

NATIONAL Assessment Centre Services. [wef 1 Jan'05]

Date In: 09/10/18	Job description	Date & Time Completed	Done by
Ref No: NA/CTE1801200/13	SAS e-filing		
Veh No: YN8201P	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 07/10/18 0945	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: 9801786P	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

NA1806388

Claimant's Particulars:	Invoice Preparation Checklist	Am't (\$) In Bill	Am't (\$) Add Bill
Driver/Owner:	1) AR : Accident Reporting (\$30);		
Contact No:	2) DA : Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF : Towing Fee \$40/\$45		
	4) FT : Follow-Through Survey \$120		
	5) FT : 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:-		
	QD*		
	*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 (Non INC) against INC \$20		
	9) N12: Idac Mobile \$0		
QC Checked by (Engr-In-Charge):	Invoice dated	Fee Charged	
Auditors' Comments: :	Invoice dated	Fee Charged	
Dat. 1:			
Dat. 2 / 3:			

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 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. 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	09/10/2018 10:36
Date Of Accident	07/10/2018 09:45
Exact Location Of Accident	OLD CHOA CHU KANG RD SLIP RD TO CHOA CHU KANG WAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YN8201P
Insured/Policyholder	
Name Of Registered Owner	ISO-INTEGRATED M&E PTE LTD
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-92717589

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	FUSO
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	REPORTING ONLY
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	DMCVSN3054361801
Cover Note Number	

Driver

Name of Driver	SUBRAMANIYAN PUSHPARAJU
Passport No/FIN	G6948496X
Date Of Birth	07/04/1985
Occupation	OUTDOOR
Date Of Driving Pass	11/05/2018
Driving Experience	0 YEAR AND 4 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-83455966
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	8 CHANGI NORTH STREET
Postcode	498829
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	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)	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	GBD1786P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	NG BAK SENG
NRIC/Passport Number	S0182005B
Contact Number	81718572
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

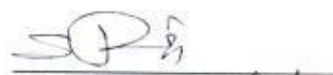
IMPORTANT NOTICE

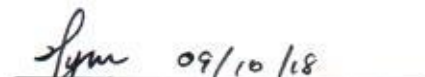
1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material 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:

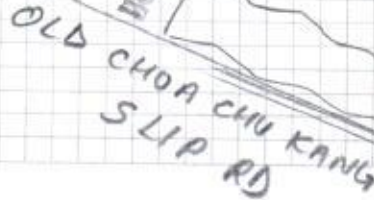
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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 8/10/18
(If driver is not the policyholder)
Date & Time:

 09/10/18
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

CHOA CHU KANG WAY

[illegible]

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

Driver's Signature 8/10/18
(If driver is not the policyholder)
Date & Time:

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

I WAS TRAVELLING FROM OLD CHOA CHU KANG SLIP RD TWDS CHOA CHU KANG WAY ON THE LEFT LANE OF A2-LANES RD. AFTER I PASSED THE ZEBRA CROSSING I LOOK UP FOR ONCOMING VEH ON THE RIGHT SIDE OF THE MAIN ROAD. SUDDENLY INFRT OF MY VEH STOP AFTER HIS VEH OUT FROM THE GIVEWAY LINE, I HAVE NOT ENOUGH TIME TO REACT AND MY VEH HIT ONTO THE REAR PORTION OF VEH B.

ACCIDENT STATEMENT

ACCIDENT DATE: (07/10/2018) (DD/MM/YYYY), TIME: (9:50) (HH:MM)

LOCATION: old choa chuan road (slip rd) Choa Chua kua way

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: YN 8201 P
 b) INSURANCE COMPANY: _____
 c) POLICY NUMBER: DMCVON 3054361801
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: mitsubishi fuso
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY) MOTORCYCLE / OTHERS
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: commercial use
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) NO
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: I So Integrated M&F Pte Ltd (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: 92717589
 c) ADDRESS: I So Integrated M&F Pte Ltd
8 Chang North Street 1

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Subramanian Pushpagan (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 835392465 CONTACT: 82455966
 c) ADDRESS: I So Integrated M&F Pte Ltd
8 Chang North Street sg 498829
 *d) DATE OF BIRTH: (07/04/1985) (DD/MM/YYYY)
 e) OCCUPATION: (INDOOR / OUTDOOR)
 f) YEARS OF DRIVING EXPERIENCE: 20/05/2023

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: GIBD 1786 P MODEL: 8171 8572
 b) DRIVER'S NAME: Ng Bak Seng
 c) NRIC/FIN/PASSPORT: S 01920058 CONTACT: _____

9. THIRD PARTY VEHICLE

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

* No of passenger
 (including driver)
 (1)

* No of passenger
 (including driver)
 ()

* No of passenger
 (including driver)
 ()

08/10/18
 waiting for
 company stamp ✓


Email =
 fax =
 video =

REPUBLIC OF SINGAPORE DRIVING LICENCE


 License Number: **G6948496X**
 Name: **SUBRAMANIYAN PUSHPARAJU**
 Birth Date: **07 Apr 1985**
 Issue Date: **11 May 2018**
 Valid Till: **20/05/2023**

002801682E

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


 Name: **SUBRAMANIYAN PUSHPARAJU**
 Work Permit No.: **0 35398455** Sector: **CONSTRUCTION**
 Employer: **ISO-INTEGRATED M&E PTE. LTD.**

K0068806

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

		EFFECTIVE DATE
Class 2B	Motorcycles =< 200 cc	21 May 2013
Class 3C	Motor cars with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver	11 May 2018

NP 428A



VISIT PASS
 Immigration Regulations 19-12-2017

Name: **SUBRAMANIYAN PUSHPARAJU**
 PIN: **G6948496X**
 Date of Birth: **07-04-1985** 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.

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.	DMCVSN3054361801	Engine No : 4F10B65114	Chassis No: FEB21BA10111
1. Index Mark and Registration Number of Vehicle	YH8201P		
2. Name of Policy Holder	ISO-INTEGRATED H&E PTE LTD		
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	7 JULY 2018	EXCESS SECT 1	S\$550.00
		CX ON WINDSCREEN	S\$100.00
4. Date of Expiry of Insurance	6 JULY 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.</p> <p>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>(1) USE IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS.</p> <p>(2) USE FOR THE CARRIAGE OF PASSENGERS (OTHER THAN FOR HIRE OR REWARD) IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS.</p> <p>(3) USE FOR SOCIAL, DOMESTIC OR PLEASURE PURPOSES.</p> <p>THE POLICY DOES NOT COVER:</p> <p>(1) USE FOR HIRE OR REWARD OR RACING, FACE-MAKING, RELIABILITY TRIAL OR SPEED TESTING.</p> <p>(2) USE WHILST DRAWING A TRAILER EXCEPT THE TOWING OF ANY ONE DISABLED MECHANICALLY PROPELLED VEHICLE.</p>		
<p>HIRE PURCHASE CO. : MAYBANK AS HP OWNER</p> <p>* Limitations rendered inoperative by Section 5 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>			

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



Countersigned By:

Authorised Officer

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Authorised Signatory