

NATIONAL Assessment Centre Services (cont. of Jacton) *NA19060573*

Date In: <i>10/05/2019 11:54</i>	Job description	Date & Time Completed	Done by
Ref No: <i>NBA/CT/19006676/N</i>	SAS e-filing		
Veh No: <i>YN 1116Z</i>	E-mail (within 8hrs. AIG 2hrs)		
D.O.A: <i>09/05/2019 16:30</i>	i-Motor Claim Form		
OD <input checked="" type="radio"/> Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by <u>Fax / Hand to Owner/Wkst</u>		

Preferred Wkap / INC Assign Wkap / QW: () Tel: () Fax: ()

TP Particulars: Veh No: *XB8329E* 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

Claimant's Particulars:	Invoice Preparation Checklist	
	Am't (\$)	Am't (\$)
Driver/Owner:	1) AR: Accident Reporting (\$30)	In Bill
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)	Add. Bill
Damaged Portion:	3) TP: Towing Fee \$40/\$45	
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120	
Auditors' Comments:	5) PT: Follow-Through Survey (Resurvey) \$20	
Cat. 1:	For claimant approval INC Only (wef 10 Jan 2019)	
Cat. 2/3:	6) TR: Re-inspection \$75	
	7) N1: Idan DA + SMRT Survey \$160	
	a) NTUC Additional Services:	
	* N3: Courtesy Car / Tpl Allowance \$5	
	* N6: Repair Co-ordination \$10	
	* N7: Post Repair Inspection \$25	
	* N8: DV / Collect Excess Coordination \$5	
	TP (N1): TP (N in INC) against INC \$20	
	N12: Idan Mobile \$10	
	Invoice dated	Fee Charged
		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	10/05/2019 10:38
Date Of Accident	09/05/2019 16:30
Exact Location Of Accident	AYE TOWARDS TUAS
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YN1116Z
Insured/Policyholder	
Name Of Registered Owner	YONG LEI LOGISTIC PTE LTD
Co Reg No	-
Email Address	CHARLZE.TAN@YLLOGISTICS.COM.SG
Mobile Phone No	(LOCAL) +65-85356344
Alternative Phone No	OFFICE-98571967

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	CANTER
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	DMCVSN1557421903
Cover Note Number	

Driver

Name of Driver	SEBASTIAN BACKIANATHAN
NRIC No	G2322251K
Date Of Birth	12/06/1987
Occupation	OUTDOOR
Date Of Driving Pass	30/01/2015
Driving Experience	4 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-85356344
Fax Number	
Contact Number	OTHERS-98571967
Email Address	CHARLZE.TAN@YLLOGISTICS.COM.SG

Address	BLOCK 2023 BUKIT BATOK STREET 23 #01-100
Postcode	659528
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?	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)	2
Passenger 1	NAME: : COLLEAGUE 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

PLEASE REFER TO SKETCH PLAN

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	XB8329E
Vehicle Make/Model/Colour	MITSUBISHI
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	YANG DEJU
NRIC/Passport Number	G5466204T
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

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.



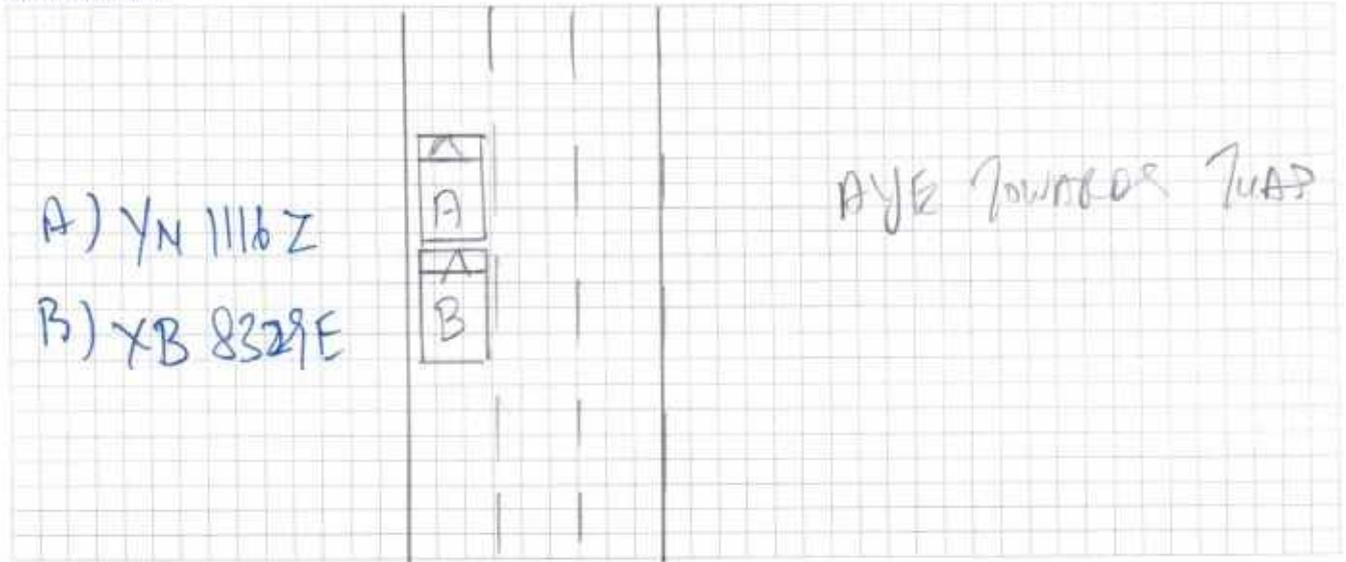
Policyholder's Signature
Date & Time:

M. Bauer

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 09/05/2019 AT ABOUT 16:30HRS I WAS TRAVELLING ALONG
 AYE TOWARDS TUAL AND WAS TRAVELLING AT 30KM/HR ::
 TRAFFIC WAS HEAVY SUDDENLY I FELT A BUMP & I STOP
 MY LORRY & SAW A LORRY XB 8329E BANG ON TO THE
 REAR OF MY LORRY YN 1116Z

DECLARATION

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



Policyholder's Signature
 Date & Time:

M. Bandy

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

10/05/2019
Rohit

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



YONG LEI LOGISTICS PTE LTD

2023 Bukit Batok Street 23 #01-100, Singapore 659528

Tel: 65696240 | Fax: 66651967 | Email: enquiry@yllogistics.com.sg

(Business UEN: 200615235C)

Dated: 10 May 2018

Attn: Officer-in-Charge and whom it may concerns;

Dear Sir/Mdm,

Letter of Authorization

This letter certified that the following personnel are appointed as our sub-contractor and are authorized to drive the following vehicle **XD5508P**.

Appointed Sub-contractor: Yong Lei Services Pte. Ltd.

Name of authorized personnel/driver: Mr Ang Chin Feng

(Fin No: F 8425550P)

Thank you

Yours Sincerely,

Henry Tan

Yong Lei Logistics Pte Ltd

XBA/CIS/19006626/y

ACCIDENT STATEMENT

ACCIDENT DATE: (09/05/2019) (DD/MM/YYYY), TIME: (16:30) (HH:MM)

LOCATION: A.Y.E To Tuas

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: YN 116Z
- b) INSURANCE COMPANY: CHINA TAIPING
- c) POLICY NUMBER: DMCVSN 1557421903
- d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
- e) MAKE & MODEL: MITSUBISHI
- f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
- g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
- h) PURPOSE OF USING AT ACCIDENT TIME: working time
- i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
- IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

AH HADON (M)
~~AKA TPA~~

2. INSURED / POLICY HOLDER

- A) NAME: YONG LEI (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
- c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

* No of passenger
(including driver)
(2)

DRIVER

- a) NAME: SEBASTIAN BACKLAWATHAN (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: G 232251K CONTACT: 85356344
- c) ADDRESS: Block 2023 Bukit Batok St 23, 01-100

* d) DATE OF BIRTH: (12/06/1987) (DD/MM/YYYY)

- e) OCCUPATION: (INDOOR / OUTDOOR)
- f) DATE OF DRIVING PASS CLASS 3

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____

- 5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) _____
- b) ROAD SURFACE: (DRY / WET / OTHERS) _____

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)
IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

* No of passenger
(including driver)
()

- a) VEHICLE NUMBER: XB 8329 E MODEL: MITSUBISHI
- b) DRIVER'S NAME: YANG DESU
- c) NRIC/FIN/PASSPORT: G 5466204T CONTACT: _____

9. THIRD PARTY VEHICLE

* No of passenger
(including driver)
()

- d) VEHICLE NUMBER: _____ MODEL: _____
- e) DRIVER'S NAME: _____
- f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

email =
VIDEO

WORK PERMIT

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

Employed by
LEI ENGINEERING PTE. LTD.



Name
SEBASTIAN BACKIANATHAN
Work Permit No. Sector
0 36037865 CONSTRUCTION



K0880880

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: **G2322251K**
Name: **SEBASTIAN BACKIANATHAN**
Birth Date: 12 Jun 1987
Issue Date: 30 Jan 2015
Valid Till: 29 Jan 2020

002351660A

VISIT PASS
Immigration Regulations

17-10-2018

Name
SEBASTIAN BACKIANATHAN

FIN
G2322251K
Date of Birth Sex
12-06-1987 M
Nationality
INDIAN



Download SGWorkPass
App to check status



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.**

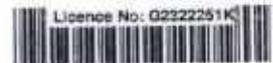


YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 2B Motorcycles =< 200 cc 30 Jan 2015
Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg 30 Jan 2015

NP 428A





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

MZ301/c
R SN
AN0420A
Cov.Type: C

MOTOR COMMERCIAL VEHICLE

CERTIFICATE OF INSURANCE

此保險單(Third Party Risk) 是根據新加坡法律及1987年(1987年)的
Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 169) 以及
Road Transport Act 1987 (Malaysia) 而發出的。
This Motor Vehicle (Third Party Risk) Policy is issued in accordance with the

ORIGINAL

CERTIFICATE NO: **DMCVSN1557421903** Engine No: **4M42A74046**
ChaNo: **FE848EA20060**

1. Policy No. and Expiry Date: **YN1116Z** AUTOSAFE

2. Name of Policyholder: **M/S YONG LEI LOGISTICS PTE LTD.**

3. Effective Date of the Cover and Period of the Contract:
Effective Date of the Contract: **11 March 2019** Excess Sect I **S\$600.00**
Contract Period of Cover: **EX ON WINDSCREEN S\$100.00**

4. Date of Expiry of Insurance: **10 March 2020**

1. Purpose of Use of Motor Vehicle (to be used):

(1) whilst the vehicle is being used in connection with the Policyholder's business
Any person provided he is in the Policyholder's employ and is driving on their order or with their permission.

(2) whilst the vehicle is being used for social, domestic or pleasure purposes
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.

2. Particulars of 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 racing, pace-making, reliability trial or speed-testing.
(2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.
(3) Use for the carriage of passengers for hire or reward.

HIRE PURCHASE CO. : SWEE SENG CREDIT PTE LTD AS HP OWNER
** Defectives included as per sub-section 5 of the Motor Vehicle (Third Party Risk and Compensation) Act (Chapter 169) and Section 15 of the Road Transport Act 1987 (Malaysia) (see also: http://www.mta.gov.sg/)*

I/We hereby Certify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 169) and Part IV of the Road Transport Act, 1987 (Malaysia).

Please see reverse



F - CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD

[Signature]
Authorized Signatory

ISSUED BY: **INKPRESS INSURANCE AGENCY PTE LTD**
Authorized Officer



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
 6 Raffles Quay #18-00 Singapore 048580
 Tel (65) 6224 0010 Fax (65) 6224 0030
 Operating Hours: Monday to Friday, 09:00 - 17:00
 UEN: S665500200 / GST Reg. No.: M400017733

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: MMA419060573 Vehicle Registration No: YH 1116Z
 Name (as shown in NRIC): SUBBETIAN BACKANATHAN NRIC/FIN/Passport No: G 2322251K
 (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
 Address: _____ Singapore ()
 Contact (Tel): _____ Mobile No.: 85356344
 Email Address: _____
 Date of Accident: 09/01/2019 Time of Accident: 16:30
 Place of Accident: BYK JAWAHER JUNG
 Insurance Company: CHINA AIRPOWER

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

INSURED VEHICLE NUMBER YH 1116Z

Policyholder / Driver's Signature

Date:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Date: