

# NATION 11 Assessment Centre Services

Date In: <b>12/04/18</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NA/25218006744/13</b>	SAS e-filing		
Veh No: <b>GH1347A</b>	E-mail (within 8hrs, MP 2hrs)		
Time: <b>12/04/18 0725</b>	i-Motor Claim Form		
OD: <b>TP</b> (Reporting Only)	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer	Assessment/Survey Report		
	Ass't Report by <u>Fax / Hand to Owner/Wksp</u>		

Preferred Wksp / INC Assign Wksp / QW: ( <b>RYDER</b> )	Tel: ( )	Fax: ( )
TP Particulars:	Veh No: <b>GBF3990S</b>	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	Amt (\$)	Amt (\$)
		1st Bill	Add Bill
<b>NA1802283</b>	1) AR: Accident Reporting (\$30)		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments :-	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idnc DA + SMRT Survey \$160		
	8) NTUC Additional Services-		
	<b>OD*</b>		
	*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: Idnc 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 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	12/04/2018 10:22
Date Of Accident	12/04/2018 07:25
Exact Location Of Accident	KJE TWDS PIE(TUAS)AFT WOODLANDS EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GU1347A
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ISW ENGINEERING PTE LTD
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-93663603

### Vehicle Particulars

Manufacturer	TOYOTA
Model	LITEACE
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	THIRD PARTY
Fleet Policy	NO
Policy Number	DMCVSN3010781700
Cover Note Number	

### Driver

Name of Driver	GOPAL KABILAN
Passport No/FIN	G8235961W
Date Of Birth	02/07/1985
Occupation	OUTDOOR
Date Of Driving Pass	06/07/2017
Driving Experience	0 YEAR AND 9 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-83981369
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address 2 TUAS VIEW SQUARE  
INTELECT BUILDING

Postcode 637576

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

Number of vehicles involved in the accident

Was any body injured in the Accident? YES

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) 2

Passenger 1  
NAME: : RAVI  
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

I WAS TRAVELLING FROM KJE TWDS PIE(TUAS)AFT WOODLANDS EXIT ON THE 2ND LANE OF A4-LANES ROAD. INFRT OF MY VEH STOP AND I FOLLOWED SUIT, SUDDENLY VEH B CAME FROM BEHIND AND HIT ONTO THE REAR PORTION OF MY VEH. DUE TO THE IMPACT MY VEH BEING PUSHED FORWARD AND HIT ONTO THE REAR PORTION OF VEH C.

#### 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 GBF3990S

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number SJQ6563U  
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)

**DETAILS OF INJURED PERSON 1**

Name GOPAL KABILAN  
Approximate Age  
Injuries Sustain BACK & NECK  
Injured person in which vehicle? GU1347A  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

**DETAILS OF INJURED PERSON 2**

Name RAVI  
Approximate Age  
Injuries Sustain SLIGHT  
Injured person in which vehicle? GU1347A  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode



SKETCH PLAN

RJE TWDS RIG (7UAS AFF WOODLANDS EXIT

- A - GU1347A
- B - 9BF3990S
- C - SJQ6563U



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls refer to the statement.

DECLARATION

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



Policyholder's Signature  
Date & Time:

*Gr. H.* 12/04/18

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

*[Signature]* 12/04/18

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

I WAS TRAVELLING FROM KJE TWDS PIE(TUAS)AFT WOODLANDS EXIT ON THE 2<sup>ND</sup> LANE OF A4-LANES ROAD.INFRT OF MY VEH STOP AND I FOLLOWED SUIT,SUDDENLY VEH B CAME FROM BEHIND AND HIT ONTO THE REAR PORTION OF MY VEH.DUE TO THE IMPACT MY VEH BEING PUSHED FORWARD AND HIT ONTO THE REAR PORTION OF VEH C.

**WORK PERMIT**  
Employment of Foreign Manpower Act (Chapter 91A)  
Republic of Singapore

Employer:  
**MAHA ARUL SITHI CONSTRUCTION & ENGINEERING PTE. LTD.**

Sector: **CONSTRUCTION**



Name:  
**GOPAL KABILAN**

Occupation:  
**CONSTRUCTION WORKER-CUM-DRIVER**

Work Permit No. **34240004**      Date of Application **03-07-2014**

Date of Issue **22-06-2017**

Date of Expiry **15-05-2018**



**L8056245**

**REPUBLIC OF SINGAPORE DRIVING LICENCE**

License Number: **G8235961W**



Name: **GOPAL KABILAN**

Birth Date: **02 Jul 1985**

Issue Date: **13 Jul 2015**

Valid Till: **31/08/2020**



**002460430D**



**VISIT PASS**  
Immigration Regulations

Name:  
**GOPAL KABILAN**



Date of Birth	Sex	Nationality
<b>02-07-1985</b>	<b>M</b>	<b>INDIAN</b>
File	Date of Issue	Date of Expiry
<b>G8235961W</b>	<b>22-06-2017</b>	<b>15-05-2018</b>

**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 2R Class 3 Motorcycles <= 200 CC Motor cars <= 3500 kg with <= 7 passengers, exclusive of the driver, and motor tractors/vehicles <= 2500 kg	01 Nov 2010 06 Jul 2017

**G8235961W**      S / No. 9000269010



**Licence No: G8235961W**

NP 428A

# ACCIDENT STATEMENT

ACCIDENT DATE: (12 / 04 / 18) (DD/MM/YYYY), TIME: (07 : 35) (HH:MM)

LOCATION: KJE SANDS PIE (TUAS) BY AFT WOODLANDS EXIT

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: G41347A  
b) INSURANCE COMPANY: CHINA TAIPING  
c) POLICY NUMBER: \_\_\_\_\_  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: TOYOTA AITACE  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: WORKING  
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: ISW ENGINEERING PTE LTD (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 93663603  
c) ADDRESS: \_\_\_\_\_

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

## DRIVER

- a) NAME: GOPAL KABILAN (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: G8235961W CONTACT: 83981369  
c) ADDRESS: 3 TUAS VIEW SQUARE  
INTELECT BUILDING 637576

\*d) DATE OF BIRTH: (02 / 07 / 1985) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 06/07/2017

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: GBF3990S MODEL: \_\_\_\_\_

b) DRIVER'S NAME: \_\_\_\_\_

c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

## 9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: SJQ65834 MODEL: \_\_\_\_\_

e) DRIVER'S NAME: \_\_\_\_\_

f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

\*No of passenger  
(Including driver)  
(2)

RAVI (MALE)

\*No of passenger  
(Including driver)  
( )

\*No of passenger  
(Including driver)  
( )

email =

fax =



**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  
 E SN  
 AN0600A  
 Cov. Type: F

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	DMCVSN3010781700	Engine No : 3C3886480 ChaN0:CR420015663
1. Index Mark and Registration Number of Vehicle	GU1347A	
2. Name of Policy Holder	ISW ENGINEERING PTE LTD	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	01 February 2018	
4. Date of Expiry of Insurance	30 April 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. : B-T-S-C AGENCY 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