

NATIONAL Assessment Centre Services

| | | | |
|---------------------------|--|-----------------------|---------|
| Date In: 18/06/2019 14:42 | Job description | Date & Time Completed | Done by |
| Ref No: NA/CTI19010776/44 | SAS e-filing | | |
| Veh No: YP5418R | E-mail (within 8hrs, A/C 2hrs) | | |
| D.O.A: 15/06/2019 22:45 | i-Motor Claim Form | | |
| OD / TP / Reporting Only | i-Motor W/O (Within: OD 2hrs, TP 4hrs) | | |
| TP Insurer: | i-Photo Uploaded | | |
| | Assessment/Survey Report | | |
| | Ass't Report by Fax / Hand to Owner/Wksp | | |

| | | | |
|--|------------------|-----------------------|-----------|
| Preferred Wksp / INC Assign Wksp / QW: () | | Tel: () | Fax: () |
| TP Particulars: | Veh No: SJJ1072P | 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 |
|-----------|---------|
| | |
| | |
| | |
| | |
| | |

NA1904499

| 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) RT : 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:- | | |
| | ON* | | |
| | *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 (Non INC) against INC \$20 | | |
| | 9) N12: Idac Mobile 30 | | |
| QC Checked by (Engr-In-Charge): | Invoice dated | Fee Charged | |
| 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 | 18/06/2019 14:42 |
| Date Of Accident | 15/06/2019 22:45 |
| Exact Location Of Accident | CTE TWDS AYE NEAR ORCHARD RD EXIT |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|------------------------------|
| Vehicle Registration Number | YP5418R |
| Insured/Policyholder | |
| Name Of Registered Owner | SMART-TECH SOLUTIONS PTE LTD |
| Co Reg No | - |
| Email Address | JUPITERENG@LIVE.COM |
| Mobile Phone No | (LOCAL) +65-91240235 |
| Alternative Phone No | OFFICE-91240235 |

Vehicle Particulars

| | |
|--|--------------------|
| Manufacturer | MITSUBISHI |
| Model | - |
| Exact Purpose for which vehicle was being used at time of accident | WORK |
| Are you claiming under your own insurance policy for repair to your vehicle? | NO |
| If No, Please state action to be taken | REPORTING ONLY |
| 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 | DMCVSN1824271800 |
| Cover Note Number | |

Driver

| | |
|----------------------|-----------------------|
| Name of Driver | PERIYASAMY KASIMANI |
| Work Permit No | F8159579T |
| Date Of Birth | 12/11/1963 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 10/07/2009 |
| Driving Experience | 9 YEARS AND 11 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-91240235 |
| Fax Number | |
| Contact Number | OTHERS-91240235 |
| EMail Address | JUPITERENG@LIVE.COM |

| | |
|---|------------------------------------|
| Address | JUPITER ENGINEERING & CONSTRUCTION |
| Postcode | |
| Was driver an employee of the Insured's Company | NO |
| If No, Relationship of the Driver with the Insured | OTHER - HIRER |
| Vehicle Registration Number of Driver's Own Vehicle | - |
| | - |
| Insurance Company of Driver's Own Vehicle | - |
| | - |
| | - |

General Information of the Accident

| | |
|--------------------|-----------------|
| Type Of Accident | CHAIN COLLISION |
| 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 | 3 |
| 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? | YES |
| If Yes, Please state which Police Station | |
| Police Station Name | ROCHER N.P.C |
| Police Station Address | ROAD: 11 KAMPONG KAPOR ROAD , POSTCODE: 208678 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: 1800-2949999 - FAX NO: |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

PLS REFER TO THE POLICE REPORT : T/20190616/2042

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 | SJJ1072P |
| 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)

DETAILS OF OTHER VEHICLE PROPERTY 2

| | |
|-------------------------------------|-------------|
| Vehicle Registration Number | UNKNOWN |
| 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

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 Centres 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 indorsement 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 in regard to my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the making 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 package); and/or
 - (v) complying with applicable laws in administering, processing, handling and/or dealing with my claims (collectively the "Purposes").
- (b) an 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 complete my 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.

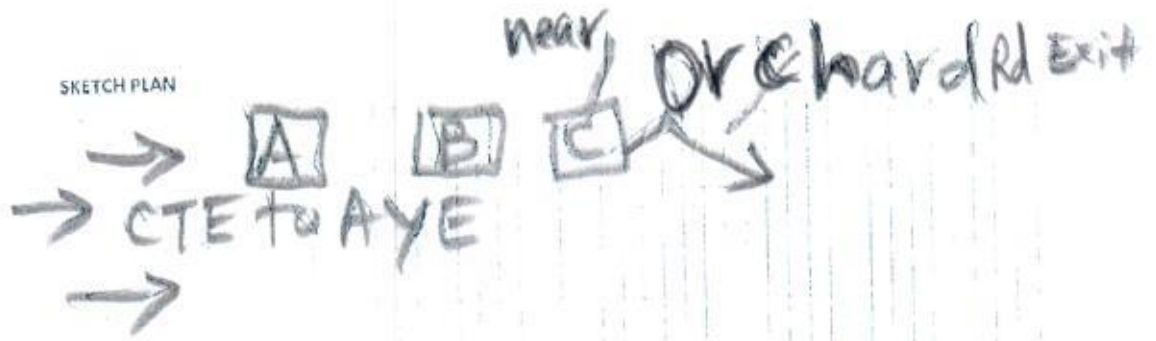
Policyholder's Signature
Date & Time

Author's Signature
If driver is not the policyholder,
Date & Time

Reporting Centre Personnel's Signature
Name
NRIC/ID No.

18/6/2019

SKETCH PLAN



A - YPS418R
B - SJJ1072P
C - Unknown

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls Refer to the Police Report
T/20190616/2042

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:

P. Bn 5/2019

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

18/6/2019



SINGAPORE POLICE FORCE



T/20190616/2042

Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999

1 of 3

Report No. T/20190616/2042

REPORT OF A TRAFFIC ACCIDENT

| | | | | | |
|--|------------|------------------------------|--|--------------------------|----------------------------|
| Date/Time Report Made: 16/06/2019 13:41 | | Vide Report No.: | | Station Diary No.: 67 | |
| Informant's Particulars | | | | | |
| Name of Informant: PERIYASAMY KASIMANI | | | Address: | | |
| ID Type / ID No.: FIN NO / F8159579T | | | Contact No.: Home/Office: | | Mobile: 91240235 |
| Nationality: INDIAN | | | Email: | | |
| Sex: Male | Age: 55 | Date of Birth: 12/11/1963 | Type of Informant: Driver | | |
| Race: Indian | | | Language: | | Institution / School Name: |
| Occupation: Lorry driver | | | Driving Licence Information: Class: 3 | | Date of Expiry: |

| | | | | | |
|--|------------|------------------------------------|--|-------------------------------------|--|
| General Information of the Accident | | | | | |
| Type of Accident: | Non-Injury | Drink Drive: No | Date/Time of Accident: 15/06/2019 22:45 | Type of Location: Straight Road | |
| Location: Along Road 1 Traveling Toward Road 2 CENTRAL EXPRESSWAY AYER RAJAH EXPRESSWAY | | | | | |
| Weather: Clear | | Road Surface: Dry | | Road Speed Limit: | |
| Traffic Flow: One Way | | Traffic Control: Not Controlled | | Traffic Volume: Heavy | |
| Type of Collision: Between Moving Vehicles - Head To Rear | | | | Anyone conveyed by ambulance: No | |

| Details of Vehicle Involved | | | | | | |
|-----------------------------|-------|------|-------|-------|------------------|-----------------|
| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
| SJJ1072P | Car | | | | Slightly Damaged | 1 |
| YP5418R | Lorry | | | | No Damage | 10 |



**SINGAPORE
POLICE FORCE**



T/20190616/2042

Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999

2 of 3

Report No. T/20190616/2042

CONTINUATION OF REPORT

Brief Details.

On 15/06/2019 at about 2245hrs, I was driving my lorry along CTE towards AYE. Nearing orchard road exit, the car (SJJ1072P) in front of my vehicle stopped suddenly as such I could not break in time and hit the car. I was then informed by the driver that he stopped because there was another vehicle in front that had swerved into his lane. No injury was involved in the accident. I informed my boss and was told to lodge a police report.

That is all.



**SINGAPORE
POLICE FORCE**



T/20190616/2042

Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapor Road SINGAPORE
208678
Tel No: 1800-2949999

3 of 3

Report No. T/20190616/2042

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:
A /
Sgt 2 GOH JUN XIAN SHERMAN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIA /
Staff Sgt WONG SIEU LUI
Contact No.: 65476151

Signature Of Informant:

Date/Time:
16/06/2019 13:41

Classification Of Case:

Authentication Stamp

NP168

SINGAPORE
POLICE FORCE



SMART-TECH SOLUTIONS PTE LTD

21 Bukit Batok Crescent, #26-77 WCEGA Tower, Singapore 658065

Tel: (65) 6555 1370 Fax: 6556 4648 Email: stspteltd@gmail.com

Business Registration No: 200906242K

18 June 2019

To

Person in Charge

Email: rspu@lkkauto.com

Dear Sir/Madam

VEHICLE NO : YP5418R


DATE OF ACCIDENT : 15 JUNE 2019

This is to certify that Mr Periyasamy Kasimani, Fin No: F8159579T was driving the lorry, vehicle no. YP5418R at the time of the accident.

Currently, the lorry is on loan to Jupiter Engineering & Construction with effect from 1 May 2019.

Any information pertaining to the Accident, please contact Mr Sundaram from Jupiter Engineering & Construction. Address at Blk 3005 Ubi Ave 3 #02-88, Kampong Ubi Ind. Est., Singapore 048861. Tel No. 81156101.

Thank You.


Suresh Bhardwaj

Director

Smart-Tech Solutions Pte Ltd

Reported on 17/6/2019
@ 1705Hrs.

ACCIDENT STATEMENT

ACCIDENT DATE: 15/6/2019 (DD/MM/YYYY), TIME: 22:45 (HH:MM)

LOCATION: CTE towards AYE Near Orchard Rd Exit.

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: YP5418R
b) INSURANCE COMPANY: _____
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: _____
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: _____
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

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

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 91240235
c) ADDRESS: _____

*d) DATE OF BIRTH: (____/____/____) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: _____

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

5. a) WEATHER CONDITION: (2 CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (2 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

- a) VEHICLE NUMBER: SJJ1072P MODEL: _____
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

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

Email = jupitereng@live.com

fax = jupitereng@live.com

VIDEO =

company
close
chop on
18/6/2019

Waiting for Company Chop?

given ok
on
18/6/2019
OK

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

Employer
JUPITER ENGINEERING & CONSTRUCTION


Name
PERIYASAMY KASIMANI

Work Permit No.
0 31756758

Sector
CONSTRUCTION

03/11/16

K1436382



REPUBLIC OF SINGAPORE **DRIVING LICENCE**

License Number
F8159579T

Name
PERIYASAMY KASIMANI

Birth Date
12 Nov 1963

Issue Date
19 Jun 2014

Valid Till
09 Jul 2019

002316416B



VISIT PASS
Immigration Regulations

17-06-2019

Name
PERIYASAMY KASIMANI

FIN
F8159579T

Date of Birth
12-11-1963

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.

Download SGWorkPass App to check status




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

Class.3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg

EFFECTIVE DATE
10 Jul 2009

NP 428A

License No: F8159579T



MOTOR COMMERCIAL VEHICLE

CERTIFICATE OF INSURANCEMotor 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)

PLM 317406

ORIGINAL

CERTIFICATE No. **DMCVSN1824271800** Engine No : **4P10C41446**
ChasNo: **PEB50551224**

1. Index Mark and Registration Number of Vehicle **YP5418R**

2. Name of Policy Holder **SMART-TECH SOLUTIONS PTE LTD**

3. Effective date of the Commencement of Insurance for the purposes of the Regulations Ordinance or Enactment **21 August 2018**

Excess Sect I **S\$550.00**
EX ON WINDSCREEN **S\$100.00**

4. Date of Expiry of Insurance **20 August 2019**

5. 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.

Return Address
THOMAS LIM HP: 9452 2168
Ask4Quote
My MailBox 882536 S(919191)
Email: thomas@ask4quote.com.sg

6. 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.

HIRE PURCHASE CO. : MERCEDES-BENZ FINANCIAL SERVICES SINGAPORE LTD

* 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.

Issued By

Authorised Officer

Authorised Signatory