

NATIONAL Assessment Centre Services

(Ref: 1-2000)

Date In: 27/11/2017 15:40	Job description	Date & Time Completed	Done by
Ref No: NA/TM/17022545/K4	SAS e-filing		
Veh No: GZ1603J	E-mail (within 8hrs, AIC 2hrs)		
DOA: 25/11/2017 06:00	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: SJD3144J 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 :- NA1707337

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments :-

Cat. 1:

Cat. 2 / 3:

Invoice Preparation Checklist

Am't (\$)

Am't (\$)

1st Bill

Add Bill

- 1) AR: Accident Reporting (\$30);
- 2) DA: Damage Assessment (\$100); INC (\$50)
- 3) TF: Towing Fee \$40/\$45
- 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) NI: 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 \$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 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	27/11/2017 15:40
Date Of Accident	25/11/2017 06:00
Exact Location Of Accident	HINDOO ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GZ1603J
Insured/Policyholder	
Name Of Registered Owner	KUMPULAN DEVELOPMENT (S) PTE LTD
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91740263
Alternative Phone No	OFFICE-91740263

Vehicle Particulars

Manufacturer	NISSAN
Model	-
Exact Purpose for which vehicle was being used at time of accident	WORK
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	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	17-MD003532-R05
Cover Note Number	

Driver

Name of Driver	SEVAIYA KALIDOSS
Passport No/FIN	G6902385T
Date Of Birth	21/05/1988
Occupation	OUTDOOR
Date Of Driving Pass	12/03/2014
Driving Experience	3 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91740263
Fax Number	
Contact Number	OTHERS-91740263
EMail Address	NOEMAIL

Address KUMPULAN DEVELOPMENT (S) PTE LTD
 Postcode
 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 COLLIDED INTO PARKED VEHICLE
 Weather Conditions CLEAR
 Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO
 Was any body injured in the Accident? NO
 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) 0

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 SJD3144J
 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 GBE4015G
 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

SKETCH PLAN

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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.

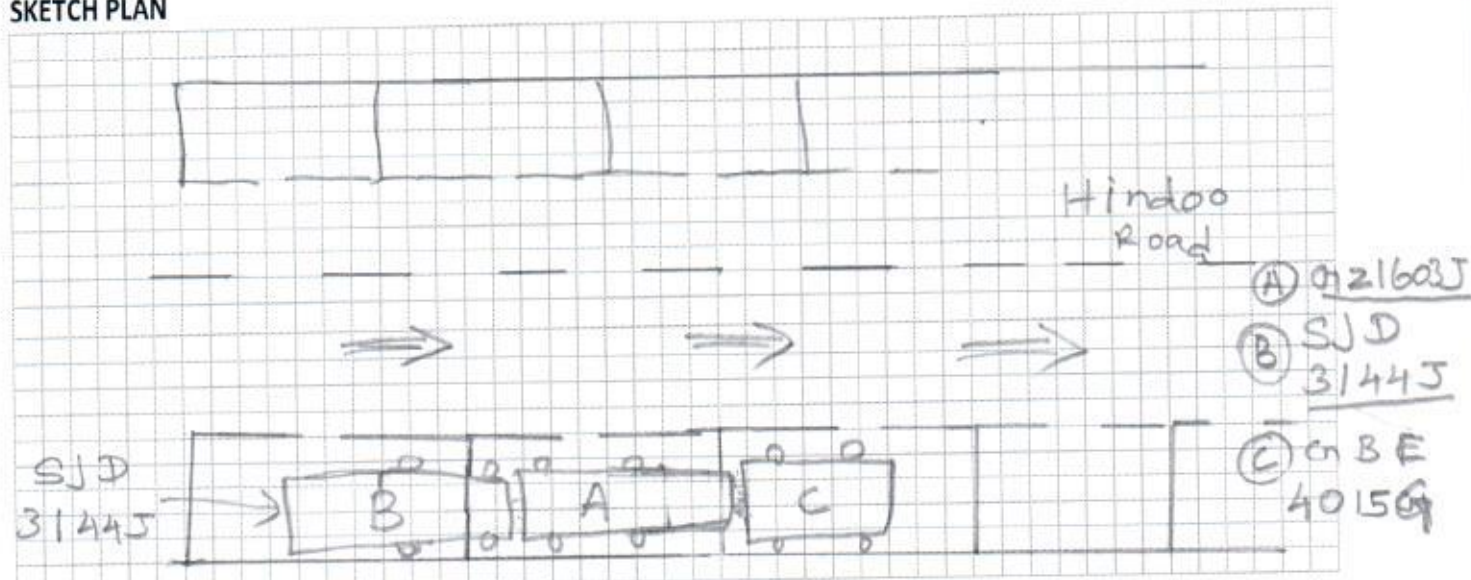


Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Vehicle A was parked at Hindoo Road Carpark. I was not at the carpark. Beside my vehicle A there was Vehicle B and Vehicle C was coming to park at the area. When I came back at about 0930AM I saw my Vehicle A was hit by Vehicle B which was coming to park there. At about 1615 vehicle B driver sms me to my phone.

DECLARATION

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

Policyholder's Signature
Date & Time:

J. Kali does
Driver's Signature
(If driver is not the policyholder)
Date & Time:

27/11/2017
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

ph: 97711002

10597711002

Saturday, November 25, 2017

C

Hi Mr Kalidoss, I
am the driver of
car that hit your
van. I accidentally
press accelerator
too hard.

My name is
Bharati. Vehicle is
SJD 3144J.

1 4:14 PM

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

Employer:
KUMPULAN DEVELOPMENT (S) PTE LTD

Sector: **MANUFACTURING**

Name:
SEVAIYA KALIDOSS

Occupation:
LOGISTICS ASSISTANT

S Pass No.
0 35308911

Date of Application
24-03-2016

Date of Issue
08-04-2016

Date of Expiry
12-01-2018

917+0263

L8061646




REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **G6902385T**



Name:
SEVAIYA KALIDOSS

Birth Date: **21 May 1988**

Issue Date: **03 Aug 2017**

Valid Till: **11/03/2019**

002709932K

VISIT PASS
Immigration Regulations



Name:
SEVAIYA KALIDOSS

Date of Birth: **21-05-1988** Sex: **M** Nationality: **INDIAN**

FIN: **G6902385T** Date of Issue: **08-04-2016** Date of Expiry: **12-01-2018**

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.





YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

	EFFECTIVE DATE
Class 2B Motorcycles <= 200 cc	12 Mar 2014
Class 3 Motor cars with unladen weight <= 3000kg with <= 7 passengers, exclusive of driver; and other motor vehicles with unladen weight <= 2500kg	12 Mar 2014

NP 428A

Licence No: **G6902385T**





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)

Policy No.: 17-MD003532-R05 (Comm Vehicle Carry Own Goods)

- | | | |
|---|---|---------------------------------------|
| 1. Index Mark and Registration Number of Vehicle | GZ1603J | Chassis No.: JN1MG4E25Z0713883 |
| 2. Name of Policyholder | KUMPULAN DEVELOPMENT (S) PTE LTD | |
| 3. Effective date of the Commencement of Insurance for the purposes of the Act | 06/07/2017 | |
| 4. Date of Expiry of Insurance | 05/07/2018 | |
| 5. Persons or Class 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. And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.

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 Policyholders' 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 one disabled mechanically propelled vehicle.

* 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.

We hereby certify that the Policy to which this Certificate relates is issued in accordance with the provision of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Please refer to the Policy Schedule for full details, terms and conditions of the insurance.

IMPORTANT NOTICE

This Certificate is not transferable. During its currency, if the insurance is cancelled for whatsoever reason, you must return the Certificate to Tokio Marine Insurance Singapore Ltd. within 7 days thereof or, if the Certificate has been lost destroyed, you must make a statutory declaration to that effect. Failure to comply with this duty is an offence under Motor Vehicle (Third-Party Risks and Compensation) Act (Chapter 189).

ADDITIONAL INFORMATION**Account:** 1124DDA

Insurance Plan: Third Party, Fire & Theft
Limit for total loss or theft: Prevailing Market Value
Financial Interest: ABWIN PRIVATE LIMITED

Tokio Marine Insurance Singapore Ltd.

Authorised Signature