

NATIONAL Assessment Centre Services

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MNA 118096825

Date In: 26/7/18 17:34	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NALGAZ18013662144	E-mail (within 5hrs, AIC 2hrs)		
Veh No: GBD 9948L	i-Motor Claim Form		
D.O.A: 25/7/18 15:30	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
OD <input checked="" type="checkbox"/> Reporting Only	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: SKJ 6456x	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:-	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

Claimant's Particulars:-	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
Driver/Owner:	1) AR: Accident Reporting (\$30);	30	
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)	20.00	
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2003)		
	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	Q1:		
	*N5: Courtesy Car / Tpl Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (N-a INC) against INC \$20		
	9) N12: Idac Mobile 30		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

Auditors' Comments:-

Pat 1:

Pat 2 / 3:

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	26/07/2018 17:34
Date Of Accident	25/07/2018 15:30
Exact Location Of Accident	UPPER THOMSON RD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GBD9948L
Insured/Policyholder	
Name Of Registered Owner	ENFORCE GROUP PTE LTD
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-85863770
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	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	GREAT AMERICAN INSURANCE COMPANY
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MOMVC000005565-00-000
Cover Note Number	-
Driver	
Name of Driver	KASI SAKTHIVEL
NRIC No	G8488973W
Date Of Birth	16/04/1986
Occupation	OUTDOOR
Date Of Driving Pass	25/03/2015
Driving Experience	3 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-85863770
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	51 JLN PEMIMPIN #02-06
Postcode	577206
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?	
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)	2
Passenger 1	NAME: : UNKNOWN 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

PLEASE REFER TO 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	SKJ6456X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	PAULINE ZHU XIAO QIN
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.
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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)**

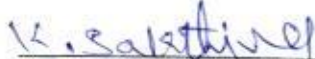
I understand, acknowledge, agree and consent that:

- (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.

ENFORCE GROUP PTE LTD



Policyholder's Signature
Date & Time:

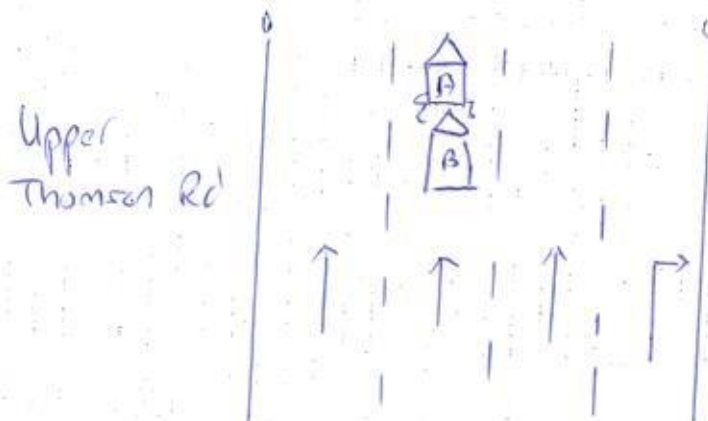


Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

SKETCH PLAN



DoA: 25/7/18
 A: GBN 9948L
 B: SKJ 645CX

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

stopped stationary due to traffic light turn red.
 suddenly my vehicle rear portion being collided
 by veh B.

DECLARATION

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

K. Sathish
 Policyholder's Signature

Date & Time:

K. Sathish
 Driver's Signature

(If driver is not the policyholder)

Date & Time:

[Signature]

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Personal Particulars

Date of Accident: 25/7/18 Time of Accident: 3:30pm
Exact Location of Accident: Upper Thomson Rd
Owner's Name: Enforce Group Pte Ltd NRIC No: _____ HP No: _____
Driver's Name: Kasi Sakthivel NRIC No: 88488973 HP No: 85863770
Date of Birth: 16/4/1986 Driving Licence Passing Date: 25/3/2015 Occupation: Indoor / Outdoor
Address: 51 Jln Pemimpin #02-06 Mayfair Ind Bldg C
Relationship of Driver with Insured: Employee Email Address: _____
Vehicle No: GDD 9948 L Make & Model: _____
Insurance Co: Great American Coverage: Comprehensive Policy No: MMVCA00005565-00-00

*Purpose of Reporting? ☐ Own Damage Claim / ☐ 3rd Party Claim / ☒ Not Claiming, Just Reporting Only

*Exact Purpose of The Vehicle Was Being Used At Time Of Accident: ☐ Private Use / ☒ Work

*Weather Condition? ☒ Clear / ☐ Raining / Others: _____ ☐ Wet / ☒ Dry / Others: _____

*Any passenger inside vehicle involved? (Yes / No) If yes, Vehicle No & How many pax:

A: 1 + 1 M B: 1 + 0 C: _____ D: _____

*Was Anybody Injured? (Yes / ☒ No) If yes,

Name / NRIC / In Vehicle: _____

*Was The Accident Reported To The Police?

☒ No ☐ Yes, Which Police Station? _____

*Does the Driver Own Any Other Vehicle?

☒ No ☐ Yes, Vehicle Registration No: _____ Insurer: _____

*Was any foreign vehicle involved? (Yes / ☒ No) If yes, Vehicle No & Category: _____

*Was there any video captured by Car Camera? (Yes / ☒ No)

Third Party Driver's Particulars

Vehicle B No: SKJ 6456X Make & Model: _____

Driver's Name: Pauline Zhu Xiao Qin NRIC No: S2614157E HP No: _____

Vehicle C No: _____ Make & Model: _____

Driver's Name: _____ NRIC No: _____ HP No: _____

Witness Particulars

Name: _____ NRIC No: _____ HP No: _____

Employment of
ENFORCE AUTOMATICS



Name:
KASI SAKTHIVEL
Work Permit No.
O 34599033
Sector
CONSTRUCTION



K0365600

License Number: **G8488973W**

Name:
KASI SAKTHIVEL

Birth Date: **16 Apr 1986**
Issue Date: **25 Mar 2015**
Valid Till: **24 Mar 2020**

002409374G

VISIT PASS
Immigration Regulations

10 Oct 2018

Name:
KASI SAKTHIVEL



FIN
G8488973W
Date of Birth
16-04-1986
Nationality
INDIAN

Sex
M

Download SGWorkPass
App to check status



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 25 Mar 2015
Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg 25 Mar 2015

NP 426A



License No: **G8488973W**



GREAT AMERICAN INSURANCE COMPANY
UEN: T145F000246 GST REG. NO. M003700017
3 TEMASEK AVENUE, #14-01 CENTENNIAL TOWER
SINGAPORE 039190
TEL: +65 6804 6006
FAX: +65 6235 2516

CERTIFICATE OF INSURANCE

Motor Vehicle (Third Party, Road and Compensation) No. 02/2017 (18) - Motor Vehicle (Third Party, Road and Compensation) No. 02/2017 (18)
Small Transport Act 1981 (Mandatory Motor Vehicle Third Party Road Risk, 1981 (Mandatory))

Policy Details

Certificate Number	: MOMV0000005555-00-000	Cover	: Commercial Vehicle (Comprehensive)
Policyholder Name	: Enforce Group Pte Ltd	Chassis Number	: KDYZ318017255
NCD Entitlement	: 15% No Claim Discount	Engine Number	: 1KD2445156
Hire Purchase	: ABWIN PTE LTD	Registration Number	: GBD5948L
Period of Insurance	: From 14/08/2017 (00:00) To 13/08/2018 (23:59) (Both Dates Inclusive)		

Persons or Classes of Persons entitled to Drive

- a) 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 or so has been Vehicle 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 to Use

- a) Use in connection with Policyholder's business
b) Use for carriage of passengers (other than for hire and reward) in connection with the Policyholder's business
This Policy does not cover:
a) Use for Hire and Reward
b) Use for racing, pace making, steeple chasing, trial or speed testing

* Limitations rendered inoperative by Section 3 of the Motor Vehicles Third Party Risk and Compensation Act (Chapter 185) and Section 36 of the Road Transport Act 1981 (1981:370) are not to be included under these headings

Excess (Section 1)	: SGD 500.00
Excess (Section 2)	: N/A
Whichever Excess	: SGD 500.00
ADDITIONAL EXCESS	: Please refer to 'Part 1'

Driver Details

Named Driver: Any other driving on the policyholder's order or permission

Name of insured	: Insured
Date of issue	: 14/08/2017

I/We hereby certify that the policy is issued in accordance with the provision of the Motor Vehicle (Third Party, Road and Compensation) Act, Chapter 185 and Part 1 of the Road Transport Act 1981 (1981:370)

Signed for and on behalf of
Great American Insurance Company

Signature
Date