

NATIONAL Assessment Centre Services [ref: Jan 05]

Date In 28/08/18	Job description	Date & Time Completed	Done by
Ref No NA/CI/18015660/13	SAS e-filing		
Veh No GB61288U	E-mail (within 8hrs, AIC 2hrs)		
D.O.A 28/08/18 0735	i-Motor Claim Form		
OD (IP) Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by <u>Fax / Hand to Owner/Wksp</u>		

Preferred Wksp / INC Assign Wksp / QW: (**VISION AUTOWORK** Tel: Fax:)

TP Particulars: Veh No: **5K68017H** 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

Claimant's Particulars:-	Invoice Preparation Checklist		Ant (\$) Est Bill	Ant (\$) Add Bill
NA1805434	1) AR: Accident Reporting (\$30);			
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)			
Contact No:	3) TP: Towing Fee \$40/\$45			
Damaged Portion:	4) FT: Follow-Through Survey \$120			
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30			
Auditors' Comments :-	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:-			
	Q1*:			
	*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 (N'n INC) against INC \$20			
	9) N12: Idao 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	28/08/2018 15:49
Date Of Accident	28/08/2018 07:35
Exact Location Of Accident	KJE TWDS BKE B4 BKE EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG1288U
Insured/Policyholder	
Name Of Registered Owner	M/S MASTER MARINE WORKS PTE LTD
Co Reg No	201133193M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-91988093

Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL USE
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	DMCVSN3039011800
Cover Note Number	

Driver

Name of Driver	SHANMUGAM SARAVANAN
Passport No/FIN	G6523564T
Date Of Birth	20/02/1989
Occupation	OUTDOOR
Date Of Driving Pass	11/11/2014
Driving Experience	3 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91988093
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	7 SOON LEE STREET #02-16
Postcode	627608
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	CHAIN COLLISION
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)	9
Passenger 1	NAME: : SENTHIL OP GENDER: : MALE
Passenger 2	NAME: : RAGUBATHI GENDER: : MALE
Passenger 3	NAME: : KARTHICK GENDER: : MALE
Passenger 4	NAME: : REDDY GENDER: : MALE
Passenger 5	NAME: : SURESH M GENDER: : MALE
Passenger 6	NAME: : AVALON 1 GENDER: : MALE
Passenger 7	NAME: : AVALON 2 GENDER: : MALE
Passenger 8	NAME: : VAIRAMOORTHY 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 SKG8017H
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SLE3123R
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SKE8168R
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
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.
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)**

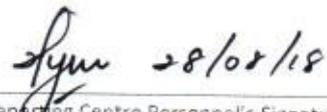
I understand, acknowledge, agree and consent that:

- (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.

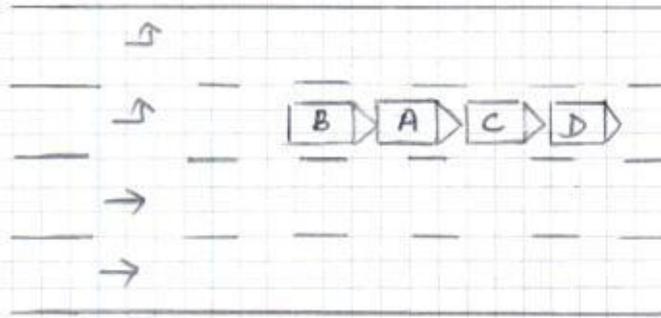


Policyholder's Signature
Date & Time:


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


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

SKETCH PLAN



A = GBG 1288U
B = SKG 8017H
C = SLE 3123R
D = SKE 8168R

KJE towards BKE
(Before BKE Exit)

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 28.08.18 at about 07:35 hours along KJE towards BKE (Before BKE Exit). I was travelling straight on lane 3, when front vehicle (C) slowed down and stopped thus I slowed down and stopped too.

Suddenly I heard a loud bang from behind and the impact forced my vehicle (A) to move forward hit onto the rear portion of vehicle (C). When I alighted I realised it was vehicle (B) who hit onto rear portion of my vehicle (A) causing damages to my front & rear portion of my vehicle (A). It was a chain collision of total 4 vehicles involved and I have 8 passengers inside my vehicle (A).

Vehicle (A): GBG 1288U

Vehicle (B): SKG 8017H

Vehicle (C): SLE 3123R

Vehicle (D): SKE 8168R

DECLARATION

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

Policyholder's Signature
Date & Time:



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

Slym 28/08/18
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SINGAPORE ACCIDENT STATEMENT

Accident Date:	28/08/18	Time:	07:35	(hh:mm) 24 hr format
Location	KJE towards BKE (before BKE Exit)			
(A) Vehicle Number	GBG 1288U			
Insured Name	Master Marine Works Pte Ltd			
NRIC/FIN	201133193M	Contact Number	-	
Make	Toyota	Model	Dyna	
Are you claiming under your own insurance policy for repair to your vehicle?				
() Yes If No, Pls select: (<input checked="" type="checkbox"/>) Third Party () Reporting				
Insurance Company	Chuan Tai ping			
Type of Policy	(<input checked="" type="checkbox"/>) Comprehensive	() Third Party Fire & Theft	() TP Only	
Policy Number	DMCVSN 3039011800			
Name of Driver	Shanmugam Saravanan () Same as Insured			
NRIC / FIN	665235647	Contact Number	9198 8093	
Date of Birth	20/02/1989			
Driving Pass Date	11/11/2014			
Occupation	() Indoor	(<input checked="" type="checkbox"/>) Outdoor		
Gender	(<input checked="" type="checkbox"/>) Male	() Female		
Email Address	- No email -		(<input checked="" type="checkbox"/>) NO EMAIL	
Address of Driver	7, Soon Lee Street, #02-16, 1space, S (627608)			
Was driver an employee of the Insured's Company? (<input checked="" type="checkbox"/>) Yes () No				
If No, Relationship of the Driver with the Insured				
() Owner () Spouse () Friend () Relative () Children () Sibling				
Does the Driver Own Any Other Vehicle? () Yes () No				
If Yes, Vehicle Registration Number of Driver's Own Vehicle				
Insurance Company of Driver's Own Vehicle				
Weather Conditions (<input checked="" type="checkbox"/>) Clear () Raining () Others				
Road Surface (<input checked="" type="checkbox"/>) Dry () Wet () Others				
Was any foreign vehicle involved in this accident? () Yes (<input checked="" type="checkbox"/>) No				
Was anybody injured in the accident? () Yes (<input checked="" type="checkbox"/>) No				
If yes, injured detail				
Was there any video captured by Car Camera? () Yes (<input checked="" type="checkbox"/>) No				
Was the Accident reported to the Police? () Yes (<input checked="" type="checkbox"/>) No If yes attach police report				
DETAILS OF 3 rd party Name / Nric Contact				
Veh B	SKG 8017H			
Veh C	SLE 3123R			
Veh D	SKE 8168R			
Veh E				
Veh F				

Driver + 8 passengers

Passenger 8 Male

- 1) Senthil Op
- 2) Ragubathi
- 3) Karthick
- 4) Reddy
- 5) Suresh M
- 6) Avalon (1)
- 7) Avalon (2)
- 8) Vairamoorthy

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **G 6523564T**
 Name: **SHANMUGAM SARAVANAN**

Birth Date: 20 Feb 1969
 Issue Date: 17 Feb 2017
 Valid Till 10/11/2019

002657973J




G6523564T
 driver

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES)

		EFFECTIVE DATE
Class 2B	Motorcycles =< 200 cc	11 Nov 2014
Class 3	Motor cars with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg	11 Nov 2014

NP 428A





WORK PERMIT
Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore

Employer
MASTER CONSTRUCTION WORKS PTE. LTD.

Sector: **CONSTRUCTION**



Name:
SHANMUGAM SARAVANAN
Occupation:
CONSTRUCTION WORKER

Work Permit No. 0 34707669	Date of Application 20-03-2017
	Date of Issue 28-03-2017
	Date of Expiry 20-03-2019



L7805497

G4G1288 ✓
driver

VISIT PASS

Immigration Regulations

Name
SHANMUGAM SARAVANAN



Date of Birth	Sex	Nationality
20-02-1989	M	INDIAN
FIN	Date of Issue	Date of Expiry
G6523564T	28-03-2017	20-03-2019

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.





MASTER CONSTRUCTION WORKS PTE. LTD.
5 SOON LEE STREET
#05-12 PIONEER POINT
SINGAPORE 627607

06 Oct 2017

Your worker's occupation has been updated

Dear Sir/Madam

Your request to change SHANMUGAM SARAVANAN's occupation to CONSTRUCTION WORKER-CUM-DRIVER has been approved. Your worker can perform the new duties from 06 Oct 2017.

The new occupation will be shown on the new card if/when it is renewed. Until such time, the worker should keep this letter together with the work permit card at all times.

If the new occupation is classified under generic occupations such as "Construction Worker" or "Marine Trades Worker", it will remain unchanged on the card.

Yours sincerely

Gan Choon Aik
For Controller of Work Passes

WORKER'S NAME
SHANMUGAM SARAVANAN

WORK PERMIT NO.
O 34707669

EMPLOYER'S NAME
MASTER CONSTRUCTION
WORKS PTE. LTD.

▲ IMPORTANT

This approval does not exempt the worker from other licensing requirements (e.g. driving or operating a crane in Singapore).

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)

CERTIFICATE No.	DMCVSN3039011800	Engine No :1KD2703984 Chassis No:JTFAT35Y50K208124
1. Index Mark and Registration Number of Vehicle	GBG1288U	
2. Name of Policy Holder	M/S MASTER MARINE WORKS PTE LTD	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	12 JUNE 2018	EX SECT. IS\$500.00 EX ON WINDSCREENS\$100.00
4. Date of Expiry of Insurance	11 JUNE 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. : MALAYAN BANKING BERHAD 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.

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.



(Handwritten Signature)

(Handwritten Signature)

Countersigned By:

Authorised Officer

Authorised Signatory