

# NATIONAL Assessment Centre Services

[wef 1 Jan 05] MHA118117803

Date In: 11/9/18-12:45	Job description	Date & Time Completed	Done by
Ref No: NA/EQ2AFO1603/24	SAS e-filing		
Veh No: 4425P	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 8/9/18-08:10	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: 42F814P	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

	Invoice Preparation Checklist	Am't (\$) In Bill	Am't (\$) Add Bill
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);		
Driver/Owner:	2) DA : Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF : Towing Fee \$40/\$45		
Damaged Portion:	4) FT : Follow-Through Survey \$120		
	5) RT : Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR : Re-inspection \$75		
	7) N1 : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
QC Checked by (Engr-In-Charge):	OD*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
Auditors' Comments :-	TP (N11) : TP (Non INC) against INC \$20		
Dat. 1:	9) N12: Idac Mobile 30		
Dat. 2 / 3:	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 willful 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	11/09/2018 13:45
Date Of Accident	08/09/2018 08:10
Exact Location Of Accident	ALONG SERANGOON RD OPP SHELL PETROL STATION
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GY25P
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ACOM ASIAN RESOURCES PTE LTD
Co Reg No	201401958R
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-64256366
<b>Vehicle Particulars</b>	
Manufacturer	KIA
Model	PREGIO 2.7M
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
<b>Insurance Company</b>	
Name of Insurance Company	EQ INSURANCE COMPANY LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	DMCPHQ18-002744
Cover Note Number	
<b>Driver</b>	
Name of Driver	SOKKALINGAM KESAVAN
Passport No/FIN	G2372887M
Date Of Birth	04/03/1992
Occupation	OUTDOOR
Date Of Driving Pass	20/06/2016
Driving Experience	2 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94337484
Fax Number	
Contact Number	OFFICE-94337484
EEmail Address	NOEMAIL

Address	5 LORONG BAKAR BATU #07-03 MACPHERSON INDUSTRIAL COMPLEX
Postcode	348742
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	RAINING
Road Surface	WET

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
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)	3
Passenger 1	NAME: : - GENDER: : MALE
Passenger 2	NAME: : - 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

ON STATED DATE AND TIME, I WAS TRAVELLING ALONG LANE 5 SERANGOON RD. SUDDENLY I FELT AN IMPACT OF MY VEHICLE. I ALIGHT FROM MY VEHICLE AND REALIZE THAT VEHICLE B HIT ONTO MY VEHICLE REAR PORTION.

#### 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	SLF8104F
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)

3

Passenger 1

NAME: :

GENDER: :

Passenger 2

NAME: :

GENDER: :



## 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:

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

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

# SKETCH PLAN

Sketch plan area with grid lines and handwritten notes:

- Vertical text on the left: *Seiungoon Rd*
- Diagram showing two vehicles, A and B, positioned vertically. Vehicle A is above Vehicle B. Both are marked with an 'X' and labeled 'A' and 'B' respectively.
- Handwritten notes on the right:
  - A: 642JP
  - B: SLF8104F

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to statement.

Large empty area for describing the circumstances of the accident.

## DECLARATION

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



Policyholder's Signature  
Date & Time:

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

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



**REPUBLIC OF SINGAPORE DRIVING LICENCE**

License Number: **G2372887M**

Name: **SOKKALINGAM KESAVAN**

Birth Date: **04 Mar 1992**

Issue Date: **20 Aug 2015**

Valid Till: **19-08-2020**

002464038A

SG 50

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

Employer: **ACOM ASIAN RESOURCES PTE. LTD.**

Name: **SOKKALINGAM KESAVAN**

Work Permit No.: **03616509-**

Sector: **CONSTRUCTION**

K0374299

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

		EFFECTIVE DATE
Class 2B	MOTORCYCLES NOT EXCEEDING 200 CC	20 Aug 2015
Class 3	MOTOR CARS AND MOTOR TRACTORS THE WEIGHT OF WHICH UNLADEN DOES NOT EXCEED 2500 KILOGRAMS	20 Jun 2016

G2372887M

S / No. 9000232985

NP 428A

Licence No: G2372887M

**VISIT PASS**  
Immigration Regulations

Name: **SOKKALINGAM KESAVAN**

FIN: **G2372887M**

Date of Birth: **04-03-1992**

Sex: **M**

Nationality: **INDIAN**

**MULTIPLE JOURNEY VISA ISSUED**

Download SGWorkPass App to check status

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.

**EQ Insurance Company Limited**

5 Maxwell Road #17-00 Tower Block MND Complex Singapore 069110  
tel 65 6223 9433 | fax 65 6224 3903 | www.eqinsurance.com.sg  
reg no, 1978-00490-N



**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)**

**Third Party**

**Certificate No. : DMCPHQ18-002744**

Form: LCVP1

Excess:

YEID-AC Additional:

S\$3,000.00

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

GY25P

**2. Name of Policyholder**

ACOM ASIAN RESOURCES PTE LTD

**3. Effective Date of the Commencement of Insurance for the purpose of the Act**

29/05/2018

**4. Date of Expiry of Insurance**

28/05/2019

**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.

\*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 :

A000255/Winner Consultancy Pte Ltd  
Date of Issue : 04/05/2018 14:57

Authorised Signatory  
EQ Insurance Company Limited

Exp No. : DMCPHQ17-002790

A Member of Citystate