

# NATIONAL Assessment Centre Services

(Rev. Jan 2005)

Date In: 10/09/2018 15:25	Job description	Date & Time Completed	Done by
Ref No. NA/CTI18016483 / F4	SAS e-filing		
Veh No: GX 3788G	E-mail (within 8hrs, AOC 2hrs)		
D.O.A: 07/09/2018 09:20	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: GX3497X	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

NA1805836	Invoice Preparation Checklist	Unit (\$)	Unit (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$30);	Inc Bill	Add Bill
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$30)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) NT: 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:-			
9) N12: Idao Mobile 30			
10) N11: TP (Non INC) against INC \$20			
11) N12: Idao Mobile 30			
12) N11: TP (Non INC) against INC \$20			
13) N12: Idao Mobile 30			
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97) N12: Idao Mobile 30			
98) N11: TP (Non INC) against INC \$20			
99) N12: Idao Mobile 30			
100) N11: TP (Non INC) against INC \$20			





## 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	10/09/2018 15:25
Date Of Accident	07/09/2018 09:20
Exact Location Of Accident	BENDEMEER RD TWDS GEYLANG BAHRU
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GX3788G
Insured/Policyholder	
Name Of Registered Owner	M/S VEGETALK FOOD SUPPLIES PTE LTD
Co Reg No	-
Email Address	SALES@VEGETALK.COM.SG
Mobile Phone No	(LOCAL) +65-90073175
Alternative Phone No	OFFICE-90073175
Vehicle Particulars	
Manufacturer	TOYOTA
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	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	DMCVSN3016451804
Cover Note Number	
Driver	
Name of Driver	KEE CHYE ONG
NRIC No	S1395874B
Date Of Birth	10/04/1959
Occupation	OUTDOOR
Date Of Driving Pass	04/04/1979
Driving Experience	39 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90073175
Fax Number	
Contact Number	OTHERS-90073175
Email Address	SALES@VEGETALK.COM.SG



Address	BLK 273 PASIR RIS STREET 21 #04-494
Postcode	510273
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	RAINING
Road Surface	WET

#### 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	GX3497X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	SENTHILNATHAN VENKATESAN
NRIC/Passport Number	S7561407A
Contact Number	98582768
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:

10/09/18

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

Kee 8/9/18

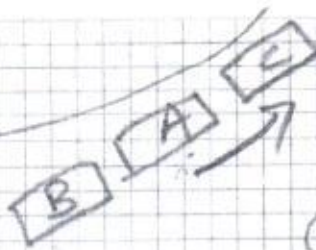
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

10/9/2018





A - GX3788G  
B - GX3497X  
C - Unknown



Bendemeer Rd.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Vehicle A was driving along Bendemeer Rd towards Geylang Bahru. Vehicle C in front of me stop and Vehicle A also slowdown. Vehicle C start to move and Vehicle A move but suddenly from behind Vehicle B hit on Vehicle A rear portion.

DECLARATION

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

Policyholder's Signature

Date & Time:

10/9/18

Driver's Signature

(If driver is not the policyholder)

Date & Time:

8/9/18

Reporting Centre Personnel's Signature

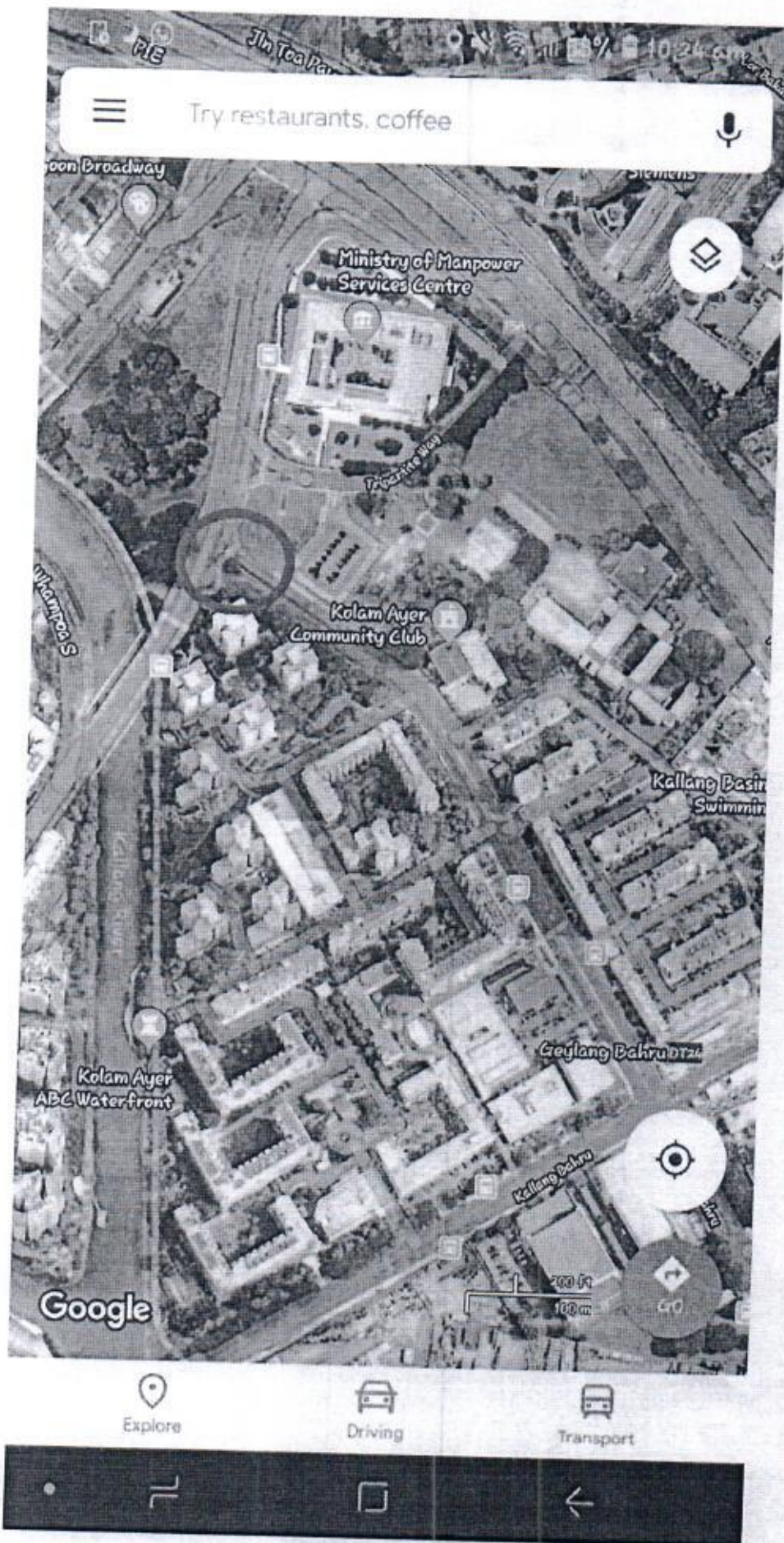
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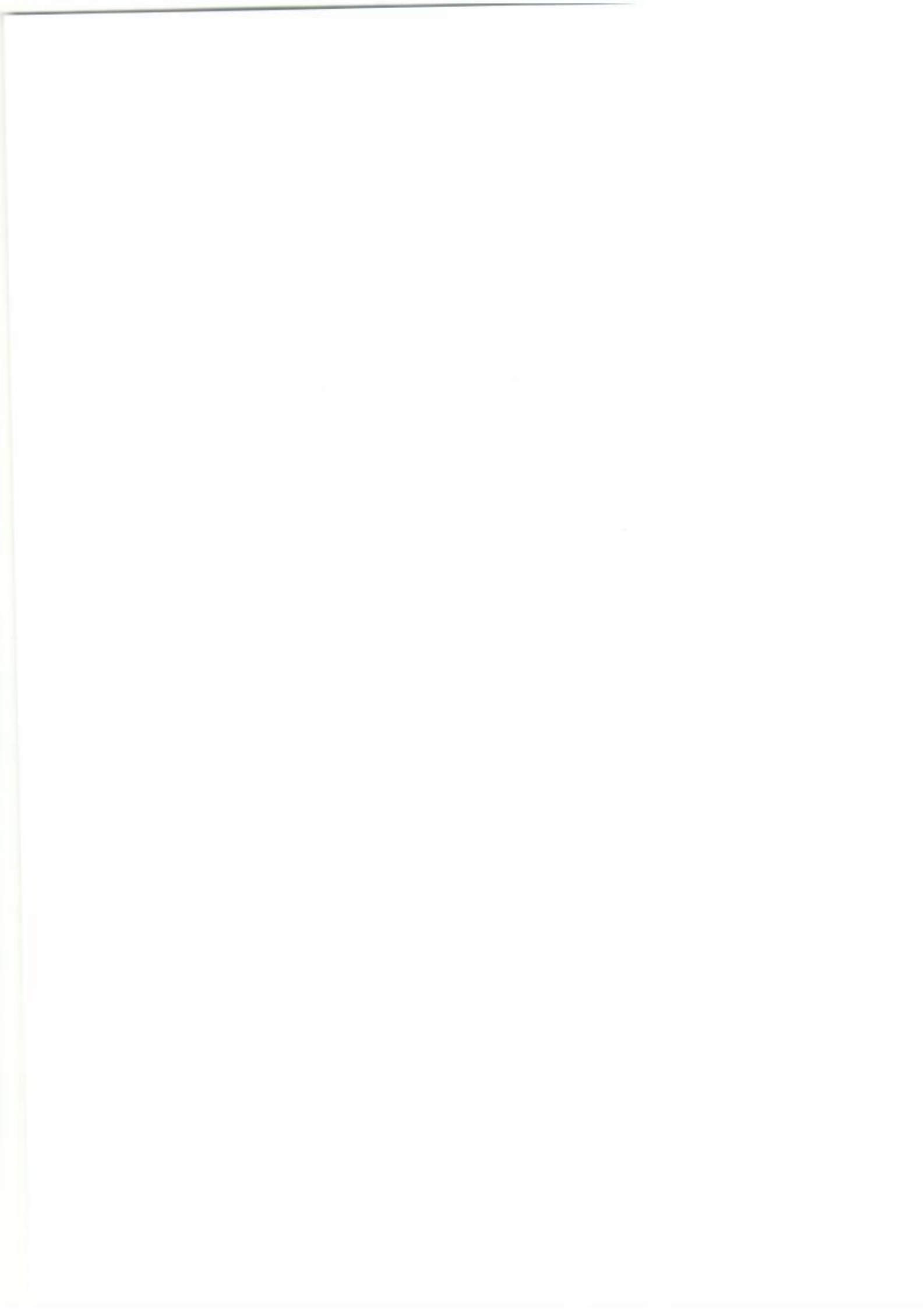
NRIC/FIN No.:

10/9/2018











\* Reported on 8/9/2018  
@ 11:25 AM

## ACCIDENT STATEMENT

ACCIDENT DATE: (7/9/2018) (DD/MM/YYYY), TIME: (09:20 AM) (HH:MM)

LOCATION: Bendemeer Rd towards Geylang Bahru.

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GX 3788G  
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: 90073175  
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 3497X MODEL: \_\_\_\_\_  
b) DRIVER'S NAME: SENTHILNATHAN VENKATESAN  
c) NRIC/FIN/PASSPORT: 57561407A CONTACT: 98582768

### 9. THIRD PARTY VEHICLE

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

admin@nht

email = sales@vegetalk.com.sg ✓

fax = Tel: 67957626

VIDEO =

Waiting for Company Chop? ✓



Driver

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S1395874B



Name: KEE CHYE ONG  
Race: CHINESE  
Date of birth: 10-04-1959  
Country of birth: SINGAPORE

4824342

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: S1395874B

KEE CHYE ONG

Birth Date: 10 Apr 1959  
Issue Date: 27 Jan 2012

002037622J

4824342



NRIC No. S1395874B



Date of issue: 26-01-2012

Address:  
APT BLK 273 PASIR RIS STREET 21  
#04-494  
SINGAPORE 510273

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

	EFFECTIVE DATE
Class 3 Motor Cars $\leq$ 3000kg with $\leq$ 7 passengers, exclusive of the driver; and other motor vehicles $\leq$ 2500kg	04 Apr 1979
Class 4 Motor vehicles which are constructed to carry load or passengers and the unladen weight $>$ 2500kg	26 May 1992
Class 5 Motor vehicles which are not constructed to carry load and the unladen weight $<$ 7250kg	23 Nov 1992
Motor vehicles not constructed to carry any load and the unladen weight $>$ 7250kg	

NP 428A

Licence No: S1395874B









TP

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7561407A



Name

SENTHILNATHAN VENKATESAN

Registration Number

Race

INDIAN

Date of birth

14-03-1975

Sex

M

Country of birth

INDIA



NRIC No. S7561407A



Nationality

INDIAN

Date of issue

01-03-2006

APT BLK 73 GEYLANG BAHRU #03-3056

SINGAPORE 330073

NRIC No. S7561407A

Date: 22/04/2010

No. 6487446









TP

**REPUBLIC OF SINGAPORE DRIVING LICENCE**

Licence Number **S7561407A**  
Name: **SENTHILNATHAN VENKATESAN**

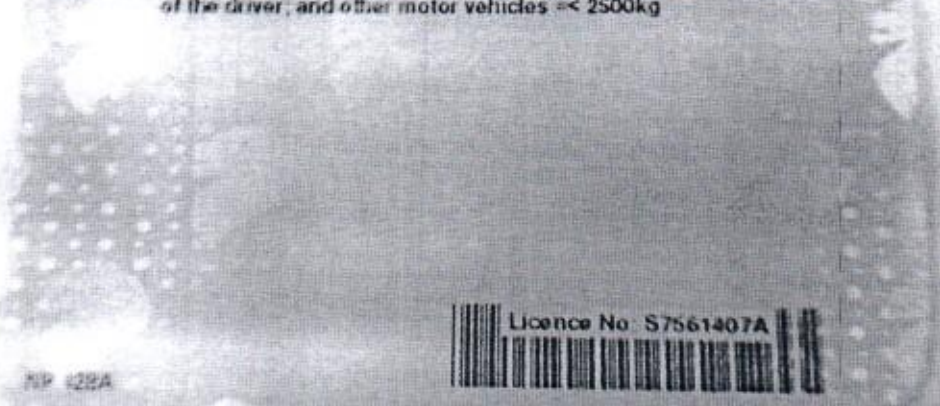
Birth Date **14 Mar 1975**  
Issue Date **29 Jan 2008**




 001562518H

**YOU ARE LICENCED TO DRIVE VEHICLES IN THE FOLLOWING CATEGORIES:**

Class 3 Motor Cars  $\leq 3000\text{kg}$  with  $\leq 7$  passengers, exclusive of the driver, and other motor vehicles  $\leq 2500\text{kg}$  13 Jan 2008

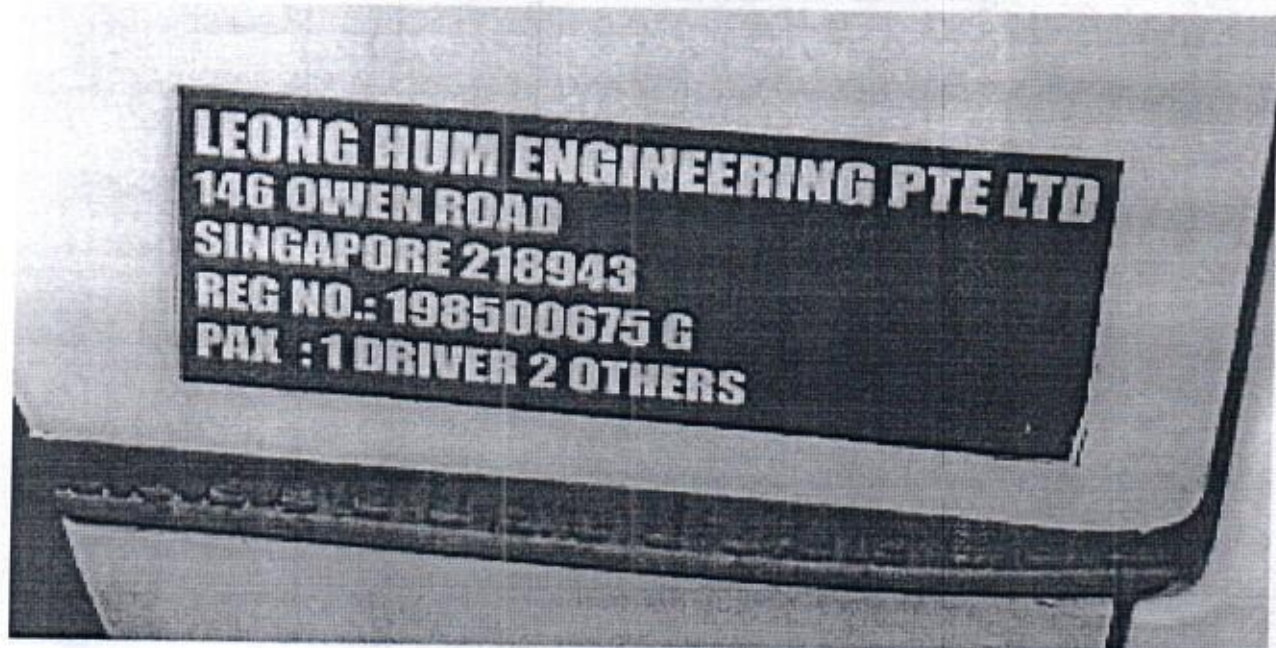


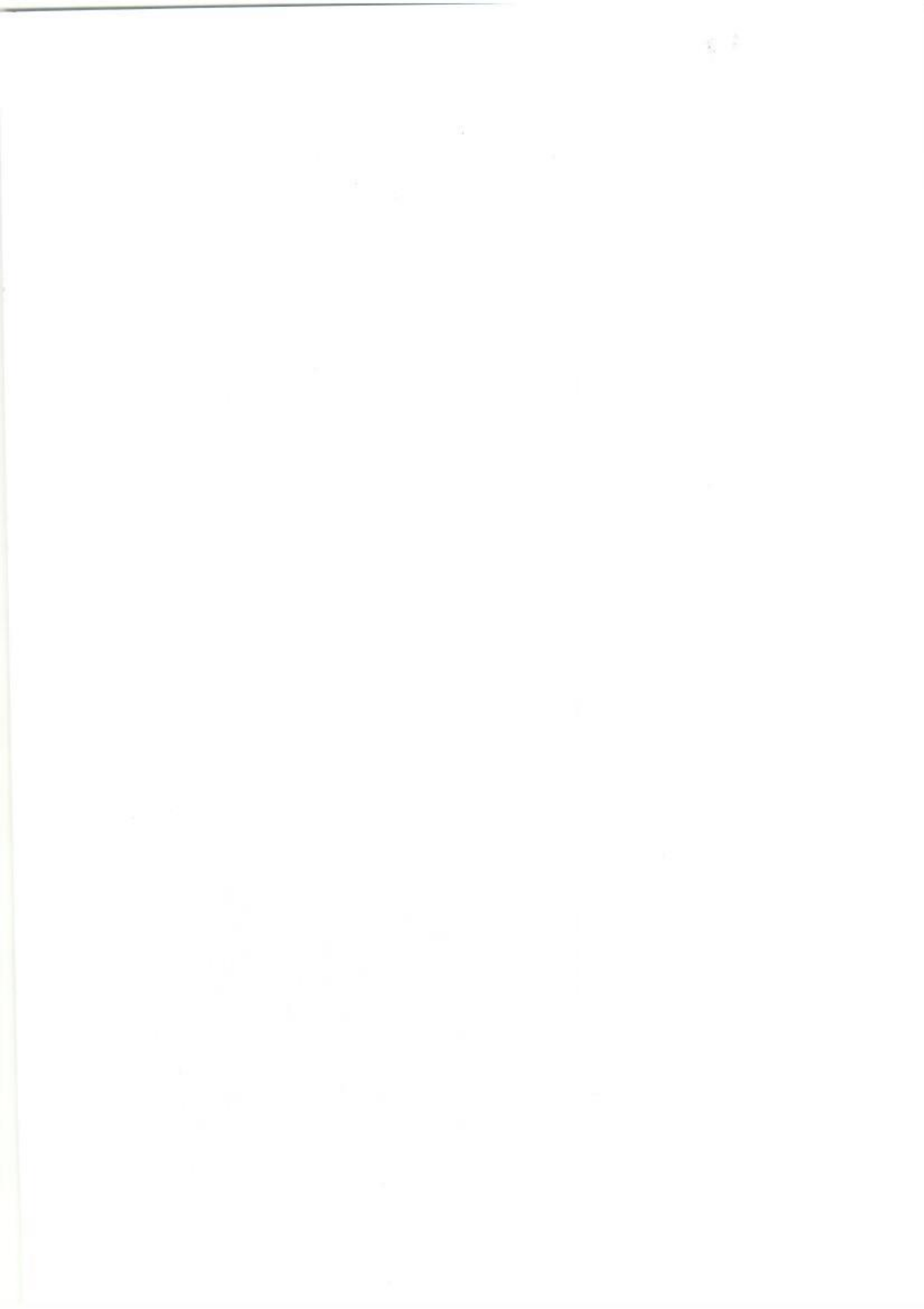
 Licence No: S7561407A

NP 428A











### 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

1. Index Mark and Registration  
Number of Vehicle

DMCVEN3016451804

Engine No: 13C3991012  
Chassis No: CR425086789

2. Name of Policy Holder

0037880

M/S VENETALE FOOD SUPPLIES PTE LTD

3. Effective date of the Commencement of Insurance for  
the purposes of the Regulations, Ordinance or Enactment

20 APRIL 2018

4. Date of Expiry of Insurance

19 APRIL 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.

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.
- (4) USE FOR HIRE OR REWARD OR RACING, RACE-MAKING, RELIABILITY TRIAL OR SPEED TESTING.
- (5) USE WHILST DRAWING A TRAILER EXCEPT THE TOWING OF ANY ONE DISABLED MECHANICALLY PROPELLED VEHICLE.

HIRE PURCHASE CO. : ETHOS GROUP LTD AS THE 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



igned By

Authorised Officer

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Authorised Signatory

