

NATIONAL Assessment Centre Services

[wef 1 Jan'05]

MUA1916064V

| | | | |
|---------------------------|------------------------------------------|-----------------------|---------|
| Date In: 5/1/19-17:43 | Job description | Date & Time Completed | Done by |
| Ref No: NA/C72190V1331/24 | SAS e-filing | | |
| Veh No: Y21222 | E-mail (within 5hrs, AIC 2hrs) | | |
| D.O.A: 5/1/19-05:00 | 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: (| Tel: | Fax: |
| TP Particulars: | Veh No: Y21222 | 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 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 | Ant (\$) 1st Bill | Ant (\$) 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 (N11 INC) against INC \$20 | | |
| | 9) N12: Idac Mobile 30 | | |
| | Invoice dated | Fee Charged | |
| | Invoice dated | Fee Charged | |

Auditors' Comments:-

Dat 1:

Dat 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 | 05/12/2019 17:47 |
| Date Of Accident | 05/12/2019 05:00 |
| Exact Location Of Accident | CTE (SLE) BEFORE AMK AVE 1 EXIT |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | YQ1717Z |
| Insured/Policyholder | |
| Name Of Registered Owner | JTSK AUTO SERVICES |
| Co Reg No | 53357302E |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-83988383 |
| Alternative Phone No | OFFICE-83988383 |

Vehicle Particulars

| | |
|------------------------------------------------------------------------------|--------------------|
| Manufacturer | ISUZU |
| Model | NQR75UL5A MT |
| Exact Purpose for which vehicle was being used at time of accident | COMMERCIAL USE |
| 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 | DMCVSN1840501800 |
| Cover Note Number | |

Driver

| | |
|----------------------|-----------------------|
| Name of Driver | KISHORE S/O JAYAKUMAR |
| NRIC No | S9410566H |
| Date Of Birth | 20/03/1994 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 12/12/2016 |
| Driving Experience | 2 YEARS AND 11 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-83988383 |
| Fax Number | |
| Contact Number | OFFICE-83988383 |
| EEmail Address | NOEMAIL |

| | |
|-----------------------------------------------------|----------------------------------|
| Address | BLK 520 JELAPANG ROAD #01-281 |
| Postcode | 670520 |
| Was driver an employee of the Insured's Company | NO |
| If No, Relationship of the Driver with the Insured | OWNER |
| 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? | YES |
| 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

REFER TO 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 | YM7007X |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | COMMERCIAL VEHICLE |
| Name of Driver | K KUMARAN |
| NRIC/Passport Number | |
| Contact Number | |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |
| No. Of Passenger (Including Driver) | 1 |

DETAILS OF INJURED PERSON 1

| | |
|------|-----------------------|
| Name | KISHORE S/O JAYAKUMAR |
|------|-----------------------|

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

BODY

YQ1717Z

YES

NO

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 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.:

SKETCH PLAN

(A) YQ 1717 Z.

(B) Ym 7007 X.



CTE towards SLE before Ang Mo Kio Ave 1 exit.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 05/12/19 at @ 0500hrs, I was travelling in my vehicle (YQ 1717Z) along CTE towards SLE before Ang Mo Kio Ave 1 exit on the extreme left lane. Suddenly, a lorry (Ym 7007X) from behind collided onto the rear portion of my vehicle.

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:

| | | | |
|-----------------------------------|-----------------------------------------------|----------------------------|----------------------------|
| Vehicle No. | YQ 1717 Z . Model / Make | | Isuzu (Carver Toway) |
| Date of Accident | 05/12/19 . | | |
| Time of Accident | 0500 HRS | | |
| Location of Accident | CIE towards SLE before Ang Mo Kio Ave 1 exst. | | |
| Exact purpose use during accident | Commercial used . | | |
| Name of Owner | JTSK Auto Services | | |
| Telephone No. | H/P : 8398 8383 | Home : | Office : |
| NRIC | 53357302E | | |
| Address | BLK 520 Jelapang Road #01-281 (S) 670520 . | | |
| Claim type | OD | THIRD PARTY REPORTING ONLY | |
| Insurance Company | China Taiping Insurance (S) Pte Ltd . | | |
| Type of Coverage | Comprehensive | Third Party | Third Party / Fire / Theft |
| Policy No. | DM EVSN 1840501800 . | | |
| Name of Driver | As Above If No, Kishore s/o Jayakumar . | | |
| NRIC | S 9410566 H . | | Any Passengers : N.A . |
| Date of birth | 20/03/1994 . | | |
| Occupation | Outdoor | / | Indoor |
| Driving License Pass Date | 12/12/2016 . | | |
| Gender | Male | / | Female |
| Contact No. | H/P : 8398 8383 | Home : | Office : |
| Address | BLK 520 Jelapang Road #01-281 (S) 670520 . | | |
| Driver have any own vehicle | No, | If yes, Reg No. | |
| Relationship | Employee, | If no, state Owner . | |
| Weather condition | Clear | Raining | Other |
| Road Surface | Dry | Wet | Other |
| Any Injuries | No, | If Yes, Who? | |
| Name And Contact No. | Kishore s/o Jayakumar (H/P: 8398 8383) | | |
| Name And Contact No. | | | |
| Police Report | No, | If Yes, Where? | |
| Vehicle B No. | YM 7007 X . | Any Passengers : | N.A . |
| Name of Driver | K Kumaran . | 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 | N.A . | Witness Contact : | N.A . |
| Accident Portion | Rear Portion . | | |
| Camera Recorder | Yes / No . | | |
| Email Address | bobby8088y@hotmail.com . | | |
| PARTICULAR WORKSHOP | N-51 | | |
| CONTACT NO. | 6842 0051 / 6744 0510 | | |
| CONTACT PERSON | Zi Teng | | |
| FAX NO | 6741 0510 | | |
| WORKSHOP Email ADDRESS | sales@n51.com.sg | | |



中国太平保险(新加坡)有限公司

CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Co. Reg. No. 200203384E

M2301/C

N 5N

AN0498A

Cov. Type: C

MOTOR COMMERCIAL VEHICLE

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)

ORIGINAL

CERTIFICATE NO. DMCV5N1840501800 Engine No. 14HK1725492
Chassis No. 1AAN1R75L17101384

1. Index Mark and Registration Number of Vehicle YQ1717Z AUTOSAFE

2. Name of Policy Holder JTSK AUTO SERVICES

3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment 12 December 2018 (12:15 Hours) Excess Sect. I S\$1,500.00
Excess Sect. II S\$1,500.00
EX ON WINDSCREEN S\$100.00

4. Date of Expiry of Insurance 11 December 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:

- (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.

HIRE PURCHASE CO. : TAI THONG LEE TDG (PTE) LTD AS HP OWNER

*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