

# NATIONAL Assessment Centre Services

Ver: 1 Jan 2005

Date In: 12/12/2018 13:36	Job description	Date & Time Completed	Done by
Ref No: NA/CTI18022355/P4	SAS e-filing		
Veh No: YN4836J	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 11/12/2018 14:30	i-Motor Claim Form		
OD: TP Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: ( ) Tel: ( ) Fax: ( )

TP Particulars:	Veh No: XD 4154 H	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:-	NA1808181	Invoice Preparation Checklist	Am't (\$) Est Bill	Am't (\$) 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		
		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:-		
		ON*		
		*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		
		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	12/12/2018 13:36
Date Of Accident	11/12/2018 14:30
Exact Location Of Accident	UPPER SERANGOON ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	YN4836J
<b>Insured/Policyholder</b>	
Name Of Registered Owner	M/S PRO-WERKZ (S) PTE LTD
Co Reg No	200722390K
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-86991477
Alternative Phone No	OFFICE-86991477

### Vehicle Particulars

Manufacturer	MITSUBISHI
Model	CANTER FEB21ER4SDEB (CBU)
Exact Purpose for which vehicle was being used at time of accident	WORK
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	DMCVSN3055251800
Cover Note Number	

### Driver

Name of Driver	AYYASAMY KARTHIK
Passport No/FIN	G7884874Q
Date Of Birth	25/05/1984
Occupation	OUTDOOR
Date Of Driving Pass	04/12/2018
Driving Experience	0 YEAR AND 0 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-86991477
Fax Number	
Contact Number	OTHERS-86991477
Email Address	NOEMAIL

Address PRO-WERKZE (S) PTE LTD  
 Postcode  
 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 SIDE SWIPE  
 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? 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) 6  
 Passenger 1 NAME: : NIL  
 GENDER: : MALE  
 Passenger 2 NAME: : NIL  
 GENDER: : MALE  
 Passenger 3 NAME: : NIL  
 GENDER: : MALE  
 Passenger 4 NAME: : NIL  
 GENDER: : MALE  
 Passenger 5 NAME: : NIL  
 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

PLS REFER TO THE 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 XD4154H  
 Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

PECK GUAN MENG ( BAI YUANMING )

NRIC/Passport Number

S7530535D

Contact Number

96643226

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.

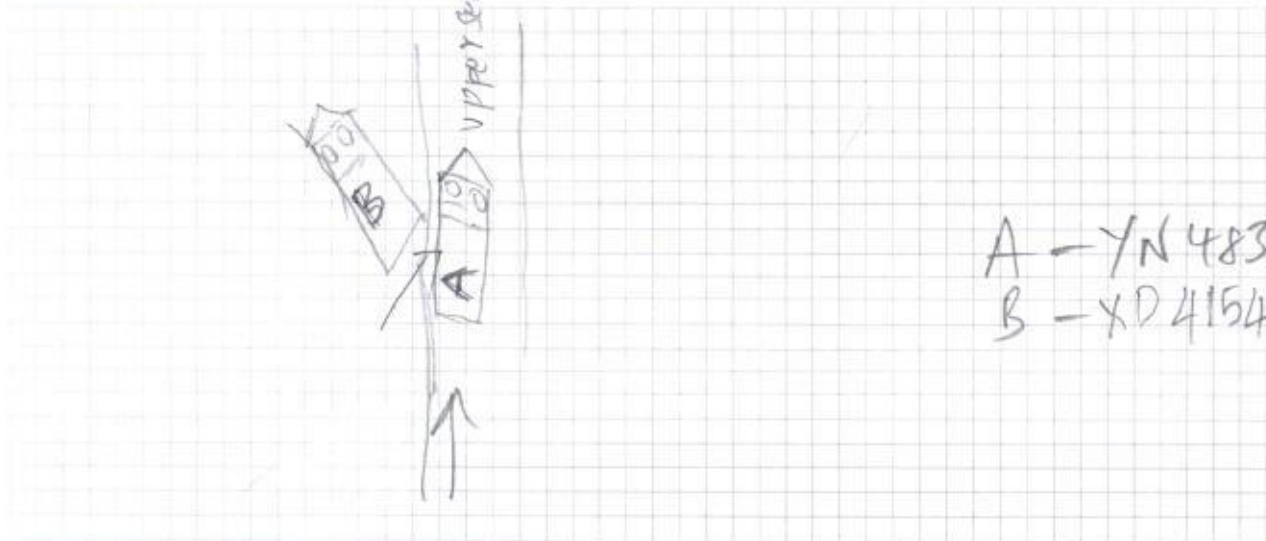


Policyholder's Signature  
Date & Time:

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

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

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

~~At~~ Vehicle A was driving along Upper Serangoon Road. When Vehicle A was driving at the side yellow line Vehicle B was parked and my Vehicle A left side mirror hit on Vehicle B rear ~~part~~ side portion and Vehicle A damage was left side mirror slightly damage.

## 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.:



## Transfer Of Vehicle Ownership (Acknowledgement)

### Vehicle Details

Vehicle No.:	YN4836J		
Vehicle Type:	B31 - Goods (Open) Lorry (Metal Body)/Pickup	Vehicle Scheme:	Normal
Vehicle Make:	MITSUBISHI	Vehicle Model:	CANTER FEB21ER4SDEB (CBU)
Chassis No.:	FEB21EA00290	Engine No.:	4P10B09749
Motor No.:	-	Trailer Chassis No.:	-
Propellant:	Diesel	Passenger Capacity:	2
Engine Capacity:	2998 cc	Power Rating:	-
Unladen Weight:	2480 kg	Maximum Laden Weight:	5000 kg
Primary Colour:	White	Secondary Colour:	-
IU Label No.:	1510814733	Maximum Power Output:	-
First Registration Date:	21 Feb 2014	Original Registration Date:	21 Feb 2014
Manufacturing Year:	2013	Open Market Value:	\$29,407.00
PARF Eligibility:	No	Minimum PARF Benefit:	\$0.00
No. of Transfer:	1	Actual ARF Paid:	\$1,471.00

### Owner Particulars

Owner Name:	PRO-WERKZE (S) PTE. LTD.
Owner ID Type:	Company
Owner ID:	200722390K
Registered Address Type:	Private Residential (Condo Apt or House) / Shopping / Office Complexes
Registered Block/House No.:	3
Registered Street Name:	ANG MO KIO STREET 62
Registered Unit No.:	# 04 - 17
Registered Building Name:	LINK@AMK
Registered Postal Code:	569139
COE No./Expiry Date:	2014022105000643E / 20 Feb 2024
COE Bid Category:	C - Goods Vehicle & Bus
PQP Paid:	\$39,542.00

### Transaction Details

Business Transaction Ref. No.:	20180825094913065949
Business Transaction Date:	25 Aug 2018
Business Transaction Time:	09:49:13


### Message

Vehicle has been successfully transferred to PRO-WERKZE (S) PTE. LTD. (200722390K).


Please note that \$25.00 will be deducted from your GIRO account.

OK

Save as PDF

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


**Employer**  
PRO-WERKZE (S) PTE. LTD.





**Name**  
AYYASAMY KARTHIK

**Work Permit No.**  
O 33565372

**Sector**  
CONSTRUCTION







K0056774

**VISIT PASS**  
Immigration Regulations

**Name**  
AYYASAMY KARTHIK

**Pin**  
G7884674Q

**Date of Birth**  
25-05-1984

**Sex**  
M

**Nationality**  
INDIAN

**Download SGWorkPass App to check status**



**MULTIPLE JOURNEY VISA ISSUED**

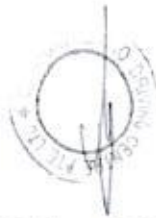
**YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.**







**SINGAPORE  
POLICE FORCE**



## **TRAFFIC POLICE - SINGAPORE**

### **CLASS 3 DRIVING TEST REPORT**

**CANDIDATE ID NO** : G7884874Q  
**NAME OF CANDIDATE** : AYYASAMY KARTHIK  
**TEST CENTRE** : CDC  
**TEST DATE** : 4/12/2018 11:00 AM  
**PASSING GRADE** : Accumulation of less than 20 demerit points with no immediate failure mistake.

Dear Sir/Madam

Congratulations! You have performed well in your driving test. However, we still urge you to improve on the mistakes listed below and we require you to observe all traffic rules and be a safe and courteous driver on the road. A qualified CLASS 3 driving licence will be issued to you and we would like to extend a warm welcome to you to the motoring society.

If you do not have an existing Singapore Qualified Driving Licence (QDL), please apply for your QDL online via <https://www.police.gov.sg>. Before you apply for your QDL online, please ensure that you have taken a digital photograph at the driving centre where you had passed your practical test.

If you have an existing valid Singapore Qualified Driving Licence (QDL) for another class of licence, please request for the driving tester to paste the endorsement sticker of all the valid class(es) of your driving licence at the back of your photo card driving licence.

#### **Remarks from the tester**

NIL

#### **Mistakes made during the test**

<u>Demerit Item Description</u>	<u>Location</u>	<u>Pts</u>	<u>Count</u>	<u>Free Count</u>	<u>Immediate Failure Count</u>	<u>Awarded Pts</u>
Improper Turning (Wide Turn)	KUTC - Circuit	2	1	1	0	0
Delay in moving off	Exit of KUTC ( Ubi Rd 3 )	2	1	1	0	0
Fail to use engine brake / depress clutch unnecessarily at straight road	Ubi Ave 3	2	1	2	0	0
Fail to cancel signal on road	Ubi Rd 2 X Ubi Ave 4	4	1	1	0	0
Fail to check mirror before slowing down	Ubi Rd 2 X Airport Rd	2	1	1	0	0

Fail to check mirror before changing lane/overtaking	Airport Rd	2	2	1	0	2
Incorrect checking of blind spot/mirror	Airport Rd	2	2	0	0	4

Total number of Demerit Points : 6  
Total number of Immediate Failures : 0  
Result : **PASS**

Yours Sincerely,

  
GANG HAP SENG

Name and signature of tester



**CERTIFICATE OF INSURANCE**

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)  
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960  
Road Transport Act, 1987 (Malaysia)  
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

ERTIFICATE No.	DMCVSN3055251800	Engine No : 4P10B09749
		Chassis No: FEB21EA00290
Index Mark and Registration Number of Vehicle	YN4836J	
Name of Policy Holder	M/S PRO-WERKZ (S) PTE LTD 200722390K	
Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	16 AUGUST 2018 (14:48 HOURS)	EX SECT. I .....S\$550.00 EX ON WINDSCREEN .....S\$100.00
Date of Expiry of Insurance	15 AUGUST 2019	
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.

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. : HITACHI CAPITAL ASIA PACIFIC 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.



Countersigned By:

Authorised Officer

Authorised Signatory