

# NATIONAL Assessment Centre Services.

[Print 1 Jan 2005]

MMA 118166624

Date In: 25/12/18 10:42	Job description	Date & Time Completed	Done by
Ref No: MA/C72180 23239144	SAS e-filing		
Veh No: YM 97918	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 27/12/18 18:10	I-Motor Claim Form		
OD: <input checked="" type="checkbox"/> 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: SJP 4373 U.	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: YBS ( ) / 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

<p>MA1808570</p> <p>Claimant's Particulars:</p> <p>Driver/Owner:</p> <p>Contact No:</p> <p>Damaged Portion:</p> <p>QC Checked by (Engr-In-Charge):</p> <p>Auditors Comments:</p> <p>Cal. 1:</p> <p>Cal. 2/3:</p>	<p>Invoice Preparation Checklist</p> <p>1) AR: Accident Reporting (\$30);</p> <p>2) DA: Damage Assessment (\$100); INC (\$80)</p> <p>3) TP: Towing Fee \$40/\$45</p> <p>4) FT: Follow-Through Survey \$120</p> <p>5) FT: Follow-Through Survey (Resurvey) \$30</p> <p>For claiming against INC Only (wef 10 Jan 2005)</p> <p>6) TR: Re-inspection \$75</p> <p>7) N1: Idao DA + SMRT Survey \$160</p> <p>8) NTUC Additional Services:-</p> <p>ON:</p> <p>*N5: Courtesy Car / Tpt Allowance \$3</p> <p>*N6: Repair Co-ordination \$10</p> <p>*N7: Post Repair Inspection \$25</p> <p>*N8: DV / Collect Excess Coordination \$3</p> <p>TP (N11): TP (Inc in INC) against INC \$20</p> <p>9) N12: Idao Mobile 30</p> <p>Invoice dated Fee Charged</p> <p>Invoice dated Fee Charged</p>	<p>Amf (\$)</p> <p>30.00</p> <p>Amf (\$)</p> <p>Add Bill</p>
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## 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	28/12/2018 10:42
Date Of Accident	27/12/2018 18:10
Exact Location Of Accident	SLIP RD TWDS HAVELOCK RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	YM9791B
<b>Insured/Policyholder</b>	
Name Of Registered Owner	M/S WEI SHENG ENGINEERING PTE LTD
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92277615
Alternative Phone No	OFFICE-92277615

### Vehicle Particulars

Manufacturer	MITSUBISHI
Model	-
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	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	DMCVSN3045371800
Cover Note Number	-

### Driver

Name of Driver	RENGASAMY DEKSHINAMOORTHY
NRIC No	G2482659M
Date Of Birth	07/06/1989
Occupation	OUTDOOR
Date Of Driving Pass	29/05/2015
Driving Experience	3 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83147458
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	80 CHANGI RD #03-24
Postcode	419715
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 (including own vehicle) 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

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	SJP4373U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SIN CHI HOONG
NRIC/Passport Number	S8231453I
Contact Number	96561519
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	



28-12-18:09:39

# 1/ 2

SKETCH PLANIMPORTANT 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: 28/12/18

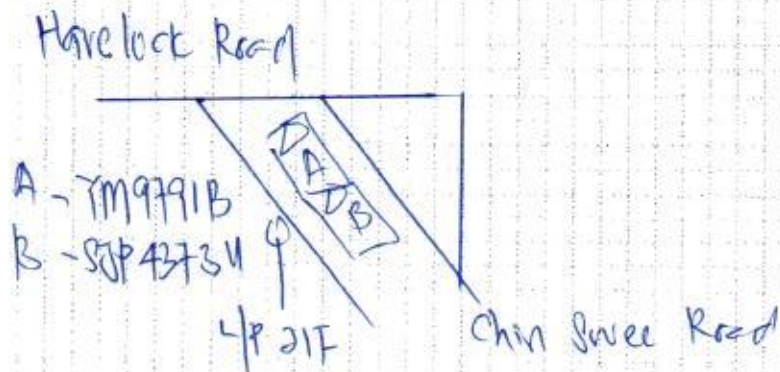
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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

28-12-18:09:39 ;

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## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was stopping at the slip road awaiting moving vehicles to clear when suddenly hit by Veh B at the rear.

## DECLARATION

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

X

Policyholder's Signature

Date &amp; Time:

28/12/18

Driver's Signature

(If driver is not the policyholder)

Date &amp; Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



VEHICLE NO: Ym9791 B

MAKE &amp; MODEL: Mit fe

DATE OF ACCIDENT	27 / 12 / 2018
TIME OF ACCIDENT	6.10 AM / (PM)
LOCATION OF ACCIDENT	Ship Road Jct Havelock Rd
Exact Purpose use during accident	Com Use
NAME OF OWNER	Wai Sheng Engineering Pte Ltd 80 Changi Rd #03-24 S 419715
TELP NO.	Coastal 9227 7615
NRIC	201027414 H
CLAIM TYPE	OD / Third Party / Reporting Only
INSURANCE CO.	Ching
TYPE OF COVERAGE	Comprehensive / Third Party / Third Party Fire & Theft
POLICY NO.	DMCVSN 3045371 00
NAME OF DRIVER	As above / If No: Renggsamy Dekshinamoorthi
NRIC	92482659 M Any Passenger: N.I
DATE OF BIRTH	7 / 6 / 1989
OCCUPATION	Outdoor / Indoor
DATE OF DRIVING PASS	29 / 5 / 2015
GENDER	Male / Female
CONTACT NO.	Office: Home: 8314 7458
ADDRESS	80 Changi Rd #03-24 S 419715
DRIVER OWN ANY VEHICLE	No / Yes (Reg No):
RELATIONSHIP	Employee / If No:
WEATHER CONDITION	Clear / Raining / Others,
ROAD SURFACE	Dry / Wet / Others,
ANY INJURIES	No / Yes (Who?):
CONTACT NO.	
POLICE REPORT	No / Yes (Where?):
VEHICLE (B) NO.	SJP4373 U Any Passenger
NAME	Sin Chi Hong S 8231453 I
CONTACT NO.	9656 1519
VEHICLE (C) NO.	Any Passenger
VEHICLE (D) NO.	Any Passenger
VEHICLE (E) NO.	Any Passenger
VEHICLE (F) NO.	Any Passenger
ANY WITNESS	
WITNESS CONTACT NO.	
PARTICULAR WORKSHOP	Lee Brothers Automotive Pte Ltd
ADDRESS	1 Kakit Bukit Ave 6 #02-47
	Autobay@Kaki Bukit Singapore 417883
CONTACT NO.	(O) 6509 5521 (Fax) 6509 5523
EMAIL	sales@leebrothers.com.sg

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


Employer:  
**WEI SHENG ENGINEERING PTE. LTD.**

Name:  
**RENGASAMY DEKSHINAMOORTHY**

Work Permit No:  
**0 36254939**

Sector:  
**CONSTRUCTION**





**K0071719**

**REPUBLIC OF SINGAPORE DRIVING LICENCE**


License Number: **G 2482659 M**


Name:  
**RENGASAMY DEKSHINAMOORTHY**

Birth Date: **07 Jun 1989**

Issue Date: **29 May 2015**

Valid Till: **28/05/2020**





**SG 50**

**VISIT PASS**  
Immigration Regulations

Name:  
**RENGASAMY DEKSHINAMOORTHY**

FIN:  
**G2482659M**

Date of Birth: **07-06-1989** 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.**



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

**EFFECTIVE DATE**

Class 2B	Motorcycles =< 200 cc	29 May 2015
Class 3	Motor Cars =< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg	29 May 2015

**NP 428A**



License No: **G2482659M**





中国太平保险(新加坡)有限公司  
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

MZ300/C  
N SN  
AN0435A  
COMPREHENSIVE  
AUTOSAFE

## 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)

CERTIFICATE No.	DMCVSN3045371900	Engine No : 4M42A62310 Chassis No: PB83BEA11167
1. Index Mark and Registration Number of Vehicle	YM9791B	
2. Name of Policy Holder	M/S WEI SHENG ENGINEERING PTE LTD	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	06 JULY 2018 (11:38 HOURS)	EX SECT. I .....S\$550.00 EX ON WINDSCREEN .....S\$100.00
4. Date of Expiry of Insurance	12 JULY 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 WHILEST DRAWING A TRAILER EXCEPT THE TOWING OF ANY ONE DISABLED MECHANICALLY PROPELLED VEHICLE.	

\* 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 those 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

3 Anson Road #16-00 Springleaf Tower Singapore 079908 Tel: 6389 8111 Fax: 6225 3592 Website: www.sg.cntaiping.com