

# NATIONAL Assessment Centre Services

Print: Jan 05 MNA/1801547

Date In: 31/1/18-15:36	Job description	Date & Time Completed	Done by
Ref No: NA/DA218001937/24	SAS e-filing		
Veh No: SJ P6506R	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 31/1/18-15:20	i-Motor Claim Form		
OD: TP: 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: SJ9903U	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:- (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:-	Invoice Preparation Checklist	Amt (\$) In Bill	Amt (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	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: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON*		
	*N5: Courtesy Car / Tpt Allowance \$3		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (N11 INC) against INC \$20		
	9) N12: Idao Mobile 30		
Auditors' Comments:-	Invoice dated	Fee Charged	
Pat 1:	Invoice dated	Fee Charged	
Pat 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 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	31/01/2018 15:56
Date Of Accident	05/01/2018 10:20
Exact Location Of Accident	JUNC BEDOK NORTH RD & BEDOK RESERVOIR RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJP6506R
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SHUNMUGAM LETCHUMI
NRIC No	S6946341Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94899652
Alternative Phone No	OFFICE-94899652

### Vehicle Particulars

Manufacturer	KIA
Model	CERATO FORTE 1.6(A) EX ABS D/AB 2WD 4DR
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	REPORTING ONLY
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/00370536
Cover Note Number	

### Driver

Name of Driver	G RAJASEGAR
NRIC No	S1716184I
Date Of Birth	14/09/1965
Occupation	INDOOR
Date Of Driving Pass	06/11/1998
Driving Experience	19 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-90629107
Fax Number	
Contact Number	OFFICE-90629107
Email Address	NOEMAIL

Address	BLK 889A TAMPINES STREET 81 #06-1038
Postcode	521889
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	NO 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	2
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)	3
Passenger 1	NAME: : - GENDER: : FEMALE
Passenger 2	NAME: : - 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

REFER TO 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	SJG3903U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE HIRE
Name of Driver	CHOON YIH KUONG
NRIC/Passport Number	S1780920B
Contact Number	
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

2

3

4

5

6

7

8



## 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

Refer to sketch plan

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to statement.

## 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.:

TRAFFIC INCIDENT REPORT

By: GRAJASEGAR

S1716184I

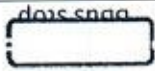
VEHICEL: SJP 6506R

On 5<sup>th</sup> Jan 2018, at about 10.20am I was driving along Bedok North Road with my kids towards PIE from Tampines. Near the traffic light junction of Bedok North Road and Bedok Reservoir Road, as I was driving in lane 4 (in a 5 lane road), we heard a knock sound. As the traffic was on the move and I felt nothing was wrong, I drove on and stop at the nearest bus stop to inspect the car. As I stopped the car, a car (SJG 3903U) came and stop behind me. I got out to inspect my car. I saw no damages. The driver of SJG 3903U came out and said that both of our side mirrors had knocked on each other (his right side mirror and mine left side mirror). His right mirror back cover was missing. Then I said we both was driving on our respective lanes and each must have came very close to the divider line of the lane. We exchange ID information and took some pictures of each other's car and said nothing and left the place. At that moment we both was not really sure what had happened.

I feel that we both (SJG 3903U and SJP6506R) must have been closed to each other from our respective lanes.

I do not see any fault of mine in this incident. I felt since that driver and me felt at that moment nothing to say, I decided not to report the incident believing he will handle his mirror himself.





Bus  
STop

Towards PIE



Bedok Reservoir Road



Bedok Reservoir

Bedok North Road towards PIE



SJG  
390  
3U

SJP  
650  
6R



Bedok North Road towards  
Bartley Roas East



Lane 1

Lane 2

Lane 3

Lane 4

Lane 5



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. **S1716184I**



Name  
**G RAJASEGAR**  
**ராஜசேகர்**

Race  
**INDIAN**

Date of birth  
**14-09-1965**

Sex  
**M**

Country of birth  
**SINGAPORE**




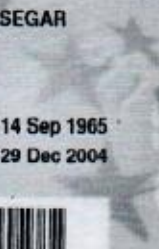

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number **S1716184I**

Name  
**G RAJASEGAR**

Birth Date: **14 Sep 1965**

Issue Date: **29 Dec 2004**



1001308855C

3873139



NRIC No. **S1716184I**



Date of issue  
**02-05-2006**

Address  
**APT BLK 889A TAMPINES STREET 81  
#06-1038  
SINGAPORE 521889**

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

Class 3 Motor cars  $\leq$  3000 kg with  $\leq$  7 passengers, exclusive of the driver; and motor tractors / vehicles  $\leq$  2500 kg

PASS DATE  
**06 Nov 1990**



License No: **S1716184I**

NP 428A

## 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/00370536	
<b>Type of Coverage / Driver Plan</b>	: Car Comprehensive (Value Plus Plan)	
<b>1) Vehicle Registration No.</b>	: SJP6506R	
<b>Chassis No.</b>	: KNAFH221395036445	
<b>2) Name of Policy Holder</b>	: SHUNMUGAM LETCHUMI	
<b>3) Effective Date / Time of Commencement of Insurance for the Purpose of the Act</b>	: 01/04/2017 00:00	
<b>4) Date/Time of Expiry of Insurance</b>	: 31/03/2018 23:59	
<b>5) Persons or Classes of Persons Entitled to Drive</b>		
(a) The Insured (b) Any named person under the policy who is driving on the Insured's order or with his permission. (c) Any authorised person, provided such person is aged 30 and above and holds a valid driving licence of 2 years or more, 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\$ 600.00 (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>	: Hui Hua Credit Pte Ltd	
<b>Main driver</b>	: G RAJASEGAR	
<b>Ref</b>	<b>Named Driver</b>	<b>Date of Birth</b>
<b>Named driver (1)</b>	: SHUNMUGAM LETCHUMI	: 07/12/1969
<b>Important Note: This policy does not cover drivers below the age of 30 and drivers who hold a valid driving licence of less than 2 years with the exception of the named drivers above.</b>		

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).

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

Issued on: 18/03/2017



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

**Direct Asia Insurance (Singapore) Pte Ltd**  
88 South Bridge Road Singapore 058716  
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