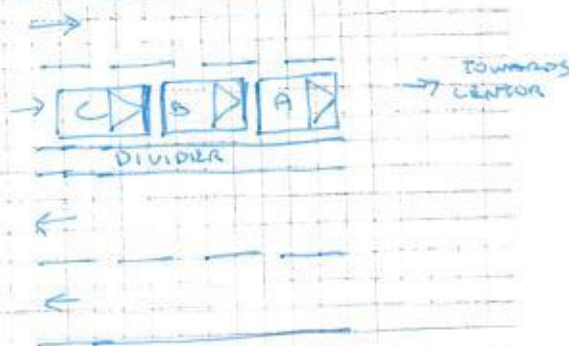
| | |
|---------------|--|
| Name | |
| Phone Number | |
| Email Address | |

DETAILS OF OTHER VEHICLE PROPERTY 2

| | |
|-----------------------------|---------|
| Vehicle Registration Number | XD3611L |
|-----------------------------|---------|

SKETCH PLAN

GISHW AVE / TOWARDS LENTOR
(GISHW DAM)



VEHICLE A - GBE 157AR
VEHICLE B - SJL 1563D
VEHICLE C - XD 3611C

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS TRAVELLING STRAIGHT ALONG GISHW AVE / TOWARDS LENTOR DIRECTION. I WAS ON THE RIGHT LANE.

WHILE TRAVELLING STRAIGHT AHEAD, DUE TO HEAVY TRAFFIC THE VEHICLE BRAKE TO COMPLETE STOP, AND SO I TOO APPLIED BRAKE TO COMPLETE STOP. SUDDENLY AFTER A FEW SECONDS I FELT A GREAT IMPACT FROM THE REAR OF MY VEHICLE.

FRIGHTED FROM MY VEHICLE AND REALIZED A VEHICLE BEARING (SJL 1563D) HAD COLLIDED TO THE REAR OF MY VEHICLE AND IT WAS A CHAIN COLLISION INVOLVING 3 VEHICLES.

VEHICLE A - GBE 157AR

VEHICLE B - SJL 1563D

VEHICLE C - XD 3611C

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.:

20/11/2017

| | | | |
|--|--|--------------------------|----------------------------|
| Vehicle No. | G82 1574R | Model / Make | TOYOTA DYNA |
| Date of Accident | 20/11/17 | | |
| Time of Accident | 0730 | HRS | |
| Location of Accident | MISHUN AVE 1 TOWARDS LENTOR | | |
| Exact purpose use during accident | WORKING HOUR | | |
| Name of Owner | NGOI & NGOI ENGINEERING | | |
| Telephone No. | H/P: 9741 9426 | Home : | Office : 6268 9834 |
| NRIC | 53173451W | | |
| Address | 7030 ANH MO KIO AVE S. NORTH STAR @ AMK #02-12 S(569890) | | |
| Claim type | OD | THIRD PARTY | REPORTING ONLY |
| Insurance Company | CHINA TALPINK | | |
| Type of Coverage | Comprehensive | Third Party | Third Party / Fire / Theft |
| Policy No. | DMCVSN1660221701 | | |
| Name of Driver | As Above If No; JAYARAMAN ANBARASAN | | |
| NRIC | 66571072U | Any Passengers : | 2 |
| Date of birth | 24 MAY 1989 | | |
| Occupation | Outdoor | / | Indoor |
| Driving License Pass Date | 14 APR 2013 | | |
| Gender | Male / Female | | |
| Contact No. | H/P: 8345 9314 | Home : | Office : |
| Address | | | |
| Driver have any own vehicle | No | If yes, Reg No. | |
| Relationship | Employee, | If no, state | |
| Weather condition | Clear | Raining | Other |
| Road Surface | Dry | Wet | Other |
| Any Injuries | No, | If Yes, Who? | |
| Name And Contact No. | JAYARAMAN ANBARASAN 8345 9314 | | |
| Name And Contact No. | VIRRAMUTHU BASKAR 98918010 / MD SUMON 8697 5377 | | |
| Police Report | No, | If Yes, Where? | |
| Vehicle B No. | S5L 1563D | Any Passengers : | |
| Name of Driver | | Contact No. : | |
| Vehicle C No. | XD 3611 L | Any Passengers : | |
| Vehicle D No. | | Any Passengers : | |
| Vehicle E no. | | Any Passengers : | |
| Vehicle F No. | | Any Passengers : | |
| Vehicle G No. | | Any Passengers : | |
| Witness Name | | Witness Contact : | |
| Accident Portion | REAR | | |
| Camera Recorder | Yes / No | | |
| Email Address | | | |
| PARTICULAR WORKSHOP | TWINCAR AUTOMOTIVE PTE LTD | | |
| CONTACT NO. | 6842 0051 / 6744 0510 | | |
| CONTACT PERSON | IAN | | |
| FAX NO | 6741 0510 | | |
| WORKSHOP EMAIL ADDRESS | SALES@NSI.COM.SG | | |

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS:

| Class 2B | Class 3 | Class 4 |
|----------------------------------|--|---|
| MOTORCYCLES NOT EXCEEDING 200 CC | MOTOR CARS AND MOTOR TRACTORS THE WEIGHT OF WHICH UNLADEN DOES NOT EXCEED 1500 KILOGRAMS | HEAVY MOTOR CARS AND MOTOR TRACTORS THE WEIGHT OF WHICH UNLADEN EXCEED 2500 KILOGRAMS |

18 Apr 2013
18 Apr 2013
09 Oct 2015

S / No. 9000240876

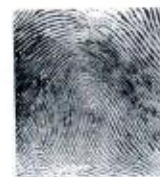
G6571072U

NP 428A

License No: G6571072U

VISIT PASS
Immigration Regulations

Name
JAYARAMAN ANBARASAN



| Date of Birth | Sex | Nationality |
|---------------|---------------|----------------|
| 24-05-1989 | M | INDIAN |
| FIN | Date of Issue | Date of Expiry |
| G6571072U | 26-10-2017 | 18-11-2019 |

MULTIPLE JOURNEY VISA ISSUED

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.



REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: **G6571072U**

Name: **JAYARAMAN ANBARASAN**

Birth Date: **24 May 1989**

Issue Date: **18 Apr 2013**

Valid Till **17 Apr 2018**

002172249B

S PASS
Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore

Employer
NGOI & NGOI ENGINEERING

Sector: **CONSTRUCTION**



Name
JAYARAMAN ANBARASAN

Occupation
ASSISTANT PROJECT SUPERVISOR

| S Pass No. | Date of Application |
|---------------|---------------------|
| 0 3458396- | 10-10-2017 |
| Date of Issue | Date of Expiry |
| 26-10-2017 | 18-11-2019 |



L8404350



中国太平
CHINA TAIPING

中国太平保险(新加坡)有限公司
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Co. Reg. No. 200208384E

MZ300/C
R SN
AN0609A
Cov. Type: C

MOTOR COMMERCIAL VEHICLE

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. | DMCVSN1660221701 | Engine No :1KD2484781 ChaNo:JTFAT35YX0K204361 |
| 1. Index Mark and Registration Number of Vehicle | GBE1579R | AUTOSAFE ===== |
| 2. Name of Policy Holder | NGOI & NGOI ENGINEERING | |
| 3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment | 18 September 2017 | Excess Sect I S\$500.00 EX ON WINDSCREEN S\$100.00 |
| 4. Date of Expiry of Insurance | 17 September 2018 | |

5. Persons or Classes of Persons entitled to drive*

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

Provided that the person driving 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.

6. Limitations as to use:

- (1) Use in connection with the Policyholder's business.
 - (2) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business.
 - (3) Use for social, domestic or pleasure purposes.
- The Policy does not cover.
- (1) Use for hire or reward or racing, pace-making, reliability trial or speed testing.
 - (2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

HIRE PURCHASE CO. : UNITED OVERSEAS BANK LIMITED AS HP OWNER

* Limitations 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).

Please see reverse

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By: TAN NGEE LING EILEEN
Authorised Officer

Authorised Signatory