

| | | | |
|---------------------------|--|-----------------------|---------|
| Date In: 02/01/2018 16:16 | Job description | Date & Time Completed | Done by |
| Ref No NA/CTI18000041/K4 | SAS e-filing | | |
| Veh No YP1295D | E-mail (within 8hrs, AIC 2hrs) | | |
| DOA 13/07/2017 15:00 | 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: SHD 3329S | 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 | Am't (\$) 1st Bill | Am't (\$) Add Bill |
| Driver/Owner: | 1) AR: Accident Reporting (\$30); | | |
| Contact No: | 2) DA: Damage Assessment (\$100); INC (\$30) | | |
| Damaged Portion: | 3) TP: 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: | For claiming against INC Only (wef 10 Jan 2005) | | |
| Cat. 2 / 3: | 6) TR: Re-inspection \$75 | | |
| | 7) N1: Idac DA + SMRT Survey \$160 | | |
| | 8) NTUC Additional Services:- | | |
| | OP* | | |
| | *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 | 02/01/2018 16:16 |
| Date Of Accident | 13/07/2017 15:00 |
| Exact Location Of Accident | ALONG BALESTIER RD TWDS THOMSON RD |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|-------------------------------|
| Vehicle Registration Number | YP1295D |
| Insured/Policyholder | |
| Name Of Registered Owner | JALPA INTERNATIONAL (PTE) LTD |
| Co Reg No | - |
| Email Address | ONETWOKUMARK@YAHOO.COM.SG |
| Mobile Phone No | (LOCAL) +65-86450450 |
| Alternative Phone No | OFFICE-86450450 |

Vehicle Particulars

| | |
|--|--------------------|
| Manufacturer | MITSUBISHI |
| 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 | REPORTING ONLY |
| 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 | DMCVSN3017551700 |
| Cover Note Number | |

Driver

| | |
|----------------------|---------------------------|
| Name of Driver | SURULIRAJ NARAYANAN |
| Passport No/FIN | G5366030X |
| Date Of Birth | 18/04/1984 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 24/04/2017 |
| Driving Experience | 0 YEAR AND 2 MONTH |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-86450450 |
| Fax Number | |
| Contact Number | OTHERS-86450450 |
| Email Address | ONETWOKUMARK@YAHOO.COM.SG |

Address JALPA INTERNATIONAL (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 SIDE SWIPE
 Weather Conditions CLEAR
 Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO
 Number of vehicles involved in the accident
 Was any body injured in the Accident? NO
 Was any injured conveyed to hospital by ambulance? 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) 3
 Passenger 1 NAME: : NIL
 GENDER: : MALE
 Passenger 2 NAME: : NIL
 GENDER: : MALE

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 SHD3329S
 Vehicle Make/Model/Colour
 Details Of Properties
 Vehicle Category PRIVATE CAR
 Name of Driver
 NRIC/Passport Number
 Contact Number
 Address
 Postcode
 Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Describe Circumstances of the Accident

On 13 July 2017 I drove my company vehicle (A) YP 1295D along Balestier road towards Thomson road.

At the time I make a turn in Balestier road. At the time Yellow box in Thomson road. Two trade vehicle waiting before in yellow box.

Third trade vehicle (B) SHD 3329S suddenly came.

The accident make on small scratch in vehicle SHD 3329S.

No injury, No damage, Just only small scratch.

Declaration

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

Witnessed by Reporting Centre Personnel

2/1/2018



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.

3 Anson Road #16-00 Springleaf Tower Singapore 079909
Tel: 6389 6111 Fax: 6222 1033
Website: www.sg.cntaiping.com
Co. Reg No: 200208384E

Our Reference: **SNM17D04253/C02/5**

Date: **20 JULY 2017**

via Ordinary & Registered Mail



JALPA INTERNATIONAL (PTE) LTD
BLK 36B CUFF ROAD
#03-01
SINGAPORE 209745

Dear Sir / Madam

ACCIDENT INVOLVING YP1295D AND SHD3329S ON 13 JULY 2017
ALONG BALESTIER ROAD TOWARDS THOMSON

We refer to the abovementioned accident.

Please be advised that the third party vehicle, **SHD3329S**, is filing a third party property claim against your vehicle.

We have appointed **LKK Auto Consultants Pte Ltd**, to administer the said claim on our behalf and they will soon contact you for more information about the accident. Kindly render your assistance and co-operation accordingly.

We understand that you or your driver has not filed an accident report within 24 hours as per Motor Claims Framework. We would urge you to comply with the condition to file your accident report with your vehicle (whether damaged or not) to us **IMMEDIATELY** through **LKK Auto Consultants Pte Ltd** or any of our **authorized workshops**. You may log onto our website www.sg.cntaiping.com for location of the respective workshops.

We regret to advice that we and/or **LKK Auto Consultants Pte Ltd** will not be handling the third party claim and your **NO CLAIM DISCOUNT** will be penalized upon renewal of your policy if you fail to comply with the condition of reporting.

Yours truly,
Claims Department

(This is a computer generated letter and no signature is required.)

CC : LKK Auto Consultants Pte Ltd

Attn : SYAF
Ref : CC3/CT117013855/K1db3
Contact No : 6749 5792
via Email : NurSyafiqah@lkkauto.com

CC : Agent - (AN0613A) - AUTO WORLD PTE LTD

51 ubi avenue #01-25
Paya ubi Industrial Park
Singapore - 408933

F02/LKKDSANR-2013

Our Claim No: SNM17D04253C01/8

Date: 7 December 2017

BY REGISTERED & ORDINARY MAIL



JALPA INTERNATIONAL (PTE) LTD
BLK 36B CUFF ROAD
#03-01
SINGAPORE 209745

Dear Sirs,

Re: Accident involving YP1295D and SHD3329S on 13 July 2017 along Balestier Road

We refer to the above matter.

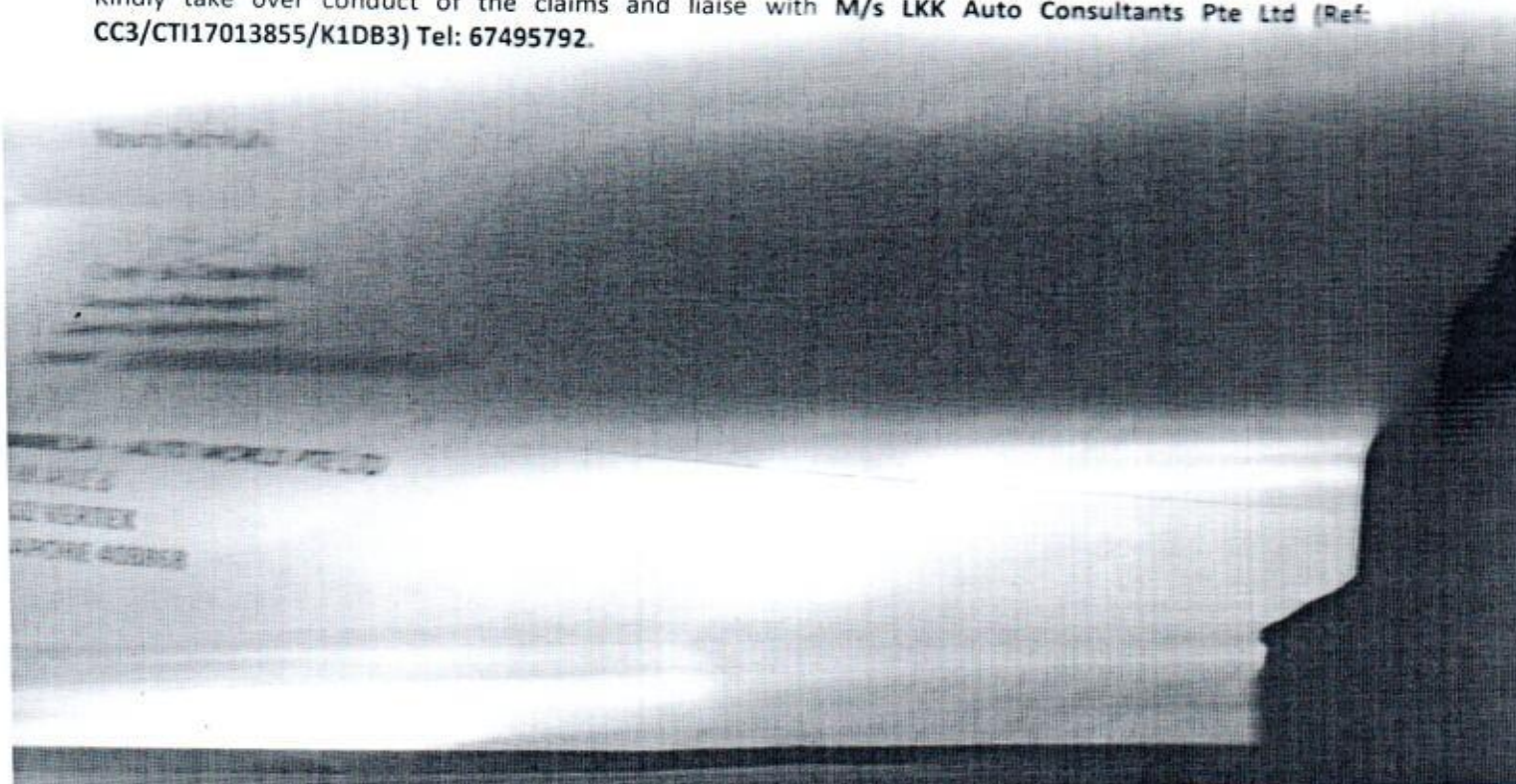
We regret to advise that you have failed to respond to our request of making a motor accident report at any of our authorized workshops despite our letter dated 20 July 2017 and Traffic Police letter dated 26 October 2017.

Please note that your failure to make report has constituted a breach of Condition No. 4(a) stipulated in the Schedule as follows:

"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."

In view of the aforesaid, we hereby give you **NOTICE TO REPUDIATE** liability under the Motor Insurance Policy No. DMCVSN3017551700 against **all claims** arising from the said accident.

Kindly take over conduct of the claims and liaise with **M/s LKK Auto Consultants Pte Ltd (Ref: CC3/CTI17013855/K1DB3) Tel: 67495792.**



Reported on 27/7/2017
@1425Hrs.

ACCIDENT STATEMENT

ACCIDENT DATE: 13/7/2017 (DD/MM/YYYY), TIME: 15:00 (HH:MM)

LOCATION: Along Balestier Road towards Thomson

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: YP1295D
b) INSURANCE COMPANY: CT
c) POLICY NUMBER: DMCVSN 3017551700
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: _____
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: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

3. DRIVER

- a) NAME: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 86450450
c) ADDRESS: _____

*d) DATE OF BIRTH: (____/____/____) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: _____

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: SHD3329S MODEL: _____ *No of passe
b) DRIVER'S NAME: _____ (Including dr
c) NRIC/FIN/PASSPORT: _____ CONTACT: _____ (—)

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____ *No of passe
e) DRIVER'S NAME: _____ (Including d
f) NRIC/FIN/PASSPORT: _____ CONTACT: _____ (—)

Call but no
response?
2/10/2017 @ 1050Hrs

Call but no
response?
23/8/2017
@ 1335Hrs

Call but no
response
on 30/10/2017
@ 1240Hrs

email = onetwokumark@yahoo.com.sg

fax = onetwokumark@yahoo.com.sg ✓

Waiting for CT certificate? ✓

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

Employer
JALPA INTERNATIONAL (PTE) LTD.

Name
SURULIRAJ NARAYANAN

Occupation
SENIOR BUSINESS MANAGER

FIN
G5366030X

Date of Application
02-11-2016

Date of Issue
09-11-2016

Date of Expiry
29-12-2018

L7372327

REPUBLIC OF SINGAPORE **DRIVING LICENCE**

Licence Number **G5366030X**

Name
SURULIRAJ NARAYANAN

Birth Date: **18 Apr 1984**

Issue Date: **24 Apr 2017**

Valid Till: **23/04/2022**

002677786H

VISIT PASS
Immigration Regulations

Name
SURULIRAJ NARAYANAN

Date of Birth: **18-04-1984** Sex: **M** Nationality: **INDIAN**

FIN: **G5366030X** Date of Issue: **09-11-2016** Date of Expiry: **29-12-2018**

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 | 24 Apr 2017 |
| Class 3 | Motor cars with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg | 24 Apr 2017 |

NP 428A

Licence No: **G5366030X**



中国太平保险(新加坡)有限公司
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Gen. Reg. No. 203206134E

M2300/C
N SN
AN0613A
Cov. Type: C

MOTOR COMMERCIAL VEHICLE

R. CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1980
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

ORIGINAL

CERTIFICATE No. DMCVSN3017551700 Engine No. 4P10B97482
Chassis: FEB21EA20153

1. Index Mark and Registration Number of Vehicle YP1295D AUTOSAFE
=====

2. Name of Policyholder JALPA INTERNATIONAL (PTE) LTD

3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment 24 February 2017 Excess Sect. I S\$550.00
EX ON WINDSCREEN S\$100.00

4. Date of Expiry of Insurance 23 February 2018

5. Person 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.

B. 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. : ETHOZ CAPITAL LTD AS HP OWNER
Liabilities underwritten in accordance with Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 85 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 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: WEBSTR
Authorised Officer

Authorised Signatory