

| NATIONAL Assessment Centre Services (wef 1 Jan 2005) MAN/18/31569 | | | |
|---|--|---|-------------------|
| Date In: 10/10/2008 15:13 | Job description | Date & Time Completed | Done by |
| Ref No: NBA/EG/180/8388/1 | SAS e-filing | | |
| Veh No: GBF 9333A | E-mail (within 8hrs, A/C 2hrs) | | |
| D.O.A: 07/10/2008 23:00 | i-Motor Claim Form | | |
| QD (TP) Reporting Only | i-Motor W/O (Within: OD 2hrs, TP 4hrs) | | |
| | i-Photo Uploaded | | |
| TP Insurer: | Assessment/Survey Report | | |
| | Ass't Report by <u>Fax / Hand</u> to <u>Owner/Wksp</u> | | |
| 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 entered in G/A | | |
| | * upload & scan wrong document | | |
| | | | |
| | | | |
| Claimant's Particulars:- | | Invoice Preparation Checklist | |
| | | | |
| Driver/Owner: | | 1) AR: Accident Reporting (\$30); | Amt (\$) 1st Bill |
| Contact No: | | 2) DA: Damage Assessment (\$100); INC (\$80) | Amt (\$) Add Bill |
| 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:- | |
| 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 (N-in INC) against INC \$20 | |
| Cat 1: | | 9) N12: Idac Mobile 30 | |
| Cat 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 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 |
| Insured/Policyholder | |
| 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 | DMCPHQ18-001722 |
| 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 | |
| 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 |
|-----------------------------|---------|

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

10/10/2018
Kelly W. Hoo
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

①

T A T B T

C

②

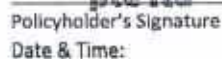
T A T B C



Vehicle A: GBF 9333A
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.

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



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

Reporting Centre Personnel's Signature
Name: Robert W. H.
NRIC/FIN No.: 9201 1234 5678 9010

Email: sm@idac.com.sg

Tel no: 6555 6888 Fax no: 6454 3279

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 7/10/2018 (dd/mm/yy) Time of Accident: 23:00 (24-HR-FORMAT)
Vehicle No.: GBF 9333 A Vehicle Make & Model: Toyota Dyna
Exact location of Accident: 40 Toh Guan Road East carpark
Policyholder's Name / IC No.: 388 Pte Ltd 201328419K
Driver's Name / IC No.: Selvam Ramkumar G2222037W (As Above) ☐
Driver's Contact No.: 9146 4543 Company Contact No.: _____
Driver's Address: 40 TOH GUAN ROAD EAST #01-60 ENTERPRISE HUB Singapore 608582
Insurance Company: EQ Email address (if any): _____

Relationship between Owner & Driver: Employee or Others specify: _____

What do you wish to claim? (Please TICK one only)

☐ Own Insurance / ☒ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)

Exact purpose for which the vehicle
Was being used at time of accident?

Occupation (nature of job): ☒ Indoor / ☐ Outdoor

☒ Private use / ☐ Work purpose

No. of Passengers (Including Driver): 00

Passenger Name : _____
Passenger Name : _____

Gender : _____
Gender : _____

Weather condition & Road conditions? (On the day of accident)

☒ Clear & Dry / ☐ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others: _____

Was there any video captured by your Car Camera? ☐ Yes / ☒ No

Any Injuries: ☐ Yes / ☒ No (If YES) Injured Person's Name: _____

Injuries Sustain: _____ Injured Person in Which Vehicle: _____

Police Report filed: ☐ Yes / ☒ No (If YES) Which Police Station: _____

The Other Party(s) Details:

1. Driver's Name / IC No: _____ Vehicle No: GBA 6128 Y ^(B)

Driver's Contact No: _____ Insurance Company (If any): _____

2. Driver's Name / IC No: _____ Vehicle No: YN 6883J ^(C)


Driver's Contact No: _____ Insurance Company (If any): _____

*Independent Witness (If Any): _____ Contact No: _____

Preferred Workshop Name: _____ Contact No: _____

*If no proper documents are produced, IDAC should not file the report. Information will be discarded after one week.


REPUBLIC OF SINGAPORE DRIVING LICENCE



 Licence Number: **G2222037W**
 Name: **SELVAM RAMKUMAR**
 Birth Date: **12 Apr 1993**
 Issue Date: **04 Jun 2015**
 Valid Till **03/06/2020**


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: **038932313**
 Date of Application: **21-02-2017**
 Date of Issue: **23-03-2017**
 Date of Expiry: **22-02-2019**


L7765897

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

| Class | Vehicle Description | Effective Date |
|------------|---|----------------|
| C Class 3B | Motorcycles <= 200 CC | 04 Jun 2015 |
| C Class 3 | Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 1500 kg | 04 Jun 2015 |

G2222037W

S / No. 9000254622

NP 425A


Licence No: G2222037W

VISIT PASS
Immigration Regulations

Name: **SELVAM RAMKUMAR**

 Date of Birth: **12-04-1993** Sex: **M** Nationality: **INDIAN**
 FIN: **G2222037W** Date of Issue: **23-03-2017** Date of Expiry: **22-02-2019**
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.



EQ Insurance Company Limited

5 Maxwell Road #17-00 Tower Block MND Complex Singapore 068110
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: LCVPI
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.

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.

LQ BUSINESS PTE LTD

UEN NO. 201700648N
180B BENCOOLEN STREET
#04-02, THE BENCOOLEN
SINGAPORE 189648
Tel: 6333-4138 Fax: 6334-5238

Authorised Signatory
EQ Insurance Company Limited

misjb/HO/A000248/LQ Business Pte Ltd



A Member of Citystate

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MMAN8131569 Vehicle Registration No: GRBF 9333 A
Name (as shown in NRIC) : SALVAM RAMKUMAR NRIC/FIN/Passport No : G2222037 W
(*Vehicle Driver/ Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore ()
Contact (Tel) : _____ Mobile No. : 91464543
Email Address : _____
Date of Accident : 02/10/2018 Time of Accident : 23:00
Place of Accident : 60 JOH GHOSE ROAD ROSS CARPARK
Insurance Company : _____

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

POLICY NUMBER 20 ANCPHQ18-001722

Policyholder / Driver's Signature
Date:

22/10/2018
Reporting Centre Personnel's Signature
Name: Salv Ramkumar
NRIC/FIN No.:
Date: