

NATIONAL Assessment Centre Services, Inc. **240921870005**

Date In: **19/10/2021 15:16** Job description: **SAS e-illing** Date & Time Completed: Done by:

Ref No: **NBA/21/210/074714** E-mail: **(by date time, A/G time)**

Veh No: **YP 30217** I-Motor Claim Form

D.O.A: **18/10/2021 13:40** I-Motor W/O (within 90 days, TP 4hrs)

(1) (IP) Reporting Only I-Photo Uploaded

TP Insurer: Assessment/Survey Report

App'l Report by **Box/Hand to Owner/W/less**

Preferred Wksp / INO Ass'n Wksp / OW: ()

TP Mandate/Type: Veh No: **SU 79153** INC () / Non-INC ()

Owner/Driver () Tel: ()

Policy No () Period () Cover Type ()

Confirmed by () Date: ()

Insured/Driver Liability () % (Note: Est Status (WO): NI 0-20%, PI 21-79%, P 80-100%)

Year of Registration () Warranty YES () / NO ()

Excess (\$) Loading: \$1,000 () / \$2,000 ()

() Write-in Customer / Customer's information strictly confidential & strictly NO refer of report.

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

Drive-in () / Towed-in () ; Involver YES () / NO () ; Towing Co ()

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

2) QO Check / Post Repair Inspection ()

3) Upload Recovery Photo (Repair Cost > \$3,000) ()

Injury:

NA 2104133

Driver/Owner:

Contract No:

Damaged Part(s):

QC Checked by (Engi-In-Charge):

1) All Accident Investigation (50)	
2) DA Survey Attachment (\$100)	INC (10)
3) PFI Follow up	\$120
4) PFI Follow through Survey (Recovery)	\$30
5) PFI Follow through Survey (Recovery) (Korrelating to the INO Daily (with 10 hrs 30))	\$75
6) PFI Re-inspection	\$160
7) NI Use DA + SMRT Survey	
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Fee Charged
Per Charge

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 Submission 19/10/2021 15:11 (SGT)
Date of Accident 18/10/2021 13:40 (SGT)
Exact Location of Accident Jln Toa Payoh, Singapore
Additional Location Information INFRONT OF ST ANDREW'S VILLAGE
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number YP3421T

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner YI WAN CONSTRUCTION PTE. LTD.
Company Reg No 2XXXXX467W
Email Address yzwcfc@gmail.com
Mobile Phone No (Phone) +65-81258855
Alternative Phone No +65-91208582

VEHICLE PARTICULARS

Manufacturer Hino
Model XZU710R
Variant -
Exact purpose for which vehicle was being used at time of accident Employment
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Commercial vehicle
Transmission Manual
CC 4009

INSURANCE COMPANY

Name of Insurance Company India International Insurance Pte Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number D20MCV0004292
Cover Note Number -

DRIVER

Name of Driver SANNACHI MAHENDRAN
Passport No/FIN FXXXX572U

Date Of Birth	18/04/1979
Occupation	Outdoor
Date Of Driving Pass	16/03/2018
Driving experience	3 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91208582
Alt. Phone Number	-
Email Address	yzwcfbc@gmail.com
Address	10 ADMIRALTY STREET #02-31
Address complement	NORTH LINK BUILDING
Postcode	757695
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

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 the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH PLAN

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	SLT7975J
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-

* Postcode -
Insurance Company Name -
- Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	SANNACHI MAHENDRAN
Gender	Male
Phone No	(Phone) +65-91208582
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	YP3421T
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

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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 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.

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.



S. P. Anderson

[Signature] 19/10/2021

Policyholder's Signature / Date & Time

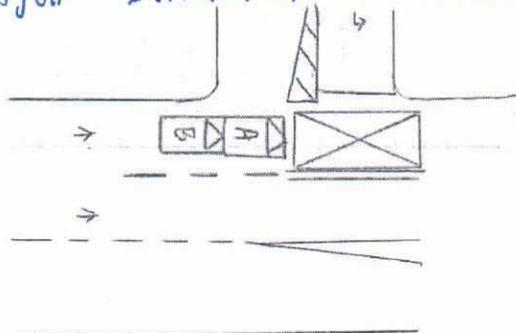
Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan

Julia Zoa Payoff *INFRONT OF ST ANDREW'S*

VILLAGATE



vehicle A: YP3421T
vehicle B: S1T7975T

Describe Circumstances of the Accident

On the stated date & time, I, vehicle A (YP34JIT) was stationary at the stated location on the extreme left lane. Second later, I felt an impact from the rear portion of my vehicle. I alighted & realised vehicle B (SLT797ST) collided onto the rear portion of my vehicle causing damages.

Declaration

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



Policyholder's Signature / Date & Time

S. Prabhakar

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

[Signature] 19/10/2021

Witnessed by Reporting Centre Personnel

Date of Accident : 18/10/2021 Accident Time: 1340hrs (24-HR-FORMAT)
 Accident Place : Jln Toa Payoh in front of St Andrew's Village
 Vehicle Reg. No (Car plate No.) : YP342T Vehicle Make/Model: HINO XZU710R
 Insurance Company : India International Policy No. D20M(V0504292
 Name of Registered Owner : Company / Individual Yi Wan Construction Pte. Ltd.
 ID of Registered Owner : Co Reg No: 201220467W Owner's NRIC No: -
 Co Contact No: - Owner's Contact No: 8125 8855

DRIVER'S Name : Sannachi Mahendran DRIVER'S NRIC No: B8475572U
 DRIVER'S Date of Birth : 18 Apr 1979 DRIVER'S License Pass Date 16 Mar 2018
 Relationship bet. Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: _____
 DRIVER'S Address : 10 Admiralty Street #02-31 North Link Building Singapore 757695
 DRIVER'S Contact No / Alt No. : 1) 9120 8582 2) -
 DRIVER'S Occupation : INDOOR \ OUTDOOR (eg. working inside or outside of an otc)
 Email Address : yzwcfba@gmail.com

Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
 Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance

Number of Passengers (including Driver): 01 Passenger Name: _____ Gender: M/F
 Was the accident reported to the police? YES \ NO Passenger Name: _____ Gender: M/F
 Was there any video captured by car camera: YES \ NO Any Injuries: YES \ NO Injured Name: Sannachi Mahendran
 Injured Name: _____
 Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Other Party Driver's Particulars (if any)

Vehicle Reg No: <u>SLT 7975T</u>	Vehicle Reg No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name DRIVER: _____	Name DRIVER: _____
IC No. DRIVER: _____	IC No. DRIVER: _____
DRIVER'S Contact & add: _____	DRIVER'S Contact & add: _____

Other Party Driver's Particulars (if any)

Vehicle Reg No: _____	Vehicle Reg No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name DRIVER: _____	Name DRIVER: _____
IC No. DRIVER: _____	IC No. DRIVER: _____
DRIVER'S Contact & add: _____	DRIVER'S Contact & add: _____



INDIA INTERNATIONAL INSURANCE PTE LTD

Reg No: 199701022K, Inv Reg No: M2-007800-X
6A Cecil Street, #04-005, #06-02, Raffles Building | Singapore 049711
Office: (65) 63376100 Email: insurance@iic.com.sg
Fax: (65) 62241174 Website: www.iic.com.sg

CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1988 (ROAD TRANSPORT ACT, 1987) (MALAYSIA)
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1989 (MALAYSIA)

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

CERTIFICATE NO.: D20MCV0004292	COVER: Comprehensive
1. Index Mark and Registration Number of Vehicle : YP3421T Chassis No : JHHUCS3H20K016093	
2. Name of Policyholder : YI WAN CONSTRUCTION PTE. LTD.	
3. Effective date of Insurance : 23 Sep 2021	
4. Expiry date of Insurance : 18 Jan 2022	
5. 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.	
6. 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. The 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 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 Sect I : SGD750.00 Windscreen Excess : SGD100.00 Hire Purchase Company : United Overseas Bank Limited	
FOR DRIVERS BELOW 21 YEARS OR ABOVE 65 YEARS OF AGE & OR LESS THAN 2 YEARS SINGAPORE DRIVING LICENCE, ADDITIONAL EXCESS OF \$2500 - ON SECTION I WILL BE APPLICABLE.	
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/Booker : A100077HM PTE LTD Date of Issue : 01-07-2021 16:46:38 ALZ 1000 - GOODS CARRYING ORGANIZATION	For India International Insurance Pte Ltd Authorized Signatory