

NATIONAL Assessment Centre Services

(wef 1 Jan 2005) MNA118079408

Date In: 20/6/18-12:02	Job description	Date & Time Completed	Done by
Ref No: NA/17218011238/24	SAS e-filing		
Veh No: 606306X	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 19/6/18-18:20	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: JK 6412	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

N41803896	Invoice Preparation Checklist	Am't (\$) Inc Bill	Am't (\$) Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	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:-		
	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 (Non INC) against INC \$20		
	9) N12: Idac Mobile \$0		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

Auditors' Comments:-

at 1:

at 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	20/06/2018 12:02
Date Of Accident	19/06/2018 18:20
Exact Location Of Accident	JUNC POTONG PASIR AVE 1 & POTONG PASIR AVE 2
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG3060X
Insured/Policyholder	
Name Of Registered Owner	KRIISH TRADING
Co Reg No	53366007J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96655768
Alternative Phone No	OFFICE-96655768

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE DX 3.0 MANUAL
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCVSN1750331700
Cover Note Number	

Driver

Name of Driver	MICHEAL DEVA PRASATH S/O KALEISELVAN
NRIC No	S9416762J
Date Of Birth	07/05/1994
Occupation	OUTDOOR
Date Of Driving Pass	29/06/2017
Driving Experience	0 YEAR AND 11 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-82493690
Fax Number	
Contact Number	OFFICE-82493690
Email Address	NOEMAIL

Address	BLK 417A FERNVALE LINK #02-184
Postcode	791417
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	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?	YES
If Yes, Please state which Police Station	
Police Station Name	JURONG WEST NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 700 CORPORATION ROAD , POSTCODE: 649818 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2689999 - FAX NO: 62672438
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20180619/2207.

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	SJK641Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	WANG JIAN
NRIC/Passport Number	G0782315R
Contact Number	94574389
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

2

Passenger 1

NAME: :

GENDER: :

DETAILS OF INJURED PERSON 1

Name	MICHEAL DEVA PRASATH S/O KALEISELVAN
Approximate Age	
Injuries Sustain	NECK & BACK
Injured person in which vehicle?	GBG3060X
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 compliance with requirements under any regulations, laws or court orders.

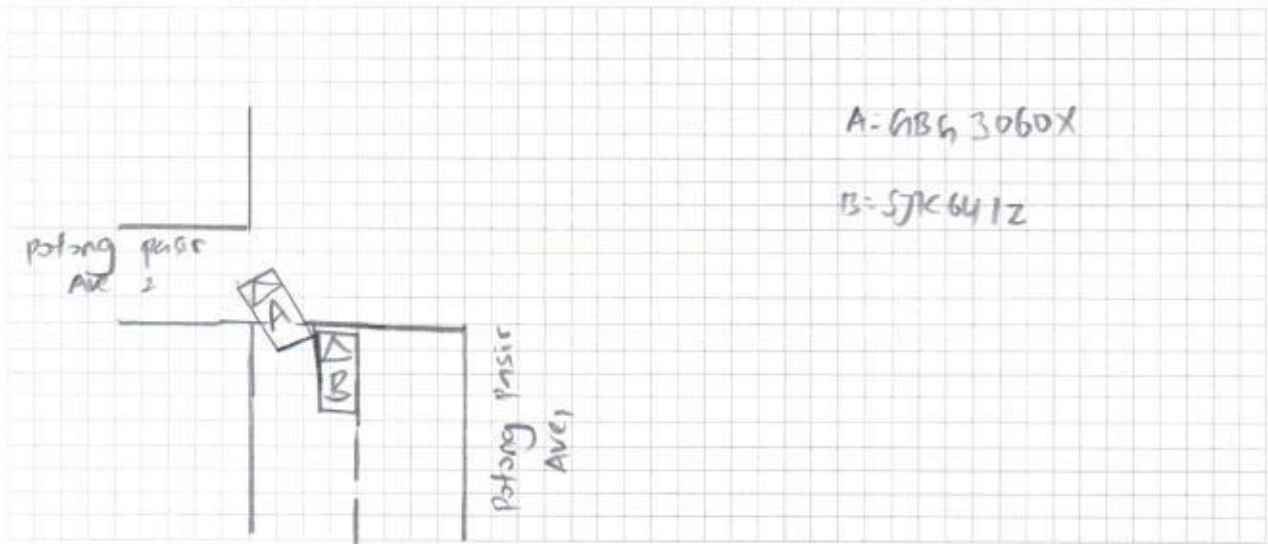


Policyholder's Signature
Date & Time:


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

Refer to police report - 7/20180619/2007.

(The remaining lines of the form are crossed out with a diagonal line.)

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.:



SINGAPORE POLICE FORCE



T/20180619/2207

1 of 3

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

Report No. T/20180619/2207

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 19/06/2018 22:04	Vide Report No.:	Station Diary No.: 248
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Informant's Particulars			
Name of Informant: MICHEAL DEVA PRASATH S/O KALEISELVAN		Address: APT BLK 417A FERNVALE LINK #02-184 SINGAPORE 791417	
ID Type / ID No.: NRIC NO / S9416762J		Contact No.: Home/Office: Mobile: 82493690	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 24	Date of Birth: 07/05/1994	Type of Informant: Driver
Race: Indian		Language:	Institution / School Name:
Occupation: DELIVERY DRIVER		Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 19/06/2018 18:20	Type of Location: Bend
Location: Along Road 1 POTONG PASIR AVENUE 1 POTONG PASIR AVENUE 2 T Junction.				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBG3060X	Van	TOYOTA	HIACE DX 3.0 MANUAL	Silver	Seriously Damaged	0
SJK641Z	Car	HYUNDAI	HD AVANTE 1.6 A	Red	Seriously Damaged	1

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20180619/2207

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

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Report No. T/20180619/2207

CONTINUATION OF REPORT

Driver			
Name	MICHEAL DEVA PRASATH S/O KALEISELVAN	ID No.	S9416762J
Related Vehicle	GBG3060X (Van)	Contact No.	82493690
Hospital/Clinic	INTEMEDICAL 24HR CLINIC	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight
Driver			
Name	Wang Jian	ID No.	G0782315R
Related Vehicle	SJK641Z (Car)	Contact No.	94574389
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On the 19/06/2018 at about 1820hrs, I was heading home and driving my vehicle V1) GBG3060X along Potong Pasir Avenue 1 on the left lane and was approaching a T-Junction and I had stopped my vehicle at the traffic light as there was pedestrians.

As my vehicle V1 was stationary, I suddenly felt an impact coming from the rear of my vehicle and realized that another had collided onto my vehicle V1's rear while it was trying to overtake onto the right lane. The other vehicle V2)SJK641Z front left side collided onto my vehicle V1 rear right side. Both of us then came down to take pictures, exchanged particulars and left the scene.

No Police or ambulance came to scene. After the accident, I felt pain to my back and neck and decided to consult a doctor and was given 3 days of MC from 20.06.2018 - 22.06.2018. My vehicle V1 suffered dents/scratches to it rear headlight , body and rear bumper.



**SINGAPORE
POLICE FORCE**



T/20180619/2207

3 of 3

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

Report No. T/20180619/2207

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:
J/
Staff Sgt IQBAL PRATAMA PUTRA BIN AZMAN

Sgt Weisic

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
Sr Staff Sgt ONG YONG HOCK
Contact No.: 65476436

SN 126

Authentication Stamp
NP168

Singapore Police Force

Signature Of Informant:

[Handwritten Signature]

Date/Time:
19/06/2018 22:04

Classification Of Case:

Intemedical 24 Hr Clinic
525 Ang Mo Kio Avenue 10, #01-2407
Singapore 560525 Tel : 69192998

Medical Certificate

Date : 19 Jun 2018

MC No. : 0000009373

This is to certify that :

Name : MICHEAL DEVA PRASATH S/O KALEISELVAN

NRIC : S9416762J

is Unfit for Duty for 3 days

from 20/06/2018 to 22/06/2018 inclusive.

DR. RAYMOND ONG

MCR No. M17542J

M.B.B.S (Singapore)

ONG SWEE SENG RAYMOND

MBBS (SINGAPORE)

**This certificate is not valid for absence from court or other judicial proceedings unless specifically stated.*

REPUBLIC OF SINGAPORE DRIVING LICENCE

S9416762J

MICHEAL DEVA PRASATH S/O KALEISELVAN

Issue Date: 07 May 1994
Valid Date: 29 Jun 2017

002698657D

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S9416762J

MICHEAL DEVA PRASATH S/O KALEISELVAN

Race
INDIAN

Date of birth
07-05-1994

Sex
M

Country of birth
SINGAPORE

S9416762J

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

	EFFECTIVE DATE
Class 3 Motor cars with unladen weight $\leq 3000\text{kg}$ with ≤ 7 passengers, exclusive of driver; and other motor vehicles with unladen weight $\leq 2500\text{kg}$	29 Jun 2017

NP 428A

Licence No: S9416762J

S9416762J

S9416762J

Date of issue:
31-10-2012

APT BLK 417A FERNVALE LINK #02-184 SINGAPORE 791417

NRIC No: S9416762J Date: 06/01/2018

CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE No. DMCVSN1750331700 Engine No : 1KD2693387
Chassis No: KDH2010218384

1. Index Mark and Registration Number of Vehicle GBG3060X

2. Name of Policy Holder KRIISH TRADING

3. Effective date of the Commencement of Insurance for 24 JULY 2017 EXCESS SECT I S\$350.00
the purposes of the Regulations, Ordinance or Enactment (10:47 HOURS) EX ON WINDSCREEN S\$100.00

4. Date of Expiry of Insurance 23 JULY 2018

5. Persons or Classes of Persons entitled to drive *

- (1) WHILST THE VEHICLE IS BEING USED IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS
ANY PERSON PROVIDED HE IS IN THE POLICYHOLDER'S EMPLOY AND IS DRIVING ON THEIR ORDER OR WITH THEIR
PERMISSION.
- (2) WHILST THE VEHICLE IS BEING USED FOR SOCIAL, DOMESTIC OR PLEASURE PURPOSES
ANY PERSON WHO IS DRIVING ON THE POLICYHOLDER'S ORDER OR WITH THEIR 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 OR PLEASURE PURPOSES.
- 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 OF ANY ONE DISABLED MECHANICALLY PROPELLED VEHICLE.
- (3) USE FOR THE CARRIAGE OF PASSENGERS FOR HIRE OR REWARD.

HIRE PURCHASE CO. : ETHOZ GROUP LTD AS HP OWNER


* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)
and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included 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).
Please see reverse

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Countersigned By:


Authorised Officer


Authorised Signatory