

Date In: 15/15/18 14:20	Job description	Date & Time Completed	Done by:
Ref No: MA/CTZ 18008905164	SAS e-filing		
Veh No: GY 2501 T	E-mail (within 5hrs, A/C 2hrs)		
D.O.A: 14/15/18 12:45	i-Motor Claim Form		
OD / TP / Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:

Veh No:

SKH 8220G

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 &amp; 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 &amp; Time Completed

Done by

1) Apply for Transport Allowance ( ) / Courtesy Car ( )

2) QC Check / Post Repair Inspection ( )

3) Upload Resurvey Photo [Repair Cost &gt; \$3000] ( )

## Injury:

Date/Time

Actions

Claimant's Particulars:-	MA1803090	Invoice Preparation Checklist		Ant (\$)	Ant (\$)
				1st Bill	Add Bill
Driver/Owner:		1) AR: Accident Reporting (\$30);		30.00	
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		
Auditors' Comments:-		5) FT: Follow-Through Survey (Resurvey)	\$30		
		For claiming against INC Only (wef 10 Jan 2025)			
		6) TR: Re-inspection	\$75		
		7) N1: Idac DA + SMRT Survey	\$160		
		8) NTUC Additional Services:-			
		QD:			
		*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 (N-on 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 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	15/05/2018 14:20
Date Of Accident	14/05/2018 12:45
Exact Location Of Accident	NGEE ANN POLYTECHNIC CARPARK NEAR BLK 73 OPPOSITE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GY2501T
<b>Insured/Policyholder</b>	
Name Of Registered Owner	M/S CONINT PTE LTD
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-68442868

### Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA
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	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	DMCVSN1605561802
Cover Note Number	-

### Driver

Name of Driver	RAMASAMY VIDUTHALAIPULI
Passport No/FIN	G8327084K
Date Of Birth	09/03/1984
Occupation	OUTDOOR
Date Of Driving Pass	17/09/2012
Driving Experience	5 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93974927
Fax Number	
Contact Number	
EMail Address	NOEMAIL



Address	57 UBI CRESCENT
Postcode	408596
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
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

WHEN REVERSING INTO AN EMPTY LOT AT THE NGEE ANN POLYTECHNIC CARPARK NEAR BLK 73 OPPOSITE, MY VEH ACCIDENTALLY HIT ONTO A PARKED VEH RIGHT FRONT PORTION.

#### 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	SKH8220G
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)	

## SKETCH PLAN

### IMPORTANT NOTICE

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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:

*P. Kishor Kumar*

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

*[Signature]*

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

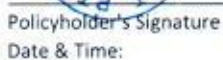


A = GY 2501T  
B = SKH 8220G

Ngee Ann polytechnic Carpark  
Near blk 73 opposite.

Please Refer to Statement

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



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

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

**REPUBLIC OF SINGAPORE DRIVING LICENCE**

License Number: **G8327084K**

Name: **RAMASAMY VIDUTHALAIPULI**

Birth Date: **09 Mar 1984**

Issue Date: **25 Aug 2017**

Valid Till: **16-09-2022**

002717526A



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

Employer:  
**CONINT PTE. LTD.**

Name:  
**RAMASAMY VIDUTHALAIPULI**

S Pass No.:  
**0 34382514**

Sector:  
**CONSTRUCTION**

K0228005



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

**EFFECTIVE DATE**

- Class 3 Motor cars with unladen weight  $\leq 3000\text{kg}$  with  $\leq 7$  passengers, exclusive of driver; and other motor vehicles with unladen weight  $\leq 2500\text{kg}$  17 Sep 2012
- Class 4 Motor vehicles which are constructed to carry load or passengers and the unladen weight  $> 2500\text{kg}$  07 Apr 2016
- Motor vehicles which are not constructed to carry load or passengers and the unladen weight  $\leq 7250\text{kg}$



NP 428A

**VISIT PASS**  
Immigration Regulations

02-04-2018

Name:  
**RAMASAMY VIDUTHALAIPULI**

FIN:  
**G8327084K**

Date of Birth: **09-03-1984** Sex: **M**

Nationality:  
**INDIAN**

**MULTIPLE JOURNEY VISA ISSUED**

Download SGWorkPass App to check status




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





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 8111 Fax: 6222 1033  
Website: www.sg.cntaiping.com  
Co. Reg. No. 200206384E

ORIGINAL

THE SCHEDULE

Agency	AN0056A	Class of Policy	MOTOR COMMERCIAL VEHICLE	Policy Number	..... DMCVSN1605561802
Account	AN0056A	Issued on	..... 02/02/2018 in SINGAPORE	Replacing Policy no.	DMCVSN1605561701
Client	6003005	Acceptance Date	02/02/2018		

Period of Insurance from 04/02/2018 to 03/02/2019, both dates inclusive

Insured's Name....	M/S CONINT PTE LTD
Address.	57 UBI CRESCENT SINGAPORE 408596

Business/Occupn... CONSTRUCTION

Premium .....	Base Annual Premium .....	S\$1,498.00		
	Less 10% Loyalty Discount .....	S\$149.80-		
	No Claim Discount .....	10.00%	S\$134.82-	
	Total Annual Premium .....	S\$1,213.38	Premium Due	S\$1,213.38
			Premium GST	S\$84.94
			Total Due	S\$1,298.32

Risk No. 001	MOTOR COMMERCIAL VEHICLE			
	ORIGINAL REGN DATE: 04.02.2005			
1. Registration	GY2501T	Make/Model ..	TOYOTA DYNA 150 D WITH HOOD	
Type of Cover	Third Party, Fire & Theft	No. of seats	2	Body Type ..... LORRY
Engine No. ..	5L5567356	Capacity cc's	0	Yr of Manuf/Regn 2005/2005
Chassis No...	JTFUF34Y403010165			
		Tonnage .....	1.73	Certificate Ref. MZ300/C
Sum Insured..	Market value at the time of loss			

The following clauses and endorsements apply to this policy

Subject to Endt. 3(q).

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

- 
- 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 case of theft or other criminal act which may give rise to a claim under this policy the Insured shall give immediate notice of the occurrence to the Company and the police and co-operate with the Company in securing the conviction of the offender.
  - Every letter, claim, writ, summons and process shall be notified or forwarded unanswered to the Company immediately upon receipt. Notice shall also be given to the Company immediately after the Insured or any person claiming to be indemnified shall have knowledge of any impending prosecution, inquest, inquiry, or offer of composition in connection with any such accident and/or occurrence.

This condition in its entirety is a condition precedent to liability and failure to comply with any of the above requirements in respect of any accident and/or occurrence will result in the Insured

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