

NATIONAL Assessment Centre Services

Date In: 19/03/18	Job description	Date & Time Completed	Done by
Ref No: NA/DAI18005105/13	SAS e-filing		
Veh No: SJW842SR	E-mail (within 8hrs, A/C 2hrs)		
D.O.A: 19/03/18 0630	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: SHC7461X 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

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

() QC Check / Post Repair Inspection ()

() Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury:

Date/Time Actions

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

Checked by (Engr-In-Charge):

Editors' Comments:-

1:

2/3:

Invoice Preparation Checklist

	Amt (\$) 1st Bill	Amt (\$) Add Bill
1) AR: Accident Reporting (\$30);		
2) DA: Damage Assessment (\$100); INC (\$80)		
3) TF: 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:-		
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: Idac Mobile 30		

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 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	19/03/2018 16:19
Date Of Accident	19/03/2018 06:30
Exact Location Of Accident	AIRPORT BOULEVARD B4 BUS STOP B02 TWDS PIE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJW8425R
Insured/Policyholder	
Name Of Registered Owner	INDARJITRAI, S O RAJ PATI RAI
NRIC No	S6928331D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96200601
Alternative Phone No	OTHERS-96200601

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	CLS350

Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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Are you claiming under your own insurance policy for repair to your vehicle?	NO
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If No, Please state action to be taken	THIRD PARTY
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Vehicle Category	PRIVATE CAR
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Insurance Company

Name of Insurance Company	DIRECT ASIA INSURANCE (SINGAPORE) PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MT/00460705
Cover Note Number	

Driver

Name of Driver	RAJENDAR PRASAD RAI
NRIC No	S7325271G
Date Of Birth	12/07/1973
Occupation	OUTDOOR
Date Of Driving Pass	09/02/2009
Driving Experience	9 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-90750618
Fax Number	
Contact Number	
Email Address	UFIAXAUTO@GMAIL.COM

Address	BLK 895A TAMPINES ST 81 #06-912
Postcode	521895
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SIBLING
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	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?	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: : GURCHANDNI KAUR 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

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	SHC7461X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	RICKY
NRIC/Passport Number	
Contact Number	96929980
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

AIRPORT BOULEVARD TOWARDS AIRPORT

AIRPORTS

BUS STOP
 AIRPORT BOULEVARD TOWARDS PIE
 B02

SJW
 SHC
 842SR
 7461X

AIRPORTS

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the 19th Mar 2018 @ 6:30 am while i was driving along Airport Boulevard from airport to PIE, a few cars in front of jammed brake and i braked too in time but the taxi behind we could not do so in time and he hit the back of my car. As the road was congested we suggested to exchange phone numbers and take quick pictures of our cars. The taxi driver Ricky phone number 96929980 and vehicle number SHC 7461X. I have whatsapp the driver my ic and driving license but he has not so. This car belongs to my cousin Indrajit Rai 96200601

A - SJW 842SR

B - SHC 7461X

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.:



PLEASE COMPLETE FORM IN FULL.

Date of Accident : 19/03/2018
 Accident Time : 0630 AM
 Accident Place : AIRPORT BOULEVARD B/F BUS STOP B02 → PIE

Vehicle Reg. No. : SW 842SR No. of Passengers (Including Driver): 2
 Vehicle Make/Model : MERCEDES CLS 350 AMG D- RAJENDAR PRASAD RAI
 Insurance Company : DIRECT ASIA INS. P - GURCHANDANI KANU
 Policy Number : MT/00460705 (F) 569283310
 Name of Owner : INDARJITRAI, SO RAJ PATI RAI IC No.: 569833218
 Contact No. of Owner: 96200601 (HP) (ALT No.) → MANDATORY
 Name of Driver : RAJENDAR PRASAD RAI IC No.: 573252716
 Contact No. of Driver : 9075 0618 (HP) (ALT No.) → MANDATORY
 Driver's Date of Birth : 12/07/1973 Driver's License Pass Date: 09/02/2009
 Relationship bet. Owner & Driver : Spouse \ Father \ Mother \ Son \ Daughter or Others: BROTHER
 Driver's Address : BLK 895A TAMANES ST 81 #06-912 (S) 521895
 Occupation : Indoor \ Outdoor (e.g. Indoor: work in a building)
 Fax No. \ Email Add : 4fixauto@gmail.com
 Weather & Road Surface : Clear \ Raining \ Wet \ Dry
 Reporting Type : Reporting Only \ Claiming Other Party \ Claim Own Ins.

Was there any video captured by car camera : Yes \ No
 Exact purpose for which vehicle was being used at the time of accident: Private \ Official


Other Party Driver's Particulars (if any)

Vehicle Reg. No. : <u>SHC 7461 X</u>	Vehicle Reg. No. : _____
Vehicle Make \ Model : _____	Vehicle Make \ Model : _____
Name DRIVER : _____	Name DRIVER : _____
IC no. DRIVER : _____	IC no. DRIVER : _____
DRIVER'S contact & add : _____	DRIVER'S contact & add : _____

REPUBLIC OF SINGAPORE DRIVING LICENCE




Licence Number: **S7325271G**
 Name: **PAJENDAR PRASAD RAI**
 Birth Date: **12 Jul 1973**
 Issue Date: **09 Feb 2009**


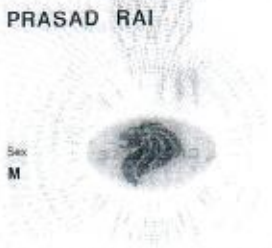


001707070E

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S7325271G**



Name: **RAJENDAR PRASAD RAI**
 Race: **HINDUSTANI**
 Date of Birth: **12-07-1973**
 Country of Birth: **SINGAPORE**
 Sex: **M**


YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

Class 3 Motor Cars ≤ 3000kg with ≤ 7 passengers, exclusive of the driver; and other motor vehicles ≤ 2500kg

PASS DATE: **09 Feb 2009**

NP 428A

Licence No: **S7325271G**



A0015194



NRIC No: **S7325271G**



Blood Group: _____ Date of Issue: **12-06-2003**

Address: **APT BLK 895A TAMPINES STREET 81 #06-912 SINGAPORE 521895**
 NRIC No: **S7325271G** Date: **16-05-2007** No: **5756805**

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)

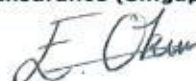
This document forms part of your contract with us and should be read together with your Policy Schedule and your Policy Details. Do let us know if any of the details shown here need to be amended or updated.

Certificate No.	: MT/00460705	
Type of Coverage / Driver Plan	: Car Comprehensive (Value Plan)	
1) Vehicle Registration No.	: sjw8425r	
Chassis No.	: WDD2193562A134134	
2) Name of Policy Holder	: INDARJITRAI, S O RAJ PATI RAI	
3) Effective Date / Time of Commencement of Insurance for the Purpose of the Act	: 04/03/2018 20:02	
4) Date/Time of Expiry of Insurance	: 03/03/2019 23:59	
5) Persons or Classes of Persons Entitled to Drive		
(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.		
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	
Own Damage Excess	: S\$ 1,500.00 (before any applicable GST)	
Windscreen Excess	: S\$ 100.00 (before any applicable GST)	
Choice of workshop	: My Workshop/ My Authorised Distributor Workshop	
Finance company / Hire Purchase	:	
Main driver	: INDARJITRAI, S O RAJ PATI RAI	
Ref	Named Driver	Date of Birth
Named driver (1)	: RAI, RAJENDAR PRASAD	12/07/1973
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: 04/03/2018

Direct Asia Insurance (Singapore) Pte. Ltd.



Edip Okur
Chief Underwriting Officer