

Date In: 20/11/18 15:03	Job description	Date & Time Completed	Done by
Ref No: MAL DAZ18001240/h4	SAS e-filing		
Veh No: SKJ 5619 A	E-mail (within 3hrs, A/C 2hrs)		
D.O.A: 19/11/18 09:00	i-Motor Claim Form		
OD: <input checked="" type="radio"/> Reporting Only	i-Motor W/O (within: OD 3hrs, 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:

SLA 436 D

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 &amp; 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 &amp; Time Completed:

Done by

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

2) QC Check / Post Repair Inspection ( )

3) Upload Resurvey Photo [Repair Cost &gt; \$3000] ( )

## Injury:

Date/Time

Actions

## Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

## Auditors' Comments:-

Sat 1:

Sat 2 / 3:

## Invoice Preparation Checklist

Amt (\$) Amt (\$)
Inc Bill Add Bill

- 1) AR: Accident Reporting (\$30)
- 2) DA: Damage Assessment (\$100); INC (\$80)
- 3) TP: Towing Fee \$40/\$45
- 4) FT: Follow-Through Survey \$120
- 5) RT: Follow-Through Survey (Resurvey) \$30
- For claiming against INC Only (wef 10 Jan 2005)
- 6) TR: Re-inspection \$75
- 7) N1: Idan DA + SMRT Survey \$140
- 8) NTUC Additional Services:-
- Q1:
- \*N1: Courtesy Car / Tpt Allowance \$5
- \*N6: Repair Co-ordination \$10
- \*N7: Post Repair Inspection \$25
- \*N8: DV / Collect Excess Coordination \$5
- TP (N11): TP (N-n INC) against INC \$20
- 9) N12: Idan Mobile \$0

Invoice dated

Fee Charged

Invoice dated

Fee Charged

20/11/18

## 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 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	20/01/2018 15:03
Date Of Accident	19/01/2018 09:00
Exact Location Of Accident	KPE TWDS CITY INFRONT OF KPE TUNNEL ENTRANCE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKJ5619A
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SAHADEVAN NITHIA DEVAN
NRIC No	S6804082E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97773775
Alternative Phone No	OFFICE-97773775

### Vehicle Particulars

Manufacturer	TOYOTA
Model	LEXUS IS250 AUTO STD FL
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	DIRECT ASIA INSURANCE (SINGAPORE) PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MT/00177324/03
Cover Note Number	-

### Driver

Name of Driver	SAHADEVAN NITHIA DEVAN
NRIC No	S6804082E
Date Of Birth	25/01/1968
Occupation	INDOOR
Date Of Driving Pass	20/05/1999
Driving Experience	18 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97773775
Fax Number	
Contact Number	OFFICE-97773775
EMail Address	NOEMAIL



Address	BLK 637A PUNGGOL DRIVE #15-421
Postcode	821637
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	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

#### 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?	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: : CHEOK LAI LING
	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	SLA436D
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)	

**DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number SDS1838X  
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)

**DETAILS OF OTHER VEHICLE PROPERTY 3**

Vehicle Registration Number SJL6998A  
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.

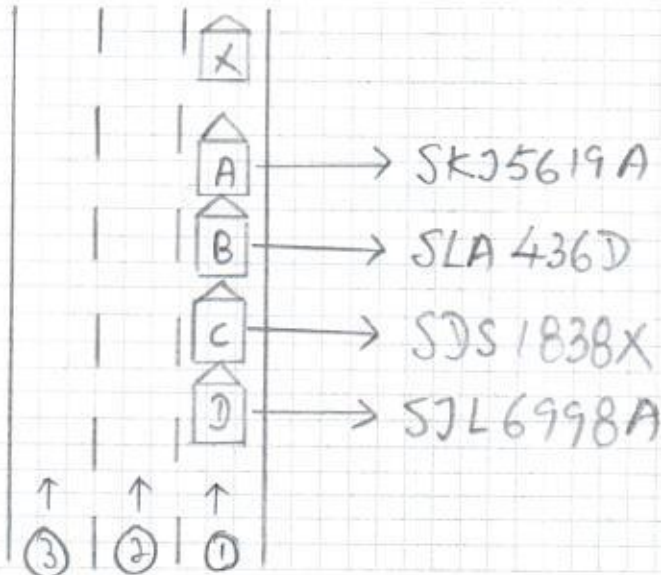
Policyholder's Signature  
Date & Time:

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

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



# SKETCH PLAN



KPE towards City  
(In front of  
KPE Tunnel  
Entrance)

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to attach

## DECLARATION

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

*[Signature]*

Policyholder's Signature  
Date & Time:

*[Signature]*

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

*[Signature]*

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

On 19.01.18 at about 09:00 hours along KPE towards City (In front of KPE Tunnel Entrance). While I was travelling straight on the lane 1, when my front vehicle slowed down and stopped hence I followed suit.

Suddenly I heard a loud bang from behind. When I alighted I realised vehicle (B) had hit onto rear portion of my vehicle (A). It was a chain collision which 4 vehicles involved and I wish to state that I have 1 passenger inside my vehicle (A).



Vehicle (A): SKJ 5619A

Vehicle (B): SLA 436D

Vehicle (C): SDS 1838X

Vehicle (D): SJL 6998A





## SINGAPORE ACCIDENT STATEMENT

Accident Date:	19/01/2018	Time:	09:00	(hh:mm) 24 hr format
Location	KPE towards City (In front of KPE Tunnel Entrance)			
Vehicle Number	SKJ5619A			
Insured Name	Nithia Devan S/O Sahanadevan			
NRIC / FIN	56804002E	Contact Number	9777 3775	
Make	Toyota	Model	Lexus 15250	
Are you claiming under your own insurance policy for repair to your vehicle?				
( ) Yes If No, Pls select: ( <input checked="" type="checkbox"/> ) Third Party ( ) Reporting				
Insurance Company	Direct Asia			
Type of Policy	( <input checked="" type="checkbox"/> ) Comprehensive	( ) Third Party Fire & Theft	( ) TP Only	
Policy Number	M1/00177324/03			
Name of Driver	( <input checked="" type="checkbox"/> ) Same as Insured			
NRIC / FIN	Contact Number			
Date of Birth	25/01/1968			
Driving Pass Date				
Occupation	( <input checked="" type="checkbox"/> ) Indoor	( ) Outdoor		
Gender	( <input checked="" type="checkbox"/> ) Male	( ) Female		
Email Address	nithiasahadevan@gmail.com			( ) NO EMAIL
Address of Driver	Blk 637A Punggol Drive # 15-421 Singapore 821637			
Was driver an employee of the Insured's Company? ( ) Yes ( <input checked="" type="checkbox"/> ) No				
If No, Relationship of the Driver with the Insured				
( <input checked="" type="checkbox"/> ) Owner ( ) Spouse ( ) Friend ( ) Relative ( ) Children ( ) Sibling				
Does the Driver Own Any Other Vehicle? ( ) Yes ( <input checked="" type="checkbox"/> ) No				
If Yes, Vehicle Registration Number of Driver's Own Vehicle				
Insurance Company of Driver's Own Vehicle				
Weather Conditions ( <input checked="" type="checkbox"/> ) Clear ( ) Raining ( ) Others				
Road Surface ( <input checked="" type="checkbox"/> ) Dry ( ) Wet ( ) Others				
Was any foreign vehicle involved in this accident? ( ) Yes ( <input checked="" type="checkbox"/> ) No				
Was anybody injured in the accident? ( ) Yes ( <input checked="" type="checkbox"/> ) No				
If yes, injured detail				
Was there any video captured by Car Camera? ( ) Yes ( <input checked="" type="checkbox"/> ) No				
Was the Accident reported to the Police? ( ) Yes ( <input checked="" type="checkbox"/> ) No If yes attach police report				
DETAILS OF 3 <sup>rd</sup> party		Name / Nric		Contact
Veh B	SLA 436D			
Veh C	SDS 1838X			
Veh D	S7L 6998A			
Veh E				
Veh F				



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S6804082E



 Name  
NITHIA DEVAN S/O SAHADEVAN

Race  
SRI LANKAN

Date of birth  
25-01-1968

Country/Place of birth  
SINGAPORE

Sex  
M

S6804082E

SKJ5619A

Owner & driver

5540247



NRIC No S6804082E



Date of issue  
14-12-2015

Address  
APT BLK 637A PUNGGOL DRIVE  
#15-421  
SINGAPORE 621637

**REPUBLIC OF SINGAPORE** **DRIVING LICENCE**



Name: NITHIA DEVAN S/O  
 SAHADEVAN  
 Birth Date: 25 Jan 1968  
 Issue Date: 16 Apr 2003

Licence Number: S6804082E  
 NP 428A




000393981A

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

Class 3  
 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

PASS DATE: 20 May 1999

Licence No: S6804082E  
 NP 428A



SKJ5619A (Car & Motor)



## CERTIFICATE OF INSURANCE

**Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) (Singapore) (the "Act")**

**Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960 (Singapore)**

**Road Transport Act, 1987 (Malaysia)**

**Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)**

This document forms part of your contract with us and should be read together with your Policy Schedule and your Policy Details. Do let us know if any of the details shown here need to be amended or updated.

<b>Certificate No.</b>	:	MT/00177324/03
<b>Type of Coverage / Driver Plan</b>	:	Low Mileage Car Comprehensive (Value Plan)
<b>1) Vehicle Registration No.</b>	:	SKJ5619A
<b>Chassis No.</b>	:	JTHBK262005089190
<b>2) Name of Policy Holder</b>	:	SAHADEVAN, NITHIA DEVAN
<b>3) Effective Date / Time of Commencement of Insurance for the Purpose of the Act</b>	:	07/03/2017 00:00
<b>4) Date/Time of Expiry of Insurance</b>	:	06/03/2018 23:59
<b>5) Persons or Classes of Persons Entitled to Drive</b>		
(a) The Insured		
(b) Any person who is named on the policy who is driving on the Insured's order or with his permission.		
The person driving must have a valid driving licence to drive in Singapore and must not be under suspension or disqualification from driving.		
<b>6) Limitations as to use*</b>		
Use only for private purposes, in accordance with the declared car usage stated on your Policy Schedule. The policy does not cover use for hire or reward, tuition, driving test, racing, pace-making, reliability trials, speed tests, the carriage of goods for payment or for any purpose in connection with the motor trade business.		
*Limitations rendered inoperative by Section 8 of the Act and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under this heading.		

<b>Sum Insured</b>	:	Market Value
<b>Own Damage Excess</b>	:	S\$ 700.00 (before any applicable GST)
<b>Windscreen Excess</b>	:	S\$ 100.00 (before any applicable GST)
<b>Choice of workshop</b>	:	DirectAsia approved workshops
<b>Finance company / Hire Purchase</b>	:	Maybank
<b>Main driver</b>	:	SAHADEVAN, NITHIA DEVAN
<b>Ref</b>		<b>Named Driver</b> <b>Date of Birth</b>
<b>Named driver (1)</b>	:	CHEOK, LAI LING 28/05/1974

**Important Note: This policy is on a named driver basis. Any unnamed drivers will not be covered.**

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 the Road Transport Act, 1987 (Malaysia).

Issued on: 04/03/2017

**Direct Asia Insurance (Singapore) Pte. Ltd.**



**Edip Okur**  
**Chief Underwriting Officer**