

<b>NATIONAL Assessment Centre Services</b> (wef 1 Jan 2005) <b>MANA18/15340</b>			
Date In <b>05/09/2018 18:44</b>	Job description	Date & Time Completed	Done by
Ref No <b>MBATEQ1180/6250/4</b>	SAS e-filing		
Veh No <b>GBE 2657E</b>	E-mail (within 8hrs, AIC 2hrs)		
D.O.A <b>05/09/2018 08:44</b>	i-Motor Claim Form		
OD <b>TP</b> Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (		Tel:	Fax:
TP Particulars:	Veh No: <b>SUM 1117E</b>	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 ( )			

<b>General Remarks:-</b>	
( ) 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: ( )	

<b>Remarks:-</b> (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] ( )		

<b>Injury :</b>
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Date/Time	Actions

<b>NA1805678</b>	<b>Invoice Preparation Checklist</b>		Am't (\$)	Am't (\$)
			1st Bill	Add Bill
<b>Claimant's Particulars :-</b>	1) AR: Accident Reporting (\$30);			
	2) DA: Damage Assessment (\$100); INC (\$80)			
<b>Driver/Owner:</b>	3) TP: Towing Fee \$40/\$45			
	4) FT: Follow-Through Survey \$120			
<b>Contact No:</b>	5) FT: Follow-Through Survey (Resurvey) \$30			
	For claiming against INC Only (wef 10 Jan 2005)			
<b>Damaged Portion:</b>	6) TR: Re-inspection \$75			
	7) N1: Idac DA + SMRT Survey \$160			
<b>QC Checked by (Engr-In-Charge):</b>	8) NTUC Additional Services:-			
	OD:			
<b>Auditors' Comments :-</b>	*N5: Courtesy Car / Tpt Allowance \$5			
	*N6: Repair Co-ordination \$10			
<b>Cat. 1:</b>	*N7: Post Repair Inspection \$25			
	*N8: DV / Collect Excess Coordination \$5			
<b>Cat. 2 / 3:</b>	TP (N11): TP (Non INC) against INC \$20			
	9) N12: Idac Mobile 30			
	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	05/09/2018 18:44
Date Of Accident	05/09/2018 08:45
Exact Location Of Accident	TPE TOWARDS PIE BEFORE LOYANG EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE2652E
<b>Insured/Policyholder</b>	
Name Of Registered Owner	JIM BUILDERS PTE LTD
Co Reg No	199104912W
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-85860154
Alternative Phone No	OFFICE-85860154

### Vehicle Particulars

Manufacturer	NISSAN
Model	CABSTAR
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	EQ INSURANCE COMPANY LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCPHQ17-005338
Cover Note Number	

### Driver

Name of Driver	MOKKAPATCHAI NALLAMUTHU
Passport No/FIN	G2134314K
Date Of Birth	25/02/1992
Occupation	OUTDOOR
Date Of Driving Pass	27/11/2014
Driving Experience	3 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-85860154
Fax Number	
Contact Number	OTHERS-85860154
EEmail Address	NOEMAIL



Address	163A THOMSON ROAD GOLDHILL SHOPPING CENTRE
Postcode	307616
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	3
Was any body injured in the Accident?	YES
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)	2
Passenger 1	NAME: : D. VIMALRAJ 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 SKETCH PLAN

#### 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	SLM1117E
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	YP1448E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

**DETAILS OF INJURED PERSON 1**

Name	MOKKAPATCHAI NALLAMUTHU
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	GBE2652E
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

## 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:

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

*65/09/2018*  
Reporting Centre Personnel's Signature  
Name: *Rishi Vathias*  
NRIC/FIN No.:



# SKETCH PLAN

TPE PIE before Loyang Exit

Vehicle A: GBE 2652E

Vehicle B: SLM 1117E

Vehicle C: YP 1448E

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date and time, I vehicle A was travelling straight. The vehicle in front of me stopped I followed suit.

5 seconds later, vehicle B hit onto my stationary vehicle rear portion. The impact is so huge, it caused my vehicle to propelled forward and hit onto a wooden plank which is on vehicle C. Causing my windscreen to crack.

## DECLARATION

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



Policyholder's Signature  
Date & Time:

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

05/09/2018  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No:

Email: [sm@idac.com.sg](mailto:sm@idac.com.sg)

Tel no: 6555 6888 Fax no: 6454 3279

### **Personal Particulars of Owner & Driver (Vehicle A)**

Date of Accident: 05/09/2018 (dd/mm/yy) Time of Accident: 08:45 (24-HR-FORMAT)  
Vehicle No.: GBE 2652 E Vehicle Make & Model: Nissan Cabstar  
Exact location of Accident: TPE PIE before Loyang Exit  
Policyholder's Name / IC No.: JIM BUILDERS PTE LTD 199104912W  
Driver's Name / IC No.: Mokkapatchai Nallamuthu G2134314K (As Above) ☐  
Driver's Contact No.: 8586 0154 Company Contact No.: \_\_\_\_\_  
Driver's Address: 163A THOMSON ROAD GOLDHILL SHOPPING CENTRE Singapore 307616  
Insurance Company: EQ Email address (if any): \_\_\_\_\_

**Relationship between Owner & Driver:** Employee

or Others specify: \_\_\_\_\_

**What do you wish to claim? (Please TICK one only)**

☐ Own Insurance / ☒ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)

**Exact purpose for which the vehicle  
Was being used at time of accident?**

☐ Private use / ☒ Work purpose

**Occupation (nature of job)** ☐ Indoor/ ☒ Outdoor

**No. of Passengers (Including Driver):** 02

**Passenger Name :** D. Vimairaj

**Passenger Name :** \_\_\_\_\_

**Gender :** Male

**Gender :** \_\_\_\_\_

**Weather condition & Road conditions? (On the day of accident)**

☒ Clear & Dry / ☐ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others: \_\_\_\_\_

**Was there any video captured by your Car Camera?** ☐ Yes / ☐ No

**Any Injuries:** ☒ Yes / ☐ No (If YES) Injured Person's Name: Mokkapatchai Nallamuthu

Injuries Sustain: \_\_\_\_\_ Injured Person in Which Vehicle: GBE 2652 E

**Police Report filed:** ☐ Yes / ☒ No (If YES) Which Police Station: \_\_\_\_\_

### **The Other Party(s) Details:**

1. Driver's Name / IC No.: \_\_\_\_\_ Vehicle No: SLM 1117 E (B)

Driver's Contact No.: \_\_\_\_\_ Insurance Company (If any): \_\_\_\_\_

2. Driver's Name / IC No.: \_\_\_\_\_ Vehicle No: YP 1448 E (C)

Driver's Contact No.: \_\_\_\_\_ Insurance Company (If any): \_\_\_\_\_

\*Independent Witness (If Any): \_\_\_\_\_ Contact No: \_\_\_\_\_

Preferred Workshop Name: \_\_\_\_\_ Contact No: \_\_\_\_\_

\*If no proper documents are produced, IDAC should not file the report. Information will be discarded after one week.



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

Class	Description	Effective Date
Class 2B	Motorcycles <= 200 cc	27 Nov 2014
Class 3	Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg	27 Nov 2014

NP 426A

License No: G2134314K

**VISIT PASS**  
Immigration Regulations

21-06-2019

Name: **MOKKAPATCHAI NALLAMUTHU**

Download the SG Visit Pass App to check status

Pin: **G2134314K**

Date of Birth: **25-02-1992** 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**

License Number: **G2134314K**

Name: **MOKKAPATCHAI NALLAMUTHU**

Birth Date: **25 Feb 1992**

Issue Date: **27 Nov 2014**

Valid Till **26 Nov 2019**

002370130J

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

Employer: **JIM BUILDERS PTE LTD**

Name: **MOKKAPATCHAI NALLAMUTHU**

Work Permit No: **O 35745475**

Sector: **CONSTRUCTION**

**O 35745475**

K0006317



F512  
\$2983.3

**CERTIFICATE OF INSURANCE**  
ROAD TRANSPORT ACT 1987 (MALAYSIA)  
THE MOTOR VEHICLES (THIRD-PARTY RISKS) RULES 1959 (FEDERATION OF MALAYSIA)  
THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CAP. 189 OF THE REVISED EDITION)  
(REPUBLIC OF SINGAPORE)  
THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES 1996 EDITION (REPUBLIC OF SINGAPORE)  
OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF

**COMMERCIAL VEHICLE PRIVATE (SCH I)**  
**Comprehensive**

**Certificate No. : DMCPHQ17-005338**

Form: LCVP1  
Excess:  
Section 1: S\$500.00  
YEID-AC Additional: S\$3,000.00

**1. Index Mark and Registration Number of Vehicles**  
GBE2652E

**2. Name of Policyholder**  
JIM BUILDERS PTE LTD

**3. Effective Date of the Commencement of Insurance for the purpose of the Act**  
08/10/2017

**4. Date of Expiry of Insurance**  
07/10/2018

**5. Person or Classes of persons entitled to drive\***

Goods carrying - (MZ300) Authorised Driver.

Any of the following :-

1. The Policyholder

2. Any person on the order or with the permission of the Policyholder

\* Provided that the person driving is permitted in accordance with the licensing or other laws or regulation to drive the Motor Vehicle or has been permitted and is not disqualified by order of Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle. And provided further that the Motor Vehicle is registered under the Road Traffic Act has not been cancelled at the time of accident loss or damage.

**6. Limitation as to use\***

1) Use in connection with the Insured's business.

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

3) 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 greater number of trailers in all than is permitted by Law.

3) Use for the carriage of passengers for hire or reward.

4) Liability arising from or in connection with the carriage of hazardous materials, high explosives, inflammable liquid or gases including LPG in cylinders.



6444-2555

\*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) or and Amendment, Act or Acts passed in substitution thereof.

Hire Purchase : HL Bank

A000248/LQ Business Pte Ltd  
Date of Issue : 19/09/2017 13:51

**LQ BUSINESS PTE LTD**

UEN NO. 201700648N  
180B BENCOOLEN STREET  
#04-02. THE BENCOOLEN  
SINGAPORE 189648  
Tel: 6333-4136 Fax: 6334-5238

Exp No. : DMCPHQ16-004666

A Member of Citistate

Authorised Signatory  
EQ Insurance Company Limited