

NATIONAL Assessment Centre Services.

[ver 1 Jan 2003]

NA 200022/85

Date In: 21/02/2020 17:27	Job description	Date & Time Completed	Done by
Ref No: NA 200022/85	SAS e-Milling		
Veh No: GBB 746U	E-mail (by date 2hrs, AIC 2hrs)		
D.O.A: 21/02/2020 E630	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/Whse		

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

TP Particulars: () Veh No: 8LK 3247K 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 ()

() Walk-In Customer: Customer's Information strictly Confidential & Strictly NO refer of repair.

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

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

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

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$9000] ()

Injury: ()

Date: () Time: ()

Driver/Owner: ()

Contact No: ()

Damaged Portion: ()

QC Checked by (Engn-In-Charge): ()

Additional Comments: ()

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1) All Accident Reporting (\$30)	INC (\$10)
2) DA: Damage Assessment (\$100)	\$40/\$45
3) TP: Towing Fee	\$110
4) FT: Follow-Through Survey	\$30
5) FT: Follow-Through Survey (Resurvey)	\$30
6) TR: Re-inspection	\$75
7) NI: Idav DA + SMRT Survey	\$160
8) NTUC Additional Services:	
ON:	
*NS: Courtesy Car / Tpt Allowance	\$3
*NS: Repair Coordination	\$10
*NS: Post Repair Inspection	\$25
*NS: DV / Collect Excess Coordination	\$3
TE (NI) / TP (Non INC) against INC	\$30
9) NI: Idav Mobile	
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 21/02/2020 12:27
 Date Of Accident 21/02/2020 06:50
 Exact Location Of Accident SLE BEFORE EXIT 11 TURF CLUB AVENUE/MANDAI ROAD
 Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBB7266U
Insured/Policyholder
 Name Of Registered Owner KKB ENGINEERING PTE. LTD.
 Co Reg No 2XXXXX563C
 Email Address CONTACT@KKB.SG
 Mobile Phone No (LOCAL) +65-90619794
 Alternative Phone No OFFICE-94673577

Vehicle Particulars

Manufacturer MITSUBISHI
 Model FUSO
 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 REPORTING ONLY
 Vehicle Category COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company LIBERTY INSURANCE PTE LTD
 Type Of Coverage THIRD PARTY
 Fleet Policy NO
 Policy Number SD19V10800/VCV/R00
 Cover Note Number

Driver

Name of Driver CHELLAIAH MUTHUVEL
 NRIC No GXXXX225R
 Date Of Birth 13/04/1983
 Occupation OUTDOOR
 Date Of Driving Pass 23/04/2018
 Driving Experience 1 YEAR AND 9 MONTHS
 Gender MALE
 Mobile Number (LOCAL) +65-90619794
 Fax Number
 Contact Number OTHERS-94673577
 EMail Address CONTACT@KKB.SG

Address	11 WOODLANDS CLOSE #09-09
Postcode	737853
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	RAINING
Road Surface	WET

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)	6

Passenger 1	NAME: : COLLEAGUE
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GENDER: : MALE

Passenger 2	NAME: : COLLEAGUE
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GENDER: : MALE

Passenger 3	NAME: : COLLEAGUE
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GENDER: : MALE

Passenger 4	NAME: : COLLEAGUE
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GENDER: : MALE

Passenger 5	NAME: : COLLEAGUE
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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

ON THE 21/02/2020 AT ABOUT 06:50HRS I WAS DRIVING MY COMPANY LORRY ALONG SLE GOING TOWARDS BUKIT TIMAH JUST BEFORE EXIT 11. THE CAR SLK3247K JAMMED HIS AND I ALSO BRAKE BUT THE ROAD WAS SLIPPERY DUE TO RAINING AND MY LORRY GBB7266U HIT ONTO THE REAR OF THE SAID CAR .

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	SLK3247K
Vehicle Make/Model/Colour	BMW
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 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.:

SLK Reform Axiom II
Turf Club Axiom
Mammoth Room

A
B
A
A

A) GBB 7266 4
B) SLK 3247 K

Refer to statement-

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

C. MOTHOMER

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

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

ACCIDENT STATEMENT

ACCIDENT DATE: (21/02/2020) (DD/MM/YYYY), TIME: (6:50pm) (HH:MM)

LOCATION: SLE Exit Before Exit 11 TAFE CURB DVA / mmmmm Rd

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBB726U
 b) INSURANCE COMPANY: LIBERTY INSURANCE PTE LTD
 c) POLICY NUMBER: SD19V10800/VCV/R00
 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:
 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: KKB ENGINEERING PTE LTD (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 208215635 CONTACT: 90619774
 c) ADDRESS: 10 BUKIT BATU CRESENT, #08-04 THE SPIRE SINGAPORE 658379.

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: CHELLAIAN, MUTHU (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: G2251225R CONTACT: 90673577
 c) ADDRESS: BISHAR BORDA AND TIMBERLAND PTY LTD 11 WOODBINE LANE, #09-09, SINGAPORE 73783

* d) DATE OF BIRTH: (13/04/1983) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 04/11/2019 22/04/2018

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) RAINING

b) ROAD SURFACE: (DRY / WET / OTHERS) WET

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: SLK3247K MODEL: Bmw
 b) DRIVER'S NAME:
 c) NRIC/FIN/PASSPORT: CONTACT:

9. THIRD PARTY VEHICLE

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

No of passengers
 (including driver)
 ()


No of passengers
 (including driver)
 ()

No of passengers
 (including driver)
 ()

Email: Contact @ kkb.sg
 VIDEO

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	SD19V10800 /VCV /R00
Form	MZ300A
Date Of Issue	29-AUG-2019
1.Index Mark and Registration No. of Vehicle:	GBB7266U
2.Chassis number of Vehicle:	FB70BBA20134
3.Name of Policyholder:	KKB ENGINEERING PTE. LTD.
4.Effective date of Commencement of Insurance for the purposes of the Act:	14-AUG-2019 09:45 AM
5.Date of Expiry of Insurance:	13-AUG-2020 23:59 PM
6.Persons or Classes of Persons entitled to drive*:	<p>Any person who is driving on the Policyholder's order or with their permission.</p> <p>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.</p> <p>And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.</p>
7.Limitations as to use*:	<p>A) Use in connection with the Policyholder's business.</p> <p>B) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business.</p> <p>C) Use for social, domestic and pleasure purposes.</p>
8.The Policy does not cover:	<p>A) Use for hire or reward or for racing, pace-making, reliability trials or speed-testing.</p> <p>B) Use whilst drawing a trailer except the towing or any one disabled mechanically propelled vehicle.</p> <p>*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.</p>
<p>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).</p>	
<p>VIRTUAL INSURANCE AGENCIES PTE LTD 192 Waterloo Street #02-02 Skyline Building, Singapore 137966 Tel: (65) 63380380 Fax: (65) 63380448</p>	
<p>For and on behalf of LIBERTY INSURANCE PTE LTD Approved Insurers</p> <p></p> <p>_____ Authorised Signature</p>	
<p>For Information only:</p> <p>COVERAGE : Third Party Only</p> <p>SUM INSURED:</p> <p>EXCESS: Additional Excess - All Claims - Young, Elderly & Inexperienced Drivers S\$3000</p> <p>FINANCE COMPANY:</p> <p>PRODUCER NAME: VIRTUAL INSURANCE AGENCIES PTE LTD</p>	

PLVG/PLVG/29-AUG-19

S1_CL_T1_T3_OE_Template2-Ver1.

29-AUG-19