

NATIONAL Assessment Centre Services. [part 1 Jan 09] : MNA119102494

Date In: 518/119 15:22	Job description	Date & Time Completed	Done by
Ref No: MNA111319013679/64	SAS e-filing		
Veh No: YM1546R	E-mail (within 2hrs, AIC 2hrs)		
TPC: 318/119 12:05	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 / GW: () Tel: () Fax: ()

TP Particulars: Veh No: SLB 5068 U. 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%; P: 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 repolter.

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

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

Remarks: (INC No: 6799/6616)

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury: ()

Date/Time	Actions

NA1905825

Client's Particulars:	Invoice Ref: ()	Net (\$)	Gross (\$)
Driver/Owner:	1) AL: Accident Reporting (\$30)	30.00	
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TP: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey \$120		
Auditors Comments:	5) PT: Follow-Through Survey (Resurvey) \$30		
	For claiming status: INC Only (w/ 10 Jan 2009)		
	6) TR: Re-inspection \$75		
	7) NI: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD:		
	*N5: Courtesy Car / Tpt Allowance \$3		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$3		
	TP (N11): TP (Inc INC) against INC \$20		
	9) N12: Idao 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	05/08/2019 15:22
Date Of Accident	03/08/2019 12:05
Exact Location Of Accident	ALONG 9 SARACA RD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	YN1546R
Insured/Policyholder	
Name Of Registered Owner	SANTA WAREHOUSING PTE LTD
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-65433333
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	-
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	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	D18MFL0001385
Cover Note Number	-
Driver	
Name of Driver	VELU KARTHIK
NRIC No	G7642110U
Date Of Birth	02/06/1984
Occupation	OUTDOOR
Date Of Driving Pass	19/04/2017
Driving Experience	2 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91434346
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	NO 3 CHANGI SOUTH ST 1
Postcode	486795
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	SIDE SWIPE
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?	
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 ATTACHED STATEMENT.

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	SLB5068U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	GOH BOON GAY
NRIC/Passport Number	S1815812D
Contact Number	90698069
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**.
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:


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



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

Diagram illustrating a scenario with a wall and a person:

Labels in the diagram:

- No q
- A
- B
- B
- cone

Equations:

$$A = YN 1506R$$
$$B = SLB 5068U$$

Text:

Saraga Rd

Please Refer to statement

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

NRIC/FIN No.:

I WAS DRIVING DIESEL LORRY AND I STOP OUTSIDE HOUSE NO 9 SARACA ROAD PREPARE TO TOPUP THE DIESEL TO THE CONSTUCTION MACHINE, MY INDICATOR WAS ON AND I HAVE PUT A CONE BEHIND MY LORRY TO ALERT ANOTHER ROAD USER, WHEN I TAKE THE PETROL GUN FROM MY LORRY, SUDDENLY VEH B WAS SPEEDING AND COME FROM BEHIND OVERTAKE MY LORRY, BUT IT WAS TOO NEAR WITH ME, THE LEFT SIDE MIRROR OF THE VEH B HIT ONTO THE PETROL GUN THAT I HOLDING, CAUSING SOME SCRATCHED ON THE LEFT SIDE MIRROR. I WISH TO STATE THE VEH B WAS ENDANGERED OUR DRIVER LIFE AND COULD HAVE CAUSED AN EXPLOSION.

ACCIDENT STATEMENT

ACCIDENT DATE: (3 / 8 / 19) (DD/MM/YYYY), TIME: (12 : 06.) (HH:MM)

LOCATION: Along 9 Saraca Rd.

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: YN 1546 R CIVIL
b) INSURANCE COMPANY: II7
c) POLICY NUMBER: _____
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
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: Santa warehousing Pte Ltd. (MALE / FEMALE) 6543 3333.
b) NRIC/FIN/PASSPORT: _____ CONTACT: 683333
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

no of passenger 3.
include driver
c 1)

3. DRIVER

- a) NAME: Velu Karthik (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: ch CONTACT: 91434346.
c) ADDRESS: ch No 3 changi South St 1 2 486795

*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)
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: SLB 5068 U MODEL: _____
b) DRIVER'S NAME: Goh Boon Gay
c) NRIC/FIN/PASSPORT: S1815812 D. CONTACT: 90698069.

9. THIRD PARTY VEHICLE

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

waiting chop.

email
video

Mo.

CONFIDENTIAL

ANNEX E

NOTICE OF REPORTING

This is to confirm that Velu Karthik, G7642110U, Tel: 91434346 has reported to the Police a non-injury traffic accident which occurred Along 9 Saraca Road on 03/08/2019 at 12:06pm. Involving the following vehicles:-

- i) **YN 1506R (Complainant vehicle)**
- ii) **SLB 5068U (BMW, White car)**

2 If this accident was reported to the Police within 24 hours of its Occurrence, then he has complied with Sec 84(2) of the Road Traffic Act, Cap 276

Rank/Name of Issuing Officer: SGT T160376 Jonathan

Date: 03/08/2019

Time: 2018hrs

Station Diary ref: 7

Police Post/Unit: Tanah Merah Police Post

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version as of 15 Sep 2000



Tanah Merah NPP
Block 51 New Upp Changi Rd
#01-1514/1516 Singapore 461051
Tel: 1800-4499999

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

Employer
SANTA LOGISTICS PTE. LTD.

Name
VELU KARTHIK

IC Pass No.
0 330-00601

Service
SERVICE

For LKK/NAC Use Only

K1110439

REPUBLIC OF SINGAPORE DRIVING LICENCE

License No. **G7642110U**

Name
VELU KARTHIK

Birth Date: **02 Jun 1984**

Issue Date: **11 Feb 2016**

Valid Till: **21/03/2021**

002536149H

VISIT PASS
Immigration Regulations

90-01-2019

Name
VELU KARTHIK

FIN
G7642110U

Date of Birth
02-06-1984

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

For LKK/NAC Use Only

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

		EFFECTIVE DATE
C		22 Mar 2011
Class 3	Motor cars <= 3500 kg with <= 7 passengers, exclusive of the driver, and motor tractors/vehicles <= 2500 kg	
Class 4	Heavy motor cars and motor tractors > 2500 kg	19 Apr 2017

S / No.9000258738

G7642110U

Licence No:G7642110U

NP 426A

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)

All Accidents must be reported within 24 hours of the incident regardless of whether it will lead to a claim.

CERTIFICATE NO.: D18MFL0001385

COVER: Third Party Only

1. Index Mark and Registration Number of Vehicle : YN1546R
Chassis No : FM65FMA00085
2. Name of Policyholder : SANTA WAREHOUSING PTE LTD
3. Effective date of Insurance : 01 Sep 2018
4. Expiry date of Insurance : 31 Aug 2019

5. Persons or Classes of Persons entitled to drive*

- (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. Limitations as to use*

WITHIN THE REPUBLIC OF SINGAPORE ONLY.

- (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 and 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.

*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.

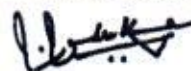
Excess All Claims : SGD 3,500.00

GEOGRAPHICAL AREA: THE REPUBLIC OF SINGAPORE ONLY

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).

Agent/Broker : D000001/Direct Client
Date of Issue : 17/08/2018 16:44:51
M.Z. 301CS - TANKER(Company's use)

For India International Insurance Pte Ltd



R. Ravindra Kumar
MD & CEO