


NATIONAL Assessment Centre Services

(wef: 1 Jan 2009)

MNA 118006022

Date In: 12/1/18 13:46	Job description	Date & Time Completed	Done by
Ref No: NA/CTI 18000743/h4	SAS e-filing		
Veh No: 5LS 9257A	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 11/1/18 20:10	i-Motor Claim Form		
OD  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: EK 90Y	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

NA1800339	Invoice Preparation Checklist		Amr (\$) In Bill	Amr (\$) Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);		30.00	
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			
	5) FT: Follow-Through Survey (Resurvey) \$30			
	For claiming against INC Only (wef 10 Jan 2009)			
	6) TR: Re-inspection \$75			
	7) N1: Idac DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
	Q1:			
	*N5: Courtesy Car / Tpl Allowance	\$5		
	*N6: Repair Co-ordination	\$10		
	*N7: Post Repair Inspection	\$25		
	*N8: DV / Collect Express Coordination	\$5		
	TP (N11): TP (Non INC) against INC	\$20		
	9) N12: Idac Mobile	\$0		
QC Checked by (Engr-In-Charge):	Invoice dated	Fee Charged		
	Invoice dated	Fee Charged		
Auditors' Comments:-				
Lat 1:				
Lat 2/3:				

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 ability.
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 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	12/01/2018 13:46
Date Of Accident	11/01/2018 20:10
Exact Location Of Accident	KPE TWDS TAMPINES NEAR PAYA LEBAR EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLS9257A
Insured/Policyholder	
Name Of Registered Owner	MR SHAUN SEBASTIAN DAS
NRIC No	S8110601J
Email Address	SHAUNSDAS@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-97622696
Alternative Phone No	OFFICE-97622696

Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	TOURAN
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	PRIVATE CAR

Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPCSN3088861700
Cover Note Number	-

Driver

Name of Driver	MR SHAUN SEBASTIAN DAS
NRIC No	S8110601J
Date Of Birth	03/04/1981
Occupation	INDOOR
Date Of Driving Pass	29/07/2010
Driving Experience	7 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97622696
Fax Number	
Contact Number	OFFICE-97622696
Email Address	SHAUNSDAS@HOTMAIL.COM

Address	BLK 316C PUNGGOL WAY #04-695
Postcode	823316
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	RAINING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
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: : MARIE HOGAN GENDER: : FEMALE
Passenger 2	NAME: : LARA ALENA DAS GENDER: : FEMALE
Passenger 3	NAME: : JOHANNA MOINI GENDER: : FEMALE
Passenger 4	NAME: : KIYAN MOINI GENDER: : MALE
Passenger 5	NAME: : LEVIN MOINI GENDER: : MALE
Passenger 6	NAME: : AVA MOINI GENDER: : FEMALE

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

PLEASE REFER TO ATTACHED 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	EK90Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	EDWIN TAN YEW HOCK
NRIC/Passport Number	S8201531J
Contact Number	93388201
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

DETAILS OF INJURED PERSON 1

Name	SHAUN SEBASTIAN DAS
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SLS9257A
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	MARIE HOGAN
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SLS9257A
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 3

Name	LARA ALENA DAS
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SLS9257A
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 4

Name	JOHANNA MOINI
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SLS9257A
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO

Address

Postcode

DETAILS OF INJURED PERSON 5

Name KIYAN MOINI

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SLS9257A

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

DETAILS OF INJURED PERSON 6

Name LEVIN MOINI

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SLS9257A

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

DETAILS OF INJURED PERSON 7

Name AVA MOINI

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SLS9257A

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.
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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:

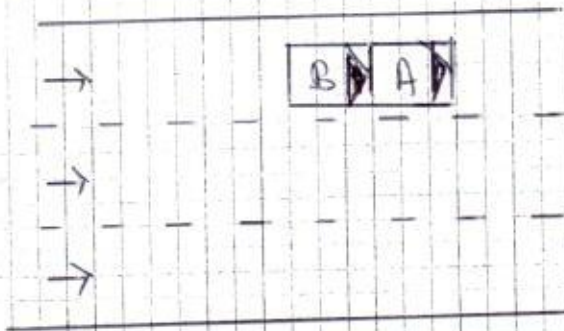

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

⇒ KPE towards Tampines near Paya Lebar Exit

Vehicle A - SLS 9257A

Vehicle B - EK 90Y



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date and time, at the stated venue, I vehicle 'A' SLS 9257A was travelling straight on my rightful lane, suddenly I felt a great impact on my rear portion. Vehicle 'B' EK 90Y, collided onto my vehicle rear portion.

Passengers :-

1) Shaun Sebastian Das

2) Marie Hogan

3) Kara Alena Das

4) Johanna Moini

5) Kiyan Moini

6) Kevin Moini

7) Ava Moini

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.:

ACCIDENT STATEMENT

ACCIDENT DATE: 11 / 01 / 2018 (DD/MM/YYYY), TIME: 20 : 10 (HH:MM)

LOCATION: KPE towards Tampines near Paya Lebar Exit

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLS 9257A
 b) INSURANCE COMPANY: China Taiping
 c) POLICY NUMBER: DMPCSN 308861700
 d) POLICY TYPE: (COMPREHENSIVE) THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Volkswagen Touran
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: PRV USE
 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: Shaun Sebastian Das (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S81106013 CONTACT: 9762 2696
 c) ADDRESS: 401 Bk 316C Punggol Way #04-695
8C 8233167

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: _____ (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 c) ADDRESS: _____

*d) DATE OF BIRTH: (03 04 / 1981) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR) OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 18

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: EK 904 MODEL: Mit Lancer
 b) DRIVER'S NAME: Edwin Tan Yew Hock
 c) NRIC/FIN/PASSPORT: S82015313 CONTACT: 93388201

9. THIRD PARTY VEHICLE

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

* No of passenger
 (Including driver)
(7)

* No of passenger
 (Including driver)
(1)

* No of passenger
 (Including driver)
()

Email = REPORTING@
 TOPQUE5.com
 fax = 6452 4584

shaunsdas@lntmail.com

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: **S8110601J**

Name:

SHAUN SEBASTIAN DAS

Birth Date: **03 Apr 1981**

Issue Date: **29 Jul 2010**



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8110601J



Name

SHAUN SEBASTIAN DAS

Race

CHINESE-INDIAN

Date of birth

Sex

03-04-1981

M

Country of birth

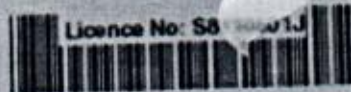
SINGAPORE



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 3 Motor Cars $\leq 3000\text{kg}$ with ≤ 7 passengers, exclusive of the driver; and other motor vehicles $\leq 2500\text{kg}$ 29 Jul 2010



Licence No: S8 10001J

NP 428A

4735340



NRIC No. S8110601J



Date of issue

20-06-2011

APT BLK 316C PUNGGOL WAY #04-695
SINGAPORE 823318

NRIC No: S8110601J

Date: 27/01/2017

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.	DMPCSN3088861700	Engine No : CAV374558 Chassis No: WVGZZZ1TZCW063898
1. Index Mark and Registration Number of Vehicle	SLS9257A	
2. Name of Policy Holder	MR SHAUN SEBASTIAN DAS	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	17 NOVEMBER 2017	NAMED DRIVERS EX SECT. I.....S\$500.00 IN ADDITION TO NAMED DRIVERS EX: EX SECT. I - AGE <= 25.....S\$3,000.00 EX SECT. I - AGE >= 26.....S\$500.00 * AGE AS AT DATE OF ACCIDENT EX ON WINDSCREEN.....S\$100.00
4. Date of Expiry of Insurance	15 FEBRUARY 2019	
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 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: *

USE FOR SOCIAL, DOMESTIC AND PLEASURE PURPOSES AND FOR THE POLICYHOLDER'S BUSINESS.
THE POLICY DOES NOT COVER USE FOR HIRE OR REWARD TUITION DRIVING TEST RACING PACE-MAKING, RELIABILITY TRIAL, SPEED-TESTING, THE CARRIAGE OF GOODS OTHER THAN SAMPLES IN CONNECTION WITH ANY TRADE OR BUSINESS OR USE FOR ANY PURPOSE IN CONNECTION WITH THE MOTOR TRADE.

EXCESS WHICHEVER IS APPLICABLE FOR LOSSES OCCURRING OUTSIDE SINGAPORE (CONSTRUCTIVE TOTAL LOSS / THEFT) WILL BE DOUBLED.

ONE TIME WAIVER OF EXCESS FOR THE FIRST S\$1,000 WILL APPLY TO THE INSURED AND NAMED DRIVERS IN THE EVENT OF OWN DAMAGE CLAIM AT OUR AUTHORISED WORKSHOPS FOR EACH POLICY YEAR.

HIRE PURCHASE CO. : MAYBANK AS HP OWNER

* 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.

Countersigned By:



Authorised Officer



Authorised Signatory