

NATIONAL Assessment Centre Services

[wef 1 Jan'05] MNA 1812312

Date In: 29/8/18-14:57	Job description	Date & Time Completed	Done by
Ref No: NA/C7286/5786/24	SAS e-filing		
Veh No: JW8147	E-mail (within 3hrs, AIC 2hrs)		
D.O.A : 28/8/18-16:45	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: J7E 19992	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

NA1005493	Invoice Preparation Checklist	Ant (\$) 1st Bill	Ant (\$) 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 / 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 \$0		
QC Checked by (Engr-In-Charge):	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	
Auditors' Comments:-			
Dat. 1:			
Dat. 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	29/08/2018 14:57
Date Of Accident	28/08/2018 16:45
Exact Location Of Accident	ALONG BURGHLEY DRIVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJW1814Y
Insured/Policyholder	
Name Of Registered Owner	ELMA SHIRLEY MONTEIRO
NRIC No	S6824517F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96978969
Alternative Phone No	OFFICE-96978969

Vehicle Particulars

Manufacturer	HONDA
Model	HONDA JAZZ 1.5L A
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	PRIVATE CAR

Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPCSN3025661801
Cover Note Number	

Driver

Name of Driver	MATHIYARASAN S/O DHAKSHINA MURTHI
NRIC No	S1452319G
Date Of Birth	23/11/1960
Occupation	INDOOR
Date Of Driving Pass	21/12/2007
Driving Experience	10 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96978969
Fax Number	
Contact Number	OFFICE-96978969
EMail Address	NOEMAIL

Address	8 PARK VILLAS RISE
Postcode	545400
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - MAJOR/MINOR RD
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?	YES
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	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20180829/2046.

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	SJR1999Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	PEARLYN KOH ENG BUAY
NRIC/Passport Number	S1775878J
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

1

DETAILS OF INJURED PERSON 1

Name	MATHIYARASAN S/O DHAKSHINA MURTHI
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SJW1814Y
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	YES
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: 29/8/18, 2pm



Driver's Signature

(If driver is not the policyholder)

Date & Time: 29/8/18, 2pm

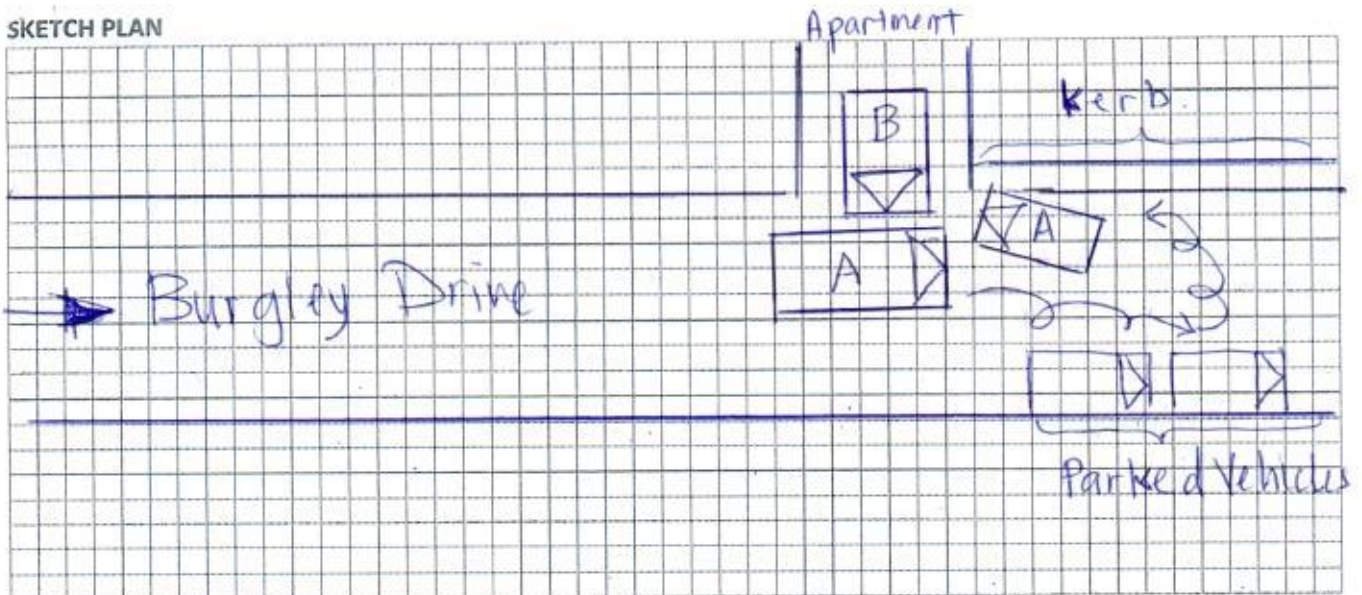


Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Report

Police


Refer

I would like to add on that after vehicle B hit the front L/H side of my vehicle (A), my vehicle swerved to the right and to avoid hitting the vehicles parked on the right side, my vehicle twirled, hit the Kerb near the apartment and my vehicle ended facing the on coming vehicles. My right hand side was damaged too.

DECLARATION

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


 Policyholder's Signature
 Date & Time: 29/8/18, 2pm


 Driver's Signature
 (If driver is not the policyholder)
 Date & Time: 29/8/18, 2pm


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

VEHICLE NO: SJW1814Y

Model: Honda Jazz

DATE OF ACCIDENT	28, 8, 18	
TIME OF ACCIDENT	4:15 pm	AM / PM <input checked="" type="radio"/>
LOCATION OF ACCIDENT	Burgley Drive	
Exact Purpose use during accident		
NAME OF OWNER	Elma Shirley Monteiro	
TELP NO		
NRIC	S6824517F	
CLAIM TYPE	OD / THIRD PARTY / Reporting Only	
INSURANCE CO.	Ching Tai Ping	
TYPE OF COVERAGE	Comprehensive / Third Party / Third Party Fire & Theft	
POLICY NO.		
NAME OF DRIVER	As above / If No: Mathiyarasan s/o Dhakshina Murthi	
NRIC	S14523196	Any passengers: <input checked="" type="radio"/>
DATE OF BIRTH	23, 11, 1960	
OCCUPATION	Outdoor / <input checked="" type="radio"/> Indoor	
DATE OF DRIVING PASS	21, 12, 2007	
GENDER	Male <input checked="" type="radio"/> / Female	
CONTACT NO.	96978969	Office: Home:
ADDRESS		
DRIVER HAVE ANY OWN Vehicle	<input checked="" type="radio"/> NO / If yes: Reg No:	
RELATIONSHIP	Employee / If No: Hushan D.	
WEATHER CONDITION	Clear <input checked="" type="radio"/> / Raining / Other:	
ROAD SURFACE	Dry <input checked="" type="radio"/> / Wet / Other:	
ANY INJURIES	No / If yes: Who? Mathiyarasan s/o Dhakshina Murthi	
CONTACT NO.	96978969	
POLICE REPORT	No / If yes: Where? 10 Ubi Ave 3	
VEHICLE B NO.	SJR1999Z	Any Passenger: <input checked="" type="radio"/>
NAME	Pearlyn Koh Eng Buay	
CONTACT NO.	57758181	
VEHICLE C NO.		Any Passenger:
VEHICLE D NO.		Any Passenger:
VEHICLE E NO.		Any Passenger:
VEHICLE F NO.		Any Passenger:
ANY WITNESS		
WITNESS CONTACT NO.		
PARTICULAR WORKSHOP		
TELP NO	BLUWEL AUTOMOTIVE SERVICE PTE LTD	
CONTACT PERSON	1 KAKI BUKIT AVE 6	
FAX NO.	BLK C #01-55 (MAIN OFFICE) 28/37/53/56	
	SINGAPORE 417883	
	TEL: 6745 2088 FAX: 6841 2088	
	E-mail: bluwei2088@yahoo.com.sg	



SINGAPORE POLICE FORCE



T/20180829/2046

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20180829/2046

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 29/08/2018 12:11	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: MATHIYARASAN S/O DHAKSHINA MURTHI			Address: SINGAPORE 545400		
ID Type / ID No.: NRIC NO / S1452319G			Contact No.: Home/Office: Mobile: 96978969		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 57	Date of Birth: 23/11/1960	Type of Informant: Driver		
Race: Indian			Language:		Institution / School Name:
Occupation: SELF-EMPLOYED			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 28/08/2018 16:45	Type of Location: Straight Road
Location: Along Road 1 BURGHLEY DRIVE				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJR1999Z	Car	BMW	X3 XDRIVE20D A/T 4WD S/R LED NAV	Brown	Seriously Damaged	0
SJW1814Y	Car	HONDA	HONDA JAZZ 1.5L A	White	Seriously Damaged	0



**SINGAPORE
POLICE FORCE**



T/20180829/2046

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20180829/2046

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	MATHIYARASAN S/O DHAKSHINA MURTHI	ID No.	S1452319G
Related Vehicle	SJW1814Y (Car)	Contact No.	96978969
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	28/08/2018	Date Discharge	NIL
No. of Days granted Medical Leave	02	Degree of Injury	Slight

Brief Details.

ON THE ABOVE MENTIONED DATE TIME AND LOCATION
I WAS TRAVELLING ALONG THE SAID LOCATION. I WAS TRAVELLING STRAIGHT ON THE ROAD.
SUDDENLY ON MY LEFT, ANOTHER MENTIONED VEHICLE WAS EXITING HIS APARTMENT, AS
THIS WAS A DOWNSLOPED ROAD, THE IMPACT CAUSED WAS MASSIVE. NO ONE WAS
GRAVELY INJURED IN THIS ACCIDENT. AMBULANCE AND TRAFFIC POLICE ARRIVED AT THE
SCENE AND I WAS THEN SENT TO TAN TOCK SENG HOSPITAL FOR MEDICAL TREATMENT.



**SINGAPORE
POLICE FORCE**



T/20180829/2046

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20180829/2046

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:
TP /
NG JIN SHENG

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
Sgt 3 RASHIDAH BINTE AZMAN
Contact No.: 65476216

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
29/08/2018 12:11

Classification Of Case:

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1452319G



Name

MATHIYARASAN S/O
DHAKSHINA MURTHI

தே மதியரசன்

Race

INDIAN

Date of birth

23-11-1960

Sex

M

Country of birth

SINGAPORE

S1452319

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S1452319G

Name

MATHIYARASAN S/O
DHAKSHINA MURTHI

Birth Date: 23 Nov 1960

Issue Date: 21 Dec 2007



001553259D



3861839

NRIC No. S1452319G



Date of issue

10-03-2006

8 PARK VILLAS RISE
SINGAPORE 545400
NRIC No: S1452319G

Date: 21/07/2012 (R)

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

PASS DATE

Class 3 Motor Cars \leq 3000kg with \leq 7 passengers, exclusive of the driver; and other motor vehicles \leq 2500kg 21 Dec 2007

NP 428A



Licence No: S1452319G

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S6824517F



Name

MONTEIRO ELMA SHIRLEY



Race

EURASIAN

Date of Birth

05-06-1968

Sex

F

Country of Birth

SINGAPORE

1703979



NRIC No. S6824517F



Blood Group

A+

Date of issue

20-02-1994

8 PARK VILLAS RISE
SINGAPORE 545400
NRIC No: S6824517F

Date: 21/07/2012

No: 7111478

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. DMPCSN3025661801 Engine No : L15A71004152
Chassis No: JHMGE88509S203365
1. Index Mark and Registration Number of Vehicle SJW1814Y
2. Name of Policy Holder ELMA SHIRLEY MONTEIRO
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment 22 MARCH 2018 NAMED DRIVERS EX SECT. IS\$500.00
ADDITIONAL EX OTHER THAN NAMED DRIVERS:
4. Date of Expiry of Insurance 21 MARCH 2019 EX SECT. I - AGE <= 25.....S\$3,000.
EX SECT. I - AGE >= 26.....S\$500.00
5. Persons or Classes of Persons entitled to drive * * AGE AS AT DATE OF ACCIDENT
EX ON WINDSCREENS\$100.00

(A) THE POLICYHOLDER.

(B) ANY OTHER PERSON WHO IS DRIVING ON THE POLICYHOLDER'S ORDER OR WITH HIS 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: *

USE FOR SOCIAL, DOMESTIC AND PLEASURE PURPOSES AND FOR THE POLICYHOLDER'S BUSINESS.
THE POLICY DOES NOT COVER USE FOR HIRE OR REWARD TUITION DRIVING TEST RACING PACE-MAKING, RELIABILITY TRIAL, SPEED-TESTING, THE CARRIAGE OF GOODS OTHER THAN SAMPLES IN CONNECTION WITH ANY TRADE OR BUSINESS OR USE FOR ANY PURPOSE IN CONNECTION WITH THE MOTOR TRADE.

EXCESS WHICHEVER IS APPLICABLE FOR LOSSES OCCURRING OUTSIDE SINGAPORE (CONSTRUCTIVE TOTAL LOSS/THEFT) WILL BE DOUBLED.

ONE TIME WAIVER OF EXCESS FOR THE FIRST S\$500 WILL APPLY TO THE INSURED AND NAMED DRIVERS IN THE EVENT OF OWN DAMAGE CLAIM AT OUR AUTHORISED WORKSHOPS FOR EACH POLICY YEAR.

HIRE PURCHASE CO. : DBS BANK 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