

ADDITIONAL Assessment Centre Services (Ref: JAN-03)

Date In: 12/07/2018 16:25	Job description	Date & Time Completed	Done by
Ref No: NA/II18012719/K4	SAS e-filing		
Veh No: 7P 8895B	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 11/07/2018 17:30	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: GX 9046A 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

NA1804438

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 (\$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		
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:-		
	OD*		
	*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 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 12/07/2018 16:25
 Date Of Accident 11/07/2018 17:30
 Exact Location Of Accident LANGSAT ROAD
 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 THIRD PARTY
 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 4 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)	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	GX9046A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	MONIKOM BIN MANGULIZANG
NRIC/Passport Number	G2177571T
Contact Number	84304227
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.
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 liability**.
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) to 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



A - YP8895B
B - GX9046A

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Vehicle A was moving along Langsat Road single lane 2 way. Vehicle B was parked outside the gate of landed property. Vehicle A would not ~~move~~ by pass Vehicle B as there was no spaces. We ask the driver of Vehicle B to move the vehicle without move he want further in the house. Vehicle A try to move only mention to move 3 1/4 of the Vehicle in front. So we ~~say~~ ask the Vehicle B driver to move in front but do not know what he did and hit my ^{left} side of the Vehicle A. Vehicle B was parked totally illegal.

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.:

12/7/2018

INDIA INTERNATIONAL INSURANCE PTE LTD

(INCORPORATED IN SINGAPORE) CO. REG. NO.: 198703792K

64 CECIL STREET #04/#05 JOB BUILDING SINGAPORE 049711

TEL: 6347 6100 FAX: 6224 4174 • 6225 7743

POSTAL ADDRESS: ROBINSON ROAD P. O. BOX NO. 738 SINGAPORE 90143P

ORIGINAL**Motor Dept: 5th Level****Cover Note No. 100252**

This cover note is valid for

Singapore Registered Vehicles only.

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)

Cover note not valid if issued on or after

Date: 24/7 20 17

SK Construction & Engineering Pte Ltd

having proposed for insurance in respect of the Motor Vehicle described in the Schedule below the risk is hereby HELD COVERED in the terms of the Company's usual form of Comprehensive

Policy applicable thereto for the period from 3.42 a.m./p.m. date of Registration 26/7/17 to midnight on 26/7/17 unless the cover be terminated by the Company by notice in writing in which case the insurance will thereupon cease and a proportionate part of the annual premium otherwise payable for such insurance will be charged for the time the Company has been on risk and provided that an insurance covering the aforesaid liability has not been effected with other authorised insurers.

SCHEDULE

Make and Type of Body	Year of Manufacturer	Cubic Capacity/Carrying Capacity/Tonnage	Proposer's estimate of present value including accessories	TYPE	Petrol/Diesel Eng.
ISUZU FOR 34 SUGAR Large with Crate	2017	5.647 ton	Market Value	Private Car	-
				Commercial Vehicle	Registration No.
				Motor Cycle	798295B
Engine No: 6HK1657426					
Chassis No: 3ALFVR347H7000432					
Use	Authorised Driver				Excess
COUSE					as per policy

CERTIFICATE OF INSURANCE

I/WE HEREBY CERTIFY that this cover note 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).

Hire Purchase: Credit Link Pte Ltd
Mercedes Benz Financial
Services (S) Ltd



Approved Insurers

for INDIA INTERNATIONAL INSURANCE PTE LTD

LHC

Authorised Signatory

IMPORTANT NOTE:

Please note that this Cover Note should be replaced by a Certificate of Insurance as soon as possible.

THE SCHEDULE

Page 2

Issued on 14/08/2017 in SINGAPORE (SIF)

Policy No. M493046

SIXTY DAYS PREMIUM WARRANTY

Authorised Drivers for vehicle(s) with Certificate Ref. MZ300CE

AUTHORISED DRIVERS*

Any person who is driving on the Insured'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.
Limitations as to use for vehicle(s) with Certificate Ref. MZ300CE

LIMITATIONS AS TO USE:

Use in connection with the Insured's business.

Use for the carriage of passengers (other than for hire or reward) in connection with the Insured's business.

Use for social, domestic and pleasure purposes.

The Policy does not cover -

- 1) Use for hire or reward or for racing, pace-making, reliability trial or speed-testing.
- 2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

For India International Insurance Pte. Ltd.



AUTHORISED SIGNATORY

Reported on 12/7/2018
@ 1635HRS.

ACCIDENT STATEMENT

ACCIDENT DATE: 11 / 7 / 2018 (DD/MM/YYYY), TIME: 17 : 30 (HH:MM)

LOCATION: Langsat Road single lane 2 way
for 102 Chang

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: YP 8895 B
b) INSURANCE COMPANY: _____
c) POLICY NUMBER: _____
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

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) 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: GX 9046 A MODEL: _____
b) DRIVER'S NAME: MONIKOM BIN MANGULIZANG
c) NRIC/FIN/PASSPORT: G2177571T CONTACT: 84304227

9. THIRD PARTY VEHICLE


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

Email = appanyskce.sg

fax = appan@skce.sg ✓

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


Employer
S K CONSTRUCTION & ENGINEERING PTE. LTD.



Name
RETHINAVEL VEERA SUNDARAM

S Pass No.
0 31983681

Sector
CONSTRUCTION



K0479245

VISIT PASS
Immigration Regulations

12-06-2018

Name
RETHINAVEL VEERA SUNDARAM

Pass
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.




REPUBLIC OF SINGAPORE **DRIVING LICENCE**


Vehicle Number
F8304369P

RETHINAVEL VEERA SUNDARAM

Birth Date: **10 May 1972**

Issue Date: **21 Jun 2018**

Valid Till: **02/07/2023**



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 9137486 Class of Policy **MOTOR POLICY** Policy Number **M493046**
Account 9137486 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 GEVLANG ROAD
#02-03 TEAMBUILD CENTRE
SINGAPORE 389687**

Business/Occupation... **CONSTRUCTION**

.....	BASIC PREMIUM.....	SGD2,539.38	
	No Claim Discount.....20.00%	SGD507.88-	
	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 Body Type LORRY + CRANE
Engine No. ... 6HK1697426	Capacity cc's	0 Year of Manuf... 2017
Chassis No... JALEFVR347H7000432		
	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. I & 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