

NATIONAL Assessment Centre Services

Wef 1 Jan 05 **MAH 12 0076967**

| | | | |
|------------------------------|--|-----------------------|---------|
| Date In: 7/9/02-12:00 | Job description | Date & Time Completed | Done by |
| Ref No: NA/1204779/24 | SAS e-filing | | |
| Veh No: 408107D | E-mail (within 3hrs, AIC 2hrs) | | |
| D.O.A: 7/9/02-17:30 | 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: 408107D | 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 |
|-----------|---------|
| | |
| | |
| | |
| | |
| | |

| | | | |
|--|---|------------------|------------------|
| NA 1204779 | Invoice Preparation Checklist | Am't (\$) | Am't (\$) |
| Claimant's Particulars:- | 1) AR: Accident Reporting (\$30); | Est Bill | Add Bill |
| Driver/Owner: | 2) DA: Damage Assessment (\$100); INC (\$80) | | |
| Contact No: | 3) TF: Towing Fee \$40/\$45 | | |
| Damaged Portion: | 4) FT: Follow-Through Survey \$120 | | |
| QC Checked by (Engr-In-Charge): | 5) FT: Follow-Through Survey (Resurvey) \$30 | | |
| Auditors' Comments:- | For claiming against INC Only (wef 10 Jan 2005) | | |
| Dat. 1: | 6) TR: Re-inspection \$75 | | |
| Dat. 2 / 3: | 7) N1: Idac DA + SMRT Survey \$160 | | |
| | 8) NTUC Additional Services:- | | |
| | Q1: | | |
| | *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 | | |
| | 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 | 07/09/2020 12:02 |
| Date Of Accident | 05/09/2020 17:30 |
| Exact Location Of Accident | PIE TWDS BKE |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|-----------------------------------|
| Vehicle Registration Number | YN8107D |
| Insured/Policyholder | |
| Name Of Registered Owner | L&M FOUNDATION SPECIALIST PTE LTD |
| Co Reg No | 1XXXXX212D |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-83578994 |
| Alternative Phone No | OFFICE-83578994 |

Vehicle Particulars

| | |
|--|---------------------|
| Manufacturer | MITSUBISHI |
| Model | CANTER FEB21ER4SDEB |
| 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 | THIRD PARTY |
| Vehicle Category | COMMERCIAL VEHICLE |

Insurance Company

| | |
|---------------------------|---------------------------|
| Name of Insurance Company | LIBERTY INSURANCE PTE LTD |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | SD20V03020/VCV/R05 |
| Cover Note Number | |

Driver

| | |
|----------------------|-----------------------|
| Name of Driver | MANITHEVAR PALANIVELU |
| Passport No/FIN | GXXXX472N |
| Date Of Birth | 24/05/1975 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 28/08/2013 |
| Driving Experience | 7 YEARS AND 0 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-83578994 |
| Fax Number | |
| Contact Number | OFFICE-83578994 |
| EMail Address | NOEMAIL |

| | |
|---|----------------------------|
| Address | 2 TANJONG PENJURU CRESCENT |
| Postcode | 608968 |
| 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 - CHANGE/CROSS LANE |
| 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? | 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) | 7 |
| Passenger 1 | NAME: : SELVAM RAMESH GENDER: : MALE |
| Passenger 2 | NAME: : JAHANGIR GENDER: : MALE |
| Passenger 3 | NAME: : KANNAN GENDER: : MALE |
| Passenger 4 | NAME: : RAHMAN LOTHBOR GENDER: : MALE |
| Passenger 5 | NAME: : RAHIM GENDER: : MALE |
| Passenger 6 | NAME: : DELOWER HOSSAIN 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

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 GBE484L
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category COMMERCIAL VEHICLE
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name MANITHEVAR PALANIVELU
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? YN8107D
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 2

Name SELVAM RAMESH
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? YN8107D
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 3

Name JAHANGIR
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? YN8107D
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 4

Name KANNAN
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? YN8107D
Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

DETAILS OF INJURED PERSON 5

Name RAHMAN LOTHBOR

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? YN8107D

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

DETAILS OF INJURED PERSON 6

Name RAHIM

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? YN8107D

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

DETAILS OF INJURED PERSON 7

Name DELOWER HOSSAIN

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? YN8107D

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

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:



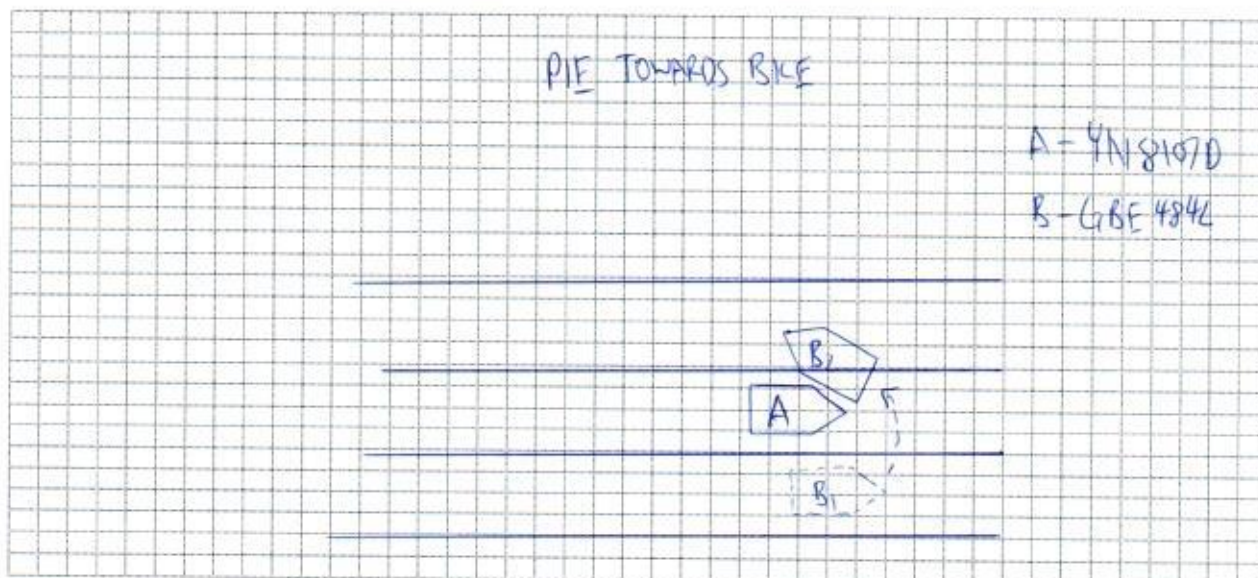
Driver's Signature
(If driver is not the policyholder)
Date & Time:

M. Palaniandy
YN-8107D



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

SKETCH PLAN:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS TRAVELLING ALONG PIE TOWARDS BKE. SUDDENLY VEHICLE B SKIDDED FROM LANE 1 ONTO MY LANE 2. DAMAGING THE LEFT 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:
NRIC / FIN No.:

[Handwritten signature]

Accident Reporting Draft

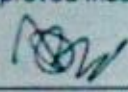
VEHICLE NO: YN8107D

MODEL: MITSUBISHI CANTER FEB21ER4SDEB

| | | | |
|-----------------------------------|---|-------------------------------|-------|
| DATE OF ACCIDENT | 5/9/2020 | | |
| TIME OF ACCIDENT | 1730 | HRS | AM/PM |
| LOCATION OF ACCIDENT | PIE TOWARDS BKE | | |
| EXACT PURPOSE USE DURING ACCIDENT | | | |
| NAME OF OWNER | L&M FOUNDATION SPECIALIST PTE LTD | | |
| CONTACT NO. | 83578994 | | |
| NRIC | 198903212D | | |
| CLAIM TYPE | OD / THIRD PARTY / REPORTING ONLY 3P | | |
| INSURANCE CO. | LIBERTY | | |
| TYPE OF COVERAGE | COMPREHENSIVE/ THIRD PARTY/ THIRD PARTY FIRE & THEFT | | |
| POLICY NO. | | | |
| NAME OF DRIVER | AS ABOVE / IF NO: MANITHEVAR PALANIVELU | | |
| NRIC | G8329472N | ANY PASSENGER: 6 | |
| DATE OF BIRTH | | Selvam Ramesh (m) | |
| OCCUPATION | OUTDOOR / INDOOR | Delaiver Hassan (m) | |
| DATE OF DRIVING PASS | | Jahangir (m) | |
| GENDER | MALE / FEMALE | Kanan (m) Rahman Lotlibar (m) | |
| CONTACT NO. | 83578994 | OFFICE: | HOME: |
| ADDRESS | 2 TANJONG PENJURU CRESCENT S(608968) | | |
| DRIVER HAVE ANY OWN VEHICLE | NO/ IF YES: REG NO. | | |
| RELATIONSHIP | EMPLOYEE/ IF NO: | | |
| WEATHER CONDITION | CLEAR / RAINY / OTHER: RAINING | | |
| ROAD SURFACE | DRY / WET / OTHER: WET | | |
| ANY INJURIES | NO / IF YES: Driver & Passengers. | | |
| CONTACT NO. | | | |
| POLICE REPORT | NO / IF YES: | | |
| VIDEO RECORDING | NO / YES | | |
| VEHICLE B NO. | GBE484L | ANY PASSENGER: | |
| NAME | | | |
| CONTACT NO. | | | |
| VEHICLE C NO. | | ANY PASSENGER: | |
| VEHICLE D NO. | | ANY PASSENGER: | |
| VEHICLE E NO. | | ANY PASSENGER: | |
| VEHICLE F NO. | | ANY PASSENGER: | |
| ANY WITNESS | | | |
| WITNESS CONTACT NO. | | | |
| PARTICULAR WORKSHOP | <div style="text-align: center;"> Ryder Auto Pte Ltd 2 Kaki Bukit Ave 2, #02-19/22 @ Kaki Bukit Auto Hub, Singapore 417921 Email: ryderautoworkshop@gmail.com Tel: 67418277 Fax: 67468277 </div> | | |
| MOBILE NO. | | | |
| CONTACT PERSON | | | |
| FAX NO. | | | |

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 | SD20V03020 /VCV /R05 |
| Form | MZ300A |
| Date Of Issue | 12-MAR-2020 |
| 1.Index Mark and Registration No. of Vehicle: | YN8107D |
| 2.Chassis number of Vehicle: | FEB21EA10026 |
| 3.Name of Policyholder: | L&M FOUNDATION SPECIALIST PTE LTD |
| 4.Effective date of Commencement of Insurance for the purposes of the Act: | 01-APR-2020 00:00 AM |
| 5.Date of Expiry of Insurance: | 31-MAR-2021 23:59 PM |
| 6.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. 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. | |
| 7.Limitations as to use*: A) Use in connection with the Policyholder's business. B) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business. C) Use for social, domestic and pleasure purposes. | |
| 8.The Policy does not cover: A) Use for hire or reward or for racing, pace-making, reliability trials or speed-testing. B) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle. *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 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. | |
| For and on behalf of LIBERTY INSURANCE PTE LTD Approved Insurers  _____ Authorised Signature | |
| For Information only: COVERAGE : Comprehensive, Unlimited Windscreen SUM INSURED: MARKET VALUE AT THE TIME OF LOSS EXCESS: Section I S\$1500, Section II S\$1500, Additional Excess - All Claims - Young, Elderly & Inexperienced Drivers S\$3000, Windscreen Excess S\$100 FINANCE COMPANY: PRODUCER NAME: WILLY INSURANCE BROKERS PTE LTD | |

PLVC/PLVC/12-MAR-20

12-MAR-20