

Date In: 3/10/20 14:20	Job description	Date & Time Completed	Done by
Ref No: MA/INC20010627144	SAS e-filing		
Veh No: YP 2938B	E-mail (within Shrs, AIC 2hrs)		
D.O.A: 3/10/20 11:30.	i-Motor Claim Form	MT/1105426 ⁰¹	3/10/20 14:35
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: SLU 9254Y. 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: (\$) 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	Am't (\$)	Am't (\$)
		Est. Bill	Add. Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);	30.00	
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments :-	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
Dat. 1:	7) N1: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
Dat. 2 / 3:	OD*		
	*N5: Courtesy Car / Tpl 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: 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	03/10/2020 14:20
Date Of Accident	03/10/2020 11:30
Exact Location Of Accident	TOA PAYOH HDB HUB CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP2938B
Insured/Policyholder	
Name Of Registered Owner	R - FORCE PTE. LTD.
Co Reg No	2XXXXX042C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-68484805

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	FUSO
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5080685020-04
Cover Note Number	

Driver

Name of Driver	AROCKIASAMY NELSON BRITTO
NRIC No	GXXXX789P
Date Of Birth	06/05/1994
Occupation	OUTDOOR
Date Of Driving Pass	15/02/2019
Driving Experience	1 YEAR AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90590989
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address 51 UBI AVE 1 #03-09
Postcode 408933
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 -
Vehicle -
Insurance Company of Driver's Own Vehicle -
-

General Information of the Accident

Type Of Accident COLLIDED INTO PARKED VEHICLE
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) 2
Passenger 1 NAME: : UNKNOWN
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 SLU9254Y
Vehicle Make/Model/Colour
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.:



AROCKIASAMY NELSON BRITTO
c/o R - FORCE PTE. LTD.
51 UBI AVENUE 1
#03-09
SINGAPORE 408933



037802766240820

For Immigration Use (To clear by FIN)



G3472789P

03 Oct 2020

Your card will be delivered to you after we have verified your documents

Dear AROCKIASAMY NELSON BRITTO

We have received a request to issue your work pass on 03 Oct 2020 and will be checking the documents submitted to us. Once this is completed, we will SMS / email the delivery details to your authorised recipient(s) at least 1 working day before the delivery.

This Notification Letter allows you to work and stay in Singapore until you get your new card. It is valid from 03 Oct 2020 till 02 Nov 2020.

Yours sincerely

Mdm Chow Choon Yen
for Controller of Work Passes

YOUR NAME
AROCKIASAMY NELSON BRITTO
FIN
G3472789P
DATE OF APPLICATION
24 AUG 2020
DATE OF ISSUE
03 Oct 2020
PASS EXPIRY DATE
03 OCT 2022
DATE OF BIRTH
06 MAY 1994
SEX
MALE
NATIONALITY
INDIAN
TRAVEL DOCUMENT NO
R30590989
TRAVEL DOCUMENT EXPIRY DATE
27 JUL 2027
YOUR EMPLOYER'S NAME
R - FORCE PTE. LTD.
EMPLOYER'S CSN
200805042C-00-000
SECTOR
CONSTRUCTION
OCCUPATION
SITE ENGINEER
MULTIPLE JOURNEY VISA
ISSUED
ISSUANCE REQUEST SUBMITTED BY
THAVAMANI PUGALENDHI

▲ IMPORTANT

- If the documents submitted are incomplete / incorrect, we will SMS / email the contact person provided to re-submit the documents. The card will only be delivered to the authorised recipient(s) 4 working days after the successful verification of documents.
- You must keep this Notification Letter with you until you get your card. If you need to leave / enter Singapore, you will have to show this letter at the Immigration Checkpoints.

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)
 ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)
 MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number : 5080685020-04	Cover : Comprehensive
1. Index mark and Registration Number of Vehicle	: YP2938B
Chassis Number	: FEB21EA20622
2. Name of Policyholder	: R - FORCE PTE. LTD.
3. Effective Date of Insurance	: 27 May 2020
4. Expiry Date of Insurance	: 26 May 2021
5. Persons or Classes of Persons entitled to drive#	
(a) The Policyholder.	
(b) Any other person who is driving on the Policyholder's order or with his/her 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#	
(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.	
(b) Use for the carriage of passengers or goods in connection with the Policyholder's business.	

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (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 (SECTION 1)	: S\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
INSURE WITH COE	: YES
HIRE PURCHASE COMPANY	: GOLDBELL FINANCIAL SERVICES PTE LTD
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

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)

Agency : ABWIN PTE LTD (00000614234)
 Date of Issue : 20 May 2020 13:10 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive

ACCIDENT STATEMENT

ACCIDENT DATE: (3 / 10 / 20) (DD/MM/YYYY), TIME: (11 : 30) (HH:MM)

LOCATION: Tea Payoh HDB Hub carpark

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: YP 2938B
- b) INSURANCE COMPANY: INC
- c) POLICY NUMBER: _____
- d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
- e) MAKE & MODEL: Mitsubishi Fuso
- 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: R- Force pte Ltd. (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: _____ CONTACT: 68484805
- c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Arc Arockrasamy Nelson ^{Drifto} (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: _____ CONTACT: 90590989
- c) ADDRESS: 51 Ubi Ave 2 #03-09 CS) 408923

*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: 520 9254Y MODEL: _____
- b) DRIVER'S NAME: _____
- c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

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

*No of passenger
(Including driver)
(2)
/ M

*No of passenger
(Including driver)
()

*No of passenger
(Including driver)
()

Email = RFORCESS@GMAIL.COM

fax =

VIDEO = No.