

NATIONAL Assessment Centre Services

Date In: 27/01/2018 14:30	Job description	Date & Time Completed	Done by
Ref No: NA/DAI18001661/K4	SAS e-filing		
Veh No: SGH 96654	E-mail (within 8hrs, A/C 2hrs)		
DOA: 26/01/2018 18:20	i-Motor Claim Form		
OD: TP Reporting Only	i-Motor W/O (Within: OD 2hrs, 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: SKM8144

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

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

IC Checked by (Engr-In-Charge):

Auditors' Comments:-

at 1:

at 2/3:

Invoice Preparation Checklist

	Am't (\$)	Am't (\$)
	1st Bill	Add Bill
1) AR: Accident Reporting (\$30);		
2) DA: Damage Assessment (\$100); INC (\$30)		
3) TP: Towing Fee \$40/\$45		
4) FT: Follow-Through Survey \$120		
5) FT: Follow-Through Survey (Resurvey) \$30		
For claiming against INC Only (wef 10 Jan 2005)		
6) TR: Re-inspection \$75		
7) N1: Idac DA + SMRT Survey \$160		
8) NTUC Additional Services:-		
OD*		
*N5: Courtesy Car / Tpl 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: Idac Mobile \$0		

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 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 27/01/2018 14:30
 Date Of Accident 26/01/2018 18:20
 Exact Location Of Accident HOLLAND ROAD TWDS CITY
 Country/State Of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SGH9665Y
Insured/Policyholder
 Name Of Registered Owner S ELANKOVAN
 NRIC No S1687400J
 Email Address NOEMAIL
 Mobile Phone No (LOCAL) +65-94889641
 Alternative Phone No OTHERS-94889641

Vehicle Particulars

Manufacturer TOYOTA
 Model COROLLA ALTIS 1.6 AUTO
 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/00393224
 Cover Note Number

Driver

Name of Driver PRAVINDRAN ELANKOVAN
 NRIC No S9517656I
 Date Of Birth 18/05/1995
 Occupation INDOOR
 Date Of Driving Pass 04/10/2016
 Driving Experience 1 YEAR AND 3 MONTHS
 Gender MALE
 Mobile Number (LOCAL) +65-91132670
 Fax Number
 Contact Number OTHERS-91132670
 Email Address NOEMAIL

Address	BLK 262D COMPASSVALE STREET #03-147
Postcode	544262
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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?	NO
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)	2
Passenger 1	NAME: : NIL GENDER: : MALE

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

PLS REFER TO THE 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	SKM814U
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:

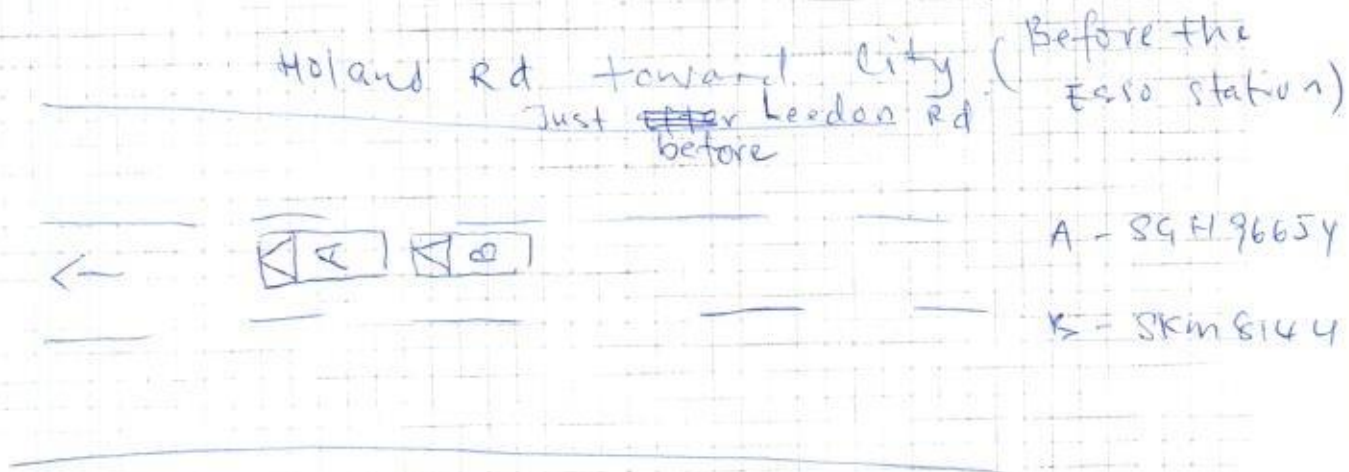


Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 26 January 2018, at about 1820 hours, I was driving along Holland Road with my friend when a Red Mercedes car, SKM 814U hit my car rear. I stopped the car along Leedon Road to inspect the vehicle. My car rear bumper had a dent and the sides were coming out. Photos of the cars and the user of vehicle SKM 814U particulars were taken down.

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.:

27/1/2018

Vehicle No.	SGH 96654	Model / Make	Toyota Altis	Reported on 27/1/2018 @ 1305 HRS.
Date of Accident	26 January 2018	check workshop told?		Taken Photos done - ✓
Time of Accident	About 1820 HRS			
Location of Accident	Leedon Road Holland Road toward City			
Exact purpose use during accident	Private			
Name of Owner	S Elankovan			
Telephone No.	H/P : 94889641	Home :	Office :	
NRIC	S1687400J			
Address	Blk 262D Compassvale Street #03-147 S(544262)			
Claim type	OD	THIRD PARTY	REPORTING ONLY	
Insurance Company	Direct Asia			
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft	
Policy No.				
Name of Driver	As Above If No, Pravinathan Elankovan			
NRIC	S9517656I	Any Passengers : 1		
Date of birth	18/05/1995			
Occupation	Outdoor /	(Indoor)		
Driving License Pass Date	04/10/2016			
Gender	Male / Female			
Contact No.	H/P : 91132670	Home :	Office :	
Address	Blk 262D Compassvale Street #03-147 S(544262)			
Driver have any own vehicle	No,	If yes, Reg No.		
Relationship	Employee,	If no, state Son		
Weather condition	Clear	Raining	Other	
Road Surface	Dry	Wet	Other	
Any Injuries	No,	If Yes, Who?		
Name And Contact No.				
Name And Contact No.				
Police Report	No,	If Yes, Where?		
Vehicle B No.	SKM 814U	Any Passengers :	NIL	
Name of Driver				
Vehicle C No.				
Vehicle D No.				
Vehicle E no.				
Vehicle F No.				
Vehicle G No.				
Witness Name				
Accident Portion	near portion			
Camera Recorder	Yes / No			
Email Address				
PARTICULAR WORKSHOP	Twincar Automobile Pte Ltd			
CONTACT NO.	6842 0051 / 6744 0510			
CONTACT PERSON				
FAX NO	6741 0510			
WORKSHOP EMAIL ADDRESS	sales@n51.com.sg			

Waiting for certificate given expiry : ?

DRIVER

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S95176561



Name

PRAVINDRAN ELANKOVAN

பிரவந்திரன்

Race

INDIAN

Date of birth

18-05-1995

Sex

M

Country of birth

SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S95176561

Name:

PRAVINDRAN ELANKOVAN

Birth Date: 18 May 1995

Issue Date: 04 Oct 2016



4530060

NRIC No. S95176561



Date of issue

12-02-2010

Address

APT BLK 262D COMPASSVALE STREET
#03-147
SINGAPORE 544262

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

EFFECTIVE DATE

Class 3 Motor cars with unladen weight \leq 3000kg with \leq 7 passengers, exclusive of driver; and other motor vehicles with unladen weight \leq 2500kg 04 Oct 2016

NP 428A



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1687400J



Name
S ELANKOVAN

சு இளங்கோவன்

Race

INDIAN

Date of Birth

10-02-1965

Sex

M

Country of Birth

SINGAPORE

1687400J

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S1687400J

Name

S ELANKOVAN

Birth Date: 10 Feb 1965

Issue Date: 11 Mar 2004



001160465G



2407033

NRIC No. S1687400J



Blood Group: B+ Date of issue: 22-09-1994

APT BLK 262D COMPASSVALE STREET #03-147

SINGAPORE 544262

NRIC No: S1687400J

Date: 09-01-2005

No: 5097025

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

	PASS DATE
Class 2B Motorcycles not exceeding 200 cc	13 May 1985
Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	18 Dec 1983
Class 4 Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kilograms	15 Jun 1987
Class 5 Motor Vehicles which are not constructed themselves to carry any load and the weight of which unladen exceeds 7250 kilograms	24 Aug 1994

NP 428A



Licence No: S1687400J

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.

Certificate No. : MT/00393224
Type of Coverage / Driver Plan : Car Comprehensive (Flexible Plan)
1) Vehicle Registration No. : SGH9665Y
Chassis No. : MR053ZEC107122426
2) Name of Policy Holder : S ELANKOVAN
3) Effective Date / Time of Commencement of Insurance for the Purpose of the Act : 13/07/2017 00:00
4) Date/Time of Expiry of Insurance : 12/07/2018 23:59

5) Persons or Classes of Persons Entitled to Drive

- (a) The Insured
- (b) Any other person 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.

6) Limitations as to use*

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.

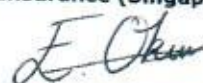
Sum Insured : Market Value
Your Excess
Own Damage Excess : S\$ 500.00 (before any applicable GST)
YIED Excess : S\$ 2,500.00 (before any applicable GST)
Windscreen Excess : S\$ 100.00 (before any applicable GST)
Choice of workshop : DirectAsia approved workshops
Finance company / Hire Purchase : TBA
Main driver : S ELANKOVAN
Named driver : None

Important Note: This policy covers any authorised drivers. If you authorise a Young or Inexperienced Driver (YIED) then please note the increased excess above. YIED refers to any driver who is below the age of 30 or has held a driving license for less than 2 years.

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: 07/06/2017

Direct Asia Insurance (Singapore) Pte. Ltd.



Edip Okur
Chief Underwriting Officer