

NATIONAL Assessment Centre Services Xmas 419076018

Date In: 11/06/2019 13:56	Job description	Date Time Completed	Done by
Ref No: NBS/C7719010255/1	SAS e-filing		
Veh No: GBA 3923G	E-mail (phone No, ATC No)		
D.O.A: 10/06/2019 15:10	I-Motor Chain Furo		
OD (T) / Reporting Only	I-Motor W/O (Welding, etc) 134hrs		
	i-Photo (top left)		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner Wksk		

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

TP Particulars: Veh No: SMD 7397J INC () / Non-INC ()

Owner / Driver: () Tel: ()

Policy No: () Period: () Cover type: ()

Confirmed by: () Date: () Time: ()

Insured/Driver Liability: () % (Note: Est. Sumo (W/O): N: 0-20%; F: 1-79%; F: 90-100%)

Year of Registration: () Warranty: YES () / NO ()

Excess: (\$) Loading: \$1,000 () / \$2,000 ()

General Remarks:

() Walk-In Customer: Customer's information strictly confidential. Strictly NO later of repair.

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

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

Remarks: (INC hotline: 6788 6616)

Remarks	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

NA/190433

Claimant's Particulars:	Inv. Preparation	Checklist	Ami (\$)	Ami (\$)
			Int Bill	Add Bill
Driver/Owner:	1) TP: Towing Fee	(530);		
Contact No:	2) PT: Follow-Through	(5100); INC (\$80)		
Damaged Portion:	3) PT: Follow-Through	\$40/\$45		
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through	\$120		
Auditors' Comments:	5) PT: Follow-Through	Only (Resurvey)		
Cat. J:	6) TP: Towing Fee	Only (wef 10 Jan 2019)		
Cnt. 2/3:	7) TP: Towing Fee	\$75		
1/1	8) TP: Towing Fee	\$160		
	9) TP: Towing Fee	\$25		
	10) TP: Towing Fee	\$10		
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	100) TP: Towing Fee	\$25		

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	11/06/2019 13:56
Date Of Accident	10/06/2019 15:10
Exact Location Of Accident	ALONG PIONEER ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG3923G
Insured/Policyholder	
Name Of Registered Owner	GEOINSTRUMENTATION AUTOMATION PTE LTD
Co Reg No	200403845D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94667204
Alternative Phone No	OFFICE-94667204

Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA
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	DMCVSN3043241800
Cover Note Number	

Driver

Name of Driver	CHINNASAMY ARULAPPAN
Passport No/FIN	F8145753X
Date Of Birth	07/05/1976
Occupation	INDOOR
Date Of Driving Pass	21/05/2005
Driving Experience	14 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94667204
Fax Number	
Contact Number	OTHERS-94667204
Email Address	NOEMAIL

Address	5 UPPER ALJUNIED LINK #06-01
Postcode	367903
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

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	SMD7397J
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

IMPORTANT NOTICE

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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.



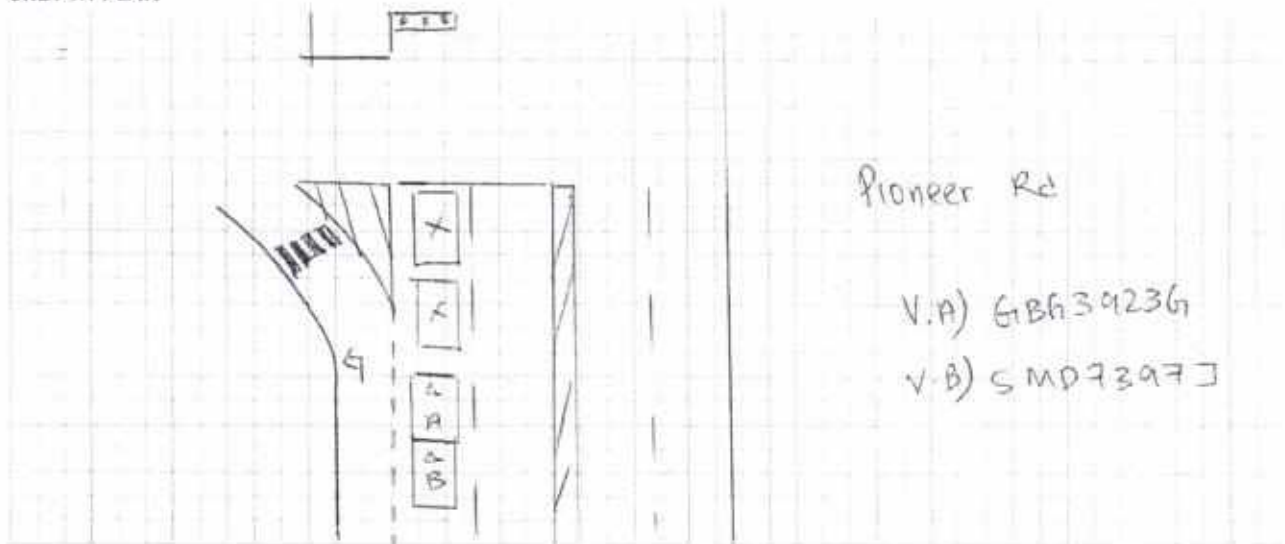
Policyholder's Signature
Date & Time:

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

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

11/06/2019
Rosli Han/03

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I vehicle 'A' GBB39236 was travelling on the stated venue

I was travelling straight in my lane and traffic was red hence

I stopped. A few moments later, I felt an huge impact on

my vehicle rear and my vehicle surged forward, luckily it

did not hit the vehicles infront as I've kept a safety

distance. Shortly I alighted and realised vehicle 'B' SMD73973

had collided onto my stationary rear portion.

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.:

Email: sm@idac.com.sg

Tel no: 6555 6888 Fax no: 6454 3279

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 10/06/2019 (dd/mm/yy) Time of Accident: 15:10 (24-HR-FORMAT)
Vehicle No.: GBG 3923 G Vehicle Make & Model: Toyota DYNA 3.0 MANUAL
Exact location of Accident: PIONEER RD
Policyholder's Name / IC No.: GEOINSTRUMENTATION AUTOMATION PTE. LTD 200403845D
Driver's Name / IC No.: Chinnasamy Arulappan F8145753X (As Above) ☐
Driver's Contact No.: 9466 7204 Company Contact No: 9336 5168
Driver's Address: 5 UPPER ALJUNIED LINK #06-01 (S)367903
Insurance Company: CHINA TAIPING Email address (if any): _____

Relationship between Owner & Driver: EMPLOYEE or Others specify: _____

What do you wish to claim? (Please TICK one only)

☐ Own Insurance / ☒ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)

Exact purpose for which the vehicle Was being used at time of accident?

☐ Private use / ☒ Work purpose

Occupation (nature of job) ☐ Indoor/ ☒ Outdoor

No. of Passengers (Including Driver): 01

Passenger Name : _____
Passenger Name : _____

Gender : _____
Gender : _____

Weather condition & Road conditions? (On the day of accident)

☒ Clear & Dry / ☐ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others: _____

Was there any video captured by your Car Camera? ☐ Yes / ☐ No

Any Injuries: ☐ Yes / ☒ No (If YES) Injured Person's Name: _____

Injuries Sustain: _____ Injured Person in Which Vehicle: _____

Police Report filed: ☐ Yes / ☒ No (If YES) Which Police Station: _____

The Other Party(s) Details:

1. Driver's Name / IC No: _____ Vehicle No: SMD 7397 J

Driver's Contact No: _____ Insurance Company (If any): _____

2. Driver's Name / IC No: _____ Vehicle No: _____

Driver's Contact No: _____ Insurance Company (If any): _____

*Independent Witness (If Any): _____ Contact No: _____

Preferred Workshop Name: _____ Contact No: _____

*If no proper documents are produced, IDAC should not file the report. Information will be discarded after one week.

REPUBLIC OF SINGAPORE DRIVING LICENCE

FB145753X

CHINNASAMY ARULAPPAN

Birth Date: 07 May 1976
 Issue Date: 10 Sep 2015
 Valid Till: 09 AUG 2020

001471656J

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

Employed by:
GEDAPPLICATION ENGINEERS PTE. LTD.

NAME:
CHINNASAMY ARULAPPAN

Work Permit No. **0 31728355** Sector: **CONSTRUCTION**

K0077832

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

Class 3 Motor cars up to 2000 kg with up to 7 passengers, capacity of the driver, and motor tricycles/mopeds up to 1500 kg

Class 31A

Class 31B

Class 31C

Class 31D

Class 31E

Class 31F

Class 31G

Class 31H

Class 31I

Class 31J

Class 31K

Class 31L

Class 31M

Class 31N

Class 31O

Class 31P

Class 31Q

Class 31R

Class 31S

Class 31T

Class 31U

Class 31V

Class 31W

Class 31X

Class 31Y

Class 31Z

Class 31AA

Class 31AB

Class 31AC

Class 31AD

Class 31AE

Class 31AF

Class 31AG

Class 31AH

Class 31AI

Class 31AJ

Class 31AK

Class 31AL

Class 31AM

Class 31AN

Class 31AO

Class 31AP

Class 31AQ

Class 31AR

Class 31AS

Class 31AT

Class 31AU

Class 31AV

Class 31AW

Class 31AX

Class 31AY

Class 31AZ

Class 31BA

Class 31BB

Class 31BC

Class 31BD

Class 31BE

Class 31BF

Class 31BG

Class 31BH

Class 31BI

Class 31BJ

Class 31BK

Class 31BL

Class 31BM

Class 31BN

Class 31BO

Class 31BP

Class 31BQ

Class 31BR

Class 31BS

Class 31BT

Class 31BU

Class 31BV

Class 31BW

Class 31BX

Class 31BY

Class 31BZ

Class 31CA

Class 31CB

Class 31CC

Class 31CD

Class 31CE

Class 31CF

Class 31CG

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Class 31CI

Class 31CJ

Class 31CK

Class 31CL

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Class 31CN

Class 31CO

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Class 31NL

Class 31NM

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Class 31NO

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Class 31NQ

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Class 31QY

Class 31QZ

Class 31RA

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Class 31RD

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Class 31RF

Class 31RG

Class 31RH

Class 31RI

Class 31RJ

Class 31RK

Class 31RL

Class 31RM

Class 31RN

Class 31RO

Class 31RP

Class 31RQ

Class 31RR

Class 31RS

Class 31RT

Class 31RU

Class 31RV

Class 31RW

Class 31RX

Class 31RY

Class 31RZ

Class 31SA

Class 31SB

Class 31SC

Class 31SD

Class 31SE

Class 31SF

Class 31SG

Class 31SH

Class 31SI

Class 31SJ

Class 31SK

Class 31SL

Class 31SM

Class 31SN

Class 31SO

Class 31SP

Class 31SQ

Class 31SR

Class 31SS

Class 31ST

Class 31SU

Class 31SV

Class 31SW

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Class 31SY

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Class 31UA

Class 31UB

Class 31UC

Class 31UD

Class 31UE

Class 31UF

Class 31UG

Class 31UH

Class 31UI

Class 31UJ

Class 31UK

Class 31UL

Class 31UM

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Class 31AU

Class 31AV

Class 31AW

Class 31AX

Class 31AY

Class 31AZ

Class 31BA

Class 31BB

Class 31BC

Class 31BD

Class 31BE

Class 31BF

Class 31BG

Class 31BH

Class 31BI

Class 31BJ

Class 31BK

Class 31BL

Class 31BM

Class 31BN

Class 31BO

Class 31BP

Class 31BQ

Class 31BR

Class 31BS

Class 31BT

Class 31BU

Class 31BV

Class 31BW

Class 31BX

Class 31BY

Class 31BZ

Class 31CA

Class 31CB

Class 31CC

Class 31CD

Class 31CE

Class 31CF

Class 31CG

Class 31CH

Class 31CI

Class 31CJ

Class 31CK

Class 31CL

Class 31CM

Class 31CN

Class 31CO

Class 31CP

Class 31CQ

Class 31CR

Class 31CS

Class 31CT

Class 31CU

Class 31CV

Class 31CW

Class 31CX

Class 31CY

Class 31CZ

Class 31DA

Class 31DB

Class 31DC

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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, 1959 (Malaysia)

Certificate No. DMCVSN3043241800 Engine No. 1KD2687162
Index Mark and Registration Number of Vehicle GBG3923G Chassis No. KDY2318028281
Name of Policy Holder M/S GEONSTRUMENTATION AUTOMATION PTE LTD.
Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment 01 AUGUST 2018 EX SECT. I S\$350.00
EX ON WINDSCREEN S\$100.00
Date of Expiry of Insurance 31 JULY 2019
Persons or Classes of Persons entitled to drive *

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.

Limitations as to 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 HIRE OR REWARD OR RACING, PACE-MAKING, RELIABILITY TRIAL OR SPEED TESTING.
- (2) 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.

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). Please see reverse For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.



Witnessed By:

Authorised Officer

Authorised Signatory