

NATIONAL Assessment Centre Services

(001 1 22700)

MA/02281

Date In: 09/04/2018 11:55
Ref No: N/A/02281
Veh No: SKM 5902 R
D.O.A: 06/04/2018 17:10
OD: TP Reasoning Only

| Job description | Date & Time Completed | Done by |
|--|-----------------------|---------|
| SAS e-tiling | | |
| E-mail (within 2hrs, A102hrs) | | |
| Motor Claim Form | | |
| Motor VPO (within 24hrs, 72 hrs) | | |
| Photo Uploaded | | |
| Assessment/Survey Report | | |
| Ass'l Report by Fax/Hand to Owner/Whse | | |

Preferred Wksp / INC Assign Wksp / OWI

TP Particulars: Yell No: PC 46855
Owner / Driver: INC () / Non-INC ()
Policy No: () Period: () Cover Type: ()
Confirmed by: () Date: () Time: ()
Insured/Driver Liability: () % (Note: BIL Status (WO): NI 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 reporter.
() Total Loss Case / to e-mail Insurer URGENTLY.
Drive-In () / Towed-In () / Invoice: YES () / NO () / Towing Co: ()

Remarks: () Apply for Transport Allowance () / Courtesy Car ()
() QC Check / Post Repair Inspection ()
() Upload Recovery Photo (Repair Cost > \$3000) ()

Injury: ()
Action: ()

MA/02281

| Invoice Preparation Checklist | Bill | Used Bill |
|--|------------|-----------|
| 1) ARI: Accident Reporting (\$30) | | |
| 2) DA: Damage Assessment (\$100) | INC (\$40) | |
| 3) TP: Towing Fee | | |
| 4) FT: Follow Through Survey | | |
| 5) FT: Follow Through Survey (Recovery) | | |
| Exclusion: no claim INC Only (not 10 Jan 2018) | | |
| 6) TR: Repairation | | |
| 7) NI: 144 DA + SMRT Survey | | |
| 8) NTUC: Additional Repairs | | |
| Q11 | | |
| NI: Courtesy Car / Tpl Allowance | | |
| NI: Repair Coordination | | |
| NI: Post Repair Inspection | | |
| NI: DV / Collision Under Coordination | | |
| 12 (NI) TP (Inc INC) / Refill INC | | |
| 13 NI: 144s Mobile | | |
| Invoice Total | | |
| Insurance Paid | | |

Checked by (Engr-In-Charge): ()
Comments: ()
Date: ()

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 | 09/04/2018 11:55 |
| Date Of Accident | 06/04/2018 17:10 |
| Exact Location Of Accident | TUAS ROAD TOWARDS PIE |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | SKM5902R |
| Insured/Policyholder | |
| Name Of Registered Owner | VEERAMANI VENKATESAN |
| NRIC No | S7868590E |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-93266064 |
| Alternative Phone No | OTHERS-93266064 |

Vehicle Particulars

| | |
|--|------------------------------|
| Manufacturer | HYUNDAI |
| Model | ELANTRA-1,6 D/AB 2WD 4DR (A) |
| 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 | AIG ASIA PACIFIC INSURANCE PTE. LTD. |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | 2100367611-04 |
| Cover Note Number | |

Driver

| | |
|----------------------|----------------------|
| Name of Driver | VEERAMANI VENKATESAN |
| NRIC No | S7868590E |
| Date Of Birth | 14/06/1978 |
| Occupation | INDOOR |
| Date Of Driving Pass | 16/06/2008 |
| Driving Experience | 9 YEARS AND 9 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-93266064 |
| Fax Number | |
| Contact Number | OTHERS-93266064 |
| Email Address | NOEMAIL |

| | |
|---|----------------------------|
| Address | 3 RIVERVALE LINK #14-27 |
| Postcode | 545119 |
| 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 | 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? | 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) | 1 |

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 SKETCH

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 | PC4685S |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | COMMERCIAL VEHICLE |
| Name of Driver | MD FADZIL BIN MD POUZIN |
| NRIC/Passport Number | S1702986Z |
| Contact Number | 81380773 |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |
| No. Of Passenger (Including Driver) | |

DETAILS OF INJURED PERSON 1

| | |
|------|----------------------|
| Name | VEERAMANI VENKATESAN |
|------|----------------------|

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.



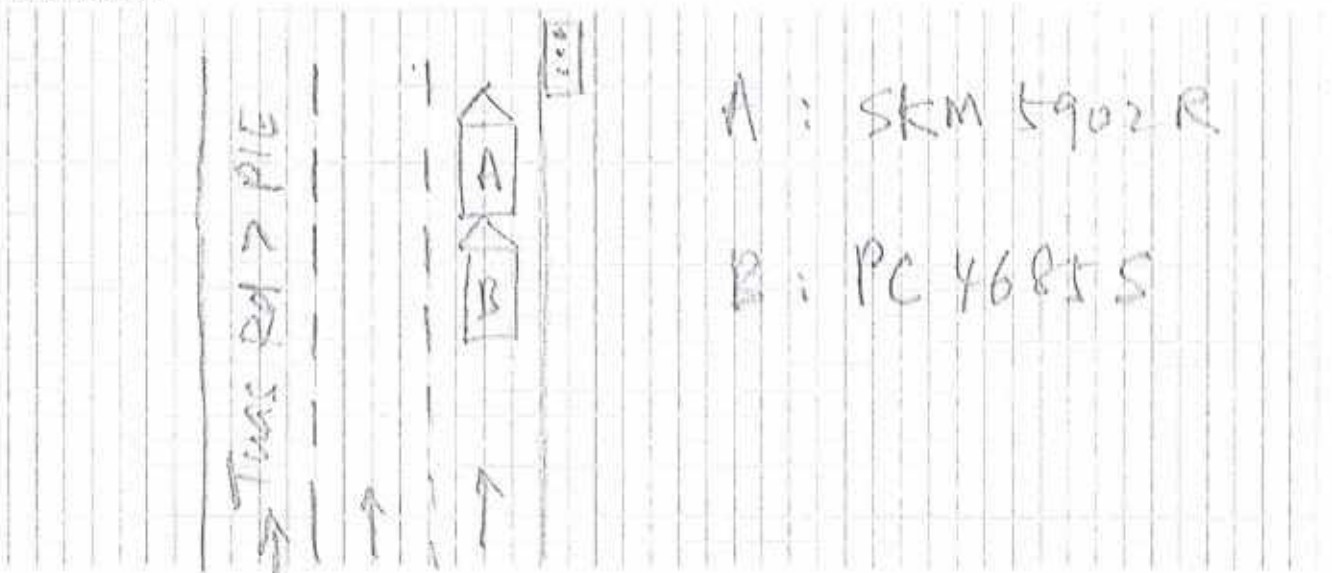
Policyholder's Signature
Date & Time:



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 6/4/18 @ 1710 hrs I was travelling along Trans Rd towards PIE.

Traffic was slow as it was peak hrs (after office hrs). There was a traffic light ahead and was going from amber to Red.

I slowed down and stopped at traffic junction when suddenly I felt an impact in my rear.

I alighted from my car as I realised vehicle B. PC 4685S rear ended my vehicle.

DECLARATION

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

V. Venk
 Policyholder's Signature
 Date & Time:


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

aslo/2018
 Reporting Centre Personnel's Signature
 Name: *Redi*
 NRIC/FIN No.: *u0000*

SINGAPORE ACCIDENT STATEMENT

| | | |
|---|--|---|
| ACCIDENT DATE: 6/4/18 | TIME: 5:17:10 | (hh:mm) 24 hrs Format |
| LOCATION: Tuas Rd > PTE | | |
| VEHICLE NUMBER: SKM 5902R | | |
| INSURED NAME: Veeramani Ventatesan | | |
| NRIC/FIN: S7868390E | CONTACT: 93266064 | |
| MAKE: Hyundai | MODEL: Elantra | |
| 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 Only | | |
| INSURANCE COMPANY: AIG | | |
| TYPE OF POLICY (<input checked="" type="checkbox"/>) COMPREHENSIVE () THIRD PARTY () TPFT | | |
| POLICY NUMBER: 2100367611-04 | | |
| NAME DRIVER: Veeramani Ventatesan | | (<input checked="" type="checkbox"/>) SAME AS INSURED |
| NRIC/FIN: S7868390E | CONTACT: | |
| DATE OF BIRTH: 14/6/78 | | |
| DRIVING PASS DATE: 16/6/08 | | |
| OCCUPATION: (<input checked="" type="checkbox"/>) INDOOR () OUTDOOR | | |
| GENDER: (<input checked="" type="checkbox"/>) MALE () FEMALE | | |
| EMAIL ADDRESS: | (<input checked="" type="checkbox"/>) NO EMAIL | |
| ADDRESS OF DRIVER: 3 Rivervale Link #14-27 (545119) | | |
| Number Of Passenger Include Driver: 1 driver Only | | |
| 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 () Others | | |
| 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 () Drizzling () 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? (<input checked="" type="checkbox"/>) YES () NO | | |
| If YES, Injured details: Veeramani Ventatesan S7868390E | | |
| Convey By Ambulance: () YES (<input checked="" type="checkbox"/>) NO | | |
| Was There Any Video Capture By Car Camera? () YES (<input checked="" type="checkbox"/>) NO | | |
| Was There Accident Reported To The Police? () YES (<input checked="" type="checkbox"/>) NO If Yes Attach Police Report | | |
| Police Report Number (if any) | | |
| Details Of 3rd Party | | |
| Veh B | PC 46855 | Name / NRIC: Md Fazil Bin Md Pouzin Contact: 81382773 |
| Veh C | | S17029867 |
| Veh D | | |
| Veh E | | |
| Veh F | | |
| Veh G | | |

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7868590E



Name
VEERAMANI VENKATESAN


வீரமணி வெங்கடேசன்

Race
INDIAN

Date of birth Sex **S7868590E**
14-06-1978 M


Country of birth
INDIA

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: **S7868590E**
Name:
VEERAMANI VENKATESAN

Birth Date: **14 Jun 1978**
Issue Date: **14 Apr 2012**



002059712H

9065779



NRIC No. **S7868590E**

Nationality

INDIAN

Date of issue

14-10-2009

**3 RIVERVALE LINK #14-27
SINGAPORE 545119**

NRIC No: **S7868590E**

Date: **03/03/2016 (R)**

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

EFFECTIVE DATE

Class 3 Motor Cars= \leq 3000kg with \leq 7 passengers, exclusive of the driver; and other motor vehicles \leq 2500kg **16 Jun 2008**



Licence No: S7868590E

NP 428A



CERTIFICATE OF INSURANCE

HYUNDAI AUTO PROTECTOR (DELUXE) PRIVATE VEHICLE

Name of Policyholder : Veeramani Venkatesan
 Period of Insurance : 20 Mar 2018 To 19 Mar 2019
 Engine No. : G4FGEU256160
 Chassis No. : KMH0H41CMEU129543

Vehicle No. : SKM5902R
 Policy No. : 2100367611-04
 Endorsement No. :
 Issued Date : 02 Mar 2018

ABOUT THE COVER

Make/Model : HYUNDAI ELANTRA ELITE
 Engine Capacity/Tonnage : 1,591.00 CC
 Driver Restriction : NA
 Sum Insured : Market Value
 Off Peak Car : No
 First Year of Registration : 2014
 Insuring with COE/PAFF : Yes

Person 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/her permission.
 This Policy will indemnify the Policyholder or any authorized driver only if he/she meets the specified age condition.
 You have to pay an additional sum of \$1,500 as "Inexperienced Driver Excess" (IDEC) if You are or Your Authorized Driver (named or unnamed) has less than 2 years' driving experience.

Age Condition : 35 years old and above

Limitation as to use*

Use only for local, domestic and pleasure purposes and for the Policyholder's business. This Policy does not cover use for hire or reward, driving tuition, driving test, racing, goods carrying, delivery and/or speed testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with Motor Trade.

Less of Use 1500cc - 1600cc

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 169) and Section 95 of the Road Transport Act, 1987 (Malaysia) are not to be included under these headings.

EXCESS

Section 1

Fire - \$0 Own Damage - \$0 Theft - \$0 Flood Cover - \$0

Section 2

Property Damage - \$0

Windscreen : \$0

Named Driver and Excess (where applicable)

Veeramani Venkatesan

APPROVED REPORTING CENTRES/AUTHORISED REPAIRERS (FOR CLAIMS RELATED REPAIRS)

1 Kinoco Motors Pte Ltd, Add: 253 Alexandra Road Singapore 159936 64733588

For other Approved Reporting Centres/Authorised Repairers, please contact our 24 hour accident emergency helpline at +65 6355 6200. Alternatively, you may refer to AIG website www.aig.com.sg or AIG SG Mobile App. Simply search and download "AIG SG" from iTunes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: HITACHI CAPITAL(S) PTE LTD

We hereby certify that the policy to which this Certificate of Insurance relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 169), Part IV of the Road Transport Act, 1987 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0900 951453

ADMARCO TRADING PTE LTD - ONE

103 ALF LARSEN ROAD

SINGAPORE 119343

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

M. J. J. J.

AIG Asia Pacific Insurance Pte. Ltd.
 AUTHORISED REPRESENTATIVE

AIG Asia Pacific Insurance Pte. Ltd.

Enquire PARF/COE Rebate for Registered Vehicle**Vehicle Owner Particulars**

Owner ID Type: Singapore NRIC

Owner ID: 8590E

Vehicle Details

Vehicle No.: SKM5902R

Vehicle to be Exported: Yes

Intended De-registration Date: 09 Apr 2018

Vehicle Make: HYUNDAI

Vehicle Model: ELANTRA 1.6 AT ABS D/AB 2WD 4DR

Primary Colour: Black

Manufacturing Year: 2014

Engine No.: G4FGEU256460

Chassis No.: KMHDH41CMEU129543

Maximum Power Output: 97.0 kW (130 bhp)

Open Market Value: \$13,632.00

Original Registration Date: 20 Mar 2014

First Registration Date: 20 Mar 2014

Transfer Count: 0

Actual ARF Paid: \$13,632.00

Intended PARF Rebate Details

PARF Eligibility: Yes

PARF Eligibility Expiry Date: 19 Mar 2024

PARF Rebate Amount: \$10,224.00

Intended COE Rebate Details

COE Expiry Date: 19 Mar 2024

COE Category: A - Car up to 1600cc & 97kW (130bhp)

COE Period(Years): 10

QP Paid: \$76,999.00

COE Rebate Amount: \$45,764.00

Total Rebate Amount: \$55,988.00

The information contained herein is correct as at 09 Apr 2018

OK