

NATIONAL Assessment Centre Services: [wef 1 Jan'05] MHA19038033

Date In: 21/1/19-17:38	Job description	Date & Time Completed	Done by
Ref No: NA/AWA19025228/24	SAS e-filing		
Veh No: 60314017	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 21/1/19-18:30	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: SUP 55164	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

HA190214.	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);	In Bill	Add Bill
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:-	For claiming against INC Only (wef 10 Jan 2005)		
Dat. 1:	6) TR: Re-inspection \$75		
Dat. 2/3:	7) N1: Idac DA + SMRT Survey \$160		
	8) N1: UC Additional Services:-		
	Q1:		
	*N5: Courtesy Car / Tpl Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (N11) 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	22/03/2019 17:38
Date Of Accident	21/03/2019 18:30
Exact Location Of Accident	RIVER VALLEY RD TWDS LOWER DELTA RD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GBJ1401T
Insured/Policyholder	
Name Of Registered Owner	KC PLUMBING ELECTRICAL & RENOVATION
Co Reg No	53044104K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-67425688
Vehicle Particulars	
Manufacturer	TOYOTA
Model	HIACE VAN TURBO 5DR MT
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	ALLIED WORLD ASSURANCE COMPANY, LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	AVCPSB0094981900
Cover Note Number	
Driver	
Name of Driver	CHINAPPAN KUMAR
Passport No/FIN	G8179685N
Date Of Birth	15/06/1982
Occupation	INDOOR
Date Of Driving Pass	08/09/2010
Driving Experience	8 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83487153
Fax Number	
Contact Number	OFFICE-83487153
EMail Address	NOEMAIL

Address	30 KAKI BUKIT ROAD 3 #03-05 EMPIRE TECHNOCENTRE
Postcode	417819
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 (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)	2
Passenger 1	
	NAME: : -
	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	SLF5516Y
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)

SKETCH PLAN

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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:

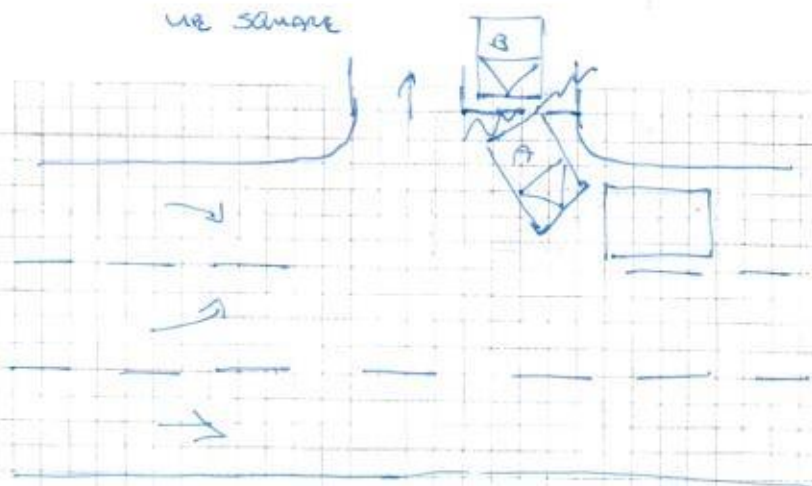
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

SKETCH PLAN

VEHICLE A
- GBJ 1401 T

VEHICLE B
- SLF 5516 Y



RIVER VALLEY ROAD TOWARD LOWER
DELTA ROAD DIRECTION.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS EXITING FROM UE SQUARE ENJOYING INTO THE
MAIN ROAD (RIVER VALLEY ROAD)

DUE TO THE HEAVY TRAFFIC ALONG THE MAIN ROAD.
MY VEHICLE HAD COME TO A STATIONARY POSITION
AND WAITING TO MOVE OFF, SUDDENLY AFTER A FEW
SECONDS, I FELT A GREAT IMPACT FROM THE REAR OF
MY VEHICLE.

ALIGHTED FROM MY VEHICLE AND REALIZED IT WAS A
VEHICLE WITH LICENSE PLATE NUMBER (SLF 5516 Y) WHO
COLLIDED TO THE REAR OF MY VEHICLE, WHILE I'M IN A
STATIONARY POSITION.

VEHICLE A - GBJ 1401 T

VEHICLE B - SLF 5516 Y

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.:

Vehicle No.	GBJ 14017		Model / Make	Toyota Hiace.
Date of Accident	21/03/19			
Time of Accident	1830 HRS			
Location of Accident	RUSA JOURNEY ROAD TOWARD LUNAR DELTA RD			
Exact purpose use during accident	Commercial Used.			
Name of Owner	KE PLUMMER ELECTRICAL & RENOVATION			
Telephone No.	H/P :	Home :	Office : 6742 5684	
NRIC	S3044104K			
Address	30, Kaki Bukit Road 3 #03-05, Empire Techno Centre (S) 417819			
Claim type	OD	THIRD PARTY REPORTING ONLY		
Insurance Company	Allied World.			
Type of Coverage	Comprehensive Third Party Third Party / Fire / Theft			
Policy No.	AVCPB0094981900			
Name of Driver	As Above If No, CHINNAPPAN KUMAR			
NRIC	FIN	G8179685N	Any Passengers : 1 (MALE)	
Date of birth	15 JUN 1982			
Occupation	Outdoor / Indoor			
Driving License Pass Date	08 SEP 2010			
Gender	Male / Female			
Contact No.	H/P :	83487153	Home :	Office :
Address				
Driver have any own vehicle	No, If yes, Reg No.			
Relationship	Employee, If no, state			
Weather condition	Clear Raining Other			
Road Surface	Dry Wet Other			
Any Injuries	No, If Yes, Who?			
Name And Contact No.				
Name And Contact No.				
Police Report	No, If Yes, Where?			
Vehicle B No.	SLF 5516 Y		Any Passengers :	
Name of Driver			Contact No. :	
Vehicle C No.			Any Passengers :	
Vehicle D No.			Any Passengers :	
Vehicle E no.			Any Passengers :	
Vehicle F No.			Any Passengers :	
Vehicle G No.			Any Passengers :	
Witness Name	N.A.		Witness Contact : N.A.	
Accident Portion	Rear Portion			
Camera Recorder	Yes / No			
Email Address				
PARTICULAR WORKSHOP	N-51			
CONTACT NO.	6842 0051 / 6744 0510			
CONTACT PERSON	Huixin			
FAX NO	6741 0510			
WORKSHOP EMAIL ADDRESS	sales@n51.com.sg			

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

Employer:
KC PLUMBING ELECTRICAL & RENOVATION

Sector: **CONSTRUCTION**

Name:
CHINNAPPAN KUMAR

Occupation:
CONSTRUCTION WORKER

Work Permit No.: **0 34110018**

Date of Application:
30-04-2012

Date of Issue:
26-04-2017

Date of Expiry:
01-05-2019



L7873413

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **G8179685N**

Name:
CHINNAPPAN KUMAR

Birth Date: **15 Jun 1982**

Issue Date: **05 Aug 2015**

Valid Till: **07/09/2020**



062458979D

VISIT PASS
Immigration Regulations

Name:
CHINNAPPAN KUMAR



Date of Birth: **15-06-1982** Sex: **M** Nationality: **INDIAN**

File: **G8179685N** Date of Issue: **26-04-2017** Date of Expiry: **01-05-2019**

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	0
Class 2	Motor cars <= 2000 kg with <= 7 passengers (exclusive of the driver); and motor tractors/vehicles <= 2500 kg	0
		15

G8179685N

S / No. 9000253517

Licence No. G8179685N

NP 425X

CERTIFICATE OF INSURANCE

THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CAP 189) OF THE REPUBLIC OF SINGAPORE
THE ROAD TRANSPORT ACT 1987 OF MALAYSIA

THE AGREEMENT BETWEEN THE MINISTER FOR FINANCE (SINGAPORE) AND THE MOTOR INSURERS' BUREAU OF SINGAPORE DATED 22 FEBRUARY 1975
THE AGREEMENT BETWEEN THE MINISTER OF TRANSPORT (MALAYSIA) AND THE MOTOR INSURERS' BUREAU OF WEST MALAYSIA DATED 15 JANUARY 1968
ANY SUBSEQUENT REVISIONS TO THE ABOVE ACTS AND AGREEMENTS

CERTIFICATE No.

AVCPSB0094981900

ChaNo:JTFHT02P600246613

1. Index Mark and Registration
Number of Vehicle

GBJ 1401 T

2. Name of Policyholder

KC PLUMBING ELECTRICAL & RENOVATION

3. Effective Date of Commencement of Insurance
for the purposes of the Ordinance

17 January 2019

16 January 2020

4. Date of Expiry of Insurance

5. Persons or Classes of Persons entitled to drive* (For certificate references MX1 and MX4, see overleaf)

ANY PERSON WHO IS DRIVING ON THE POLICYHOLDER'S ORDER OR WITH THEIR PERMISSION.

ENSURE PTE LTD
Co. Reg. No. 201017457N
35 Tanjong Pagar Road East,
401-57 Cornerstone Bldg
Singapore 068501
Tel: 6515 5988 Fax: 6896 6321

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.

And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.

6. Limitations as to Use* (For certificate reference MX1, see overleaf)

A. USE IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS.

B. USE FOR THE CARRIAGE OF PASSENGERS (OTHER THAN FOR HIRE OR REWARD) IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS.

C. 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 TRAILER EXCEPT THE TOWING OF ANY ONE DISABLED MECHANICALLY PROPELLED VEHICLE.

Estimated Value : MARKET VALUE WITH COE/PARF

Hire Purchase Owner :

Type of Cover : Comprehensive

* Limitations rendered inoperative by Section 79 of the Road Traffic Ordinance 1958 (Malaysia) or Section 7 of the Motor Vehicle (Third-Party Risks and Compensation) Ordinance 1960 (Republic of Singapore) are not to be included under the headings.

I/WE HEREBY CERTIFY that the policy to which this certificate relates is issued in accordance with the provisions of Part IV of the Road Transport Act 1987 (Malaysia) and The Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) (Republic of Singapore).