

# NATIONAL Assessment Centre Services

[wef 1 Jan'05] **NA11817305**

Date In: <b>14/11/18-13:38</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NA11817305/24</b>	SAS e-filing		
Veh No: <b>90F18940</b>	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: <b>13/11/18-11:25</b>	i-Motor Claim Form		
OD: <b>TP</b> 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: **JKL8870J**

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

<b>NA1807448</b>	<b>Invoice Preparation Checklist</b>	<b>Am't (\$)</b>	<b>Am't (\$)</b>
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);	(In Bill)	Add Bill
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		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:-	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:-		
	Q1:		
	*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 30		
	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	14/11/2018 13:38
Date Of Accident	13/11/2018 11:25
Exact Location Of Accident	ALONG SUNGEI RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF1884D
<b>Insured/Policyholder</b>	
Name Of Registered Owner	GAYATRI PTE LTD
Co Reg No	200308738G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-85475445
Alternative Phone No	OFFICE-85475445

### Vehicle Particulars

Manufacturer	MITSUBISHI
Model	CANTER FEA01BR2SDEB (CBU)
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

### Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCVSN3048261800
Cover Note Number	

### Driver

Name of Driver	SUBRAMANIYAN SENTHIL KUMAR
Passport No/FIN	G5499528N
Date Of Birth	16/06/1992
Occupation	OUTDOOR
Date Of Driving Pass	20/02/2014
Driving Experience	4 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81137520
Fax Number	
Contact Number	OFFICE-81137520
EMail Address	NOEMAIL

Address	122 RACE COURSE ROAD #01-01 RACE COURSE MANSION
Postcode	218583
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	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)	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

REFER TO 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	SKL8870J
Vehicle Make/Model/Colour	VOLKSWAGEN JETTA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	NG JIAN KUN
NRIC/Passport Number	S9440502E
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	



## SKETCH PLAN

### IMPORTANT NOTICE

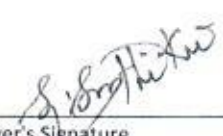
1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material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

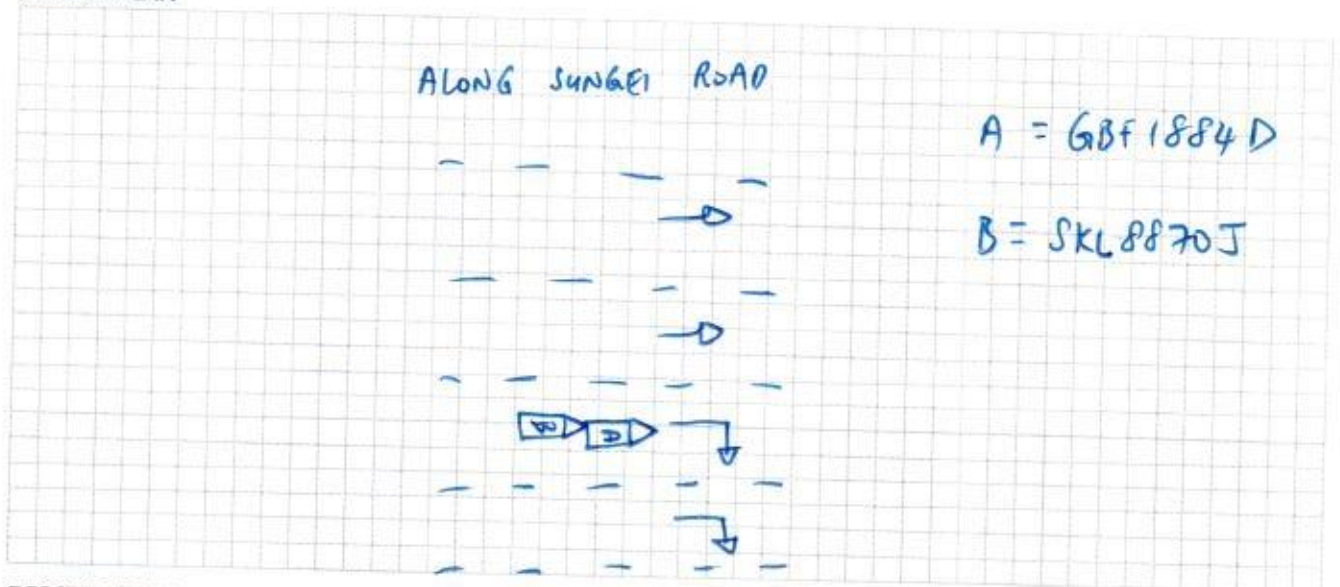


Policyholder's Signature  
Date & Time:

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

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

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS WAITING FOR THE GREEN ARROW TO TURN RIGHT,  
 SUDDENLY VEHICLE B SKL8870J BANG INTO THE LEFT  
 REAR PORTION OF MY TRUCK.

## DECLARATION

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



Policyholder's Signature  
 Date & Time:

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

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



Date of Accident : 13/11/18 Accident Time: 11:25AM (24-HR-Format)  
Accident Place : ALONG SUNGEI ROAD  
Vehicle No. (Car Plate No.) : GBF1884D Make/Model: MITSUBISHI CANTER  
Insurance Company : CHINA TAIPING Policy No: DMCUSN3048261800  
Owner or Company Name / IC No. : GAYATRI PTE LTD  
Owner or Company Contact No. : 8547 5445 Owner's Hp \_\_\_\_\_ Company Tel \_\_\_\_\_  
DRIVER'S Name / IC No. : SUBRAMANIAN SENTHIL KUMAR  
DRIVER'S Date Of Birth : 16/6/1992 DRIVER'S License Pass Date 20/2/14  
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: \_\_\_\_\_  
DRIVER'S Address : 122 RACE COURSE ROAD #01-01 S(218583)  
DRIVER'S Contact No./ Alt No. : 1) 8113 7520 2) \_\_\_\_\_  
DRIVER'S Occupation : INDOOR OUTDOOR (e.g. working inside or outside office)  
Email Address : DANIALSELVAM2020@GMAIL.COM  
Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET  
Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance  
Number of Passengers (Including Driver): 1  
Was there any video Captured by car camera: YES NO  
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose  
Any Injury (If YES, Pls state): No

**Other Party Driver's Particular (if any)**

Vehicle No: VOLKSWAGEN JETTA  
Vehicle Make/Model: SKL 8870 J  
Name Driver: NG JIAN KUN  
IC No. Driver/Contact: S9440502E

Vehicle No: \_\_\_\_\_  
Vehicle Make/Model: \_\_\_\_\_  
Name Driver: \_\_\_\_\_  
IC No. Driver/Contact: \_\_\_\_\_

\* NEW - Passenger's name & gender:

EMAIL: STYTECHENT@SINGNET.COM.SG.



**S PASS**  
Employment of Foreign Manpower Act (Chapter 91A)  
Republic of Singapore

Employer  
**GAYATRI PTE. LTD.**



Name  
**SUBRAMANIYAN SENTHIL KUMAR**  
Pass No.  
**0 36306084** Sector  
**SERVICE**



**K0562157**

**REPUBLIC OF SINGAPORE DRIVING LICENCE**



Licence Number **G 5499528 N**  
Name

**SUBRAMANIYAN SENTHIL KUMAR**

Birth Date **16 Jun 1992**

Issue Date **20 Feb 2014**

Valid Till **19 Feb 2019**



**002277103J**

**VISIT PASS**  
Immigration Regulations

06-07-2019

Name

**SUBRAMANIYAN SENTHIL KUMAR**



FIN  
**G5499528N**  
Date of Birth  
**16-06-1992** 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.**

Download SGWorkPass App to check status



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

EFFECTIVE DATE

Class 2B	Motorcycles <= 200 CC	20 Feb 2014
Class 3	Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 2500 kg	20 Feb 2014
Class 4	Heavy motor cars and motor tractors > 2500 kg	21 Jun 2018

G5499528N

S / No 9000281693

NP 426A



Licence No: G5499528N



ORIGINAL

THE SCHEDULE

Agency	AN0421A	Class of Policy	MOTOR COMMERCIAL VEHICLE	Policy Number	..... DMCVSN3048261800
Account	AN0421A	Issued on	..... 18/07/2018 in SINGAPORE		
Client	3229756	Acceptance Date	18/07/2018		

Period of Insurance from 19/07/2018 to 18/07/2019 , both dates inclusive

Insured's Name....	GAYATRI PTE LTD
Address.	122 RACE COURSE ROAD
	#01-01
	RACE COURSE MANSION
	SINGAPORE 218583

Business/Occupn... RESTAURANTS

Financial interest GOLDBELL FINANCIAL SERVICES PTE. LTD. AS HP

Premium .....	Base Annual Premium.....	S\$5,636.75	
	Less 80th Anniversary Discount.....	S\$80.00-	
	Less 30% AutoSafe Scheme.....	S\$1,667.03-	
	No Claim Discount .....	S\$0.00	
	Windscreen @ \$2,000.- .....	S\$100.00	
	Promotion Discount.....	S\$200.00-	
	Total Annual Premium .....	S\$3,789.72	Premium Due S\$3,789.72
			Premium GST S\$265.28
			Total Due S\$4,055.00

Risk No. 001	MOTOR COMMERCIAL VEHICLE		
	ORIGINAL REGISTRATION DATE: 19-07-2016		
1. Registration	GBF1884D	Make/Model ..	mitsubishi CANTER FEA01BR2
Type of Cover	Comprehensive	No. of seats	2 Body Type ..... LORRY
Engine No. ..	4P10C24369	Capacity cc's	0 Yr of Manuf/Regn 2016/2016
Chassis No...	FEA01BA20295		
	Tonnage .....	1.67	Certificate Ref. MZ300/C
Sum Insured..	Market value at the time of loss		
Excess Sect I .....		S\$1,850.00	
EX ON WINDSCREEN .....		S\$100.00	

The following clauses and endorsements apply to this policy

Subject to Endts. 2, Y, 25, 57, 72 &amp; W(\$2,000/-).

AUTOSAFE SCHEME (W)

In consideration of a premium discount given, the insured, in the event of any accident/windscreen damage, must send his/their vehicle to the Company's authorised workshop for repairs if he/they wish to seek indemnity under Section I of this Policy.

Subject otherwise to the terms, conditions and exceptions of this policy.

Endorsement E - Elderly Excess

It is hereby declared and agreed that an Excess of S\$2,000.00 shall apply for accident loss or damage for any unnamed authorised driver who is 66 years old and above (Age as at Date of Accident).

Once this S\$2,000.00 Excess is applied, other Excess(es) applicable under different Endorsement(s) of this Policy shall not be applicable.

Continued on page 2