

NATIONAL Assessment Centre Services

MAN/471166525

Date In: 19/12/2017 10:31
Ref No: NBA/CTI170240057
Veh No: GBF 9215U
D.O.A: 13/12/2017 17:35
OD: (TP) Reporting Only

Job description	Date & Time Completed	Done by
SAS e-filing		
E-mail (within 3hrs, AIC this)		
1-Motor Claim Form		
1-Motor VVO (within 24hrs, TP client)		
1-Photo Uploaded		
Assessment/Survey Report		
Ass't Report by Fax/ Hand to Owner/Wksp		

TP Insured:

Preferred Wksp / INC Assign Wksp / QW:

TP Particulars: Yeh No: STD 55104, 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: Customers 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: UNR 6016
1) Apply for Transport Allowance () / Courtesy Car ()
2) QC Check / Post Repair Inspection ()
3) Upload Resurvey Photo (Repair Cost > \$3000) ()

Injury:

Date/Time	Actions

NA1707860

Customer's Particulars:
Driver/Owner:
Contact No:
Damaged Portion:
Checked by (Engr-In-Charge):

Invoice Preparation Checklist	Amount (\$)	Unit
1) AR: Accident Reporting (\$30)		
2) DA: Damage Assessment (\$100)	INC (\$30)	
3) TP: Towing Fee	\$40/\$45	
4) FT: Follow-Through Survey	\$150	
5) PT: Follow-Through Survey (Resurvey)	\$50	
Forfeiting against INC Only (w/ef 10 Jan 2018)		
6) TR: Re-inspection	\$15	
7) NI: Idm DA + SMRT Survey	\$150	
8) NTUC Additional Services:		
Q11:		
*N3: Courtesy Car / Tpl Allowance	\$5	
*N6: Repair Coordination	\$10	
*N7: Post Repair Inspection	\$25	
*N8: DY / Collision Unass Coordination	\$5	
TP (NI) / TP (N+IN) against INC	\$20	
9) NI: Idm Mobile	10	
Invoice dated	File Charged	
Issued Date	File Charged	

Additional Comments:
L.I:
L 2/3:

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	19/12/2017 10:21
Date Of Accident	13/12/2017 17:35
Exact Location Of Accident	ALONG WOODLANDS INDUSTRIAL PARK E5
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF9215H
Insured/Policyholder	
Name Of Registered Owner	M/S NOVA TESTING PTE LTD
Co Reg No	200303636H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90569364
Alternative Phone No	OFFICE-65611002

Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA 1.5T-3.0 (M)
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	DMCVSN1730161700
Cover Note Number	

Driver

Name of Driver	MAHALINGAM SELVARAJ KARTHIKEYAN
NRIC No	G3062268K
Date Of Birth	27/12/1988
Occupation	OUTDOOR
Date Of Driving Pass	10/09/2014
Driving Experience	3 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90569364
Fax Number	
Contact Number	OFFICE-65611002
Email Address	NOEMAIL

Address	BLK 793 WOODLANDS AVENUE 6 #13-663,ST GEORGES WEST GARDENS
Postcode	730793
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	SIDE SWIPE
Weather Conditions	HEAVY RAIN
Road Surface	WET

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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes,Please state which Police Station	
Police Station Name	WOODLANDS NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 1 WOODLANDS DRIVE 63 , POSTCODE: 738070 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7679999 - FAX NO: 67673652
Was notice of intended Prosecution given?	NO
If Yes,against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20171213/2187

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	SJD5510Y
Vehicle Make/Model/Colour	TOYOTA AXIO
Details Of Properties	
Name of Driver	LIM YANG ZHEN
NRIC/Passport Number	S8810023I
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

Details of Witness

Name

SKETCH PLAN

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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:

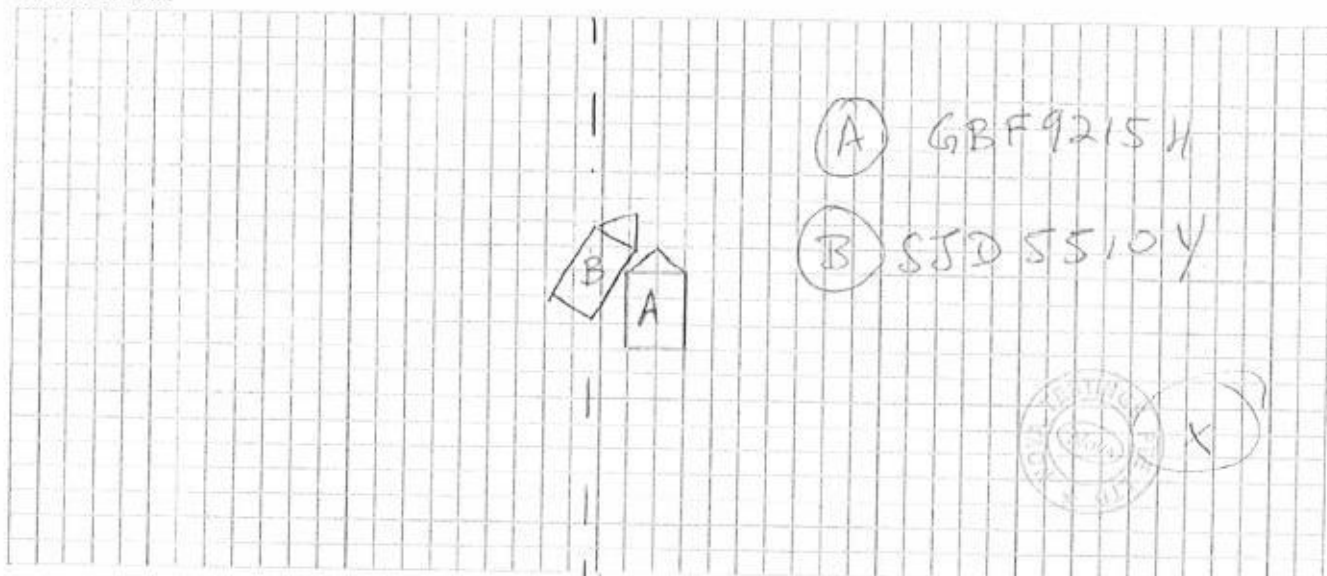
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AS PER POLICE REPORT T/20171213/2167.

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.:



SINGAPORE POLICE FORCE



T/20171213/2167

1 of 3

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

Report No. T/20171213/2167

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/12/2017 21:01		Vide Report No.: J/20171213/0159		Station Diary No.: 184	
Informant's Particulars					
Name of Informant: MAHALINGAM SELVARAJ KARTHIKEYAN			Address: APT BLK 793 WOODLANDS AVENUE 6 #13-663 ST GEORGE'S WEST GARDENS SINGAPORE 730793		
ID Type / ID No.: FIN NO / G3062268K			Contact No.: Home/Office: Mobile: 90569364		
Nationality: INDIAN			Email:		
Sex: Male	Age: 28	Date of Birth: 27/12/1988	Type of Informant: Driver		
Race: Indian			Language:		Institution / School Name:
Occupation: SERVICE TECHNICIAN			Driving Licence Information: Class: 2B,3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 13/12/2017 17:25	Type of Location: Straight Road
Location: Along Road 1 WOODLANDS INDUSTRIAL PARK E5				
Near to Biz Hub				
Weather: Heavy rain		Road Surface: Wet		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Colour	Condition	No. of Passenger
GBF9215H	Lorry	TOYOTA	DYNA	White	Slightly Damaged	0
SJD5510Y	Car	TOYOTA	AXIO	Grey	Totally Damaged	0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20171213/2167

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

2 of 3

Report No. T/20171213/2167

CONTINUATION OF REPORT

Driver 1				
Name	MAHALINGAM SELVARAJ KARTHIKEYAN		ID No.	G3062268K
Related Vehicle	GBF9215H (Lorry)		Contact No.	90569364
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL
Driver 2				
Name	LIM YANG ZHEN		ID No.	S8810023I
Related Vehicle	SJD5510Y (Car)		Contact No.	NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	Slight

Brief Details.

On 13/12/2017 at about 1725hrs, I was driving my company lorry bearing registration no GBF9215H along Woodlands Industrial Park E5 (close to bizhub). My vehicle was on the right lane of the 2 lane road towards Woodlands Industrial Park E8.

At that time, it was experiencing heavy downpour and I was travelling at a speed of about 30km/h with 01 vehicle, registration no SJD5510Y in front of me. The said vehicle signaled his intention to make a left turn and did so, however suddenly made a U-turn. I could not brake in time and collided into the said vehicle's right front portion.

Due to the impact, our vehicles continued to roll forward towards the right, whilst vehicle SJD5510Y slowed down behind me. We both came to a complete stop with vehicle SJD5510Y being behind me. Its front right also collided into my rear left.

We both exchanged particulars and he was later conveyed to an unknown hospital via ambulance.

I did not suffer any injuries from the incident. There is no in vehicle camera installed.

I wish to state that it is a no U-turn zone.



**SINGAPORE
POLICE FORCE**



T/20171213/2167

3 of 3

Report No. T/20171213/2167

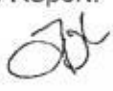



Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

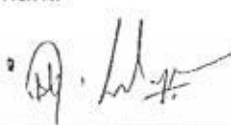
CONTINUATION OF REPORT

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: J / Sgt 2 NG KOK WEI JOHN 	
Signature Of Interpreter: Not applicable 	
Officer In Charge Of Case: TP / GIT /	
Contact No.: NP168	SN 130
Authentication Stamp  Signature: 	
Singapore Police Force	

Signature Of Informant: 
Date/Time: 13/12/2017 21:01
Classification Of Case:

SINGAPORE ACCIDENT STATEMENT

ACCIDENT DATE: 13 DEC 2017	TIME: 1725	(hh:mm) 24 hrs Format
LOCATION ALONG WOODLANDS INDUSTRIAL PARK E5		
VEHICLE NUMBER G3F 9215 H		
INSURED NAME M/S NOVA TESTING PTE LTD		
NRIC/FIN 200303 636H	CONTACT: 65611002	
MAKE Toyota	MODEL DYNA 3.0 Manual	
Are you claiming under your own insurance policy for repair to your vehicle?		
() Yes, If No, Pls Select : (/) Third Party () Reporting Only		
INSURANCE COMPANY CHINA TAI PING		
TYPE OF POLICY (/) COMPREHENSIVE () THIRD PARTY () TPFT		
POLICY NUMBER: DMU/SN1730161700		
NAME DRIVER: MAHALINGAM SELVARAJ KARTHIKEYAN () SAME AS INSURED		
NRIC/FIN G30622 68K	CONTACT: 90569364	
DATE OF BIRTH: 27 DEC 1988		
DRIVING PASS DATE: 10 SEP 2014		
OCCUPATION: () INDOOR (/) OUTDOOR		
GENDER: (/) MALE () FEMALE		
EMAIL ADDRESS: () NO EMAIL		
ADDRESS OF DRIVER: BLK 793 WOODLANDS AVE 6 #13-663 ST GEORGES WEST GARDENS S(730793)		
Number Of Passenger Include Driver: 01 DRIVER		
Was driver an employee of the Insured's Company? (/) YES () NO		
If No, Relationship Of The Driver With The Insured		
() Owner () Spouse () Friend () Relative () Children () Sibling () Others		
Does The Driver Own Any Other Vehicle? : () YES () NO		
If Yes, Vehicle Registration Number Of Driver's Own Vehicle:		
Insurance Company Of Driver's Own Vehicle		
Weather Conditions: () Clear (/) Raining () Drizzling () Others		
Road Surface : () Dry (/) Wet () Others		
Was Any Foreign Vehicle Involved In This Accident? () YES (/) NO		
Was Anybody Injured In The Accident? (/) YES () NO		
If YES, Injured details :		
Convey By Ambulance: (/) YES () NO		
Was There Any Video Capture By Car Camera? () YES (/) NO		
Was There Accident Reported To The Police? (/) YES () NO If Yes Attach Police Report		
Police Report Number (if any) T/2017/213/2167		
Details Of 3rd Party		
	Name / NRIC	Contact
Veh B	SJD 5510 Y	
Veh C		
Veh D		
Veh E		
Veh F		
Veh G		

REPUBLIC OF SINGAPORE **DRIVING LICENCE**

Licence Number: **G 3062268K**

Name: **MAHALINGAM SELVARAJ KARTHIKEYAN**

Birth Date: **27 Dec 1988**
 Issue Date: **10 Sep 2014**
 Valid Till: **09 Sep 2019**

002343608J



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

Employer:
NOVA TESTINGS PTE. LTD.

Sector: **SERVICE**

IC248
MAHALINGAM SELVARAJ KARTHIKEYAN
 Occupation:
SERVICE TECHNICIAN

S Pass No.
O 36580037

Date of Application: **23-02-2017**
 Date of Issue: **16-03-2017**
 Date of Expiry: **16-03-2019**



L7749334

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

	EFFECTIVE DATE
Class 2B Motorcycles =< 200 cc	10 Sep 2014
Class 3 Motor Cars =< 3000kg with =< 7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg	10 Sep 2014

NP 428A



VISIT PASS
 Immigration Regulations

IC248
MAHALINGAM SELVARAJ KARTHIKEYAN

Date of Birth	Sex	Nationality
27-12-1988	M	INDIAN
Pass	Date of Issue	Date of Expiry
G3062268K	16-03-2017	16-03-2019

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



ORIGINAL

THE SCHEDULE

Agency	AN0421A	Class of Policy	MOTOR COMMERCIAL VEHICLE	Policy Number DMCVEN1730161700
Account	AN0421A	Issued on 20/04/2017 in SINGAPORE		
Client	3208901	Acceptance Date	06/04/2017	Replacing Cover Note	60203341

Period of Insurance from 19/04/2017 to 18/04/2018, both dates inclusive

Insured's Name....	M/S NOVA TESTINGS PTE LTD
Address.	280 WOODLANDS INDUSTRIAL PARK E5 #02-41 HARVEST @ WOODLANDS SINGAPORE 757322

 Business/Occupn...
 Financial interest UNITED OVERSEAS BANK LIMITED AS HP OWNER

Premium	Base Annual Premium.....	\$81,701.51		
	No Claim Discount	20.00%	\$340.30-	
	Windscreen @ \$2,000,-		\$100.00	
	Promotion Discount.....		\$150.00-	
	Total Annual Premium	\$81,311.21	Premium Due	\$81,311.21
			Premium GST	\$991.78
			Total Due	\$81,402.99

Risk No. 001	MOTOR COMMERCIAL VEHICLE			
	ORIGINAL REGN DATE: 19.04.2017			
1. Registration	GBF9215H	Make/Model ..	TOYOTA DYNA 3.0 MANUAL	
Type of Cover	Comprehensive	No. of seats	2	Body Type LORRY
Engine No. ...	1KD2688961	Capacity cc's	0	Yr of Manuf/Regn 2017/2017
Chassis No....	KDY2318028400	Tonnage	1.60	Certificate Ref. MZ300/C
Sum Insured..Market value at the time of loss				
Excess Sect I			\$500.00	
EX ON WINDSCREEN			\$100.00	

The following clauses and endorsements apply to this policy

Subject to Endts. 2, Y, 25, 57, 72 & W(\$2,000/-).

Endorsement E - Elderly Excess

It is hereby declared and agreed that an Excess of \$2,000.00 shall apply for accident loss or damage for any unnamed authorised driver who is 65 years old and above (Age as at Date of Accident).

Once this \$2,000.00 Excess is applied, other Excess(es) applicable under different Endorsement(s) of this Policy shall not be applicable.

MEMORANDUM : CONDITION NO. 4 - NOTIFICATION OF ACCIDENTS

It is hereby noted and agreed that Condition No. 4 of the Policy is amended to read as follows:-

Notification Clause

a) In the event of any accident involving the Motor Vehicle, irrespective of whether it would give rise to a claim, the Insured shall, together with the Motor Vehicle, call at the Company's Approved Authorised Workshop and/or Reporting Centre and report the accident within 24 hours of the accident or by the next working day thereof.

Continued on page 2

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type	Company
Owner ID	3636H

Vehicle Details

Vehicle No.	GBF9215H
Vehicle to be Exported	No
Intended De-registration Date	31 Dec 2017
Vehicle Make	TOYOTA
Vehicle Model	DYNA 3.0 MANUAL
Primary Colour	White
Manufacturing Year	2017
Engine No.	1KD2688961
Chassis No.	KDY2318028400
Maximum Power Output	-
Open Market Value	\$28,130.00
Original Registration Date	19 Apr 2017
First Registration Date	19 Apr 2017
Transfer Count	0
Actual ARF Paid	\$1,407.00

Intended PARF Rebate Details

PARF Eligibility	No
PARF Eligibility Expiry Date	-
PARF Rebate Amount	\$0.00

Intended COE Rebate Details

COE Expiry Date	18 Apr 2027
COE Category	C - Goods Vehicle & Bus
COE Period(Years)	10
PQP Paid	\$44,515.00
COE Rebate Amount	\$41,398.00
Total Rebate Amount	\$41,398.00

The information contained herein is correct as at 16 Dec 2017

OK