

**NATIONAL Assessment Centre Services** (wef 1 Jan'05) MNA18067407 - 01

Date In: 24/1/18-10:48	Job description	Date & Time Completed	Done by
Ref No: NA/C7218009431/24	SAS e-filing		
Veh No: XD5308A	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 22/5/18-19:40	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: YM8278Z	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: 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

NA1803260	<b>Invoice Preparation Checklist</b>		Am't (\$) In Bill	Am't (\$) Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);			
	2) DA: Damage Assessment (\$100); INC (\$50)			
Driver/Owner:	3) TF: Towing Fee \$40/\$45			
	4) FT: Follow-Through Survey \$120			
Contact No:	5) FT: Follow-Through Survey (Resurvey) \$30			
	For claiming against INC Only (wef 10 Jan 2005)			
Damaged Portion:	6) TR: Re-inspection \$75			
	7) N1: Idac DA + SMRT Survey \$160			
QC Checked by (Engr-In-Charge):	8) NTUC Additional Services:-			
	9) Q1* *N5: Courtesy Car / Tpt Allowance \$5			
Auditors' Comments:-	*N6: Repair Co-ordination \$10			
	*N7: Post Repair Inspection \$25			
Cat. 1:	*N8: DV / Collect Excess Coordination \$5			
	TP (N11): TP (Non INC) against INC \$20			
Cat. 2 / 3:	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	24/05/2018 10:48
Date Of Accident	23/05/2018 19:40
Exact Location Of Accident	TPE TWDS SLE LOYANG EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	XD5308A
<b>Insured/Policyholder</b>	
Name Of Registered Owner	KOK TONG TRANSPORT & ENGINEERING WORKS PTE LTD
Co Reg No	199904117E
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-64874646

### Vehicle Particulars

Manufacturer	VOLVO
Model	FMX370 64R SLEEPER CAB
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCVSN1800721800
Cover Note Number	

### Driver

Name of Driver	KARUNAKARAN KARTHIKEYAN
NRIC No	S7885176G
Date Of Birth	15/07/1978
Occupation	OUTDOOR
Date Of Driving Pass	19/02/2008
Driving Experience	10 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82006330
Fax Number	
Contact Number	OFFICE-82006330
EMail Address	NOEMAIL

Address	BLK 750 YISHUN STREET 72 #07-160
Postcode	760750
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	COLLISION - HEAD TO REAR
Weather Conditions	RAINING
Road Surface	WET

#### 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

REFER TO 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	YM8278Z
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)	

## SKETCH PLAN

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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 lodging 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 Insurers who have insured vehicle(s) involved in this accident (all Insurers) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers", the Insurers' lawyer/law firms, the Monetary Authority of Singapore and any relevant government Agency, statutory body (such as the police), for the purposes of:
  - (i) processing, handling and/or dealing with my claim including the settlement of the claim and any necessary investigations relating to the claim;
  - (ii) investigating the accident and/or my claim;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (iv) administering my claim (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 sums as well as on the external cover of envelopes/mail pages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claim (collectively the "Purposes").
- (b) all Insurers (who have insured vehicle(s) involved in this accident and the Insurers' lawyer/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:

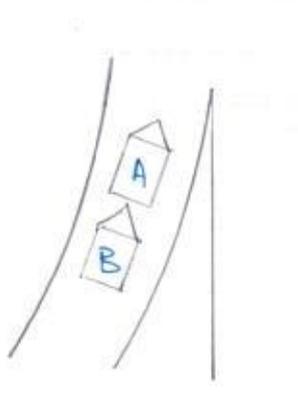
  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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

TPE TOWARDS SLE LOYANG EXIT

A) XD 5308A

B) YM 8278Z



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 22/05/2018 at about 1940 hrs, I was driving along TPE towards SLE at Loyang exit. Suddenly I felt an impact on my rear. Vehicle B had collided into the rear of my truck.

No injury.

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.:

PLEASE COMPLETE FORM IN **FULL**

Date of Accident : 22/05/2018  
 Accident Time : 1940 HRS  
 Accident Place : TPE TOWARDS SLE LOYANG EXIT  
 Vehicle Reg No : XD 5308A No. of Passengers (Including Driver) : 1  
 Vehicle Make / Model : VOLVO FMX310  
 Insurance Company : CHINA TAI PING INS (S'PORE) P.L.  
 Policy Number : DMGVSN1800721800  
 Name Of Owner : KOK TONG TRANSPORT & ENGINEERING WORKS P L ROC No. : 199904117E  
 Contact No of Owner : 6487 4646 (HP) --- (ALT NO.) -> MANDATORY  
 Name of Driver : KARUNAKARAN KARTHIKEYAN IC No. : SF885176 G  
 Contact No of Driver : 8200 6330 (HP) - (ALT NO.) -> MANDATORY  
 Driver's Date of Birth : 15/07/1978 Driver's License Pass Date : 19/02/2008  
 Relationship bet. Owner & Driver : Spouse \ Father \ Mother \ Son \ Daughter or Others : EMPLOYEE  
 Driver's Address : 27 PANDAN CRESCENT (S) 128476  
 Occupation : Indoor \ Outdoor (e.g. Indoor: work in a building)  
 Fax No \ Email Add : kinhoe.ng@kctcgroup.com.sg  
 Weather & Road Surface : Clear \ Raining \ Wet \ Dry  
 Reporting Type : Reporting Only \ Claiming Other Party \ Claim Own Ins  
 Was there any video captured by car camera : Yes \ No  
 Exact purpose for which vehicle was being used at the time of accident : Private \ Official

**Other Party Driver's Particulars (if Any)**

Vehicle Reg. No. : <u>YM 8278 E</u>	Vehicle Reg. No. : _____
Vehicle Make \ Model : _____	Vehicle Make \ Model : _____
Name DRIVER : _____	Name DRIVER : _____
IC No. DRIVER : _____	IC No. DRIVER : _____
DRIVER's contact & add : _____	DRIVER's contact & add : _____

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

**ADDENDUM**

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No : MNA118067407 Vehicle Registration No: XD 5308 A  
Name (as shown in NRIC) : Karunakaran Karthikeyan NRIC/FIN/Passport No : S 788576 G  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : \_\_\_\_\_ Singapore )  
Contact (Tel) : \_\_\_\_\_ Mobile No. : \_\_\_\_\_  
Email Address : \_\_\_\_\_  
Date of Accident : 23/5/2018 Time of Accident : 1940  
Place of Accident : TPE towards SLE (Layang exit)  
Insurance Company: China Taipey

**(B) ADDITIONAL INFORMATION / AMENDMENTS:**

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

① Change date of accident from 22/5/2018  
to 23/5/2018

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

[Signature]  
Policyholder / Driver's Signature  
Date: 24/5/2018



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

**REPUBLIC OF SINGAPORE DRIVING LICENCE**



Licence Number: **S7885176G**  
 Name: **KARUNAKARAN KARTHIKEYAN**  
 Birth Date: **15 Jul 1978**  
 Issue Date: **22 Nov 2006**

001458399J



REPUBLIC OF SINGAPORE  
 IDENTITY CARD NO. **S7885176G**



Name  
**KARUNAKARAN KARTHIKEYAN**

**க கார்த்திகேயன்**

Race  
**INDIAN**  
 Date of birth: **15-07-1978** Sex: **M**  
 Country of birth  
**INDIA**

001458399J

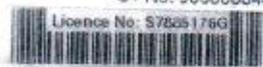
**YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES**

Class	Description	PASS DATE
Class 2B	Motorcycles <= 200 CC	07 Sep 2008
Class 3	Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 2500 kg	07 Sep 2008
Class 4	Heavy motor cars and motor tractors > 2500 kg	21 Dec 2007
Class 5	Motor vehicles > 7250 kg not constructed to carry any load	19 Feb 2008

S7885176G

S / No. 9000088486

Licence No: S7885176G



NP 426A



001451



NRIC No: **S7885176G**

Nationality  
**INDIAN**  
 Date of issue  
**10-11-2006**

Address:  
**APT BLK 750 YISHUN STREET 72 #07-160  
 SINGAPORE 760750**

NRIC No: **S7885176G** Date: **13/02/2018**

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)

Cov. Type: C  
PLM 307096

ORIGINAL

CERTIFICATE No.

DNCVSN1800721800

Engine No :D11243156

ChaNo:YV2J1E1DXCA724525

1. Index Mark and Registration  
Number of Vehicle

XDS100A

2. Name of Policy Holder

KOK TONG TRANSPORT & ENGINEERING WORKS PTE LTD

3. Effective date of the Commencement of  
Insurance for the purposes of the Regulations,  
Ordinance or Enactment

01 February 2018

Excess Sect I ..... S\$1,500.00

EX ON WINDSCREEN ..... S\$200.00

4. Date of Expiry of Insurance

31 January 2019

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. : HSBC 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.

**[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:

  
Authorised Officer

  
Authorised Signatory