

NATIONAL Assessment Centre Services (Form 1 Jan 2014) **MM8469090150**

Date In: 10/07/2019 14:50	Job description	Date & Time Completed	Done by
Ref No: N80101/90/22044	SAS e-Billing		
Veh No: YN 1116Z	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 10/07/2019 09:40	I-Motor Claim Form		
OD: <input checked="" type="radio"/> 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: () Tel: () Fax: ()

TP Particulars: Veh No: **GBB 2086E** 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: (\$) Lending: \$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 (\$) In Bill	Am't (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30)		
Contact No:	2) DA: Damage Assessment (\$100): INC (\$80)		
Damaged Portion:	3) TP: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors' Comments:	5) FT: Follow-Through Survey (Resurvey) \$30		
Est. J:	6) TR: Re-inspection \$75		
Est. 2/3:	7) NI: Idem DA + SMRT Survey \$160		
1/1	8) NTUC Additional Services:		
	9) NI: Courtesy Car / Tpt Allowance \$5		
	* NI: Repair Co-ordination \$10		
	* NI: Post Repair Inspection \$25		
	* NI: DV / Collect Excess Coordination \$5		
	TP (NI): TP (Non-INC) against INC \$20		
	NI: Idem Mobile \$0		
	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	10/07/2019 14:50
Date Of Accident	10/07/2019 09:40
Exact Location Of Accident	JALAN AHMAD IBRAHIM BEFORE EXIT TO AYE CITY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YN1116Z
Insured/Policyholder	
Name Of Registered Owner	YONG LEI LOGISTICS PTE LTD
Co Reg No	200615235C
Email Address	ENQUIRY@YLLOGISTICS.COM.SG
Mobile Phone No	(LOCAL) +65-98571967
Alternative Phone No	OFFICE-85356344

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	FE84BE6SRDEA
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 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98571967
Fax Number	
Contact Number	OTHERS-85356344
Email Address	ENQUIRY@YLLOGISTICS.COM.SG

Address	3023 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: : AH KOON 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?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBB2086E
Vehicle Make/Model/Colour	NISSAN CABSTAR
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	CHAN PIN TEIN
NRIC/Passport Number	S0513096D
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

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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**.
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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.

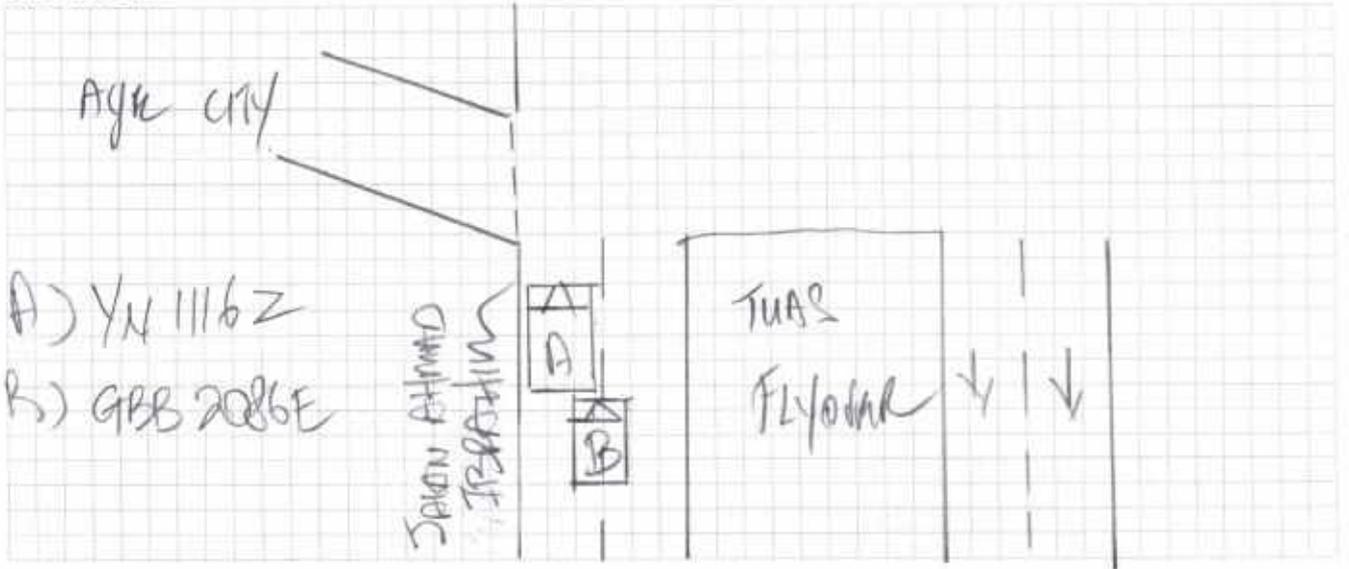


Policyholder's Signature
Date & Time:

A. Bandy 10/07/2019
Driver's Signature
(If driver is not the policyholder)
Date & Time:

[Signature] 10/07/2019
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 10/07/2019 AT ABOUT 09:40HRS I WAS AT JALAN AHMAD IBRAHIM & WANTED TO EXIT TO AYE CITY TRAVELLING AT 20 km/h SUDDENLY A HUGE BONUS - THE KABAR. I STOP MY LORRY & CAME DOWN & SAW A LORRY GBB 2086E BONKING INTO THE FRONT OF MY LORRY YN 1116Z THAT ALL.

DECLARATION

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

Policyholder's Signature
Date & Time:



A. BANSI
Driver's Signature
(If driver is not the policyholder)
Date & Time: 10/07/2019

[Signature]
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 Jul 2019

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 YN1116Z.

Appointed Sub-contractor: Lei Engineering Pte. Ltd.

Name of authorized personnel/driver: SEBASTIAN BACKIANATHAN

(Fin No: G2322251K)

Thank you

Yours Sincerely,

Henry Tan

YONG LEI LOGISTICS PTE LTD

ACCIDENT STATEMENT

ACCIDENT DATE: 10/07/2019 (DD/MM/YYYY), TIME: 09:40 (HH:MM)

LOCATION: JALAN AHMAD IBRAHIM B/F EXIT TO AYK CITY

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: YU 1162
b) INSURANCE COMPANY: _____
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: MI7 SUBISHI
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: WORKING
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: YONG CHI LOGISTICS PTE LTD (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 200615335C CONTACT: 65696240
c) ADDRESS: _____

AH KOON (M)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: SEBASTIAN BACKIANATHAN (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 85356344/98571967
c) ADDRESS: 203 BUKIT BAKAR ST 23

* No of passengers
(including driver)
(2)

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

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 30/01/2014

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

- a) VEHICLE NUMBER: GAB 2086E MODEL: NISSAN CHERSTAR
b) DRIVER'S NAME: CHAI DIN TEIK
c) NRIC/FIN/PASSPORT: 20513086D CONTACT: _____

* No of passenger
(including driver)
()

9. THIRD PARTY VEHICLE

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

* No of passenger
(including driver)
()

email =

VIDEO

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

Employer:
LEI ENGINEERING PTE. LTD.

For LKK/NAC Use Only

Name:
SEBASTIAN BACKIANATHAN

Work Permit No.: **Q 36037865** Sector:
CONSTRUCTION

K0880880



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence No: **G2322251K**

Name:
SEBASTIAN BACKIANATHAN

For LKK/NAC Use Only

Birth Date: **12 Jun 1987**
Issue Date: **30 Jan 2015**
Valid Till: **29 Jan 2020**

002391660A




VISIT PASS
Immigration Regulations

Name:
SEBASTIAN BACKIANATHAN

For LKK/NAC Use Only

#ID:
G2322251K

Date of Birth: **12-06-1987** 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	Description	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

For LKK/NAC Use Only

NP 426A

Licence No: **G2322251K**





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

M2301/C
R SN
AN0420A
Cov. Type: C

MOTOR COMMERCIAL VEHICLE

CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 169),
Motor Vehicles (Third-Party Risks and Compensation) (Enactment) Order
(1987) (Chapter 169) and Road Transport Act, 1987 (Malaysia)
Kuala Lumpur (Third-Party Risks and Compensation)

ORIGINAL

CERTIFICATE No.	DNCVSN1557421903	Engine No :4M42A74046 Chassis:FE848EA20060
1. Motor Vehicle Registration Number of Vehicle	YN1116Z	AUTOSAFE -----
2. Name of Policy Holder	M/S YONG LEI LOGISTICS PTE LTD	
3. Effective date of the Commencement of Insurance for the purposes of the Road Transport Act (Enactment) Order	11 March 2019	Excess Sect I S\$600.00 EX ON WINDSCREEN S\$100.00
4. Term of Expiry of Insurance	10 March 2020	

5. Particulars of Conditions of Insurance including Restriction:

- (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.

6. Exclusions as to cover:

- (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.

HERE PURCHASE CO. : SWEET SENG CREDIT PTE LTD AS HP OWNER

* Limitations imposed respectively by Section 6 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 169) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under this cover.

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 169) and Part IV of the Road Transport Act, 1987 (Malaysia).

Please see reverse



CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By: INXPRESS INSURANCE AGENCY PTE LTD
Authorised Officer

Authorised Signatory