

NATIONAL Assessment Centre Services (wef 1 Jan 2005)

Date In: 12/06/18	Job description	Date & Time Completed	Done by
Ref No: NA/AWA18010669/13	SAS e-filing		
Veh No: PC6853K	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 11/06/18 1030	i-Motor Claim Form		
OD <input checked="" type="radio"/> 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: SLL434B	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

NA1803684

Claimant's Particulars :-	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors' Comments :-	5) FT: Follow-Through Survey (Resurvey) \$30		
Cat. 1:	For claiming against INC Only (wef 10 Jan 2005)		
Cat. 2 / 3:	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD*		
	*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 (N-in 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	12/06/2018 12:20
Date Of Accident	11/06/2018 10:30
Exact Location Of Accident	YIO CHU KANG TWDS LENTOR
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC6853K
Insured/Policyholder	
Name Of Registered Owner	BABY HOLIDAY EVENTS PTE LTD
Co Reg No	201120631Z
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-81180403

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	ALLIED WORLD ASSURANCE COMPANY, LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	BVBPSB0005781800
Cover Note Number	

Driver

Name of Driver	SENTHEEL SELVERAJOO
NRIC No	S8362643G
Date Of Birth	18/01/1983
Occupation	OUTDOOR
Date Of Driving Pass	09/01/2014
Driving Experience	4 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81180403
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 505B YISHUN ST 51 #13-26
Postcode	762505
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	CHAIN 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	
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)	2
Passenger 1	NAME: : VIGNESWARI DHAVE JOHN DAS 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?	YES
Remarks/ Reasons:	FRONT ONLY
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLL434B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LOW KIAT SENG
NRIC/Passport Number	S8701209C
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	GBF386G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	WONG KOON WAH
NRIC/Passport Number	S1853873C
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	SENTHEEL SELVERAJOO
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	PC6853K
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	VIGNESWARI DHAVE JOHN DAS
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	PC6853K
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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:

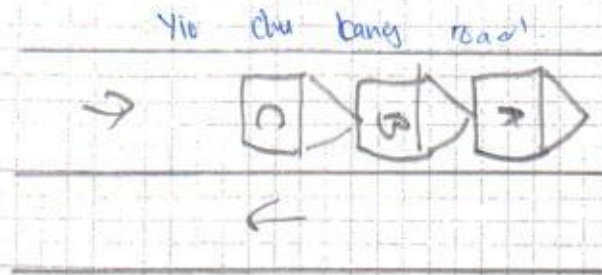
Driver's Signature
(If driver is not the Policyholder)



Reporting Centre Personnel's Signature

12/06/18

SKETCH PLAN



A = PC 6853K
B = SLT 434B
C = GBF 386G

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along Yio Chu Kang towards to Lentor. As I was stationary at traffic light Junction due to red light. During the stationary period, I heard a sound and suddenly I felt an impact hit on my rear portion. vehicle B hit on my rear boot.

DECLARATION

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

X
Date & Time:

(If driver is not the owner)

Date & Time:



Name: *[Signature]* 12/06/18

NRIC/FIN No.:

VEHICLE NO: PC 6853K

MAKE & MODEL: Toyota Hiace

DATE OF ACCIDENT	11 / 06 / 2018	
TIME OF ACCIDENT	10 30 (AM) PM	
LOCATION OF ACCIDENT	Yio Chu Kang towards to Lertor	
Exact Purpose use during accident		
NAME OF OWNER	Baby Holiday events Pte Ltd	
TELP NO		
NRIC	2011 206312	
CLAIM TYPE	OD / <u>THIRD PARTY</u> / Reporting Only	
PRIVATE HIRE	YES / <u>NO</u> ?	
INSURANCE CO.		
TYPE OF COVERAGE	<u>Comprehensive</u> / Third Party / Third Party Fire & Theft	
POLICY NO.	Allied world Assurance company Ltd	
NAME OF DRIVER	As above / If No: <u>Senthil Selvarajoo</u>	
NRIC	S8362643G Any passengers: 1 female	
DATE OF BIRTH	/ /	
OCCUPATION	<u>Outdoor</u> / Indoor	
DATE OF DRIVING PASS	09 / 01 / 2014	
GENDER	<u>Male</u> / Female	
CONTACT NO.	8118 0403 Office: Home:	
ADDRESS	81K 50JB Yishun St 51 #B-26 (S) #6250T	
DRIVER HAVE ANY OWN Vehicle	<u>NO</u> / If yes: Reg No:	
RELATIONSHIP	Employee / If No:	
WEATHER CONDITION	<u>Clear</u> / Raining / Other:	
ROAD SURFACE	<u>Dry</u> / Wet / Other:	
ANY INJURIES	No / If yes: Who? <u>Driver & Vigneshwari Dhare John Das</u>	
CONTACT NO.	S 8514965B	
POLICE REPORT	No / If yes: Where?	
VEHICLE B NO.	SLL 434B Any Passenger:	
NAME	Low Kiat Seng S 8701209C	
CONTACT NO.		
VEHICLE C NO.	GBF 386G Wong Koon Wah Any Passenger: S 1853873C	
VEHICLE D NO.	Any Passenger:	
VEHICLE E NO.	Any Passenger:	
VEHICLE F NO.	Any Passenger:	
ANY WITNESS		
WITNESS CONTACT NO.		
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES / NO	
PARTICULAR WORKSHOP	Sme Motor Pte Ltd	
TELP NO	1 Kaki Bukit Ave 6 #02-15	
FAX NO.	Singapore 417883	
	Telp: 67476106 (6 lines)	
	6 Speed Autoworkz Pte Ltd	
	9001 F628 Sam	
	Fax: 6324 7639	
	email: 6speedautoworkz@gmail.com	



NRIC No. S8362643G



Nationality
MALAYSIAN

Date of issue
22-01-2013

APT BLK 505B YISHUN STREET 51 #13-28
SINGAPORE 762505

IC No: S8362643G

Date: 29/07/2015

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S8362643G



Name

SENTHEEL SELVERAJOO

செந்தில் செல்வராஜு

Race

INDIAN

Date of birth

18-01-1983

Sex

M

Country of birth

MALAYSIA

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S8362643G**

Name: **SENTHEEL SELVERAJOO**

Birth Date: **18 Jan 1983**

Issue Date: **09 Jan 2014**




002263701E

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES

Class 3 Motor Cars \leq 5000kg with \leq 7 passengers \leq 2500kg of the driver, and other motor vehicles \leq 2500kg

EFFECTIVE DATE: **09 Jan 2014**

Licence No: **S8362643G**



AP 428A



VOCATIONAL LICENCE

Licence No : S8362643G

Name : SENTHEEL SELVERAJOO

Card Issue Date : 31/08/2017

Please visit www.lta.gov.sg to check the status of this vocational licence

This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to the LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type	Description	Issue Date
03	BUS VL	31/08/2017



CERTIFICATE OF INSURANCE

THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CAP 189) OF THE REPUBLIC OF SINGAPORE
THE ROAD TRANSPORT ACT 1987 OF MALAYSIA

THE AGREEMENT BETWEEN THE MINISTER FOR FINANCE (SINGAPORE) AND THE MOTOR INSURERS' BUREAU OF SINGAPORE DATED 22 FEBRUARY 1975
THE AGREEMENT BETWEEN THE MINISTER OF TRANSPORT (MALAYSIA) AND THE MOTOR INSURERS' BUREAU OF WEST MALAYSIA DATED 15 JANUARY 1968
ANY SUBSEQUENT REVISIONS TO THE ABOVE ACTS AND AGREEMENTS

CERTIFICATE No.

BVBPSB0005781800

ChaNo: KDH2230033292

1. Index Mark and Registration Number of Vehicle PC 6853 X

2. Name of Policyholder BABY HOLIDAY EVENTS PTE LTD

3. Effective Date of Commencement of Insurance 10 January 2018
for the purposes of the Ordinance

4. Date of Expiry of Insurance 09 January 2019

5. Persons or Classes of Persons entitled to drive* (For certificate references MX1 and MX4, see overleaf)

PERSON OR CLASSES OF PERSON ENTITLED TO DRIVE (AUTHORISED DRIVER)

- 1) NAMED DRIVER STATED IN THE POLICY SCHEDULE
- 2) ANY PERSON PROVIDED HE IS IN THE POLICYHOLDER'S EMPLOY AND/OR IS DRIVING ON THEIR ORDER OR WITH THE PERMISSION WHO:
 - A) IS BETWEEN 27 TO 65 YEARS OLD (BOTH AGE INCLUSIVE)
 - B) HAS MORE THAN 2 YEARS OF DRIVING EXPERIENCE, AND
 - C) IS HOLDING A VALID RELEVANT CLASS OF DRIVING LICENCE

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.

And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.

6. Limitations as to Use* (For certificate reference MX1, see overleaf)

USE FOR THE CARRIAGE OF PASSENGERS IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS FOR FERRYING TOURISTS ONLY.

THE POLICY DOES NOT COVER :

1. USE FOR RACING, PACE-MAKING, RELIABILITY TRIAL OR SPEED-TESTING.
2. USE WHILST DRAWING A TRAILER EXCEPT THE TOWING (OTHER THAN FOR REWARD) OF ANY ONE DISABLED MECHANICALLY PROPELLED VEHICLE.

DEFINITION OF FAMILY MEMBERS : SPOUSE / CHILDREN / PARENTS / PARENTS-IN-LAW OF THE NAMED DRIVER(S) STATED IN THE POLICY SCHEDULE.

Estimated Value : MARKET VALUE WITH COE/PARF

Hire Purchase Owner : DAIMLER FINANCIAL SERVICES AFRICA&ASIA PACIFIC LTD

Type of Cover : Comprehensive

* Limitations rendered inoperative by Section 79 of the Road Traffic Ordinance 1958 (Malaysia) or Section 7 of the Motor Vehicle (Third-Party Risks and Compensation) Ordinance 1960 (Republic of Singapore) are not to be included under the headings.

I/WE HEREBY CERTIFY that the policy to which this certificate relates is issued in accordance with the provisions of Part IV of the Road Transport Act 1987 (Malaysia) and The Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) (Republic of Singapore)



Approved Insurers

Examined By