

Date In: 02/07/2018 17:12	Job description	Date & Time Completed	Done by
Ref No: NA/III18012089/K4	SAS drilling		
Vehicle: YP8895B	B. Infill (w/holes 100, 110, 120)		
D.O.A: 02/07/2018 15:15	1-Motor Cloam Portin		
OO / TP / Reporting Only	1-Motor W/O (w/holes 100, 110, 120)		
	1-Photo Uploaded		
TP Insured:	Assessment/Survey Report		
	Asst Report by Pax/Hand to Owner/W/Use		

Preferred Whsp / INC Assign Whsp / OWs:		Tel:	Fax:
TP Particulars:	Yell No: SBS6826X, INC() / Non-INC()		
Owner / Driver:		Tel:	
Policy No: ()	Period: ()	Cover Type: ()	
Confirmed by: ()	Date:	Price:	
Insured/Driver Liability: ()	%(Note: Bsl Slans (WO): N: 0.20%; P: 21.79%; P: 30.11(00%))		
Year of Registration: ()	Warranty: YES() / NO()		
Excess: (\$)	Loading: \$1,000() / \$2,000()		

General Remarks: _____
 () Walk-In Customer | Customers Information strictly Confidential & Strictly NO e-mail of repeller.
 (x) Total Loss Case | to e-mail Insurer URGENTLY.
 Drive-In () / Towed-In () | Invoice: YES () / NO () | Towing Co: ()

Remarks	Unit No. (e.g. 6788, 6616)	Date The Complaint	Unit Dereg
1) Apply for Transition Allowance () / Courtesy Car ()			
2) QC Check / Post Repair Inspection ()			
3) Upload Recovery Photo (Repair Cost > \$3000) ()			

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[illegible]

NA1804202

NA 1804202		Invoice: Products von Gierckis	
Physical Particulars:		1) AR: Accidental Reporting (3300)	
Driver/Owner:		2) DA: Damage Assessment (3100)	INC (48)
Police No:		3) TP: Towing Fee	\$275.00
Assigned Person:		4) FT: Follow Through Survey	\$300
		5) FT: Follow Through Survey (Recovery)	\$20
		For claims against INC Only (Psi 10 in 2000)	
		6) TR: Towing Insurance	\$10
		7) NTUC: NTUC + SMRT Survey	\$160
		8) NTUC: Additional Survey (2011)	
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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	02/07/2018 17:12
Date Of Accident	02/07/2018 15:15
Exact Location Of Accident	TAMPINES AVE 9 TWDS AVE 10
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	YP8895B
Insured/Policyholder	
Name Of Registered Owner	S K CONSTRUCTION & ENGINEERING PTE LTD
Co Reg No	-
Email Address	APPAN@SKCE.SG
Mobile Phone No	(LOCAL) +65-82695475
Alternative Phone No	OFFICE-82695475
Vehicle Particulars	
Manufacturer	ISUZU
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	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	M493046
Cover Note Number	
Driver	
Name of Driver	RETHINAVEL VEERA SUNDARAM
Work Permit No	F8304369P
Date Of Birth	10/05/1972
Occupation	OUTDOOR
Date Of Driving Pass	09/03/2013
Driving Experience	5 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82695475
Fax Number	
Contact Number	OTHERS-82695475
EMail Address	APPAN@SKCE.SG

Address	S K CONSTRUCTION & ENGINEERING 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)	0

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	SBS6826X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	BUS
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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.

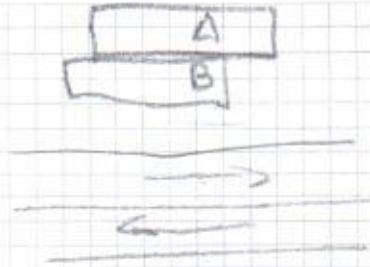


Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



TAMPINES AVE 9 toward Ave 10

A - YP8895B
B - SBS6826x (SBS)

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Vehicle A was parked at the side of Tampines Ave 9 doing roadwork. Vehicle B by bypass Vehicle A hit into my side mirror and break the mirror.

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.:

Reported on 2/7/2018
@ 1700 HRS

ACCIDENT STATEMENT

ACCIDENT DATE: 2/7/2018 (DD/MM/YYYY), TIME: 15:15 (HH:MM)

LOCATION: Tampines Ave 9 towards Ave 10

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: YP8895B
b) INSURANCE COMPANY: IIZ
c) POLICY NUMBER:
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: ISUZU
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

DRIVER

- a) NAME: (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: CONTACT: 82695475
c) ADDRESS:

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

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS

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: SBS6826X MODEL: Bus
b) DRIVER'S NAME:
c) NRIC/FIN/PASSPORT: CONTACT:

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: MODEL:
e) DRIVER'S NAME:
f) NRIC/FIN/PASSPORT: CONTACT:

Email = appan@skce.sg

Fax = appan@skce.sg ✓

VIOLO

Waiting for Certificate & Chop Company

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

Employer
S K CONSTRUCTION & ENGINEERING PTE. LTD.

Name
RETHINAVEL VEERA SUNDARAM

Pass No.
O 31983681

Sector
CONSTRUCTION

10 May 2018

K0479245

REPUBLIC OF SINGAPORE **DRIVING LICENCE**

Identification Number **F8304369P**

RETHINAVEL VEERA SUNDARAM

Birth Date: **10 May 1972**

Issue Date: **21 Jun 2018**

Valid Till **02/07/2023**

002815383B

VISIT PASS
Immigration Regulations

12-06-2018

Name
RETHINAVEL VEERA SUNDARAM

Download SGWorkPass App to check status

Pin
F8304369P

Date of Birth
10-05-1972

Sex
M

Nationality
INDIAN

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	03 Jul 2008
Class 3	Motor cars with unladen weight <= 3000kg with <= 7 passengers, exclusive of driver; and other motor vehicles with unladen weight <= 2500kg	03 Jul 2008
Class 4	Motor vehicles which are constructed to carry load or passengers and the unladen weight > 2500kg	09 Mar 2013
	Motor vehicles which are not constructed to carry load or passengers and the unladen weight <= 7250kg	

NP 428A



THE SCHEDULE

Agency 91374SE Class of Policy **MOTOR POLICY** Policy Number M493046
Account 91374SE Issued on 14/08/2017 in SINGAPORE (SIF)
Client SS1079 Acceptance Date 24/07/2017 Replacing Cover Note 100252

Period of Insurance from 26/07/2017 to **25/07/2018** , both dates inclusive

Insured's Name.... S K CONSTRUCTION & ENGINEERING PTE LTD
Address..... BLK 701 GEYLANG ROAD
#02-03 TEAMBUILD CENTRE
SINGAPORE 389687

Business/Occupn... CONSTRUCTION

Premium	BASIC PREMIUM.....	SGD2,539.38	
	No Claim Discount.....20.00%	SGD507.38-	
	Additional Benefits	SGD350.00	
	Total Annual Premium	SGD2,381.50	Premium Due SGD2,381.50
			Premium GST SGD166.71
			Total Due SGD2,548.21

FOR DRIVERS BELOW 21 YEARS OR ABOVE 65 YEARS OF AGE &/OR
LESS THAN 2 YEARS SINGAPORE DRIVING LICENCE, ADDITIONAL EXCESS OF
\$2500/- ON SECTION I & II (SEPARATELY) WILL BE APPLICABLE.

Risk No. 001 GOODS CARRYING - SCHEDULE 1

1. Registration	YP8895B	Make/Model ..	ISUZU FVR34SU0DC
Type of Cover	COMPREHENSIVE (MV)	No. of seats	2
Engine No. ..	6HK1697426	Capacity cc's	0
Chassis No...	JALFVR347H7000432	Year of Manuf...	2017
		Tonnage	5.64
		Certificate Ref.	MZ300CE

SUM INSURED: MARKET VALUE
EXCESS SECT. 1 & 2 SEPARATELY..... SGD2,000.00
The following clauses and endorsements apply to this risk
M5 - EXCESS SECT. 1 & II (SEPARATELY)..... \$2000/-
Passenger Risk.....
Additional Endorsements Applicable..... M1, M8, M11, M12, M19, M20, M21, M28, M29 & MEMO 1
Endorsements attached..... 42 - THIRD PARTY WORKING RISK
Endorsements attached..... 25(SRCC), 57(FLOOD), 72(B), WAR & TERRORISM EXCLUSION ENDT.
Endorsements attached..... CONDITION 5 OF THE POLICY IS REVISED AS PER THE ATTACHED
Endorsements attached..... AMENDED CONDITION 5 ENDT, NOTIFICATION CLAUSE
M15 -HIRE PURCHASE COMPANY..... MERCEDES BENZ FINANCIAL SERVICES (S) LTD
M6 - BREAKAGE OF GLASS -WS /WINDOW..... LIMIT \$2000/-SUBJECT TO AN EXCESS OF \$200/-

A PERSON WHO IS NOT A PARTY TO THIS POLICY CONTRACT SHALL HAVE NO
RIGHT UNDER THE CONTRACTS (RIGHTS OF THIRD PARTIES) ACT 2001 TO
ENFORCE ANY OF ITS TERMS.

WINDSCREEN REPAIR/REPLACEMENT TO BE DONE AT GLASS-FIX PTE LTD

THESE CLAUSES ARE ATTACHED AT POLICY LEVEL