

NATIONAL Assessment Centre Services MAY 18 2008

Date In: <u>27/05/2008</u> <u>19:40</u>	Job description	Date & Time Completed	Done by
Ref No: <u>NBA/III/18017631/4</u>	SAS e-filing		
Veh No: <u>GBE 584G</u>	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: <u>04/09/2008</u> <u>16:00</u>	i-Motor Claim Form		
OD: <u>TP</u> <u>Reporting Only</u>	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: GBN 28534 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)

1) Apply for Transport Allowance () / Courtesy Car ()	Date & Time Completed	Done by
---	-----------------------	---------

2) QC Check / Post Repair Inspection ()		
--	--	--

3) Upload Resurvey Photo [Repair Cost > \$3000] ()		
---	--	--

Injury: ()

Date/Time	Actions
-----------	---------

--	--

--	--

--	--

--	--

--	--

--	--

--	--

--	--

--	--

--	--

--	--

--	--

--	--

--	--

--	--

--	--

--	--

--	--

--	--

<p><u>NBA1806174</u></p> <p>Claimant's Particulars:-</p> <p>Driver/Owner:</p> <p>Contact No:</p> <p>Damaged Portion:</p> <p>QC Checked by (Engr-In-Charge):</p> <p>Auditors' Comments:-</p> <p>Dat. 1:</p> <p>Dat. 2/3:</p>	<p>Invoice Preparation Checklist</p> <p>1) AR: Accident Reporting (\$30);</p> <p>2) DA: Damage Assessment (\$100); INC (\$80)</p> <p>3) TF: Towing Fee \$40/\$45</p> <p>4) FT: Follow-Through Survey \$120</p> <p>5) RT: Follow-Through Survey (Resurvey) \$30</p> <p>For claiming against INC Only (wef 10 Jan 2005)</p> <p>6) TR: Re-inspection \$75</p> <p>7) N1: Idac DA + SMRT Survey \$160</p> <p>8) NTUC Additional Services:-</p> <p>ON*</p> <p>*N5: Courtesy Car / Tpt Allowance \$5</p> <p>*N6: Repair Co-ordination \$10</p> <p>*N7: Post Repair Inspection \$25</p> <p>*N8: DV / Collect Excess Coordination \$5</p> <p>TP (N11): TP (Non INC) against INC \$20</p> <p>9) N12: Idac Mobile 30</p> <p>Invoice dated</p> <p>Fee Charged</p>	<p>Amr (\$)</p> <p>1st Bill</p>	<p>Amr (\$)</p> <p>Add Bill</p>
---	--	---------------------------------	---------------------------------

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	27/09/2018 19:42
Date Of Accident	04/09/2018 16:00
Exact Location Of Accident	ALONG DEPOT ROAD INFRONT OF BLK 4001
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE584G
Insured/Policyholder	
Name Of Registered Owner	MAC-SYSTEM ENGINEERING SERVICES
Co Reg No	42668200M
Email Address	MACGLOBAL@SINGNET.COM.SG
Mobile Phone No	(LOCAL) +65-83009348
Alternative Phone No	OFFICE-62753836

Vehicle Particulars

Manufacturer	KIA
Model	K2500
Exact Purpose for which vehicle was being used at time of accident	PARKING AFTER 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	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	D18MCV0001090
Cover Note Number	

Driver

Name of Driver	MANIVEL SURESH
Passport No/FIN	G2373670K
Date Of Birth	10/05/1988
Occupation	OUTDOOR
Date Of Driving Pass	19/05/2015
Driving Experience	3 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83009348
Fax Number	
Contact Number	OFFICE-62753836
Email Address	MACGLOBAL@SINGNET.COM.SG

Address	BLK 4001 DEPOT LANE #04-12
Postcode	109755
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	COLLIDED INTO PARKED VEHICLE
Weather Conditions	CLEAR
Road Surface	DRY

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?	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?	YES
If Yes, Please state which Police Station	
Police Station Name	RIVER VALLEY NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 4 DELTA AVENUE , POSTCODE: 161004 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2789999 - FAX NO: 62786427
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20180912/2188

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	FBN2853U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

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:

27/9/2018, 1130h

Driver's Signature

(If driver is not the policyholder)

Date & Time:

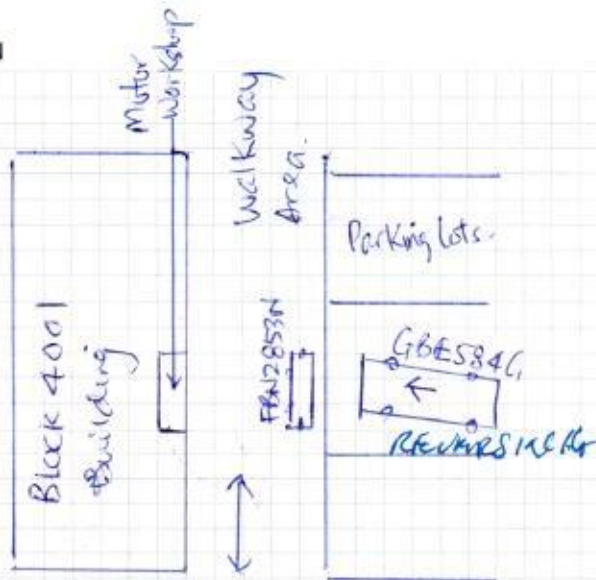
27/9/2018, 1130h

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 4/9/2018. Around 1600hr, I returned from work and wanted to park my lorry GBE 584 G at our office downstairs parking lot. While reversing, I notice that my rear back had hit something. I came out of my lorry and saw a motorbike No FBN2853N fell down. I help lifting up the motorbike and put in place. As I didn't see the owner around, I ~~left~~ I left to park in other lot. There's a motorcycle workshop behind these parking lots. ~~As~~ They are always customers parking disriminary along these walkway area.

POLICE REPORT 7/20180912/2188

DECLARATION

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

Policyholder's Signature

Date & Time: 27/9/2018 11:30

Driver's Signature

(If driver is not the policyholder)

Date & Time: 27/9/2018 11:30a

Reporting Centre Personnel's Signature

Name: Padi Lina

NRIC/FIN No.:



SINGAPORE POLICE FORCE



T/20180912/2188

Police Station Of Origin:
River Valley NPP
4 Delta Avenue #01-02 SINGAPORE 161004
Tel No: 1800-2789999

1 of 3

Report No. T/20180912/2188

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 12/09/2018 20:41		Vide Report No.:		Station Diary No.: 91	
Informant's Particulars					
Name of Informant: MANIVEL SURESH			Address:		
ID Type / ID No.: FIN NO / G2373670K			Contact No.: Home/Office: Mobile: 83009348		
Nationality: INDIAN			Email:		
Sex: Male	Age: 30	Date of Birth: 10/05/1988	Type of Informant: Driver		
Race: Indian			Language:		Institution / School Name:
Occupation: AIRCON CONTRACTOR			Driving Licence Information: Class: 2B,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 04/09/2018 16:00	Type of Location: Straight Road
Location: Along Road 1 DEPOT ROAD Along Depot Road infront of Blk 4001				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBN2853U	Motorcycle				Slightly Damaged	0
GBE584G	Lorry				No Damage	0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20180912/2188

Police Station Of Origin:
River Valley NPP
4 Delta Avenue #01-02 SINGAPORE 161004
Tel No: 1800-2789999

2 of 3

Report No. T/20180912/2188

CONTINUATION OF REPORT

Driver				
Name	MANIVEL SURESH		ID No.	G2373670K
Related Vehicle	NIL		Contact No.	83009348
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL

Brief Details.

On 04/09/2019 at around 1600hrs, I returned from work and wanted to park my lorry (GBE584G) near our office. While reversing, I noticed that the rear of my lorry hit onto something. I came out to check and discovered that a motorbike (FBN2583U) laying on the road. I then assisted to lift the said motorbike to an upright position. There is a motorbike workshop near my office as such there are always motorbikes parked discriminately at the area. I am lodging this report for insurance purposes.

ACCIDENT STATEMENT

ACCIDENT DATE: 04/09/2018 (DD/MM/YYYY), TIME: 1600 (HH:MM)

LOCATION: Depot Lane Block 4001

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBE 584 G
 b) INSURANCE COMPANY: India International Insurance Pte Ltd
 c) POLICY NUMBER: DIGMCV0001090
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: KIA/K2500
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: Parking After Work
 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: Mac-System Engineering Services (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: Y2668200M CONTACT: 62753836
 c) ADDRESS: BK 4001, Depot Lane, #04-12 (S) 109755

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Manivel Suresh (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: G2373670K CONTACT: 62753836
 c) ADDRESS: BK 4001, Depot Lane, #04-12, (S) 109755

* d) DATE OF BIRTH: 10/05/1988 (DD/MM/YYYY)

e) OCCUPATION: INDOOR / OUTDOOR

f) DATE OF DRIVING PASS: 19/5/2015

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: FRN2853U MODEL: Honda NC750X

b) DRIVER'S NAME: _____

c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: _____ MODEL: _____

e) DRIVER'S NAME: _____

f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

EMAIL = maighab@singnet.com.sg

VIDEO =


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

Employer:
MAC-SYSTEM ENTERPRISE PTE LTD

Name:
MANIVEL SURESH

Work Permit No.:
Q 36200057

Sector:
CONSTRUCTION

 **K0359013**

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number:
G2373670K

Name:
MANIVEL SURESH

Birth Date: **10 May 1988**
Issue Date: **19 May 2015**
Valid Till: **18/05/2020**

 **002429008F**

SG 50

VISIT PASS
Immigration Regulations

Name:
MANIVEL SURESH

Pin:
G2373670K

Date of Birth: **10-05-1988** 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.



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

	EFFECTIVE DATE
Class 2B Motorcycles <= 200 cc	19 May 2015
Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg	19 May 2015

NP 428A

Licence No: **G2373670K**





INDIA
INTERNATIONAL
INSURANCE
SINGAPORE
Serving the region since 1987




陳兄弟保險代理有限公司
TAN BROTHERS INSURANCE AGENCIES PTE LTD
10 ANSON ROAD, #11-16
INTERNATIONAL PLAZA SINGAPORE 07
TEL: (65) 6220 1822 FAX: (65) 6224 6606
E-MAIL: tan.brothers@tbsgroup.com.sg

INDIA INTERNATIONAL INSURANCE PTE LTD
Co. Reg. No. 198703792k | GST Reg. No. M2-0078806-X
64 | Cecil Street | #04 | #05 | #06-02 | 10B Building | Singapore 049711
Office (65) 63476100 Email insure@iil.com.sg
Fax (65) 62244174 Website www.iil.com.sg

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)

All Accidents must be reported within 24 hours of the incident regardless of whether it will lead to a claim.

CERTIFICATE NO.: D18MCV0001090		COVER: Comprehensive
1. Index Mark and Registration Number of Vehicle	: GBE584G	
Chassis No	: KNCSJX76LF7931102	
2. Name of Policyholder	: MAC-SYSTEM ENGINEERING SERVICES	
3. Effective date of Insurance	: 24 Aug 2018	
4. Expiry date of Insurance	: 23 Aug 2019	
5. Persons or Classes of Persons entitled to drive*	<p>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.</p>	
6. Limitations as to use*	<p>a) Use in connection with the Policyholder's business. b) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business. c) Use for social, domestic and pleasure purposes.</p> <p>The Policy does not cover</p> <p>a) Use for hire or reward or for racing, pace-making, reliability trail, or speed-testing. b) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.</p>	
<p>*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.</p>		
<p>Excess Sect I: SGD600.00 Windscreen Excess: SGD100.00 Hire Purchase Company : United Overseas Bank Limited</p>		
<p>FOR DRIVERS BELOW 21 YEARS OR ABOVE 65 YEARS OF AGE &/OR LESS THAN 2 YEARS SINGAPORE DRIVING LICENCE, ADDITIONAL EXCESS OF \$2500/- ON SECTION I WILL BE APPLICABLE.</p>		
<p>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).</p>		
<p>Agent/Broker : A000052/TAN BROTHERS INSURANCE AGENCIES PTE LTD Date of Issue : 02/08/2018 14:32:57 MZ300C (GOODS CARRYING) COMPANY</p>		<p>For India International Insurance Pte Ltd</p> <p></p> <p>R. Ravindra Kumar MD & CEO</p>