

NATIONAL Assessment Centre Services

[Ref: J0170]

Date In: 10/06/19	Job description	Date & Time Completed	Done by
Ref No: NA/A16/19010164/13	SAS e-filing		
Veh No: 4N8028Z	E-mail (within 8hrs, AIC 2hrs)		
DOA: 08/06/19 0710	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: (N-51 Tel: Fax:)

TP Particulars:	Veh No: PA9366R	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

NA1904284

Claimant's Particulars :-	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
	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:-		
	OD:		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (N'n INC) against INC \$20		
	9) N12: Idac Mobile 30		
	Invoice dated	Fee Charged	
	Insurance dated		

Auditors' Comments :-

Cat. 1:

Cat. 2 / 3:

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	10/06/2019 14:23
Date Of Accident	08/06/2019 07:10
Exact Location Of Accident	BARTLEY RD EAST SLIP RD TO HOUGANG AVE 3
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YN8028Z
Insured/Policyholder	
Name Of Registered Owner	KOH CHEUN MENG
NRIC No	S7519857D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-99999999
Alternative Phone No	OTHERS-99999999

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	FEB21
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	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	1900099296
Cover Note Number	

Driver

Name of Driver	MARIMUTHU AJAYKANNAN
Passport No/FIN	G3827550Q
Date Of Birth	19/09/1998
Occupation	OUTDOOR
Date Of Driving Pass	26/10/2016
Driving Experience	2 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87378681
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 19 DEFU LANE 10 #01-314
Postcode	539200
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)	1

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

PLS REFER TO THE ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH WORKSHOP
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	PA9366R
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

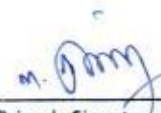
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5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that 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:

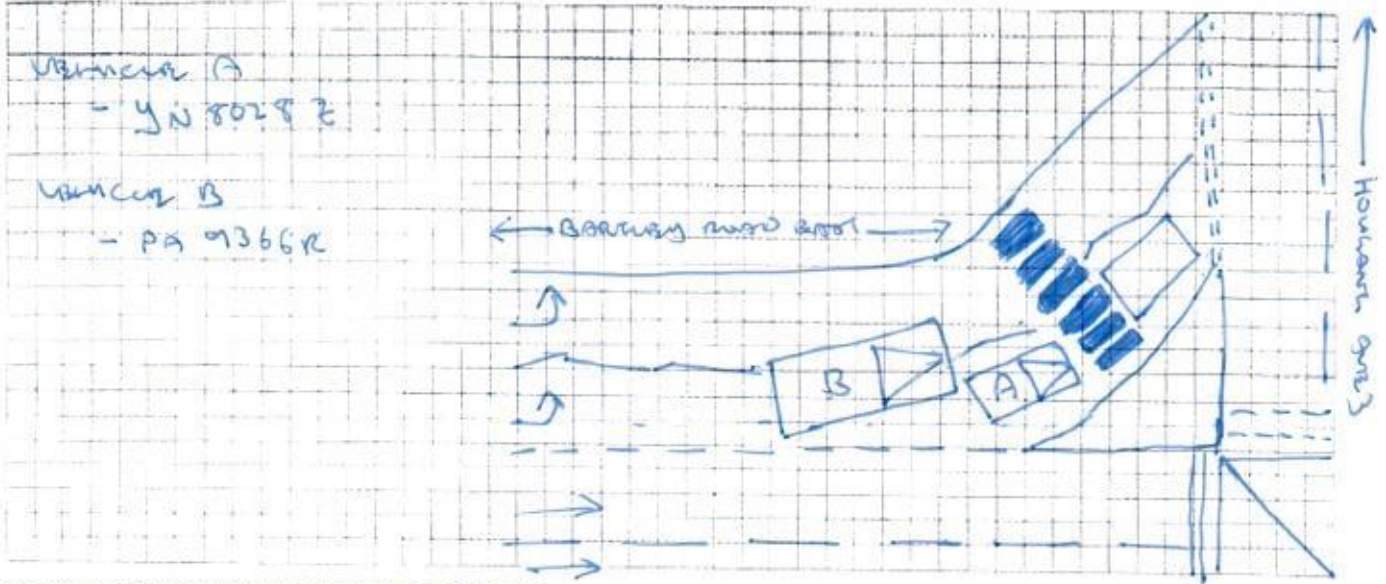
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:

 10/06/19
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS DRIVING ALONG BARTLEY ROAD EAST TOWARD TAMPAKE AVE
IN DIRECTION. WITH MY INTENTION OF TURNING INTO HONGKONG AVE 3

WHILE AT THE SLIP ROAD INTO HOLLAND AVE 3, DUE TO THE VEHICLE INFRONT BRAKE TO COMPLETE STOP, I TOO APPLIED BRAKE TO COMPLETE STOP. SUDDENLY AFTER A FEW SECONDS I FELT A GREAT IMPACT FROM THE REAR OF MY VEHICLE.

ALIGNED FROM MY VEHICLE AND REALIZED IT WAS A
VEHICLE (PA 9366 R) THAT COLLIDED TO THE REAR OF MY
VEHICLE.

The whole accident footage was captured by my in-car camera

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.	YN50282		Model / Make	MITSUBISHI F12B 21
Date of Accident	08/06/19			
Time of Accident	0710	HRS		
Location of Accident	BARTLEY RD EAST SLIP ROAD TO HONGANH AVE 3			
Exact purpose use during accident	WORKING HOUR			
Name of Owner	KOH CHAN MENH			
Telephone No.	H/P :	Home :	Office :	
NRIC	S 7519857			
Address	BLK 14 TOH YI DRIVE #11-37 S (590014)			
Claim type	OD <u>THIRD PARTY</u> REPORTING ONLY			
Insurance Company	AIA			
Type of Coverage	Comprehensive Third Party Third Party / Fire / Theft			
Policy No.	1200092296			
Name of Driver	As Above If No, MARIMUTHU ASA YKANNAN			
NRIC	FIN	G 38275502	Any Passengers :	
Date of birth	19/09/1998			
Occupation	Outdoor / Indoor			
Driving License Pass Date				
Gender	Male / Female			
Contact No.	H/P :	Home :	Office :	
Address	BLK 19 DEHN LANE 10 #01-314 S (539200)			
Driver have any own vehicle	No, If yes, Reg No.			
Relationship	Employee, If no, state AUTHORIZED DRIVER.			
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.	PA 9366R		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			Witness Contact :	
Accident Portion	Rear			
Camera Recorder	Yes/ No FRONT / REAR			
Email Address				
PARTICULAR WORKSHOP	N-51 AUTOMOTIVE PTE LTD			
CONTACT NO.	6842 0051 / 6744 0510			
CONTACT PERSON	IAN			
FAX NO	6741 0510			
WORKSHOP EMAIL ADDRESS	SALES@N51.COM.SG			

SERVICE

Please check that you have
received the correct card

S PASS

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

Employer
GANN KEE BEAN CURD MANUFACTURERS



Holder
MARIMUTHU AJAYKANNAN

IC-Foreign ID No.
Q 3707966

Sector
MANUFACTURING



K1106324

MINISTRY OF
MANPOWER

For LKK/NAC Use Only

For LKK/NAC Use Only

Please check that you have
received the correct card

VISIT PASS

Immigration Regulations

Holder
MARIMUTHU AJAYKANNAN



ID No.
G3827550Q

Date of Birth Sex
19-09-1998 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



MINISTRY OF
MANPOWER

For LKK/NAC Use Only

TN63 2016 0006279



MCWG

26-10-2016
TN63



LMV

26-10-2016
TN63

Mobile No. *****8981

Badge No. NIL

Badge Dt:

Endorsement Date

22-11-2018

Endorsement No.

TN63 /DRP/0000098/2018

Present Address

349A NAINARKOIL ST,
PALAYAVALLAVU PAGANERI POST,
SIVAGANGA TK & DT, TN.630558

Permanent Address

349A NAINARKOIL ST,
PALAYAVALLAVU PAGANERI POST,
SIVAGANGA TK & DT, TN.630558

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Holder's Signature

Assistant Licensing Authority

RTO, SIVAGANGAI

For LKK/NAC Use Only



India Driving Licence(Tamil Nadu)



TN63 2016 0006279



Date of Issue

26-10-2016

Nationality

INDIA

Date of Birth

19-09-1998

Validity

(NT) 25-10-2036

Blood Group

O+

Name


M. AJAY KANNAN

Father's Name

MARIMUTHU

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ComfortDelGro  Driving Centre

205 Ubi Avenue 4 Singapore 408805
Tel: 6841 8900 Fax: 6743 9946
<https://www.cdc.com.sg>

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PHO
NO
AVAILA

PRIVATE REGISTRATION FORM

Course Applied for

Motorcar /
Motorcycle

Foreign Licence Conversion
Course (WP/SP)

NRICNo/FIN/UID

30276500

Name

MARIMUTHU AJAYKANNAN

Date Of Birth

19/SEP/1998

Address

GUAN KEE BEAN CURD
MANUFACTURES

HandPhone No

87378681

Emergency Contact No

87378681

Postal Code

000000

Home Contact No

Nil

E-mail Address

Nil

Race

INDIAN

Gender

MALE

FTT Expiry Date

01/JAN/1900

Nationality

FOREIGNER

Did you book any theory or practical test date/s at the Traffic Police or at other centres ? No

Learner ID P0022717

Date of Enrolment

30/JAN/2019

Enrolled By CDCMAYSNG

Enrollment Expiry Date

29/JUL/2019

TERMS & CONDITIONS

- I declare that all particulars given above are correct.
- The Account Opening Fee is for the registration service to facilitate Traffic Police Test Bookings. The Account Opening Fee paid is non-refundable and non-transferable. There will also be no refund of test fees and e-trial tests booked.
- For top-up during account opening, the top-up service is free of charge. For subsequent top-up, you can use the online i-Banking or express NETS Kiosk top-up service and there will be a Transaction Fee of \$0.00.
- I do not suffer from any eye disease(s) such as colour deficiency, epilepsy, mental disorder, sudden attack of giddiness or any disability which is likely to cause the driving of a motor vehicle to be dangerous to the public.
- I do not have more than 12 demerit points for any driving licence that is held by me. I am presently also not under any suspension or disqualification from riding/driving. No driving/riding licence of mine has been revoked previously and even it had been revoked, it has been more than 1 year since the date of revocation.
- If I have any serious traffic offences pending against me, I am advised not to apply for a licence. This is because if I am eventually disqualified by court from holding or obtaining a driving licence, the disqualification could be for all classes of driving licence including any newly issued licence.

3782382

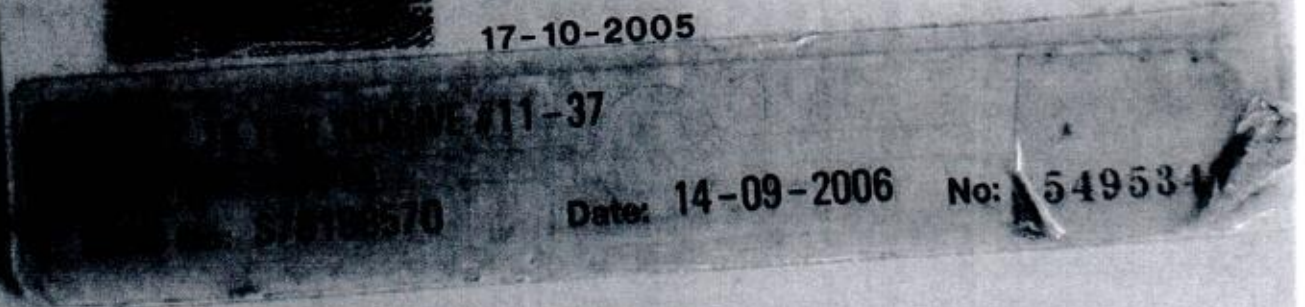


NRIC No. S7519857D



For LKK/NAC Use Only

Date of issue
17-10-2005



Date: 14-09-2006 No: 549534

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7519857D



Name

KOH CHEUN MENG

For LKK/NAC Use Only

许峻铭



Race

CHINESE

Date of birth

Sex

04-07-1975

M

Country of birth

SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: **S7519857D**

Name:

KOH CHEUN MENG

For LKK/NAC Use Only

Birth Date: **04 Jul 1975**

Issue Date: **07 Apr 2003**



000358021K

VEHICLES IN THE FOLLOWING CLASS

Class	Vehicle Class	Valid Until
Class 2B	Motorcycles \leq 200 CC	01 Dec 2015
Class 2A	Motorcycles between 201 CC and 400 CC	24 Feb 2017
Class 2	Motorcycles $>$ 400 CC	04 Apr 2018
Class 3	Motor cars \leq 3000 kg with \leq 7 passengers, exclusive of the driver; and motor tractors/vehicles \leq 2500 kg	05 May 1995

01 Dec 2015

24 Feb 2017

04 Apr 2018

05 May 1995

For LKK/NAC Use Only

S / No.9000313731

S7519857D



CERTIFICATE OF INSURANCE

COMMERCIAL AUTOPLUS COMMERCIAL VEHICLE

Name of Policyholder : Koh Cheun Meng
Period of Insurance : 21 May 2019 To 21 May 2020
Engine No. : 4P10B65109
Chassis No. : FEB21EA10094

Vehicle No. : YN8028Z
Policy No. : 1900099296
Endorsement No. :
Issued Date : 16 May 2019

ABOUT THE COVER

Make/Model : MITSUBISHI FEB21ER3SDEB 2.7 ton [Lorry]
Engine Capacity/Tonnage : 2.76 Tonnage
Driver Restriction : NA
Person or Classes of Persons Entitled to Drive* :
Sum Insured : Market Value
Off Peak Car : No
First Year of Registration : 2015
Insuring with COE/PAF : Yes

a) The Policyholder
b) Any other person who is driving on the Policyholder's order or with his/her permission.
This Policy will indemnify the Policyholder or any authorised driver only if he/she meets the specified age condition.

You have to pay an additional sum of \$3,000 as "Young and/or Inexperienced Driver Excess" ("YIDR") if You are or Your Authorised Driver (named or unnamed) is under the age of 23 and/or has less than 2 years' driving experience.

Age Condition : All Age Condition
Limitation as to use* :

1) Use in connection with the Policyholder's business.
2) Use for the carriage of passenger (other than for hire or reward) in connection with the Policyholder's business.
3) Use for social, domestic or pleasure purposes. This Policy does not cover a) use for hire or reward, driving tuition, driving test, racing, pace-making, reliability trial or speed-testing; and b) use whilst drawing a trailer except the towing of anyone disabled using a mechanically propelled vehicle. c) use for any purpose in connection with Motor Trade.

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS

Section 1
Fire - \$0 Own Damage - \$800 Theft - \$0 Flood Cover - \$0

Section 2
Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)
Koh Cheun Meng - \$800 (Own Damage)

APPROVED REPORTING CENTRES/AUTHORISED REPAIRERS (FOR CLAIMS RELATED REPAIRS)

Any accident repairs to the Vehicle must be carried out by one of our Authorised Repairers. Within the first 3 years of the first registration of the Vehicle in Singapore. You have the option of having the accident repairs carried out at the Sole Agent's workshop.
For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6338 6200. Alternatively, You may refer to AIG website www.aig.com.sg or AIG SG Mobile App. Simply search and download "AIG SG" from iTunes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: NA

I/We hereby certify that the policy to which this Certificate of Insurance relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 189), Part IV of the Road Transport Act, 1987 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0503389000

PERQS PTE LTD
MAIL BOX 882110
SINGAPORE 919191

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

Manile

AIG Asia Pacific Insurance Pte. Ltd.
AUTHORISED REPRESENTATIVE

Chi Ng Ser