

NATIONAL Assessment Centre Services. [url: Jan'05] MWA 11815402.

Date In:	Job description	Date & Time Completed	Done by
29/11/18 08:52	SAS e-filing		
Ref No: NA1 EA218021523/14.	E-mail (within 3hrs, AIC 2hrs)		
Veh No: XD 6311 H	I-Motor Claim Form		
D.O.A : 28/11/18 14:50	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP / Reporting Only	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksn		

Preferred Wksp / INC Assign Wksp / QW: ()		Tel: ()		Fax: ()	
TP Particulars:		Veh No: YM 7054J.		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: 30-100%]	
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 repailer.
 () Total Loss Case : to e-mail Insurer URGENTLY.
 Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

Remarks: (NIC hotline: 6788 6616)	Date & Time Completed	Done by
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Recovery Photo [Repair Cost > \$3000] ()		

Injury : _____

[illegible]

Invoice Preparation Checklist		Am't (\$) TR Bill	Am't (\$) Add Bill
Plaintiff's Particulars :- Driver/Owner: Contact No: Damaged Portion: Checked by (Engr-In-Charge): Auditor's Comments :- Date:	1) AR : Accident Reporting (\$30);		
	2) DA : Damage Assessment (\$100); INC (\$50)		
	3) TP : Towing Fee \$40/\$45		
	4) FT : Follow-Through Survey \$120		
	5) PT : Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR : Re-inspection \$75		
	7) N1 : Idno 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: Idno Mobile \$0			
Invoice dated		Fee Charged	
		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	29/11/2018 08:52
Date Of Accident	28/11/2018 14:50
Exact Location Of Accident	SLE TWDS SUNGEI KADUT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	XD6311H
Insured/Policyholder	
Name Of Registered Owner	PENG CHUAN ENGINEERING CONSTRUCTION PTE LTD
Co Reg No	200304394R
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-68583477

Vehicle Particulars

Manufacturer	ISUZU
Model	CYZ52K
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	

Vehicle Category	COMMERCIAL VEHICLE
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Insurance Company

Name of Insurance Company	EQ INSURANCE COMPANY LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCFHQ18-000109
Cover Note Number	-

Driver

Name of Driver	RAJAMANICKAM KUPPUSAMY
Passport No/FIN	G7444803N
Date Of Birth	12/03/1980
Occupation	OUTDOOR
Date Of Driving Pass	25/11/2016
Driving Experience	2 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83742836
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	421 TAGORE INDUSTRIAL AVE #04-06/07 TAGORE 8
Postcode	787805
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	RAINING
Road Surface	WET

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?	
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

PLEASE REFER TO 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	YM7054J
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.



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) XD 6311 H

SLE TOWARDS SUNGEI KABUT

B) YM 7054 J



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 28/11/2018 at about 2:50 pm, I was driving along SLE towards Sungai Kabut. Vehicle B in front of me suddenly brake, I immediately brake but due to dizzy and road surface wet, my truck hit his rear.

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.:

PLEASE COMPLETE FORM IN **FULL**

Date of Accident : 28/11/2018

Accident Time : 2.50 PM

Accident Place : SLE TOWARDS SUNGEL KADUT

Vehicle Reg No : XD 6311 H No. of Passengers (Including Driver) : 1

Vehicle Make / Model : ISUZU CYZ 52K

Insurance Company : EQ INS CO LTD

Policy Number : DMCFHQ18-000109

Name Of Owner : PENG CHUAN ENGINEERING CONSTRUCTION PTE LTD ROC No. : 200304394R

Contact No of Owner : 6858 3477 (HP) --- (ALT NO.) -> MANDATORY

Name of Driver : RAJANANICKAM KUPPUSAMY IC No. : G744A803N

Contact No of Driver : 8374 2836 (HP) - (ALT NO.) -> MANDATORY

Driver's Date of Birth : 12-03-1980 Driver's License Pass Date : 25-11-2016

Relationship bet. Owner & Driver : Spouse \ Father \ Mother \ Son \ Daughter or Others : EMPLOYEE

Driver's Address : 421 TAGORE INDUSTRIAL AVENUE #04-06/07 TAGORE 8 (S) 787805

Occupation : Indoor \ Outdoor (e.g. Indoor : work in a building)

Fax No \ Email Add : ireneng@pengchuanengrg.com

Weather & Road Surface : after rain slight : Clear \ Raining \ Wet \ DRY

Reporting Type : Reporting Only \ Claiming Other Party \ Claim Own Ins

Was there any video captured by car camera : Yes \ No

Exact purpose for which vehicle was being used at the time of accident : Private \ Official

Other Party Driver's Particulars (if Any)

Vehicle Reg. No. : <u>YM 7054 J</u>	Vehicle Reg. No. : _____
Vehicle Make \ Model : _____	Vehicle Make \ Model : _____
Name DRIVER : _____	Name DRIVER : _____
IC No. DRIVER : _____	IC No. DRIVER : _____
DRIVER's contact & add : _____	DRIVER's contact & add : _____

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: **G7444803N**

Name: **RAJAMANICKAM KUPPUSAMY**

Birth Date: **12 Mar 1980**
 Issue Date: **04 Feb 2016**
 Valid Till: **03/02/2021**

002534875J

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

Employer:
PENG CHUAN ENGINEERING CONSTRUCTION PTE. LTD.

Name:
RAJAMANICKAM KUPPUSAMY

S Pass No.: **0 3277721-** Sector: **CONSTRUCTION**

K0632197

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

			EFFECTIVE DATE
C	Class 3	Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 2500 kg	20 Jan 2018
3	Class 4	Heavy motor cars and motor tractors > 2500 kg	25 Nov 2016
C			

G7444803N S / No. 9000254140

NP 428A

Licence No: G7444803N

VISIT PASS
 Immigration Regulations

Name:
RAJAMANICKAM KUPPUSAMY

FIN:
G7444803N

Date of Birth:
12-03-1980

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

EQ Insurance Company Limited

5 Maxwell Road #17-00 Tower Block MND Complex Singapore 060110
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 FLEET
Comprehensive**

Certificate No.: DMCFHQ18-000109

Form: LCVP1

Excess:

1. Index Mark and Registration Number of Vehicles
XD6311H

Section 1	SGD2,500.00
Section 2	SGD2,500.00
VEID-AC	Additional SGD2,500.00

2. Name of Policyholder

PENG CHUAN ENGINEERING CONSTRUCTION PTE LTD

3. Effective Date of the Commencement of Insurance for the purpose of the Act

29/06/2018

4. Date of Expiry of Insurance

28/06/2019

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

EQ Insurance-MARS Motor
Accident Help Center

6311 3211

*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.

