

NATIONAL Assessment Centre Services [wef 1 Jan'05] **NA119028710**

Date In: 2/2/19 - 12:47	Job description	Date & Time Completed	Done by
Ref No: NA119028710	SAS e-filing		
Veh No: 63443170	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 11/1/19 - 16:15	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: JKA19TYE	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

NA1190162	Invoice Preparation Checklist	Ant (\$)	Ant (\$)
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);	Int 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		
	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:-		
QC Checked by (Engr-In-Charge):	QJ:		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
Auditors' Comments:-	TP (N11): TP (Non INC) against INC \$20		
Dat 1:	9) N12: Idac Mobile 30		
Dat 2/3:	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	02/03/2019 13:47
Date Of Accident	01/03/2019 16:15
Exact Location Of Accident	HOLLAND RD TWDS ADAM RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH4317U
Insured/Policyholder	
Name Of Registered Owner	TECH-V COOL WORKZ PTE LTD
Co Reg No	201730698M
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93534587
Alternative Phone No	OFFICE-93534587

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE VAN TURBO 5DR MT
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	EQ INSURANCE COMPANY LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	DMCFHQ18-000054
Cover Note Number	

Driver

Name of Driver	PERIYATHAMBI MUTHUKUMAR
Passport No/FIN	G7915795W
Date Of Birth	25/04/1987
Occupation	OUTDOOR
Date Of Driving Pass	24/10/2013
Driving Experience	5 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93534587
Fax Number	
Contact Number	OFFICE-93534587
Email Address	NOEMAIL

Address	BLK 34 WHAMPOA WEST #01-19 BENDEMEER VILLE
Postcode	330034
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	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	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)	3
Passenger 1	NAME: : HAN ZIHUA GENDER: : MALE
Passenger 2	NAME: : NG GAY GINN 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	SKA1954E
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)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

GY1173M

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

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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.

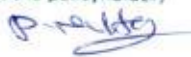
8. Consent under the Personal Data Protection Act (PDPA)

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.


Live well breathe fresh
TECH-V COOL WORKZ PTE. LTD
34 Whampoa West #01-19 S(330034)
Tel: (65) 6286 6720 Fax: (65) 6286 5220

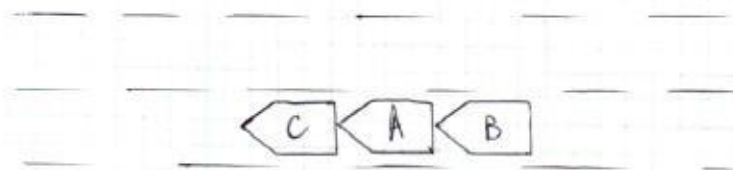

Policyholder's Signature
Date & Time:

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


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

SKETCH PLAN

HOLLAND RD TOWARDS ADAM RD BEFORE EMPRESS RD



A: GBH4317U
B: SKA1954E
C: GY1173M

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS TRAVELLING ALONG HOLLAND RD TOWARDS ADAM RD BEFORE EMPRESS RD. VEHICLE AHEAD SLOWED DOWN AND I FOLLOWED SUIT. MOMENTS LATER, VEHICLE B REAR-ENDED MY VEHICLE. THE IMPACT FORCED MY VEHICLE FORWARD TO HIT VEHICLE C.

TECHV
live well breathe fresh
TECH-V COOL WORKZ PTE. LTD.
34 Whampoa West #01-19 S(330034)
Tel: (65) 6286 6720 Fax: (65) 6286 5220

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.:

SME

VEHICLE NO: *GBH4317U

Model: TOYOTA HIACE VAN TURBO

DATE OF ACCIDENT	1/3/2019
TIME OF ACCIDENT	1615 HRS AM / PM
LOCATION OF ACCIDENT	HOLLAND RD TOWARDS ADAM RD BEFORE EMPRESS RD
Exact Purpose use during accident	
NAME OF OWNER	TECH-V COOL WORKZ PTE LTD
TELP NO	93534587, 87871991, 83141343, 62962105
NRIC	201730698M
CLAIM TYPE	OD / THIRD PARTY / Reporting Only THIRD PARTY
INSURANCE CO.	EQ INSURANCE
TYPE OF COVERAGE	Comprehensive / Third Party / Third Party Fire & Theft
POLICY NO.	
NAME OF DRIVER	PERIYATHAMBI MUTHUKUMAR
NRIC	G7915795W Any passengers: 2
TE OF BIRTH	25/4/1987 (M) HAH ZIHVA
OCCUPATION	Outdoor / Indoor (M) NG GAY & INN
DATE OF DRIVING PASS	24/10/2013
GENDER	Male / Female
CONTACT NO.	93534587, 87871991, 83141343, 62962105 Office: Home:
ADDRESS	34 WHAMPOA WEST #01-19 BENDEMEER VILLE S(330034)
DRIVER HAVE ANY OWN Vehicle	NO / If yes : Reg No:
RELATIONSHIP	Employee / If No: 12
WEATHER CONDITION	Clear / Raining / Other: CLEAR
ROAD SURFACE	Dry / Wet / Other: DRY
ANY INJURIES	No / If Yes: Who? 12
CONTACT NO.	
POLICE REPORT	No / If yes: Where?
VEHICLE B NO.	SKA1954E Any Passenger:
NAME	
CONTACT NO.	
VEHICLE C NO.	GY1173M Any Passenger:
VEHICLE D NO.	Any Passenger:
VEHICLE E NO.	Any Passenger:
VEHICLE F NO.	Any Passenger:
ANY WITNESS	
WITNESS CONTACT NO.	
PARTICULAR WORKSHOP	Ryder Auto Pte Ltd
TELP NO	2 Kaki Bukit Ave 2, #02-19 AutoHub @ Kaki Bukit,
CONTACT PERSON	Singapore 417921
FAX NO.	ryderautoworkshop@gmail.com

REPUBLIC OF SINGAPORE DRIVING LICENCE

Reference Number: **G7915795W**

Name:

PERIYATHAMBI MUTHUKUMAR

Birth Date: **25 Apr 1987**

Issue Date: **22 Oct 2018**

Valid Till: **23/10/2023**



002860189J

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

EFFECTIVE DATE

Class 2B	Motorcycles ≤ 200 cc	24 Oct 2013
Class 3	Motor cars with unladen weight ≤ 3000 kg with ≤ 7 passengers, exclusive of driver, and other motor vehicles with unladen weight ≤ 2500 kg	24 Oct 2013



Licence No: G7915795W

NP 428A

WORK PERMIT

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

Employer:
TECH-V COOL WORKZ PTE. LTD.



Name:
PERIYATHAMBI MUTHUKUMAR

Work Permit No. Sector:
0 33613288 CONSTRUCTION



K0680112

VISIT PASS

Immigration Regulations

13-08-2018

Name

PERIYATHAMBI MUTHUKUMAR

FIN
G7915795W

Date of Birth Sex

25-04-1987 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



VISIT PASS

Immigration Regulations

08-02-2019

Name

HAN ZIHUA

FIN
G5166460X

Date of Birth Sex

01-10-1977 M

Nationality

CHINESE

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



VISIT PASS

Immigration Regulations

02-10-2018

Name

NG GAY GINN

FIN
G7055764W

Date of Birth Sex

29-01-1981 M

Nationality

MALAYSIAN

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



S PASS

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

Employer:
TECH-V COOL WORKZ PTE. LTD.



Name:
HAN ZIHUA

S Pass No. Sector:
0 74525768 CONSTRUCTION



0 74525768

K1157362

WORK PERMIT

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

Employer:
TECH-V COOL WORKZ PTE. LTD.



Name:
NG GAY GINN

Work Permit No. Sector:
4 00717109 CONSTRUCTION



K0835154

EQ Insurance Company Limited

5 Maxwell Road #17-00 Tower Block MND Complex Singapore 069110
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.: DMCFHQ18-000054

Form: LCVP1

Excess:

Section 1 SGD500.00

YEID-AC Additional SGD3,000.00

1. Index Mark and Registration Number of Vehicles
GBH4317U

2. Name of Policyholder
TECH-V COOL WORKZ PTE LTD

3. Effective Date of the Commencement of Insurance for the purpose of the Act
31/05/2018

4. Date of Expiry of Insurance
26/03/2019

5. Person or Classes of Persons entitled to drive*
Goods carrying - (M2300) Authorised Driver. Any of the following :-
1. The Policyholder
2. Any person on the order or with the permission of the Policyholder

*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.

UNWNB/HO/A000342/Abwin Pte Ltd



A Member of Citystate

Authorised Signatory
EQ Insurance Company Limited