

NATIONAL Assessment Centre Services																																																									
Date In: 10/10/2018 15:13	Job description	Date & Time Completed	Done by																																																						
Ref No: NBA/EG/18018388/1	SAS e-filing																																																								
Veh No: GBF 9333A	E-mail (within 8hrs, AIC 2hrs)																																																								
D.O.A: 07/10/2018 23:00	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: GBA 6128 Y-	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																																																								
	* policy number incorrect in G/A																																																								
	* upload & scan wrong document																																																								
		Invoice Preparation Checklist	<table border="1"> <thead> <tr> <th></th> <th>Am't (\$)</th> <th>Am't (\$)</th> </tr> <tr> <th></th> <th>1st Bill</th> <th>Add Bill</th> </tr> </thead> <tbody> <tr> <td>1) AR: Accident Reporting (\$30);</td> <td></td> <td></td> </tr> <tr> <td>2) DA: Damage Assessment (\$100); INC (\$80)</td> <td></td> <td></td> </tr> <tr> <td>3) TF: Towing Fee \$40/\$45</td> <td></td> <td></td> </tr> <tr> <td>4) FT: Follow-Through Survey \$120</td> <td></td> <td></td> </tr> <tr> <td>5) FT: Follow-Through Survey (Resurvey) \$30</td> <td></td> <td></td> </tr> <tr> <td colspan="3">For claiming against INC Only (wef 10 Jan 2005)</td> </tr> <tr> <td>6) TR: Re-inspection \$75</td> <td></td> <td></td> </tr> <tr> <td>7) N1: Idac DA + SMRT Survey \$160</td> <td></td> <td></td> </tr> <tr> <td>8) NTUC Additional Services:-</td> <td></td> <td></td> </tr> <tr> <td>OD*</td> <td></td> <td></td> </tr> <tr> <td>*N5: Courtesy Car / Tpt Allowance</td> <td>\$5</td> <td></td> </tr> <tr> <td>*N6: Repair Co-ordination</td> <td>\$10</td> <td></td> </tr> <tr> <td>*N7: Post Repair Inspection</td> <td>\$25</td> <td></td> </tr> <tr> <td>*N8: DV / Collect Excess Coordination</td> <td>\$5</td> <td></td> </tr> <tr> <td>TP (N11): TP (Non INC) against INC</td> <td>\$20</td> <td></td> </tr> <tr> <td>9) N12: Idac Mobile</td> <td>\$0</td> <td></td> </tr> </tbody> </table>		Am't (\$)	Am't (\$)		1st Bill	Add Bill	1) AR: Accident Reporting (\$30);			2) DA: Damage Assessment (\$100); INC (\$80)			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:-			OD*			*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	
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Claimant's Particulars:-																																																									
Driver/Owner:																																																									
Contact No:																																																									
Damaged Portion:																																																									
QC Checked by (Engr-In-Charge):																																																									
Auditors' Comments:-																																																									
Cat. 1:																																																									
Cat. 2 / 3:																																																									
Invoice dated		Fee Charged																																																							
Invoice created		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 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	10/10/2018 15:13
Date Of Accident	07/10/2018 23:00
Exact Location Of Accident	40 TOH GUAN ROAD EAST CARPARK
Country/State of Loss	SINGAPORE

#### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF9333A
<b>Insured/Policyholder</b>	
Name Of Registered Owner	388 PTE. LTD.
Co Reg No	201328419K
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91464543
Alternative Phone No	OFFICE-91464543

#### Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA
Exact Purpose for which vehicle was being used at time of accident	LORRY WAS PARKED
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	DMPCHQ18-001722
Cover Note Number	

#### Driver

Name of Driver	SELVAM RAMKUMAR
Passport No/FIN	G2222037W
Date Of Birth	12/04/1993
Occupation	INDOOR
Date Of Driving Pass	09/12/2016
Driving Experience	1 YEAR AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91464543
Fax Number	
Contact Number	OTHERS-91464543
Email Address	NOEMAIL



Address	40 TOH GUAN ROAD EAST #01-60 ENTERPRISE HUB
Postcode	608582
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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?	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)	0

#### 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	GBA6128Y /
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 OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	YN6883J /
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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)

## 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.

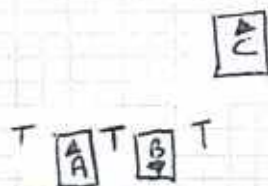
**388**  
pte ltd

Policyholder's Signature  
Date & Time:

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

*10/10/2018*  
Reporting Centre Personnel's Signature  
Name: *Kelly Ann Tan*  
NRIC/FIN No.:

①



②



③



Vehicle A: GBF933A

Vehicle B: GBA 6128Y

Vehicle C: YN 6883J

On the stated date and time, I Vehicle A was parked stationary in the parking lot. Vehicle C reversed and hit onto Vehicle B. The impact is so huge it causes Vehicle B to hit onto my right portion.

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



Policyholder's Signature  
Date & Time:

L. Ramkrishna

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

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



**REPUBLIC OF SINGAPORE DRIVING LICENCE**

Portrait photo of a man with a beard and mustache.

License Number: **G2222037W**

Name: **SELVAM RAMKUMAR**

Birth Date: **12 Apr 1993**  
 Issue Date: **04 Jun 2015**  
 Valid Till: **03/06/2020**

Barcode: **002434927G**

**SG 50**

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

Employer: **388 PTE. LTD.**

Sector: **CONSTRUCTION**

Name: **SELVAM RAMKUMAR**  
 Occupation: **CONSTRUCTION WORKER**

Work Permit No. **035932312**

Date of Application: **21-02-2017**  
 Date of Issue: **23-03-2017**  
 Date of Expiry: **22-02-2019**

Portrait photo of a man with a beard and mustache.

Barcode: **L7769897**

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

	Class	Motorcycle <= 250 CC	Motor cars <= 3600 kg with <= 7 passenger, exclusive of the driver, and motor tractors/vehicles <= 2200 kg	EFFECTIVE DATE
C	Class 2B			04 Jun 2015
	Class 3			09 Dec 2015

**G2222037W**

**S / No. 9000254822**

Barcode: **Licence No: G2222037W**

**NP 428A**

**VISIT PASS**  
 Immigration Regulations

NAME: **SELVAM RAMKUMAR**

Portrait photo of a man with a beard and mustache.

Date of Birth	Sex	Nationality
<b>12-04-1993</b>	<b>M</b>	<b>INDIAN</b>

FIN	Date of Issue	Date of Expiry
<b>G2222037W</b>	<b>23-03-2017</b>	<b>22-02-2019</b>

**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.**

Barcode

**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 )  
Comprehensive**

Certificate No.: DMCPhQ18-001722

Form: LCVP1  
Excess:  
Section 1 SGD500.00  
YEID-AC Additional SGD3,000.00

1. Index Mark and Registration Number of Vehicles  
GBF9333A

2. Name of Policyholder  
388 PTE. LTD.

3. Effective Date of the Commencement of Insurance for the purpose of the Act  
18/04/2018

4. Date of Expiry of Insurance  
17/04/2019

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 regulations to drive the Motor Vehicle or has been 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. 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. Limitations 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.

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.

**LQ BUSINESS PTE LTD**

UEN NO. 201700848N  
180B BENCOOLEN STREET  
#04-02, THE BENCOOLEN  
SINGAPORE 189648  
Tel: 6333-4136 Fax: 6334-5238

misjb/HO/A000248/LQ Business Pte Ltd

A Member of Citystate

Authorised Signatory  
EQ Insurance Company Limited