

NATIONAL Assessment Centre Services

Date In: 09/05/18	Job description	Date & Time Completed	Done by
Ref No: NA/W18008507/13	SAS e-filing		
Veh No: 9BE66634	E-mail (within 8hrs, A/C 2hrs)		
D.O.A: 05/05/18 1430	i-Motor Claim Form		
OD: TP: <u>Reporting Only</u>	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: 5L755	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

NA1800940	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) Add Bill
Claimant's Particulars :-	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) RT: 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:		
QC Checked by (Engr-In-Charge):	*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		
Cat. 1:	9) N12: Idac Mobile \$0		
Cat. 2 / 3:	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	09/05/2018 17:53
Date Of Accident	05/05/2018 14:30
Exact Location Of Accident	PAYA LEBAR RD SLIP RD INTO PIE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE6663Y
Insured/Policyholder	
Name Of Registered Owner	SENG CHONG FURNITURE & CONTRACTOR
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-90601568
Vehicle Particulars	
Manufacturer	NISSAN
Model	-
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	M495890
Cover Note Number	

Driver

Name of Driver	NATCHAN KANAGARAJ
Passport No/FIN	G8211269W
Date Of Birth	12/04/1988
Occupation	OUTDOOR
Date Of Driving Pass	27/06/2013
Driving Experience	4 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93642845
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	280 WOODLANDS INDUSTRIAL PARK E5 #07-19
Postcode	757291
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-

General Information of the Accident

Type Of Accident	SIDE SWIPE
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: : UNKNOWN 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	SLJ5S
Vehicle Make/Model/Colour	LEXUS
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.

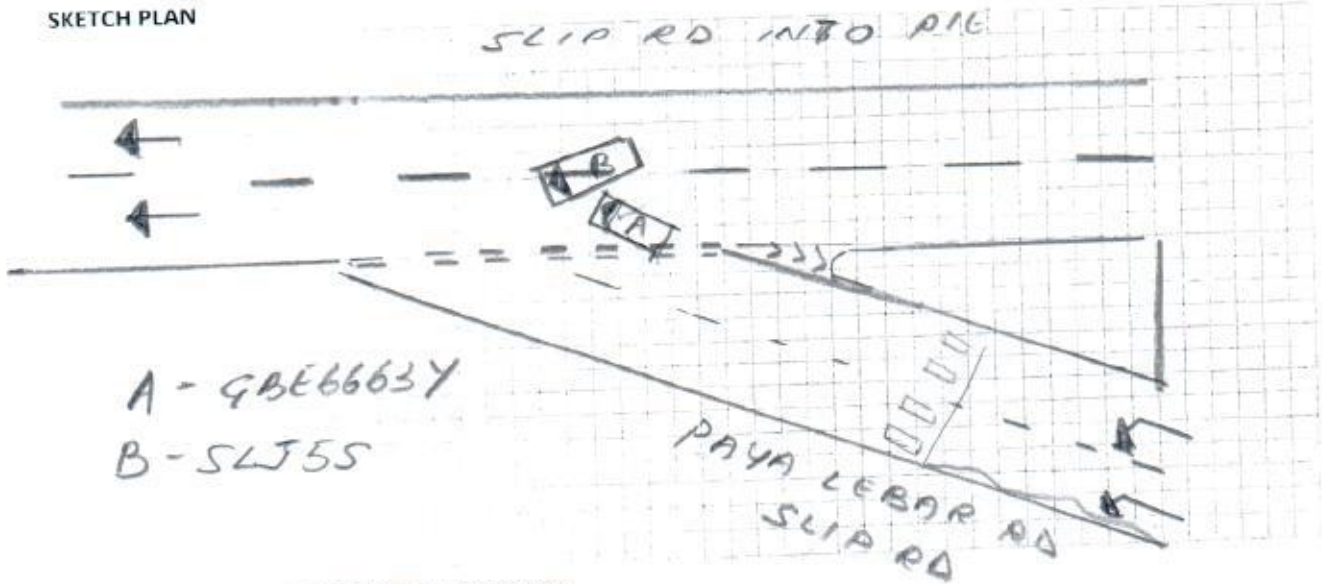
Seng Chong Furniture & Contract

Policyholder's Signature
Date & Time:

N. Kanagaraj
Driver's Signature
(If driver is not the policyholder)
Date & Time: 7-5-18

[Signature] 09/05/18
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

P/s refer to the statement.

DECLARATION

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

Seng Chong Furniture & Contractor

Policyholder's Signature
Date & Time:

N. Karaganut

Driver's Signature
(If driver is not the policyholder)

Date & Time: *7-5-18*

Sym 09/05/18
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

I WAS TRAVELLING FROM PAYA LEBAR RD SLIP RD INTO PIE ON THE RIGHT LANE OF A2-LANES RD. WHEN THERE'S NO ONCOMING VEH, I PROCEED TO MOVE OUT. SUDDENLY VEH(B) BEARING REG NO SLJ55 FROM THE RIGHT LANE SWERVED TO MY LANE AND COLLIDED INTO MY VEH.

ACCIDENT STATEMENT

ACCIDENT DATE: (05/05/2008) (DD/MM/YYYY), TIME: (02:30pm) (HH:MM)

LOCATION: payalapar Rd.

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBE 663V
b) INSURANCE COMPANY: INDIA INTERNATIONAL INSURANCE
c) POLICY NUMBER: MU 95890
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: NISSAN
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: WORKING
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 90601568
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: NATCHAN KANAGARAU (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 8211269 W CONTACT: 93642845
c) ADDRESS: 280 WOODLANDS INDUSTRIAL PARK ES #07-19 cate (757326)

*d) DATE OF BIRTH: (12/04/1988) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 5 years

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: NO

5. a) WEATHER CONDITION: (CLEAR) / RAINING / OTHERS _____
b) ROAD SURFACE: (DRY) / WET / OTHERS _____

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SLJ55 MODEL: LEXUS
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
e) DRIVER'S NAME: _____
f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

Email =

90601568

fax =

82060377

07/05/18

waiting for

CI

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: **G8211269W**


Name: **NATCHAN KANAGARAJ**

Birth Date: **12 Apr 1988**

Issue Date: **27 Jun 2013**

Valid Till: **26 Jun 2016**

002196918K



WORK PERMIT
Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore

Employer:
SENG CHONG FURNITURE & CONTRACTOR

Sector: **CONSTRUCTION**

Name:
NATCHAN KANAGARAJ




Occupation:
CONSTRUCTION WORKER

Work Permit No.: **0 34185506**

Date of Application: **13-05-2010**

Date of Issue: **30-04-2016**

Date of Expiry: **10-05-2018**

L6776627




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

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

EFFECTIVE DATE: **27 Jun 2013**

NP 478A

Licence No: **G8211269W**



VISIT PASS
Immigration Regulations

Name:
NATCHAN KANAGARAJ

Date of Birth: **12-04-1988** Sex: **M** Nationality: **INDIAN**

FIN: **G8211269W** Date of Issue: **30-04-2016** Date of Expiry: **10-05-2018**

MULTIPLE JOURNEY VISA ISSUED

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.






INDIA
INTERNATIONAL
INSURANCE
SINGAPORE

INDIA INTERNATIONAL INSURANCE PTE LTD

Co. Reg. No. 198703792K GST Reg. No. M2-0078806-X
64 Cecil Street #04 / #05 / #06-02 IOB Building, Singapore 049711
Office (65) 63476100 Email insure@iii.com.sg
Fax (65) 62244174 Website www.iii.com.sg

TAX INVOICE
Debit Note

No. IS/MR1086747
Transaction/Due date 23/02/2018

GST Ref. No. M2-0078806-X

SENG CHONG FURNITURE & CONTRACTOR
280 WOODLANDS INDUSTRIAL PARK E3
#07-19 HARVEST @ WOODLANDS
SINGAPORE 757322

Type of Policy..... MOTOR POLICY
Policy Number..... M495890
Period of Cover..... from 24/02/2018 to 23/02/2019
Vehicle Registration no.. GBE6663Y
Insured's Name & Address. SENG CHONG FURNITURE & CONTRACTOR
280 WOODLANDS INDUSTRIAL PARK E3 #07-19 HARVEST @ WOODLANDS
SINGAPORE 757322
Branch/Territory..... SINGAPORE (SIF)/SINGAPORE
Account/Agency..... 10902SE/10902SE

	SINGAPORE DOLLAR
Premium.....	SGD1,234.30
GST at 7.00%	SGD86.40
	SGD1,320.70
Total Due.....	SGD1,320.70

For India International Insurance Pte. Ltd.

AUTHORISED SIGNATORY

IMPORTANT NOTICE

It is our duty to highlight to you that this Policy is subject to the following.

SIXTY DAYS PREMIUM WARRANTY

IS/uwb002 /MR1086747/23-02-2018/17:28:36

M495890



INDIA INTERNATIONAL INSURANCE PTE LTD
 Co. Reg. No. 1987037926 / UST Reg. No. M2-0078866-9
 64 Cecil Street #04/ #25 / #09-02 UOB Building Singapore 049711
 Office (65) 63476100 Email: inquiry@ii.com.sg
 Fax: (65) 62244174 Website: www.ii.com.sg

CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
 MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1987 (MALAYSIA)
 MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1987 (MALAYSIA)

This certificate is not transferable to a new owner of the vehicle. If for any reason the insurance is suspended during its term, the Certificate must be returned to the Insurer, or if the Certificate has been lost or destroyed a Statutory Declaration in that effect must be made. Failure to comply with this obligation is an offence under the legislation relating to compulsory insurance.
 The Certificate must be returned if the insurance is suspended during its currency.

Agency Code: 10902SE
 Comprehensive

Excess: S\$600/ Sect. 1 & additional S\$500/ Sect. 1 for age <21 years
 or > 65 years & for S'pore D.L. < 2 years
 Windscreen: S\$100

CERTIFICATE NO.

M495890

1. Index Mark and Registration Number of Vehicle

GBE 6663 Y

2. Name of Policy Holder

Seng Chong Furniture & Contractor

3. Effective date of the commencement of Insurance for the purpose of the Act

24th February 2018

4. Date of Expiry of Insurance

23rd February 2019

5. Persons or Classes of Persons entitled to drive*

ANY PERSON, male or female, who is licensed to drive or with third permission. Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to use*

- (1) Use in connection with the Policyholder's business
- (2) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business
- (3) Use for social, domestic and pleasure purposes.

The Policy does not cover:

- (1) Use for hire or reward or for racing, pace-making, reliability trial, or speed-testing.
- (2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

*Limitation imposed by Section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Section 85 of the Road Transport Act, 1987 (Malaysia), are not to be excluded under these headings.

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 Part IV of the Road Transport Act, 1987 (Malaysia).

Date of Issue: hh/23.02.2018

for India International Insurance Pte. Ltd.
 (APPROVED INSURER)

M. Z. 1000 (GOODS CARRYING)
 PRIVATE TYPE

(Insured's Signature)

IMPORTANT NOTICE

Policyholders are hereby warned that under the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 189), it shall be unlawful for any person to use or to cause or permit any other person to use a motor vehicle without a valid policy of insurance under the Act.

Policyholders are further warned that on the sale of a motor vehicle they must surrender the Certificate of Insurance and the Policy to the insurance company. If the Certificate of Insurance has been lost or destroyed a Statutory Declaration in that effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 189).

The Policy will cease to be valid once the motor vehicle has been sold to another person unless the transfer of interest has been duly notified to and agreed to by the insurance company concerned. If the insurance company agree to cover the new owner they will endorse the policy accordingly and will issue a new Certificate of Insurance in the new owner's name.

FAILURE TO COMPLY WITH THESE NOTICE MAY SUBJECT THE NEW OWNER TO PROSECUTION BY THE COMPANY. FAILURE TO DO SO WILL RESULT IN UNDERWRITING AND FINANCIAL LIABILITY.

Agent/Broker Name: Complete Auto

(Here Purchase Company: Hong Leong Finance Limited)