NATIONAL Assessment Cen	tre Services. wer i James M	1A119030531				
Date In: 6/2/4 12.47	Jeb description	Date & Time Completed	Done	by		
Rei No: Naj Niciga, 4081 /24	SAS e-filing					
Veh No: 61418757.	E-mail (within Shrs, AIC 2hrs)					
D.O.A : 5/7/19 - 14075	i-Motor Claim Form	M/1634266-001	6/2/19 11	10.		
	I-Motor W/O (Within: OD 2h)	i-Motor W/O (Within: OD 2hrs, TP 4hrs)				
OD / TP/ Reporting Only	i-Photo Uploaded					
TD I	Assessment/Survey Report					
TP Insurer:	Ass't Report by Fax / Hand	to Owner/Wksp				
Preferred Wksp / INC Assign Wksp / QW: (Tel: Fa	x:			
TP Particulars: Veh No: VS	167: INC ()/Non-INC()	114	COLC COLC		
Owner / Driver: (Tel:)			
Policy No: ()	Period: ()	Cover Type: ()	***************************************		
Confirmed by : (Date:	Time:)			
Insured/Driver Liability: (%)	[Note-Est. Status (WO): N: 0-2	0%; P: 21-79%. P: 80-10	0%]			
Year of Registration: ()	Warranty: YES ()/NO()				
Excess: (\$) Loading: \$	1,000 ()/\$2,000 ()					
General Remarks		Acceptance of the Control		bi S		
() Walk-In Customer : Customer's in	the state of the s	414 14 14 14 14 14 14 14 14 14 14 14 14				
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				11120		
Remarks:- GNC hotline: 6788 6616)		Date&Time Completed	Done	by		
		Date&Time Completed	Done	by		
1) Apply for Transport Allowance ()	/ Courtesy Car ()	Date&Timb Completed	Done	by		
Apply for Transport Allowance () QC Check / Post Repair Inspection	/ Courtesy Car ()	Date&Timb Completed	Done	by		
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Figure 1 1.30

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 witholding 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 ladgement 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	06/03/2019 10:47
Date Of Accident	05/03/2019 14:25
Exact Location Of Accident	PIE (CHANGI) AFTER LOR 6 TOA PAYOH EXIT
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	GBH2873T
Insured/Policyholder	
Name Of Registered Owner	SKYPEAK MAINTENANCE SERVICES PTE LTD
Co Reg No	201324900G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81685713
Alternative Phone No	OFFICE-81685713
Vehicle Particulars	
Manufacturer	TOYOTA
Model	DYNA 150 5MT
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5099731491
Cover Note Number	
Driver	
Name of Daires	DAMAI INCAM DHANAVEL

Name of Driver	RAMALINGAM DHANAVEL		
Passport No/FIN	G3310031R		
Date Of Birth	27/10/1993		
Occupation	OUTDOOR		
Date Of Driving Pass	13/01/2017		
Driving Experience	2 YEARS AND 1 MONTH		
Gender	MALE		
Mobile Number	(LOCAL) +65-81335282		
Fax Number			
Contact Number	OFFICE-81335282		
EMail Address	NOEMAIL		

Address BLK 170 BUKIT BATOK WEST AVENUE 8

#09-363 COMMONWEALTH 16

Postcode 650170

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? YES

Foreign Vehicle Registration Number VS267 (PRIVATE CAR)

Number of vehicles (including own vehicle)

involved in the accident

3

Was any body injured in the Accident? NO

as any body injured in the Accidenti

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.

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name COMMONWEALTH NEIGHBOURHOOD POLICE POST

1

Police Station Address ROAD: BLK 111 COMMONWEALTH CRESCENT (ANNEX) , POSTCODE:

140111 , COUNTRY: SINGAPORE

Police Station Contact TEL NO: 1800-4749999 - FAX NO: 64715297

Was notice of intended Prosecution given?

If Yes, against whom?

2

NO

Circumstances of Accident

REFER TO POLICE REPORT - T/20190305/2176.

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? YES

Remarks/ Reasons: VIDEO FOOTAGE WITH TRAFFIC POLICE

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number VS267

Vehicle Make/Model/Colour VOLSWAGEN POLO 106

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver SHAZANA BINTE KAMARUZAMAN

NRIC/Passport Number

Contact Number 86542162

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

Vehicle Make/Model/Colour TOY

Details Of Properties

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

GX9867Y

TOYOTA LITEACE

COMMERCIAL VEHICLE

SKETCH PLAN

IMPORTANT NOTICE

-). 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 Authorited Driver.
- Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow incurance companies to repudiate policy liability.
- The issue and sompleme of this form by incurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false recoming may be referred to the Police for investigation.
- The report will be forwarded by the insurers of the GIA Records Management Control 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.
- By the lodgment of this report to the insurers, you hereby consent to the archhing of this report at the centre and to copies of the report being made available aforessid.
- 5. Consent under the Personal Data Protection Act (PDPA)

1 understand, arknowledge, agree and consent that:

- (z) My insurer, my worlahop and the General Insurance Association of Singaporo ("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/jaw firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - 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 actident 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 insling 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, francing and/or dealing with any claims. (collectively the "Purposes")
- (E) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' iswyers/law firms, may/are parmitted to object, use, dictions and/or process my Personal information for one or more of the above Purposes; and
- (c) my Personal Information may/ran be disclosed by say of the insurers and/or GIA to their third party service providers or egents (including their lawyars/law firms), which may be steed outside of Singaporo, for one or more of the above Purposes.
- (p) my Personal Information will also be collected and used to compile deline history for the purpose of freud detection, impossigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (ii) to 2ll insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, is wenforcement and government agendes as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

SC SKYZEGE COMMITTING ON find 90)

Policyboldens Signature

Oriver's Signature (If driver is not the policyholder) Date & Timé:

Rama; RRIC/FIN No.:

Réporting Centre Personnel's Signoture

Scanned by CamScanner

, , , , , , , , , , , , , , , , , , ,		A-GB42873 T.
SKETCH PLAN		B-US267
SECURION TO THE PARTY OF THE PA		THE SHEET BOOK 677
DESCRIBE CIRCUMSTANCES OF T	HE ACCIDENT	
from the	for a stop USZ67 rear. The Impart f my vehicle of m	hit me was so we Irund GX 98674
DECLARATION (Ave declare the foregoing particulars a	Las	Contre Personnol's Stensture

Date of Accident	5/3/ 2019 Accident Time: 2.75 pm (24-HR-Format)
Accident Place	: Pie tonords Chang After large
Vehicle Reg. No. (Car Plate No.)	GB-128737
Vehicle Make/Model	: Toyota Dyna
Issurance Company	: A I G Policy No.
Owner or Company Name /IC No.	:
Owner or Company Contact No.	: Company Tel
DRIVER'S Name / IC No.	: Ramalingam Dhanavel
DRIVER'S Date Of Birth	: 27 10 1993 DRIVER'S License Pass Date 13 01 2017
Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling (Employee) Others:
DRIVER'S Address	: 89'c/ Comon wealth Drive #05-660
DRIVER'S Contact No./ Alt No.	:1) 81335282 2)
DRIVER'S Occupation	: INDOOR (OUTDOOR (e.g. working inside or outside office)
Email Address	Skypagk enquiry (c) yahoo. (cm. Sg
Weather & Road Surface	: CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
Reporting Type	: Reporting Only Claim Other Party Claim Own Insurance
Number of Passengers (Including D	Driver): NIC
Was there any video Captured by co Exact purpose for which vehicle wa	ar camera (YES) NO as being used at the time of accident: Private use \ Work purpose
Other	Party Driver's Particular (if anv)
Vehicle Reg. No: GX 986	74 Vehicle Reg. No: USZ67
Vehicle Make\Model: C;+e	Are Vehicle Make\Model: Polo 1.6
Name Driver:	Name Driver: Shazand Binti Kamery Zamo
IC No. Driver:	IC No. Driver: 930 726-08-5084
Driver's Contact & Add:	Driver's Contact & Add: 8 654 Z16Z





Police Station Of Origin: Commonwealth NPP 111 Commonwealth Crescent (Annex) #01-288A SINGAPORE 140111 Tel No: 1800-4749999

1 of 4 Report No. T/20190305/2176

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/03/2019 20:58		/lade:	Vide Report No.:	Station Diary No.: 37	
Informa	nt's Partic	ulars		200年1月1日 2月1日 1日 1	
Name of Informant: RAMALINGAM DHANAVEL			Address: APT BLK 170 BUKIT BATOK COMMONWEALTH 16 SING		
ID Type / ID No.: FIN NO / G3310031R		IR	Contact No.: Home/Office:	Mobile: 81335282	
Nationality: INDIAN			Email:		
Sex: Male	Age: 25	Date of Birth: 27/10/1993	Type of Informant: Driver		
Race: Indian		F-1	Language: English	Institution / School Name:	
Occupation: MECHANIC			Driving Licence Information: Class: 2B.3C	Date of Expiry: 12/01/2022	

Type of Accident:	Non-Injury Foreign Vehicle	Drink Drive: No	Date/Time of Accident: 05/03/2019 12:30	Type of Location: Straight Road
	EXPRESSWAY wards Changi, Before T	oa Payoh Exit. Road Surface:		Road Speed Limit:
Traffic Flow: Traff		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collisi		Rear	127	Anyone conveyed by ambulance:

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBH2873T	Lorry	ТОУОТА	DYNA	Silver	Slightly Damaged	0
GX9867Y	Van .	ТОУОТА		Silver	Slightly Damaged	2
VS267	Car	VOLKSWAGO N		Red	Seriously Damaged	

Details of Vehicle Insurance			
Vehicle No. Insurance Company	Insurance No	Effective	Expiry Date





Police Station Of Origin: Commonwealth NPP 111 Commonwealth Crescent (Annex) #01-288A SINGAPORE 140111 Tel No: 1800-4749999

2 of 4 ... Report No. T/20190305/2176

CONTINUATION OF REPORT

	ehicle insurance	党国际地位发展	11.00	SELECTION OF THE PARTY OF THE P
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
GBH2873T	NTUC Income Insurance Co-Operative	5099731491	16/04/2018	The same is not the owner, the party is not the party in

Any Pedestrian In	n Involved		- September 1		Manager and retained and the State of the
No. of Pedestrian	s Injured: NIII	11- 15			Variety Company
Driver	s injured. IVIL	Use of Ped	estrian	Cross	ing: NA
Name	RAMALINGAM DHANAVEL		ID No.		·G3310031R
Related Vehicle	GBH2873T (Lorry)		Contact No.		81335282
Hospital/Clinic	NIL .		Class Driving Licence Expiry	e &	Class: 2B,3C Date of Expiry: 12/01/2022
Date Treatment	NIL - Service of the service of the	Date Disch			the state of the
	ted Medical Leave NIL	Degree of	Injury	NIL	er site for the second
Driver	2018年1月1日 1月1日 1月1日 1月1日 1月1日 1月1日 1月1日 1月1日	The same of the same of	(四)	A Sept	CONTRACTOR OF THE PARTY OF
Name	KUMAR SINGAI		ID No.		NIL
Related Vehicle	GX9867Y (Van)		Contact No.		83726517
Hospital/Clinic	NIL		Class Driving Licence Expiry	g ce &	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Disch			A CONTRACTOR
	ted Medical Leave NIL	Degree of			AND AND A VALUE
Driver Mile		THE RESIDENCE		nakaja k	
Name	SHAZANA BINTI KAMARUZAMA	N .	ID No	3,3,2	NIL
Related Vehicle	VS267 (Car)		Conta	ct No.	86542162
Hospital/Clinic	NIL		Class Drivin Licent Expin	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL 2	Date Disc			7
	ted Medical Leave NIL	Degree of			1 11 11 11





3 of 4

Report No. T/20190305/2176

Police Station Of Origin: Commonwealth NPP 111 Commonwealth Crescent (Annex) #01-288A SINGAPORE 140111

Tel No: 1800-4749999

CONTINUATION OF REPORT

Brief Details.

On 05/03/2019 at about 1230hrs, I was driving my company lorry, registration number GBH2873T, along PIE Towards Changi, near to Toa Payoh Exit. During that point of time was going to Bedok and travelling along the third lane from the extreme right. The traffic was busy that at times our vehicles will stopped while travelling. As I was about to move off from a static position, I felt an impact from the rear. Due to the impact, my car surged forward and hit on to the front van. We alighted from our vehicle and managed to exchanged particulars. LTA was at scene. I have an in-car camera installed. TP was at scene and took my camera SD card.





4 of 4

Report No. T/20190305/2176

Police Station Of Origin: Commonwealth NPP 111 Commonwealth Crescent (Annex) #01-288A SINGAPORE 140111

Tel No: 1800-4749999

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the <u>report number</u> as reference.

Signature Of Officer Recording The Re D / Sgt 1 NOORHIDAYAT BIN WAHID	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 05/03/2019 20:58
Officer In Charge Of Case: TP / AEIT / SI ANG YI TING, STEPHANIE Contact No.: 65476414	Classification Of Case:
Authentication Stamp NP168	SINSANGRE SENTE SIL 50
	SIGNATURE



S PASS

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

Employer

SKYPEAK MAINTENANCE SERVICES PTE. LTD.



Name
RAMALINGAM DHANAVEL

S Pass No. 0 37277002 Sector:

CONSTRUCTION





K0693610

VISIT PASS Immigration Regulations

16-08-2018

Name RAMALINGAM DHANAVEL



FIN G3310031R

Date of Birth Sex 27-10-1993 M

Nationality INDIAN

MULTIPLE JOURNEY VISA ISSUED

Download SGWorkPass App to check status



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



REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: G 3 3 1 0 0 3 1 R

RAMALINGAM DHANAVEL

Birth Date: 27 Oct 1993 Issue Date: 13 Jan 2017

Valid Till 12/01/2022



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

EFFECTIVE DATE

Class 2B Motorcycles =< 200 cc

Motor cars with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver

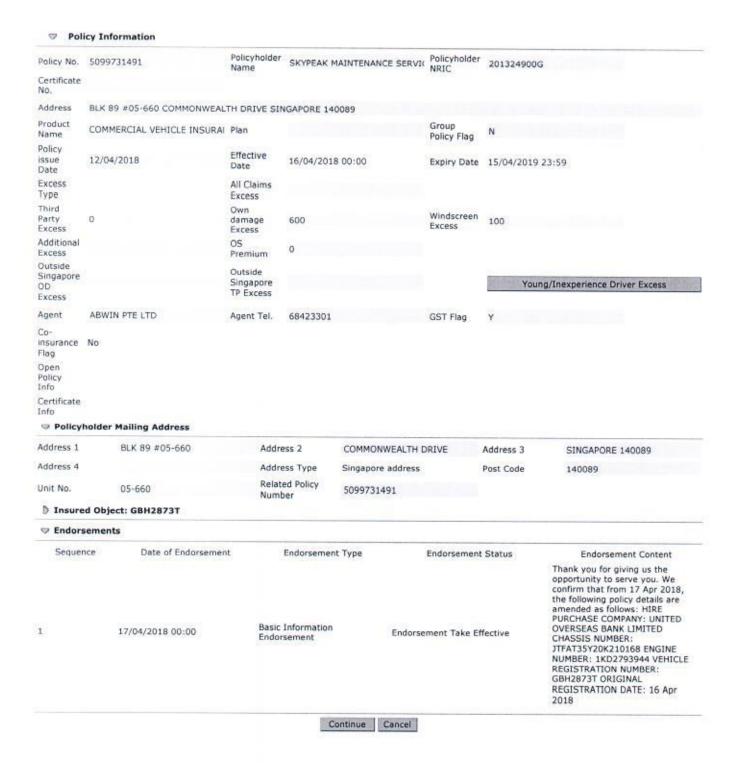
13 Jan 2017

13 Jan 2017

Licence No:G3310031R

NP 428A





lcy No.					
	5099731491	Vehicle No.	GBH2873T	GST Registration No.	
of ficace No.		100000000000000000000000000000000000000		or congress of the	
cyholder Name	SKYPEAK MAINTENANCE SERVICES PTE LTD			Policyholder NKIC	2013249000
sduct Code	COMMERCIAL VEHICLE INSURAL	Cover Type	Preferred Workshop Plan	Loading	0
ntact No.(Mobile):	81685713	Contact No. (Office)	0	Contact No.(Home)	0
nell Address		Special Remark		eCode	Total Control of the
K	® No ◯ Ves	TCA	® No ○ Yes	eCode Reason	11321
D Protection	No	NCD Entitlement(%)	20	Private Hire	No
Accident Details					
port Date	06/03/2019 11:07	Accident Report Within 24 hrs	Yes	Assident Type	Chain Collision
te of Accident	09/03/2019	Time of Accident his mm	14:25	Country of Academ	Singapore
porting Centre		Orange Force		ICM No.	530
cident Location	PTE (CHANGE) AFTER LOR 6 TOA PAYON EXIT				
Excess					
m Gamage Excess	600.00	Additional Excess		Windscreen Excess	100.00
named Driver Excess		Dutside Singapore OD Excess			
and Party Excess	0.00	Outside Singapore TP Excess			
Benefits					
GST Registered Inform	ation				
T Registered	NO		GST Registration Date		
T Registration No.			GST Status Verified	No :	
dification History					
Policyholder Mailing Ad	Sdrena				
dress 1	BLK 89 #05-660	Address 2	COMMONWEALTH DRIVE	Address 3	SINGAPORE 140089
dress 4		Address Type	Singapore address	Post Code	140089
rt No.	05-660	Related Policy Number	5099731491		
OI Driver Info					
ver Name	Unnamed Driver	Driver Type	Unnamed Driver		
named driver Name	RAMALINGAM DHANAVEL	Driver NRIC	G3310031R	Driver DOB	27/10/1993
pister Date of Driver License	03/01/2017	Driver Age	25	Driving Experience	2
ntact No.(Mobile)	81335282	Contact No.(Office)	0	Contact No.(Home)	0
dresk I	BLK 170	Address 2	BUKIT BATOK WEST AVENUE &	Address 3	SINGAPORE 650170
dress 4		Address Type	Singapore address	Post Code	650170
rt No.	09-363				
es he own a Singapore gistered car?	O Yes ® No	Driver Vehicle No.		Driver Insurer Company	
Jaration :					
eethalyser or Blood Test ading?	0 mg	Any injury?	○ Yes ® No		
dification History					
Claim 001 New					
im Type •	00-MX	Insured Name	SKYPEAK MAINTENANCE SERVIE	Insured NR3C	201324900G
Kact No. (Mobile)	97521113	Contact No.(Home)	The second second	Contact No.(Office)	
al Address	SKYPEAKENQUIRY@YAHOD.COM	OI Vehicle Number	GBH2873T	TP Vehicle Number	vs267
imant Type Claimant Type +	ACCUPATION OF THE PARTY OF THE	Type of Benefit *	Please Select	-1 a stock continues	Tables .
iment Name *	≥≥	Claimant NRIC •			
Imant Address		ET MILITARY AND IN COLUMN		1	
im Description	GBH2873T / VS267 ON 5 Mar 2019			Name of Preferred Workshop	
ferred Workshop Contact		Insured Liability +	Not at Fault		
suice Finalisation	Yes	Preferend Repair Option	Preferred Workshop, Name unknown	GIA report	Received
e Registered	06/03/2019 11:10	Claim Close Date		Date Received	05/03/2019 00:00
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constitution of the same of th		Claim No.			
Liber Barrier	Yes ○ No.	Upload Date	06/03/2019 11:11		
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il Doc. Received	Path *	Browse Browse	Clear Please Select	AND THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.	

