

NATIONAL Assessment Centre Services

[wef 1 Jan'05] MWA118152069

Date In: 23/11/18-15:54	Job description	Date & Time Completed	Done by
Ref No: NA1921802124724	SAS e-filing		
Veh No: VNA418C	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 22/11/18-07:40	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: VNA418C	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

Claimant's Particulars:-	Invoice Preparation Checklist		Am't (\$)	Am't (\$)
			for Bill	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			
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120			
Auditors' Comments:-	5) FT: Follow-Through Survey (Resurvey) \$30			
	For claiming against INC Only (wef 10 Jan 2005)			
Pat 1:	6) TR: Re-inspection \$75			
	7) N1: Idac DA + SMRT Survey \$160			
Pat 2/3:	8) NTUC Additional Services:-			
	9) N12: Idac Mobile 30			
	Fee Charged			
	Invoice dated			
	Fee Charged			
	Invoice dated			

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	23/11/2018 15:34
Date Of Accident	22/11/2018 07:40
Exact Location Of Accident	PAYA LEBAR RD NEAR MACPHERSON STATION
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YN1418C
Insured/Policyholder	
Name Of Registered Owner	DNET CONTRACT SERVICES PTE LTD
Co Reg No	201305143N
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93394323
Alternative Phone No	OFFICE-93394323
Vehicle Particulars	
Manufacturer	ISUZU
Model	NNR85UH4A
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	DMCVSN3029961802
Cover Note Number	
Driver	
Name of Driver	RAJANGAM AYYAPPAN
Passport No/FIN	G2165753R
Date Of Birth	07/06/1983
Occupation	OUTDOOR
Date Of Driving Pass	10/09/2014
Driving Experience	4 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83023007
Fax Number	
Contact Number	OFFICE-83023007
EMail Address	NOEMAIL

Address	31 BUKIT BATOK CRESCENT #01-25 SPLENDOUR, THE
Postcode	658070
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	CHAIN COLLISION
Weather Conditions	RAINING
Road Surface	WET

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?	
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)	8
Passenger 1	NAME: : - GENDER: : MALE
Passenger 2	NAME: : - GENDER: : MALE
Passenger 3	NAME: : - GENDER: : MALE
Passenger 4	NAME: : - GENDER: : MALE
Passenger 5	NAME: : - GENDER: : MALE
Passenger 6	NAME: : - GENDER: : MALE
Passenger 7	NAME: : - GENDER: : MALE

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 SGC7256J
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver KHAIRANI BINTE MOHD RIFIAE
NRIC/Passport Number S7532500B
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver) 2
Passenger 1
NAME: :
GENDER: :

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number UNKNOWN
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
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.

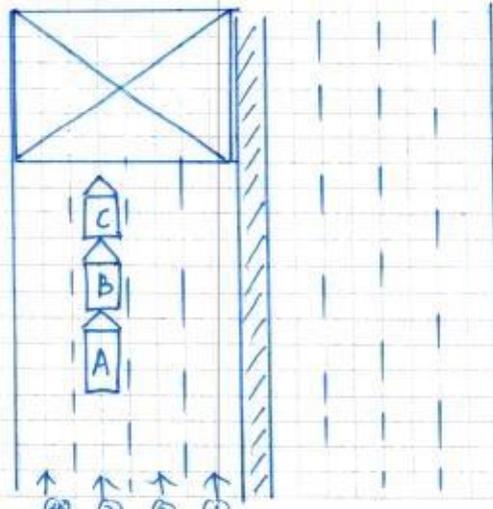


Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



- (A) YN1481C.
- (B) SGC 7256J
- (C) unknown.

Along Paya Lebar Road
(Near Macpherson MRT).

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On said date & time of the accident, I was driving my company lorry (YN 1481C) along Paya Lebar Road in the 3rd lane from the right. Suddenly vehicle in front of me made a emergency brake before the yellow box so i immediately step on my brake to avoid collision with the vehicle in front of me. but unfortunately my lorry still hit onto the vehicle in front of my lorry, when i come to inspect my lorry & i realized that i was involving in 3 cars chain collision accident.

DECLARATION

We declare the foregoing particulars are true in every respect.



Policyholder's Signature
Date & Time:

[Handwritten signature]

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

[Handwritten signature]

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

[Handwritten signature]

VEHICLE NO : YN 1418C

MAKE & MODEL : Suzuki Lorry

Date of Accident	22 / 11 / 2018	
Time of Accident	0740 <u>AM</u> / PM	
Location of Accident	Along Paya Lebar Road (Near Macpherson MRT)	
Exact Purpose Usage	Personal / Private Hire (Uber / Grab) / Commercial	
NAME OF OWNER :	DNET Contract Services Pte Ltd.	
Contact No.	9339 4323 - (Kumar)	
Nric No	201305143N	
Type Of Claim	Third Party / Own Damage / <u>Reporting only</u>	
Insurance Co.	China Taiping Insurance	
Type of Coverage	<u>Comprehensive</u> / Third Party / Third Party Fire & Theft	
Policy No	DMCVSN 302 9261802	
NAME OF DRIVER :	As above / (If No: Rajangam Ayyappan	
Nric No	G2165753R	Any Passenger: + 7 person
Date Of Birth	07 / 06 / 1983	(m)
Occupation	<u>Outdoor</u> / Indoor	
Date Of Driving Pass	10 / 09 / 2014	
Gender	<u>Male</u> / Female	
Contact no	83023007	Office : — Home : —
Address	No 31, Bt. Batak Crescent, The Splendour #01-25	
Driver Have Any Own Vehicle	<u>NO</u> / If Yes (Reg no) :	S (658070)
Relationship	<u>Employee</u> / If No :	
Weather Condition	Clear / <u>Raining</u> / Other :	
Road Surface	Dry / <u>Wet</u> / Other :	
Any Injuries	<u>NO</u> / If Yes Who?	
Name		Contact :
Name		Contact :
Police Report	<u>No</u> / If Yes : Where?	
Vehicle B No :	SG C 7256J	Any Passenger: + 1
Name Of Driver		
Contact No :		
Vehicle C No :	Unknown	Any Passenger: —
Vehicle D No :		Any Passenger:
Vehicle E No :		Any Passenger:
Vehicle F No :		Any Passenger:
Any Witness		
Witness Contact No		
Have you been approach by unknow person soliciting (s) / offering accident claims assistance?		YES / <u>NO</u>
PARTICULAR WORKSHOP	PRECISE AUTO SERVICE	
Address	1 Kaki Bukit Ave 6 #02-34	
	Kaki Bukit @ Auto Bay	
	Singapore 417883	
Email :	dnet.c.services@gmail.com	Tel : 6745 7367 Fax : 6841 3390



WORK PERMIT

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

**JOHN
SON**

Employer
DNET CONTRACT SERVICES PTE. LTD.

Sector: **CONSTRUCTION**

Name
RAJANGAM AYYAPPAN
Occupation
CONSTRUCTION WORKER



Work Permit No. Q 35788573	Date of Application 16-05-2017
	Date of Issue 05-06-2017
	Date of Expiry 21-05-2019



L8006655



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **G2165753R**

Name:

RAJANGAM AYYAPPAN



Birth Date: **07 Jun 1983**

Issue Date: **10 Sep 2014**

Valid Till **09 Sep 2019**



002343688F

VISIT PASS

Immigration Regulations

Name
RAJANGAM AYYAPPAN



Date of Birth	Sex	Nationality
07-06-1983	M	INDIAN
FIN	Date of Issue	Date of Expiry
G2165753R	05-06-2017	21-05-2019

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.



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

EFFECTIVE DATE

Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg 10 Sep 2014



Licence No: G2165753R

NP 428A



中国太平
CHINA TAIPING

中国太平保险(新加坡)有限公司

CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Reg. No. 200208384E

M2300/C

R SN

AN0478A

Cov. Type: C

MOTOR COMMERCIAL VEHICLE

CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)

Motor Vehicles (Third-Party Risks and Compensation) Rules, 1956

Road Transport Act, 1987 (Malaysia)

Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

ORIGINAL

CERTIFICATE No: DMCVSN3029961802

Engine No :4331708556
ChaNo:JAANNR85H87100552

1. Index Mark and Registration
Number of Vehicle

YN1418C

AUTOSAFE

2. Name of Policy Holder

DNET CONTRACT SERVICES PTE. LTD.

3. Effective date of the Commencement of
Insurance for the purposes of the Regulations,
Ordinance or Enactment

20 April 2018

Excess Sect I S\$550.00
EX ON WINDSCREEN S\$100.00

4. Date of Expiry of Insurance

19 April 2019

5. Persons or Classes of Persons entitled to drive*

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.

6. Limitations as to use*

- (1) Use in connection with the Policyholder's business.
 - (2) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business.
 - (3) Use for social, domestic or pleasure purposes.
- The Policy does not cover:

- (1) Use for hire or reward or racing, pace-making, reliability trial or speed testing.
- (2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

HIRE PURCHASE CO.: THINK ONE CREDIT PTE LTD AS HP OWNER

* 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)

Please see reverse

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.



Issued By: INSURE HUB PTE LTD
Authorised Officer

Authorised Signatory