

NATIONAL Assessment Centre Services

|                          |  |                       |         |
|--------------------------|--|-----------------------|---------|
| Date: 11/05/2023         | Job description                          | Date & Time Completed | Done by |
| Ref No NA/C7123004846/04 | SAS e-filing                             |                       |         |
| Veh No GBH 6822P         | E-mail (within 3hrs. After 2hrs)         |                       |         |
| DOA 10/05/2023 10:40     | i-Motor Claim Form                       |                       |         |
| OD/TP Reporting Only     | i-Motor W/O (Within 24hrs. TP 4hrs)      |                       |         |
| TP Insurer:              | i-Photo Uploaded                         |                       |         |
|                          | Assessment/Survey Report                 |                       |         |
|                          | Ass't Report by Fax / Hand to Owner/Wksp |                       |         |

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

TP Particulars: Veh No: GBK 4429P, 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   | 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 |
|-----------|---------|
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |

|                                 |   |             |    |
|---------------------------------|---|-------------|----|
| NA2301397                       | Invoice Preparation Checklist                   | Amt (\$)    | Ac |
| Claimant's Particulars          | 1) AR: Accident Reporting (\$30);               |             |    |
| Driver/Owner:                   | 2) DA: Damage Assessment (\$100); INC (\$30)    |             |    |
| Contact No:                     | 3) TP: Towing Fee \$40/\$45                     |             |    |
| Damaged Portion:                | 4) FT: Follow-Through Survey \$120              |             |    |
| QC Checked by (Engi-In-Charge): | 5) FT: Follow-Through Survey (Resurvey) \$30    |             |    |
| Auditors' Comments:             | For claiming against INC Only (wef 10 Jan 2005) |             |    |
|                                 | 6) TR: Re-inspection \$75                       |             |    |
|                                 | 7) NI: Idno DA + SMRT Survey \$160              |             |    |
|                                 | 8) NTUC Additional Services:-                   |             |    |
|                                 | ON*   |             |    |
|                                 | *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: Idno 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 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 ..... 11/05/2023 14:26 (SGT)  
Reported by ..... Actual Driver  
Date of Accident ..... 10/05/2023 10:40 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... FORT ROAD LEFT TURN TO MOUNTBATTEN ROAD  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... GBH6822P

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... SYSBUILD ENGINEERING & CONSTRUCTION PTE LTD  
Company Reg No ..... 2XXXXX931R  
Email Address ..... SYSBUILD.KEN@GMAIL.COM  
Mobile Phone No ..... (Phone) +65-84845660  
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 - Claiming third party  
Vehicle Category ..... Commercial vehicle  
Transmission ..... Manual  
CC ..... 2982

### INSURANCE COMPANY

Name of Insurance Company ..... China Taiping Insurance (Singapore) Pte. Ltd.  
Policy Number / Cover Note Number ..... DMCVSNW00093462200

### DRIVER

Name of Driver ..... ALAGU KUMARESAN  
Passport No/FIN ..... GXXXX308X  
Date Of Birth ..... 03/04/1983  
Occupation ..... Outdoor

|  |                        |
|--|------------------------|
| Date Of Driving Pass .....   | 19/05/2010             |
| Driving experience .....   | 13 YEARS               |
| Gender .....   | Male                   |
| Mobile Number .....  | (Phone) +65-82842008   |
| Alt. Phone Number .....  | -                      |
| Email Address .....  | SYSBUILD.KEN@GMAIL.COM |
| Address .....  | 4 LORONG 22 GEYLANG    |
| Address complement .....   | -                      |
| Postcode .....   | 398666                 |
| 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  |
| Translator's name .....   | -   |
| Translator's ID .....   | -   |
| Translator's phone number .....   | -   |
| Translator's email .....  | -   |
| Original language used in the statement .....   | -   |

#### 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 THE ATTACHED STATEMENT

#### 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 ..... | GBK4429P           |
| Vehicle Manufacturer .....        | -                  |
| Vehicle Model .....               | -                  |
| Vehicle Variant .....             | -                  |
| Vehicle Colour .....              | -                  |
| Vehicle Category .....            | Commercial vehicle |
| 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 .....                              | ALAGU KUMARESAN      |
| Gender .....  | Male                 |
| Phone No .....  | (Phone) +65-82842008 |
| Address .....   | 4 LORONG 22 GEYLANG  |
| Address Complement .....                                  | -                    |
| Post Code .....   | 398666               |
| Approximate Age Years Old .....                           | -                    |
| Injuries Sustained .....                                  | NECK AND BACK        |
| Injured person in which vehicle? .....                    | GBH6822P             |
| Were seat belts worn? .....                               | -                    |
| Was this injured conveyed to hospital by ambulance? ..... | No                   |

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 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 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.



*A. Kumaresan*

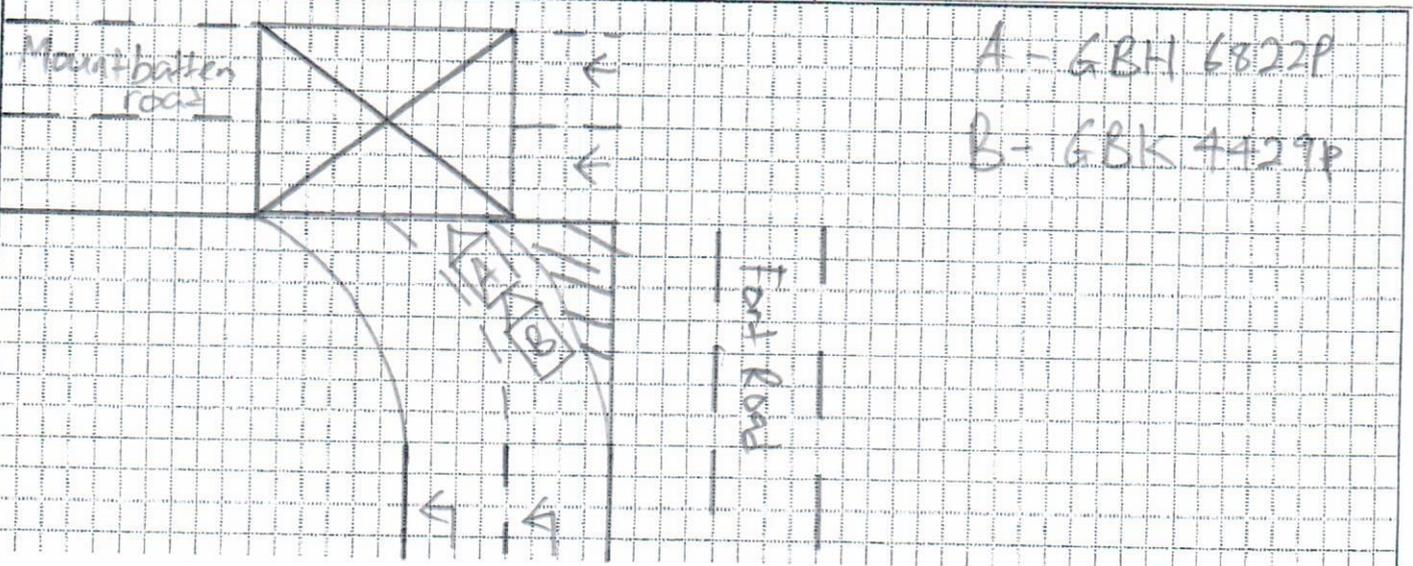
*gmmul 11/5/2023*

Policyholder's Signature / Date & Time

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

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

Sketch Plan Fort Road left turn to mountbatten Road



Describe Circumstance of the Accident

On the stated date and time, I was travelling along the stated road when approaching the major road, I slowed down to wait for on-coming traffic to clear when suddenly I felt a huge impact from the rear of my vehicle. When I alighted my vehicle, I saw VRN GBK 4429P had collided onto my vehicle.

Declaration

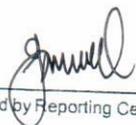
I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

A. Kumoregn

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

 11/5/2023

Witnessed by Reporting Centre Personnel

VEHICLE NO: **GBH 6822P**

MAKE & MODEL: **Toyota Dyna**

AUTO / ~~MANUAL~~

|  |   |  |
|--|---|--|
| DATE OF ACCIDENT   | <b>10 / 05 / 2023</b>   | C.C.   |
| TIME OF ACCIDENT   | <b>1040 hrs</b>   | <input checked="" type="radio"/> AM / <input type="radio"/> PM |
| LOCATION OF ACCIDENT   | <b>Fort Road Left turn to Mountbatten Road</b>  |  |
| EXACT PURPOSE USED AT TIME OF ACCIDENT   | <b>EMPLOYMENT / PRIVATE USE / PRIVATE HIRE</b>  |  |
| <b>NAME OF OWNER</b>   | <b>Sysbuild Engineering &amp; Construction Pte Ltd</b>  |  |
| EMAIL  | <b>Sysbuild.ken@gmail.com</b>   | OFFICE: <b>—</b> MOBILE: <b>8484 5660</b>                      |
| NRIC   | <b>200919931R</b>   |  |
| CLAIM TYPE   | <b>OD / THIRTY PARTY / REPORTING ONLY</b>   |  |
| FLEET POLICY   | <b>YES / <del>NO</del></b>  |  |
| INCURENCE CO.  | <b>China Taiping</b>  |  |
| TYPE OF COVERAGE   | <b>Comprehensive / Third Party / Third Party Fire &amp; Theft</b>   |  |
| POLICY NO.   | <b>DMCVSNW000 93462200</b>  |  |
| <b>NAME OF DRIVER</b>  | <b>AS ABOVE / IF <del>NO</del> <b>Alagu Kumaresan</b></b>   |  |
| NRIC   | <b>6798 6308X</b>   |  |
| DATE OF BIRTH  | <b>03 / 04 / 1983</b>   |  |
| ANY PASSENGER  | <b>YES / <del>NO</del></b>  |  |
| NAME OF PASSENGER  | <b>Nil</b>  |  |
| GENDER OF PASSENGER  | <b><del>MALE / FEMALE</del></b>   |  |
| OCCUPATION   | <b>Outdoor / Indoor</b>   |  |
| DATE OF DRIVING PASS   | <b>19 / 05 / 2010</b>   |  |
| GENDER   | <b><del>MALE / FEMALE</del></b>   |  |
| CONTACT NO.  | Mobile: <b>8284 2008</b> Office: Home:  |  |
| EMAIL  | <b>SYSBUILD.KEN@gmail.com</b>   |  |
| ADDRESS  | <b>4 Lorong 22 Geylang 61398666</b>   |  |
| DOES DRIVER OWN OTHER VEHICLES?  | <b><del>NO</del> If yes, Reg No: INSURE: <b>—</b></b>   |  |
| RELATIONSHIP   | <b>Employee / If No:</b>  |  |
| WEATHER CONDITION  | <b><del>Clear</del> / Raining / Other:</b>  |  |
| ROAD SURFACE   | <b><del>Dry</del> / Wet / Other:</b>  |  |
| ANY INJURIES   | <b>No / If <del>yes</del>, Who? <b>Neelke &amp; Buele</b></b>   |  |
| CONTACT NO.  | <b>Nil</b>  |  |
| ROLICE REPORT  | <b><del>NO</del> If yes, Where?</b>   |  |
| NOTICE OF INTENDED PROSECUTION?  | <b><del>NO</del> If yes, Who?</b>   |  |
| VEHICLE B NO.  | <b>GBK 4429 P</b> Any Passenger: <b>01</b>  |  |
| 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.  |   |  |
| WAS THERE ANY VIDEO CAPTURE?   | YES / <input checked="" type="radio"/> NO   |  |
| WAS THERE ANY AUDIO RECORDED?  | YES / <input checked="" type="radio"/> NO   |  |
| SCENE ACCIDENT PHOTOS TAKEN?   | YES / <input checked="" type="radio"/> NO   |  |
| <b>WHO IS REPORTING</b>  | <b><input checked="" type="radio"/> DRIVER / <input type="radio"/> OWNER / <input type="radio"/> BOTH</b> |  |
| <b>Original Language Used</b>  | <b><input checked="" type="radio"/> English / <input type="radio"/> Mandarin / Others:</b>                |  |
| Have you been approach by unknown person soliciting (s) / offering accident claims assistance? | YES / <input checked="" type="radio"/> NO   |  |

Motor Commercial

MZ300/C

**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)

N SN

AN0679A

Cov Type C

CERTIFICATE No

DMCVSNW00093462200

Engine No. 1KD2809564

Cha No. JTFAT35Y90K210913

1. Index Mark and Registration  
Number of Vehicle

GBH6822P

AUTOSAFE

=====

2. Name of Policy Holder

SYSBUILD ENGINEERING & CONSTRUCTION PTE. LTD.

3. Effective date of the Commencement of  
Insurance for the purposes of the Regulations,  
Ordinance or Enactment

24/08/2022  
(00:00:00)

Excess Sect I

SS500.00

EX ON WINDSCREEN

SS100.00

4. Date of Expiry of Insurance

23/08/2023

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\*

- (1) Use in connection with the Policyholder's business.
- (2) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business.
- (3) Use for social, domestic or pleasure purposes.

The Policy does not cover

- (1) Use for hire or reward or racing, pace-making, reliability trial or speed testing.
- (2) 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.

**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).

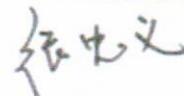
Please see reverse

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By:

ABWIN PTE LTD

Authorised Officer



Authorised Signatory