

NATIONAL Assessment Centre Services [ver 1 Jan 2015]			
Date In	23/07/2018 11:02	Job description	Date & Time Completed
Ref No	NA/CTI 18013307/K4	SAS e-filing	
Veh No	YN 2544P	E-mail (within 8hrs, AIC 2hrs)	
D.O.A	20/07/2018 21:40	i-Motor Claim Form	
OD	TP: Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)	
TP Insurer:		i-Photo Uploaded	
		Assessment/Survey Report	
		Ass't Report by Fax / Hand to Owner/Wksp	

Preferred Wksp / INC Assign Wksp / QW: () Tol: () Fax: ()

TP Particulars: () Veh No: SLS 228SP 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: ()

()

()

()

()

()

()

()

()

()

()

()

()

()

()

()

()

()

()

()

NA1804652

Invoice Preparation Checklist		Amt (\$)	Amt (\$)
		In Bill	Add Bill
1) AR: Accident Reporting (\$30);			
2) DA: Damage Assessment (\$100); INC (\$80)			
3) TF: Towing Fee	\$40/\$45		
4) FT: Follow-Through Survey	\$120		
5) FT: Follow-Through Survey (Resurvey)	\$30		
For claiming against INC Only (wef 10 Jan 2005)			
6) TR: Re-inspection	\$75		
7) N1: Idao DA + SMRT Survey	\$160		
8) NTUC Additional Services:			
ON*			
*N5: Courtesy Car / Tpt Allowance	\$5		
*N6: Repair Co-ordination	\$10		
*N7: Post Repair Inspection	\$25		
*N8: DV / Collect Excess Coordination	\$5		
TF (N11): TP (N/n INC) against INC	\$20		
9) N12: Idao Mobile	\$0		
Invoice dated	Fee Charged		
Invoice dated	Fee Charged		

Cat. 1:

Chl. 2/3:

2018/7/23

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	23/07/2018 11:02
Date Of Accident	20/07/2018 21:40
Exact Location Of Accident	MANDAI RD TWDS BKE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YN2544P
Insured/Policyholder	
Name Of Registered Owner	M/S ZT CONSTRUCTION PTE LTD
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-87131335
Alternative Phone No	OFFICE-87131335

Vehicle Particulars

Manufacturer	MITSUBISHI
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	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCVSN3053471702
Cover Note Number	

Driver

Name of Driver	PERIASAMY SEKAR
Passport No/FIN	G7248531P
Date Of Birth	05/05/1978
Occupation	OUTDOOR
Date Of Driving Pass	23/04/2018
Driving Experience	0 YEAR AND 2 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-87131335
Fax Number	
Contact Number	OTHERS-87131335
Email Address	NOEMAIL

Address	LS 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	COLLISION - HEAD TO REAR
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)	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

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	SLS2285P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	KWEK PEEK AUN (GUO BI' AN)
NRIC/Passport Number	S7214337Z
Contact Number	81631718
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) for complying with requirements under any regulations, laws or court orders.

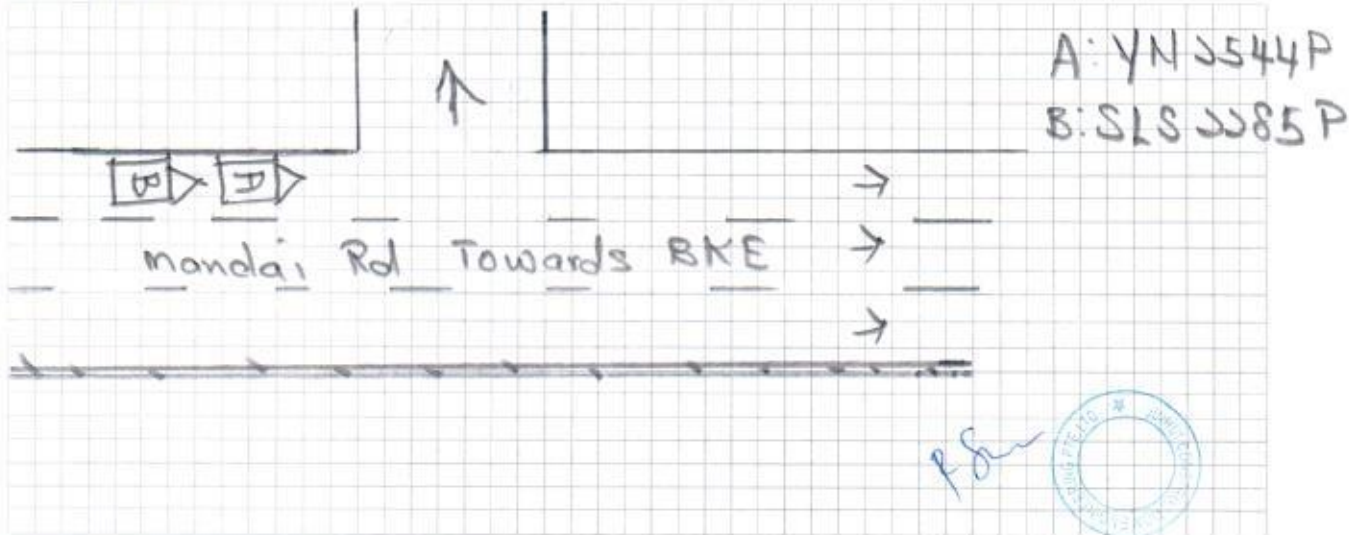


Policyholder's Signature
Date & Time:


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


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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Vehicle A was driving along Mandai Rd towards BKE. When stop to turn left suddenly Vehicle B from behind hit on rear portion of Vehicle A.

P. S. M.

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.:

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

Employer
LS CONSTRUCTION ENGINEERING PTE. LTD.

Sector: **CONSTRUCTION**

Name
PERIASAMY SEKAR

Occupation
DRIVER

S Pass No.
0 32485146

Date of Application
08-12-2017

Date of Issue
09-01-2018

Date of Expiry
09-01-2019

L8555160

REPUBLIC OF SINGAPORE DRIVING LICENCE

Portrait photo of Periasamy Sekar

License Number
G7248531P

Name
PERIASAMY SEKAR

Birth Date
05 May 1978

Issue Date
03 Nov 2014

Valid Till
02 Nov 2019

002361391F

VISIT PASS
Immigration Regulations

Name
PERIASAMY SEKAR

Portrait photo of Periasamy Sekar

Date of Birth
05-05-1978

Sex
M

Nationality
INDIAN

FIN
G7248531P

Date of Issue
09-01-2018

Date of Expiry
09-01-2019

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.

L8555160

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

EFFECTIVE DATE

Class	Description	Effective Date
Class 2B	Motorcycles <= 200 C.C.	03 Nov 2014
Class 3	Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver; and Motor tractors/vehicles <= 2500 kg	03 Nov 2014
Class 4	Heavy motor cars and motor tractors > 2500 kg	23 Apr 2018

G7248531P

S / No. 9000280094

NP 428A

License No: G7248531P

CERTIFICATE No. **DMCVSN3053471702** Engine No : **4M42A87811**
ChaNo: **FE83BEA20620**

1. Index Mark and Registration Number of Vehicle **YN2544P** **AUTOSAFE**

2. Name of Policy Holder **M/S ZT CONSTRUCTION PTE LTD**

3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment **27 August 2017** Excess Sect I **S\$550.00**
EX ON WINDSCREEN **S\$100.00**

4. Date of Expiry of Insurance **26 August 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. : MERCEDES-BENZ FINANCIAL SERVICES SINGAPORE LTD

* 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: QH.GIM KONG
Authorised Officer


Authorised Signatory

3 Anson Road #16-00 Springleaf Tower Singapore 079909 Tel: 6389 6111 Fax: 6225 3592 Website: www.sg.cntaiping.com