

# NATIONAL Assessment Centre Services

[Ref: JA-103]

MAA 118109773

Date In: 28/08/2018 14:52	Job description	Date & Time Completed	Done by
Ref No: NDAIFC180154247	SAS e-filing		
Veh No: 8KD 2215H	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 28/08/2018 13:55	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: SMA 84774	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:	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

<p>11A1805357</p> <p>Claimant's Particulars:-</p> <p>Driver/Owner:</p> <p>Contact No:</p> <p>Damaged Portion:</p> <p>QC Checked by (Engr-In-Charge):</p> <p>Auditors' Comments:-</p> <p>Cal 1:</p> <p>Cal 2/3:</p>	<p>Invoice Preparation Checklist</p> <p>1) AR: Accident Reporting (\$30);</p> <p>2) DA: Damage Assessment (\$100); INC (\$80)</p> <p>3) TF: Towing Fee \$40/\$45</p> <p>4) FT: Follow-Through Survey \$120</p> <p>5) FT: Follow-Through Survey (Resurvey) \$30</p> <p>For claiming against INC Only (wef 10 Jan 2005)</p> <p>6) TR: Re-inspection \$75</p> <p>7) NI: Idac DA + SMRT Survey \$160</p> <p>8) NTUC Additional Services:-</p> <p>ON*</p> <p>*N5: Courtesy Car / Tp. Allowance \$5</p> <p>*N6: Repair Co-ordination \$10</p> <p>*N7: Post Repair Inspection \$25</p> <p>*N8: DV / Collect Excess Coordination \$5</p> <p>TP (N11): TP (Non INC) against INC \$20</p> <p>9) N12: Idac Mobile 10</p> <p>Invoice dated</p> <p>Invoice dated</p>	<p>Amr (\$)</p> <p>Int Bill</p> <p>Amr (\$)</p> <p>Add Bill</p>
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Fee Charged

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	24/08/2018 14:52
Date Of Accident	23/08/2018 13:55
Exact Location Of Accident	HARDING ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKD2215H
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ONG CHENG SIM MELISSA
Co Reg No	-
Email Address	SUBRA.SUBRAMANIAM@YMAIL.COM
Mobile Phone No	(LOCAL) +65-98574125
Alternative Phone No	OFFICE-98574125

### Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	SHARAN-2.0 (A)
Exact Purpose for which vehicle was being used at time of accident	SENDING KIDS TO CLASS
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	PRIVATE CAR

### Insurance Company

Name of Insurance Company	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	D-18090105MFPC/2
Cover Note Number	

### Driver

Name of Driver	M SUBRAMANIAM
NRIC No	S1682016D
Date Of Birth	15/12/1965
Occupation	OUTDOOR
Date Of Driving Pass	23/08/1988
Driving Experience	30 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98574125
Fax Number	
Contact Number	OTHERS-98574125
EMail Address	SUBRA.SUBRAMANIAM@YMAIL.COM

Address	BLK 976 HOUGANG STREET 91 #02-256
Postcode	530976
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	2
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)	3
Passenger 1	NAME: : BOSS SON GENDER: : MALE
Passenger 2	NAME: : BOSS SON 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

PLEASE REFER TO SKETCH PLAN

#### 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	SMA8417U
Vehicle Make/Model/Colour	HONDA JAZZ
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	96300760
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.

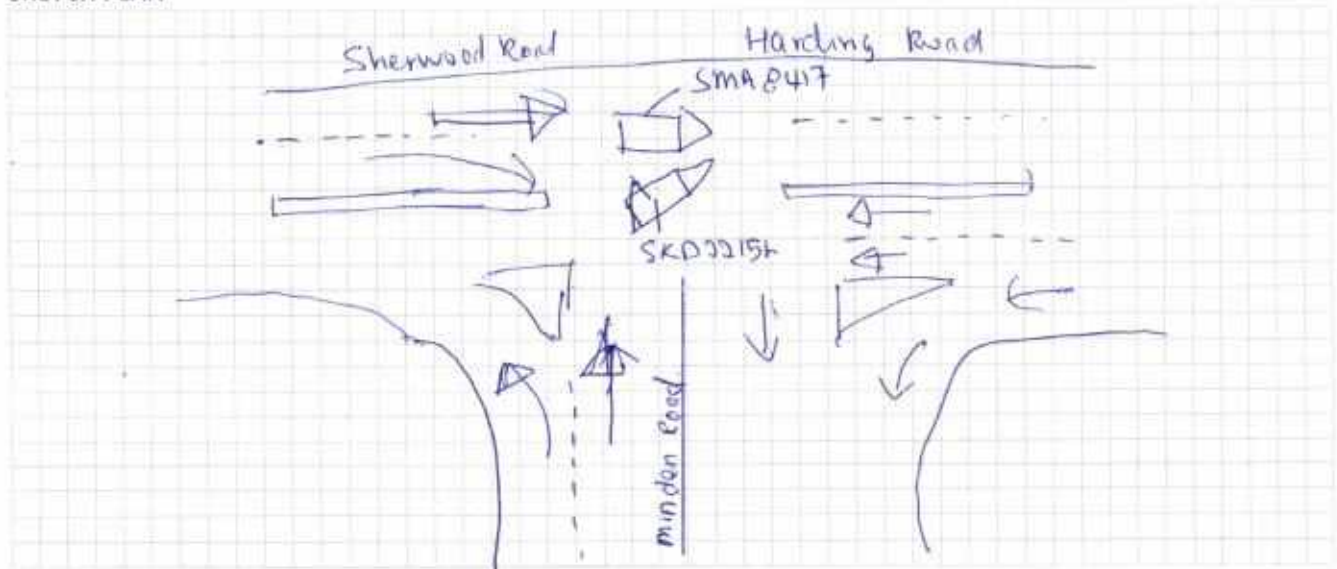
Policyholder's Signature  
Date & Time:

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

While turning to Harding Road my right tyre hit the veh SMA 8417M on the right front bumper causing some damage. My veh only rims scratches.

## 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.:

## ACCIDENT STATEMENT

ACCIDENT DATE: 23 / 08 / 18 (DD/MM/YYYY), TIME: 13 : 58 (HH:MM)

LOCATION: Shen Harding Road

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKD5215H  
b) INSURANCE COMPANY: MS First Capital  
c) POLICY NUMBER: D-18090105MPC/2  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: VOLVO V40 1.6 T5  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: sending kids to class  
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) NO  
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

### 2. INSURED / POLICY HOLDER

- a) NAME: ONG CHENG SIM MELISSA (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
c) ADDRESS: \_\_\_\_\_

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

### DRIVER

- a) NAME: M SUBRAMANIAM (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S1682016-D CONTACT: 98574125  
c) ADDRESS: Bukit Timah, #02-256, Halong 31 91  
S'pore 530976

\* d) DATE OF BIRTH: 15 / 12 / 1965 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 51 88

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

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: 5MA8417V MODEL: HONDA JAZZ  
b) DRIVER'S NAME: \_\_\_\_\_  
c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 96300760

### 9. THIRD PARTY VEHICLE

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

Email = Subra.Subramaniam@ymail.com

Fax = \_\_\_\_\_

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S1682016D



Name  
M SUBRAMANIAM

Race  
INDIAN

Date of birth  
15-12-1965

Country/Place of birth  
SINGAPORE

Sex  
M






REPUBLIC OF SINGAPORE DRIVING LICENCE

License No. S1682016D


Name  
M SUBRAMANIAM

Birth Date 15 Dec 1965

Issue Date 22 Apr 2004

001202544E



5613360



NRIC No. S1682016D



Date of issue  
18-06-2016

Address  
APT BLK 976 HOUGANG STREET 91  
#02-256  
SINGAPORE 530976

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

CLASS	VEHICLE CLASS	ISSUE DATE
Class 2B	Motorcycles not exceeding 200 cc	04 May 1998
Class 2A	Motorcycles between 201 cc and 400 cc	04 May 1998
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	23 Aug 1998

N7 428A

License No. S1682016D





**CERTIFICATE OF INSURANCE**

Motor Vehicles (Third-Party Risks and Compensation)  
Motor Vehicles (Third-Party Risks and Compensation)  
Road Transport Act, 1987 (Malaysia)  
Motor Vehicles (Third-Party Risks) Rules, 19

Type of Policy.	: PRIVATE CAR - FLEET
Type of Cover.	: Comprehensive
Certificate No.	: D-18090105MFPC/2
Vehicle No / Chassis No	: SKD2215H / WWWZZZ7NZCV01C
Name of Insured	: ONG CHENG SIM MELISSA
Period Of Insurance	: 01.04.2018 To 31.03.2019
Insured Estimated Value	: Market Value At Time Of Loss

**Excess :**

SGD1,500.00 OWN DAMAGE EXCESS (APPLICABLE TO VEHICLE NO. SBJ21M)  
SGD 500.00 OWN DAMAGE EXCESS (APPLICABLE TO VEHICLE NO. SKD2215H)  
COMPULSORY EXCESS OF ADDITIONAL SGD1,000.00 APPLIES TO :-  
(1) DRIVERS BELOW THE AGE OF 25 YEARS AND/OR  
(2) HAS LESS THAN 1 YEAR DRIVING EXPERIENCE

**Authorised Driver\***

ONG CHENG SIM MELISSA AND ANY AUTHORISED DRIVERS

**Persons or classes of persons entitled to drive\*****1) The Insured.**

The Insured may also drive a Motor Car not belonging to or hired (under a hire) by his employer or his partner.

**2) Any other person who is driving on the Insured's order or with his permission.**

\* Provided that the person driving is permitted in accordance with the licensing or other law so permitted and is not disqualified by order of a Court of Law or by reason of any enactment relating to the Vehicle.

Limitations as to use\*