

NATIONAL Assessment Centre Services (481) 222-0222

SNEDS 280002

Date In: 13/10/2022 12:14	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: XBA/AG 220/0106/Y	E-mail (include title, A/C first)		
Vel No: 985 9957D	i-Motor Claim Form		
D.O.A: 11/10/2022 19:00	i-Motor W/O (whats app photo)		
OD (TP) Reporting Only	i-Photo Uploaded		
TP location:	Assessment/Survey Report		
	Asst Report by Fax - Hand to Owners/Whist		

Preferred Wksp / INC Assign Wksp / GW: () Tel: () Fax: ()

TP Particulars: Veli No: SMK 26029 INC () / Non-INC ()

Owner / Driver: () Tel: ()

Policy No: () Period: () Cover Type: ()

Confirmed by: () Date: () Time: ()

Insured Driver Liability: () (Note-Use Status (WO): 12-0-2015 P-21-79% P-30-110%)

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 repair.

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

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

Reminders: () (INS Hotline: 6788-6616)

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

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo (Repair Cost > \$3000) ()

Injury: ()

Out Turn: ()

NARRATIVE Infirmant's Particulars: Owner/Driver: Contact No: Damaged Portion: Checked by (Engr-In-Charge): Remarks/Comments: Date:	Invoice Preparation Checklist		Amount
	1) AR: Accident Reporting (\$20)		
	2) DA: Damage Assessment (\$100) INC (\$55)		
	3) TP: Towing Fee \$10/\$45		
	4) PT: Pillion Through Survey \$150		
	5) PE: Pillion Through Survey (Basarway) \$30		
	6) TR: Responder \$70		
	7) NI: NI/DA/SMART Survey \$160		
	8) NTUC Additional Fee \$10		
	9) Other		
	*NI: Courtesy Car / Transport Allowance \$1 *NI: Excess Coordination \$10 *NI: Post Repair Inspection \$10 *NI: DV / Collect Excess Coordination \$1 *TP: TP/TP/INC/IG/INS \$10 *TP: Other Misc \$10		
Invoice total	Fee Charges		

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 Actual 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	13/10/2022 12:24 (SGT)
Reported by	Driver
Date of Accident	11/10/2022 19:00 (SGT)
Exact Location of Accident	Alexandra Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBJ9957D
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	VINAYAK SEELAN ENGINEERING PTE. LTD.
Company Reg No	2XXXXX767K
Email Address	vsepteltd@gmail.com
Mobile Phone No	(Phone) +65-88764000
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Dyna
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 - Reporting only
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	2982

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	2070159932-01

DRIVER

Name of Driver	PANDIAN RAJESH
Passport No/FIN	GXXXX538R
Date Of Birth	23/05/1988
Occupation	Outdoor

Date Of Driving Pass	26/04/2019
Driving experience	3 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93726214
Alt. Phone Number	-
Email Address	vsepteltd@gmail.com
Address	335A SMITH STREET
Address complement	-
Postcode	-
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	Side Swipe
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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

PASSENGER 1

Name	MANI
Gender	Male

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMK3602G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	THANGESWARAN AYYASAMY
NRIC No	SXXXX152Z
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

IMPORTANT NOTICE

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2. This Form must be completed by the Policyholder and/or the Actual 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 reputiate 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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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.



Policyholder's Signature / Date & Time

[Handwritten signature]

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

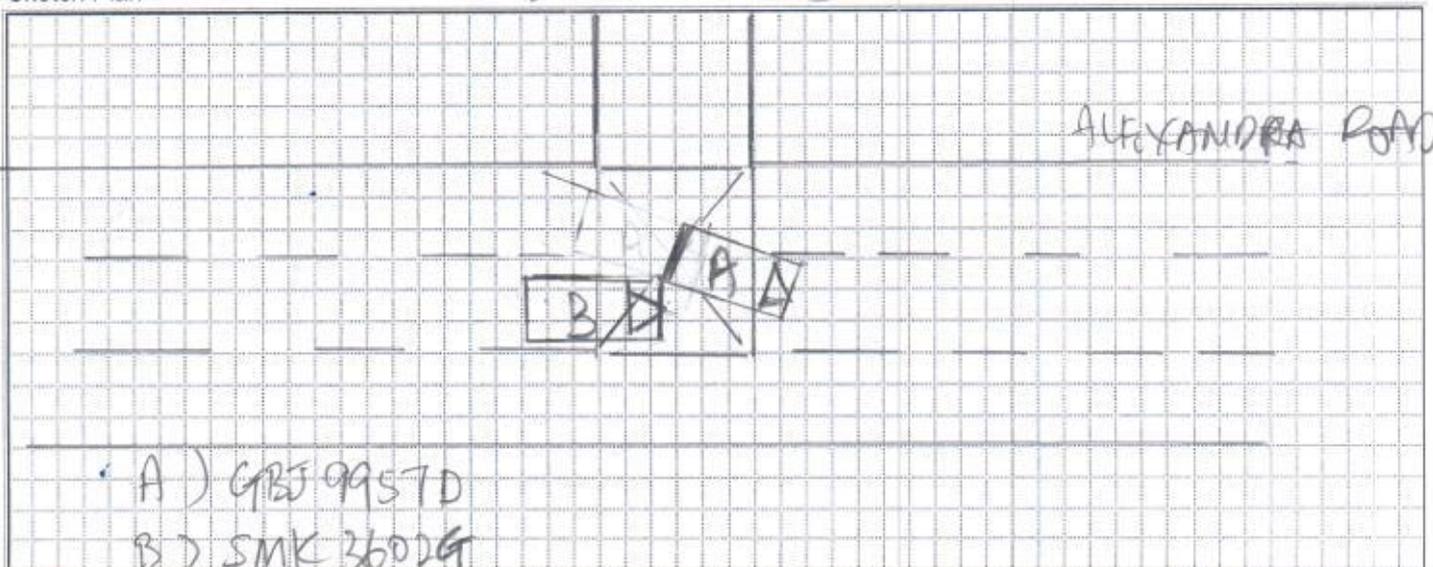
[Handwritten signature] 13/10/2022

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

Sketch Plan

DAWSON ROAD

ALEXANDRA ROAD



- A) GBJ 9957D
- B) SMK 3602G

Describe Circumstance of the Accident

ON 11/10/2022 AT ABOUT 19:00 HRS I WAS AT
THE ALEXANDRA ROAD JUST AT DAWSON ROAD JUNCTION
SEEING THE YELLOW BOX EMPTY. I SIGNAL &
MOVE SLOWLY, SUDDENLY I FELT A BUMP FROM THE
RIGHT THE CAR SMK362G WHICH WAS OUTSIDE THE
YELLOW BOX TRY TO MOVE IN & WE CONTACT EACH
OTHER. WE EXCHANGE PARTICULARS & MOVE ON.

Declaration

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



Policyholder's Signature / Date & Time

[Handwritten Signature]

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

[Handwritten Signature] 13/10/2022
Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

ACCIDENT STATEMENT 19.00\$

ACCIDENT DATE: (11/10/2022) (DD/MM/YYYY), TIME: (07:00PM) (HH:MM)

LOCATION: Alexandra Rd

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: G1BJ 9957 D
- b) INSURANCE COMPANY: AIG ASIA PACIFIC insurance Pte Ltd
- c) POLICY NUMBER: 207015993201
- d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
- e) MAKE & MODEL: TOYOTA DUNA
- 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) (NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: VINAYAK Seelan (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: 201511767K CONTACT: 88764000
- c) ADDRESS: 335a Smith Street

MBAL (M)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Rajesh (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: G16769538R CONTACT: 93726214
- c) ADDRESS: 335a Smith Street

No of passenger (including driver) (2)

d) DATE OF BIRTH: (23/05/1988) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 26/04/2019

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

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: SMK 3602 G1 MODEL:
- b) DRIVER'S NAME: THANMESWARAN AYYASAMY
- c) NRIC/FIN/PASSPORT: S 2718152Z CONTACT:

No of passenger (including driver) ()

9. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SMK 3602 G1 MODEL:
- b) DRIVER'S NAME: THANMESWARAN AYYASAMY
- c) NRIC/FIN/PASSPORT: S 2718152Z CONTACT:

No of passenger (including driver) ()

email = vsepteltd@gmail.com

VIDEO



CERTIFICATE OF INSURANCE

COMMERCIAL AUTOPLUS COMMERCIAL VEHICLE

Name of Policyholder : VINAYAK SEELAN ENGINEERING PTE. LTD.
Period of Insurance : 09 Nov 2021 To 08 Nov 2022
Engine No. : 1KD2861043
Chassis No. : KDY2318039537

Vehicle No. : GBJ9957D
Policy No. : 2070159932-01
Endorsement No. :
Issued Date : 03 Nov 2021

ABOUT THE COVER

Make/Model : TOYOTA DYNA 150 1.6 ton [Van]
Engine Capacity/Tonnage : 1.6 Tonnage
Driver Restriction : NA
Person or Classes of Persons Entitled to Drive* :

Sum Insured : Market Value
Off Peak Car : No
First Year of Registration : 2019
Insuring with COE/PARF : Yes

a) Any person who is driving on the Policyholder's order or with their permission.
 b) This Policy will indemnify the Policyholder or any authorised driver only if he/she meets the specified age condition.
 You have to pay an additional sum of \$3,000 as "Young and/or Inexperienced Driver Excess" ("YIDR") if You are or Your Authorised Driver (named or unnamed) is under the age of 23 and/or has less than 2 years' driving experience.

Age Condition : All Age Condition
Limitation as to use* :

1) Use in connection with the Policyholder's business.
 2) Use for the carriage of passenger (other than for hire or reward) in connection with the Policyholder's business.
 3) Use for social, domestic or pleasure purposes. This Policy does not cover a) use for hire or reward, driving tuition, driving test, racing, pace-making, reliability trial or speed-testing; b) use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle; and c) use for any purpose in connection with Motor Trade.

Loss Of Use (7 Days) Commercial Auto

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189), Section 95 of the Road Transport Act, 1987 (Malaysia) and Road Transport (Amendment) Act 2019, are not to be included under these headings.

EXCESS

Section 1
 Fire - \$0 Own Damage - \$600 Theft - \$0 Flood Cover - \$0

Section 2
 Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

APPROVED REPORTING CENTRES/AUTHORISED REPAIRERS (FOR CLAIMS RELATED REPAIRS)

Any accident repairs to the Vehicle must be carried out by one of our Authorised Repairers. Within the first 3 years of the first registration of the Vehicle in Singapore, You have the option of having the accident repairs carried out at the Sole Agent's workshop.
 For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6338 6200. Alternatively, You may refer to AIG website www.aig.sg or AIG SG Mobile App. Simply search and download "AIG SG" from iTunes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: Daimler Financial Services Africa & Asia Pacific Ltd

I/We hereby certify that the policy to which this Certificate of Insurance relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 189), Part IV of the Road Transport Act, 1987 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0032029000
 JPARA SOLUTIONS PTE LTD
 50 SERANGOON NORTH AVE 4 #07-07 FIRST CENTRE
 SINGAPORE 555856
 Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.
 This computer generated document does not require a signature.

AIGSGMOBLEAPP



PANDIAN RAJESH
IRONHIDE DEMOLITION & CONSTRUCTION PTE. LTD.
7 TEMASEK BOULEVARD
#12-07 SUNTEC TOWER ONE
SINGAPORE 038987

Card Registration Completed!
Please show your employer this letter. If all documents have been uploaded correctly, we will deliver the card to the authorised recipients in 4 to 5 working days. We will also notify them via SMS the day before delivery.

B15 / 110 CF22



035115234260822

For Immigration Use (To clear by FIN)



G6769538R

07 Oct 2022

Please make an appointment for card registration

Dear PANDIAN RAJESH

We have received a request to issue your Work Permit on 07 Oct 2022. Please make an appointment at <https://www.mom.gov.sg/appointment> to visit our MOM Services Centre – Hall C by **14 Oct 2022** for the card registration.

Bring this letter, your original travel document and appointment letter along for the appointment. On that day, we will capture your fingerprints, take your photograph and register you for a SingPass account. We will deliver your card to the authorised recipient(s) 4 to 5 working days after we have registered your card and verified the documents submitted online.

We will SMS the 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 card. This letter is valid from 07 Oct 2022 to 06 Nov 2022.

Yours sincerely

Mdm Chow Choon Yen
for Controller of Work Passes

YOUR NAME	PANDIAN RAJESH
FIN	G6769538R
WORK PERMIT NO.	0 35115234
DATE OF APPLICATION	26 Aug 2022
DATE OF ISSUE	07 OCT 2022
WORK PERMIT EXPIRY DATE	28 Aug 2024
DATE OF BIRTH	23 May 1988
SEX	MALE
NATIONALITY/CITIZENSHIP	INDIAN
PLACE / STATE / PROVINCE OF BIRTH	RAMANATHAPURAM
TRAVEL DOCUMENT NO.	S5753332
TRAVEL DOCUMENT EXPIRY DATE	25 Sep 2028
YOUR EMPLOYER'S NAME	IRONHIDE DEMOLITION & CONSTRUCTION PTE. LTD.
SECTOR	CONSTRUCTION
OCCUPATION	ASSISTANT SUPERVISOR (CONSTRUCTION TRADE)

▲ IMPORTANT

- If you do not visit the MOM Services Centre – Hall C for the card registration, your Work Permit may be revoked.
- Please keep this notification letter with you until you get your card. If you need to leave or enter Singapore, please show this letter to the immigration officer.