

NATIONAL Assessment Centre Services.

12/1/2018 MIA 41504638

|                           |  |                       |         |
|---------------------------|--|-----------------------|---------|
| Date In: 05/04/2019 18:39 | Job description                          | Date & Time Completed | Done by |
| Ref No: NBA/TM19006004    | SAS e-filing                             |                       |         |
| Veh No: GBE 190E          | E-mail (by job site, AIC site)           |                       |         |
| D.O.A: 04/04/2019 08:45   | I-Motor Claim Form                       |                       |         |
| OIP (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/Whse |                       |         |

|  |  |                       |
|--|--|-----------------------|
| Preferred Wksp / INC Assign Wksp / QW: ( ) | Tel: ( )   | Fax: ( )              |
| TP Particulars:                            | Veh No: YL 1530X   | 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 ( )                       |                       |

( ) Walk-In Customer : Customer's information strictly Confidential & Strictly NO refer of repair.

( ) Total Loss Case : to e-mail Insurer URGENTLY.

Drive-In ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co: ( )

- 1) Apply for Transport Allowance ( ) / Courtesy Car ( )
- 2) QC Check / Post Repair Inspection ( )
- 3) Upload Resurvey Photo [Repair Cost > \$3000] ( )

Injury: \_\_\_\_\_

|           |  |
|-----------|--|
| Date:     |  |
| Time:     |  |
| Location: |  |
| Weather:  |  |
| Other:    |  |

|                                 |  |             |
|---------------------------------|--|-------------|
| XIA/902513                      | 1) AR: Accident Reporting (\$30)             |             |
| Driver/Owner:                   | 2) DA: Damage Assessment (\$100) INC (\$50)  |             |
| Contact No:                     | 3) TP: Towing Fee \$10/245                   |             |
| Damaged Portion:                | 4) FT: Follow-Through Survey \$120           |             |
| QC Checked by (Engr-In-Charge): | 5) FT: Follow-Through Survey (Resurvey) \$30 |             |
|                                 | 6) TR: Re-Inspection \$75                    |             |
|                                 | 7) NI: Idas DA + SMRT Survey \$160           |             |
|                                 | 8) NTUC Additional Services:                 |             |
|                                 | OP: \$35                                     |             |
|                                 | *NI: Courtesy Car / TPR Allowance \$10       |             |
|                                 | *NI: Repair Coordination \$25                |             |
|                                 | *NI: Post-Repair Inspection \$5              |             |
|                                 | *NI: DV / Collect Excess Coordination \$25   |             |
|                                 | TP (NI) / TP (Non INC) \$30                  |             |
|                                 | 9) NI: Idas Mobile                           |             |
|                                 | 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             | 05/04/2019 18:39                       |
| Date Of Accident           | 04/04/2019 08:45                       |
| Exact Location Of Accident | BLK 4001 DEPOT LANE CARPARK LOT NO:126 |
| Country/State of Loss      | SINGAPORE                              |

### DETAILS OF OWN VEHICLE

|                             |                               |
|-----------------------------|-------------------------------|
| Vehicle Registration Number | GBE1940E                      |
| <b>Insured/Policyholder</b> |                               |
| Name Of Registered Owner    | MAC-SYSTEM ENTERPRISE PTE LTD |
| Co Reg No                   | 199401466N                    |
| Email Address               | MACGLOBAL@SINGNET.COM.SG      |
| Mobile Phone No             | (LOCAL) +65-96846355          |
| Alternative Phone No        | OFFICE-83009348               |

### Vehicle Particulars

|  |                    |
|--|--------------------|
| Manufacturer   | KIA                |
| Model  | K2500 6M/T         |
| Exact Purpose for which vehicle was being used at time of accident           | LORRY WAS PARKED   |
| 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 | INDIA INTERNATIONAL INSURANCE PTE LTD |
| Type Of Coverage          | COMPREHENSIVE                         |
| Fleet Policy              | NO                                    |
| Policy Number             | D18MCV0001838                         |
| Cover Note Number         |                                       |

### Driver

|                      |                          |
|----------------------|--------------------------|
| Name of Driver       | MANIVEL SURESH           |
| Passport No/FIN      | G2373670K                |
| Date Of Birth        | 10/05/1988               |
| Occupation           | OUTDOOR                  |
| Date Of Driving Pass | 19/05/2015               |
| Driving Experience   | 3 YEARS AND 10 MONTHS    |
| Gender               | MALE                     |
| Mobile Number        | (LOCAL) +65-96846355     |
| Fax Number           |                          |
| Contact Number       | OFFICE-83009348          |
| E-Mail Address       | MACGLOBAL@SINGNET.COM.SG |

|   |                               |
|---|-------------------------------|
| Address   | BLK 4001 DEPOT LANE<br>#04-12 |
| Postcode  | 109755                        |
| 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 | -<br>-<br>-                   |
| Insurance Company of Driver's Own Vehicle           | -<br>-<br>-                   |

#### General Information of the Accident

|                    |   |
|--------------------|---|
| Type Of Accident   | HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED |
| 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?  | 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)   | 0   |

#### Details of Police Action

|   |  |
|---|--|
| Was the accident reported to the police?  | YES  |
| If Yes, Please state which Police Station |  |
| Police Station Name                       | BUKIT MERAH WEST NPC   |
| Police Station Address                    | ROAD: 500 BUKIT MERAH VIEW #01-01 , POSTCODE: 159682 ,<br>COUNTRY: SINGAPORE |
| Police Station Contact                    | TEL NO: - FAX NO:  |
| Was notice of intended Prosecution given? | NO   |
| If Yes, against whom?                     |  |

#### Circumstances of Accident

PLEASE REFER TO SKETCH AND POLICE 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 | YL1530X            |
| Vehicle Make/Model/Colour   |                    |
| Details Of Properties:      |                    |
| Vehicle Category            | COMMERCIAL VEHICLE |
| Name of Driver              | THNG SING WOON     |
| NRIC/Passport Number        | S0692098E          |
| Contact Number              | 90521747           |
| 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:

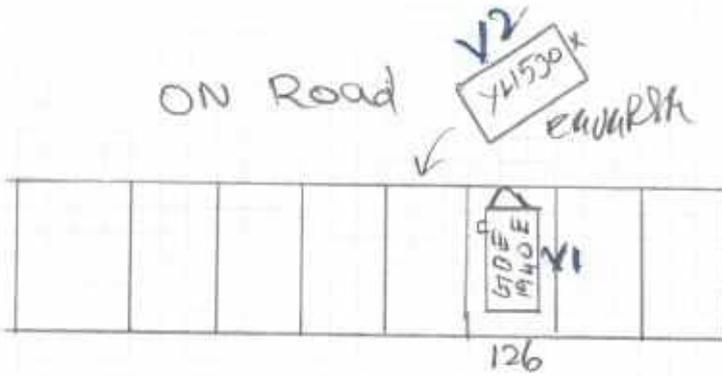
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

*an* 05/04/2019  
*Keat*

SKETCH PLAN



4001 BLK  
DEPAT LANE #04-12 CARPARK LOT NO. 126

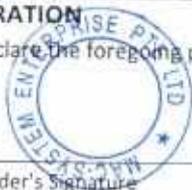
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On The 03/04/2019 at 8:45 am, V1 was parked reverse in stationary inside BLK 4001 Depat Lane #04-12 Carpark Lot no. 126. V2 tried to park to the left side of V1 by reversing in and collided to the front left of V1.

No person injured, no pedestrian or cyclist involved, no government property damaged. Both parties exchanged particulars.

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:

05/04/2019  
Reporting Centre Personnel's Signature  
Name: Reshwaran  
NRIC/FIN No.:

## NOTICE OF REPORTING

This is to confirm that Manivel Suresh (FIN: G2373670K, Blk 4001 Depot Lane #04-12, HP: 83009348), has reported to the Police a non-injury traffic accident which

occurred at Blk 4001 Depot Lane carpark lot no.126 on 03/04/2019 at 8.45am involving the following vehicles:

V1) GBE1940E (Lorry, blue colour)  
V2) YL1530X (Lorry, white and yellow, Thng Sing Woon, NRIC: S0692098E, HP: 90521747)

On the 03/04/2019 at 8.45am, V1 was parked reverse in stationary inside Blk 4001 Depot Lane #04-12 carpark lot no.126. V2 tried to park to the left side of V1 by reversing in and collided to the front left of V1.

No person injured, no pedestrian or cyclist involved, no government property damaged. Both parties exchanged particulars.

2 If this accident was reported to the Police within 24 hours of its occurrence, then he/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Rank/Name of Issuing Officer: SGT T140385 Ong Jing Wei Wayne

Date: 04/04/2019 Time: 1826hrs

S/D Ref: 110

Police Post/Unit : Bukit Merah West NPC

Original - to be issued to informant

Duplicate - to be submitted to Traffic Police



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

Employer  
**MAC-SYSTEM ENTERPRISE PTE LTD**



Name  
**MANIVEL SURESH**

Work Permit No.  
**0 36200057**

Sector  
**CONSTRUCTION**




**K0359013**



**REPUBLIC OF SINGAPORE DRIVING LICENCE**



Licence Number  
**G2373670K**

Name  
**MANIVEL SURESH**

Birth Date  
**10 May 1988**

Issue Date  
**19 May 2015**

Valid Till  
**18/05/2020**

002429008F




**VISIT PASS**  
Immigration Regulations

09-01-2016

Name  
**MANIVEL SURESH**

Download SGWorkPass App to check status



FIN  
**G2373670K**

Date of Birth  
**10-05-1988**

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  | 19 May 2015    |
| Class 3 Motor Cars =< 3000kg with =>7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg | 19 May 2015    |

NP 428A

Licence No:G2373670K



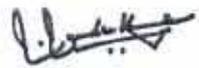


陳兄弟保險代理有限公司  
**INDIA INTERNATIONAL INSURANCE PTE LTD**  
 TAN BROTHERS INSURANCE AGENCIES PTE LTD  
 10 ANSON ROAD, #11-16  
 INTERNATIONAL PLAZA SINGAPORE  
 TEL: (65) 6220 1822 FAX: (65) 6224 6806  
 E-MAIL: tan.brothers@tpsgroup.com.sg

**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, 1995 (MALAYSIA)

All Accidents must be reported within 24 hours of the incident regardless of whether it will lead to a claim.

|  |  |                             |
|--|--|-----------------------------|
| <b>CERTIFICATE NO.: D18MCV0001838</b>  |  | <b>COVER: Comprehensive</b> |
| 1. Index Mark and Registration Number of Vehicle   | : GBE1940E   |                             |
| Chassis No   | : KNCSJX76LG7986181  |                             |
| 2. Name of Policyholder  | : MAC-SYSTEM ENTERPRISE PTE LTD  |                             |
| 3. Effective date of Insurance   | : 22 Sep 2018  |                             |
| 4. Expiry date of Insurance  | : 21 Sep 2019  |                             |
| 5. Persons or Classes of Persons entitled to drive*  | Any person who is driving on the Policyholder's order or with their permission.<br>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*  | a) Use in connection with the Policyholder's business.<br>b) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business.<br>c) Use for social, domestic and pleasure purposes.  |                             |
| <b>The Policy does not cover</b><br>a) Use for hire or reward or for racing, pace-making, reliability trial, or speed-testing.<br>b) Use whilst 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 these headings.                    |  |                             |
| Excess Sect I: SGD600.00<br>Windscreen Excess: SGD100.00<br>Hire Purchase Company : Maybank  |  |                             |
| <b>FOR DRIVERS BELOW 21 YEARS OR ABOVE 65 YEARS OF AGE &amp;/OR LESS THAN 2 YEARS SINGAPORE DRIVING LICENCE, ADDITIONAL EXCESS OF \$2500/- ON SECTION I WILL BE APPLICABLE.</b>  |  |                             |
| 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). |  |                             |
| Agent/Broker : A000052/TAN BROTHERS INSURANCE AGENCIES PTE LTD<br>Date of Issue : 13/09/2018 17:00:26<br>MZ300C (GOODS CARRYING)<br>COMPANY  | For India International Insurance Pte Ltd<br><br><b>R. Ravindra Kumar</b><br>MD & CEO   |                             |