

NATION 41 Assessment Centre Services

(Ref: JAN05)

MAIA 4181

Date In: 07/08/2018 17:07	Job description	Date & Time Completed	Done by
Ref No: NA1804963/4376/4	SAS e-filing		
Veh No: SCB 3326A	E-mail (w/Idon 3hrs, AIC 2hrs)		
D.O.A: 05/08/2018 07:00	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: UNKNOWN CAR 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

NA1804963

Claimant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:

Date 1:

Date 2/3:

Invoice Preparation Checklist

	Amt (\$)	Amt (\$)
In Bill		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 / Tpl 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	07/08/2018 17:07
Date Of Accident	05/08/2018 01:00
Exact Location Of Accident	JALAN SAYANG AND JALAN TEMENGGONG AHMAD
Country/State of Loss	MALAYSIA/JOHOR DARUL TAKZIM

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKB3326A
Insured/Policyholder	
Name Of Registered Owner	CAR COVE LEASING PTE LTD
Co Reg No	201602573M
Email Address	EDWIN@CARCOVE.COM.SG
Mobile Phone No	(LOCAL) +65-82987357
Alternative Phone No	OFFICE-82987357

Vehicle Particulars

Manufacturer	HYUNDAI
Model	SANTA FE
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	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	999994935/100835160-00023
Cover Note Number	

Driver

Name of Driver	P THIAGARAJA
NRIC No	S9629713J
Date Of Birth	19/08/1996
Occupation	OUTDOOR
Date Of Driving Pass	10/07/2018
Driving Experience	0 YEAR AND 0 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-82987357
Fax Number	
Contact Number	OTHERS-82987357
Email Address	EDWIN@CARCOVE.COM.SG

Address	BLK 77 INDUS ROAD #12-499
Postcode	160077
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - CROSS JUNCTION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	YES
Foreign Vehicle Registration Number	UNKNOWN (PRIVATE CAR)
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)	3
Passenger 1	NAME: : SARAVANAN GENDER: : MALE
Passenger 2	NAME: : GOKULAN GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	YISHUN SOUTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 32 YISHUN ST 81 , POSTCODE: 768456 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8522999 - FAX NO: 68522239
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT F/20180806/2248

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	UNKNOWN
Vehicle Make/Model/Colour	
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)

DETAILS OF INJURED PERSON 1

Name P THIAGARA
Approximate Age
Injuries Sustain SLIGHT INJURY
Injured person in which vehicle? SKB3326A
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 2

Name SARAVANAN
Approximate Age
Injuries Sustain SLIGHT INJURY
Injured person in which vehicle? SKB3326A
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 3

Name GOKULAN
Approximate Age
Injuries Sustain SLIGHT INJURY
Injured person in which vehicle? SKB3326A
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.

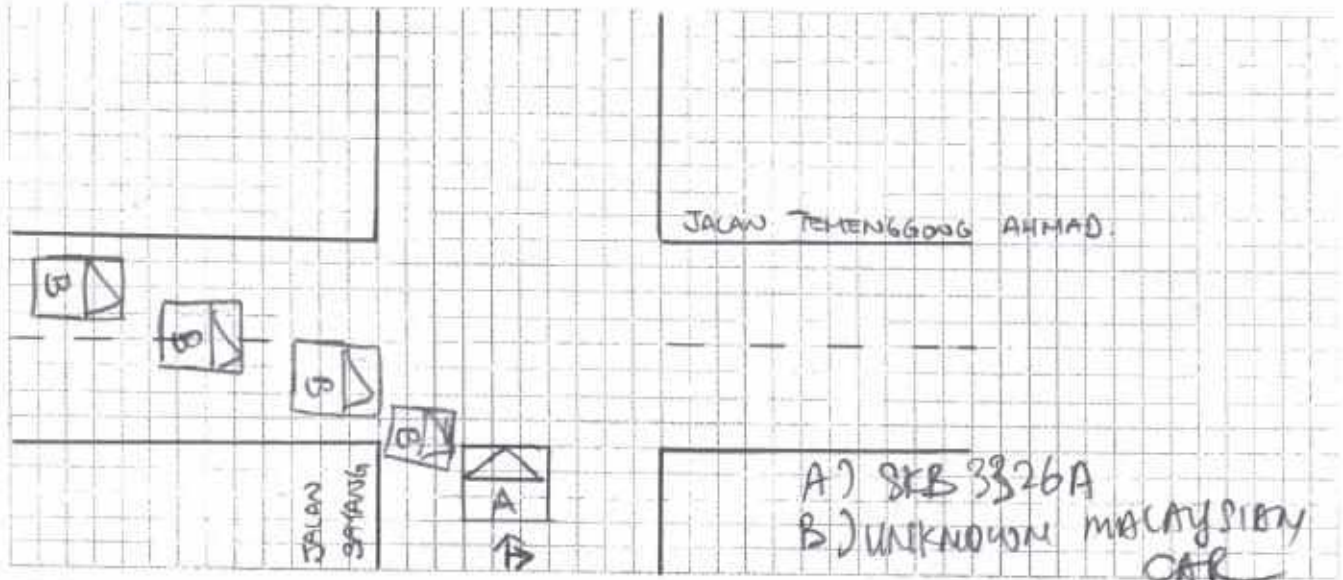


Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT

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:



POLICE REPORT (NP299)


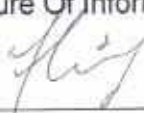
Report No. F/20180806/2248

Police Station Of Origin
Yishun South N.P.C
32 Yishun Street 81 SINGAPORE 768456
Tel No: 1800-8522999

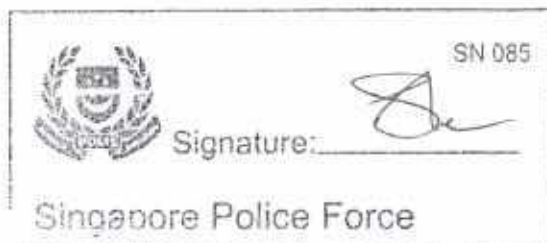
Date/Time Report Made 06/08/2018 23:38	Vide Report No.	Station Diary No. 126		
Name Of Informant P THIAGARAJA	Address APT BLK 77 INDUS ROAD #12-499 SINGAPORE 160077			
ID Type / ID No. NRIC NO / S9629713J	Contact No. Home/Office	Mobile 82987357		
Nationality SINGAPORE CITIZEN	Email Address			
Occupation DELIVERY SERVICES	Sex Male	Age 21	Date of Birth 19/08/1996	Race Indian
Institution/School Name	Language English			
Date/Time Of Incident 05/08/2018 01:00	Location Of Incident Johor Bharu MALAYSIA			

Brief details.

On 05/08/2018 at about 0100hrs, I was driving a rental car bearing registration plate number (SKB3326A) at Malaysia, Johor Bahru from Jalan Petri towards Jalan Temenggong Ahamad. I was at the Cross-junction and had signaled right as I was about to turn to the right side towards Jalan Abdullah. While I was turning right, I spotted a vehicle unknown registration plate number speeding from the left side as such I immediately applied emergency brake.

Signature Of Officer Recording The Report: F / Staff Sgt CHIANG FENG YU, SHONN 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 06/08/2018 23:38
Officer In-Charge Of Case: F / Yishun South N.P.C / SI MOHAMED JUSRI BIN MOHAMED Contact No.: 68522999	Classification Of Case:

Authentication Stamp





POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20180806/2248

However, this said vehicle still hit onto my front left tire and started to drag my vehicle for quite a distance. After both vehicles came to a stop, 2 of them alighted from the said vehicle and started to put the blame on me. At that juncture, a few passersbys suddenly appeared and joined in the blaming stating it was my fault. Subsequently, 2 tow trucks came without any of us calling for their services. 1 of the tow truck took the said vehicle away while the other tow truck's driver, 1 Chinese male subject then informed me to proceed to the nearest Police station from my location and that he will be towing my vehicle there to meet me.

I then proceeded to the Police station, Trafik Muar and spoke to Officer Ahmad Bin Harun who then helped me lodged a Malaysian Police report, TRAFIK MUAR/006198/18 with the damages sustained by my vehicle as follows: Damages to the front left bumper, Front left spotlight, both car's side mirror turned outwards, front left rim also damaged. Thereafter, the male Chinese subject who was the driver of the tow truck of my vehicle came to the Police station (without my vehicle) and talked to the Police officer which the Police officer then summoned me a sum of RM300/-. The said Chinese subject initially threatened that he will not return the vehicle back to my possession but after he received a few phone calls, he relented and my vehicle came to the temple which I had previously went there for prayers.

The same Chinese subject also quoted RM1300/- for his service to tow my vehicle back to Singapore, initially I was not agreeable as I did not even call for him to tow my vehicle however, I still did pay the sum and he then towed my vehicle back to the borderline between Malaysia and Singapore. Which then I engaged my own tow trucks services to tow the vehicle back into Singapore.

I wish to inform that I felt that the thing is a scam as coincidentally after the collision between my vehicle

Signature Of Officer Recording The Report:

F / Staff Sgt CHIANG FENG YU, SHONN

Signature Of Interpreter:
Not applicable

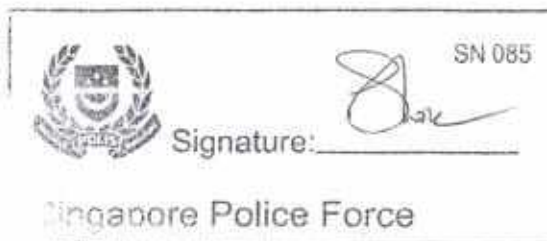
Officer In-Charge Of Case:
F / Yishun South N.P.C /
SI MOHAMED JUSRI BIN MOHAMED
Contact No.: 68522999

Signature Of Informant:

Date/Time:
06/08/2018 23:38

Classification Of Case:

Authentication Stamp





POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20180806/2248

and the unknown Malaysian vehicle, 2 tow trucks immediately came down to the accident location. I also wish to inform that my vehicle was rented from a Singapore Car rental company, Car Cove Leasing Pte Ltd and I am lodging this report for car rental company's actions and my own record purposes. I also wish to add on that when I passed through the Johor Bahru immigration together with the tow truck, I recalled that my passport was not chopped by the Malaysian Immigrations.

Signature Of Officer Recording The Report:

F / Staff Sgt CHIANG FENG YU, SHONN

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
06/08/2018 23:38

Officer In-Charge Of Case:
F / Yishun South N.P.C /
SI MOHAMED JUSRI BIN MOHAMED
Contact No.: 68522999

Classification Of Case:

Authentication Stamp



Signature: _____

SN 085

Singapore Police Force

Email: sm@idac.com.sg

Tel no: 6555 6888 Fax no: 6454 3279

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 15 / 08 / 2018 (dd/mm/yy) Time of Accident: 01 : 03 (24-HR-FORMAT)

Vehicle No.: 8K3 3326 A Vehicle Make & Model: HONDA SANTA FE

Exact location of Accident: JALAN SATANG AND JALAN TEMENGGONG AHMAD

Policyholder's Name / IC No.: CAR CARE LEASING PTE LTD

Driver's Name / IC No.: P THIAGARAJA 876297133 (As Above) ☐

Driver's Contact No.: 82987357 Company Contact No: _____

Driver's Address: BLK 77 WOODS ROAD #12-499 SINGAPORE 160077

Email address (if any): edwin@carcare.com.sg Insurance Company: _____

Relationship between Owner & Driver: (Please **CIRCLE** one only)

Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer / Others specify: _____

What do you wish to claim? (Please **TICK** one only)

☐ Own Insurance / ☐ Other Vehicle (The one you want to claim against) / ☒ Reporting (For Record Purpose)

Exact purpose for which the vehicle was being used at time of accident?

Occupation (nature of job) ☐ Indoor / ☒ Outdoor

☒ Private use / ☐ Work purpose

No. of Passengers (Including Driver): 3

Weather condition & Road conditions? (On the day of accident)

☒ Clear & Dry / ☐ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others: _____

Was there any video captured by your Car Camera? ☐ Yes / ☒ No

Any Injuries: ☒ Yes / ☐ No (If YES) Injured Person's Name: Thiagaraja, Saravanan, Gokulan

Injuries Sustain: _____ Injured Person in Which Vehicle: _____

Police Report filed: ☒ Yes / ☐ No (If YES) Which Police Station: YISHUN SOUTH N.P.C

The Other Party(s) Details:

1. Driver's Name / IC No.: UNKNOWN Vehicle No: UNKNOWN

Driver's Contact No: _____ Insurance Company (If any): _____

2. Driver's Name / IC No: _____ Vehicle No: _____

Driver's Contact No: _____ Insurance Company (If any): _____

*Independent Witness (If Any): _____ Contact No: _____

Preferred Workshop Name: _____ Contact No: _____

* If no proper documents are produced, IDAC should not file the report. Information will be discarded after one week.

REPUBLIC OF SINGAPORE **DRIVING LICENCE**

THIAGARAJA

19 AUG 1998

10 JUL 2018

002822315D

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S9629713J

NAME
P THIAGARAJA

பி தியாகராஜா

RACE
INDIAN

Date of Birth
19-08-1998

Sex
M

Country/Place of Birth
SINGAPORE

Thiagaraja

S9629713J

06/08/18

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

Class 3 Motor cars with unladen weight \leq 3000kg with \leq 7 passengers, exclusive of driver; and other motor vehicles with unladen weight \leq 2500kg

10 Jul 2018

NP 428A

Licence No: S9629713J

5219647

S9629713J

Date of Issue
31-08-2018

Address
ART BUK 77, INDUS ROAD
#12-49B
SINGAPORE 160077



HOTLINE TEL: (65) 6419-3000
FAX: (65) 6415-3723

CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1980
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

M.Z.400

TPFT COMMERCIAL MOTOR

OWN DAMAGE EXCESS S\$2,000.00 (I & II)

CERTIFICATE NO. 999994935/100835160-00023

WINDSCREEN EXCES N/A

(for policies with effect from 1st November 2002)

SUM INSURED S\$1.00

INSURING WITH COE/PARF YES

1) VEHICLE REGISTRATION NO.

SKB3326A

2) NAME OF INSURED

Car Cove Leasing Pte Ltd

3) EFFECTIVE DATE OF THE COMMENCEMENT
OF INSURANCE FOR THE PURPOSES OF THE ACT

8 Jan 2018

4) DATE OF EXPIRY OF INSURANCE

28 Sep 2018

5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE *

Any person who is driving on the Insured'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) LIMITATION AS TO USE *

Use for the carriage of passengers or goods in connection with the Insured's business.

Use for social, domestic, pleasure purposes and business purposes of any person whom the vehicle is hired.

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.

3) Use for the carriage of passengers for hire or reward by any person to whom the vehicle is hired.

LOSS OF USE NOT INCLUDED

* NAMED DRIVER N/A

HIRE PURCHASE COMPANY Heritage Auto Enterprise Pte Ltd

* 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).

Issued in Singapore 26 Jan 2018

AIG ASIA PACIFIC INSURANCE PTE. LTD

691991-000

MOH KOK HENG

AIG BUILDING 78 SHENTON WAY #07-16 SINGAPORE 079120 SP-MOH

Authorised Representative

ORIGINAL

SSCD5K