

NATIONAL Assessment Centre Services (wef 1 Jan 05)			
Date In: 10/09/2018 20:46	Job description	Date & Time Completed	Done by
Ref No: N8A169110016508/4	SAS e-filing		
Veh No: SJL 245D	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 01/09/2018 18:35	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: SJL 482R	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

Claimant's Particulars:- Driver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge): Auditors' Comments :- Cat. 1: Cat. 2 / 3:	Invoice Preparation Checklist		Amnt (\$)	Amnt (\$)
	1) AR: Accident Reporting (\$30);		1st Bill	Add Bill
	2) DA: Damage Assessment (\$100); INC (\$80)			
	3) TF: Towing Fee \$40/\$45			
	4) FT: Follow-Through Survey \$120			
	5) RT: 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				
*N11: TP (N11) against INC \$20				
*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	10/09/2018 20:46
Date Of Accident	01/09/2018 18:35
Exact Location Of Accident	ALONG ADAM ROAD FOOD CENTRE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJL245D
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SATISH KUMAR S/O SETHURAMAN
NRIC No	S6898075E
Email Address	SELVARANI21@YAHOO.COM
Mobile Phone No	(LOCAL) +65-92215566
Alternative Phone No	OTHERS-93873592

### Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH-1.8 (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	REPORTING ONLY
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	DMPCSN3015611700
Cover Note Number	

### Driver

Name of Driver	S SELVARANI
NRIC No	S6804132E
Date Of Birth	21/01/1968
Occupation	INDOOR
Date Of Driving Pass	07/05/2010
Driving Experience	8 YEARS AND 3 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-92215566
Fax Number	
Contact Number	OTHERS-93873592
EMail Address	SELVARANI21@YAHOO.COM



Address	BLK 425 CHOA CHU KANG AVENUE 4 #07-164
Postcode	680425
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	COLLIDED INTO PARKED VEHICLE
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)	2
Passenger 1	NAME: : 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	SJK482R
Vehicle Make/Model/Colour	TOYOTA VIOS
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	XU WEIHUA JONATHAN
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

## 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.

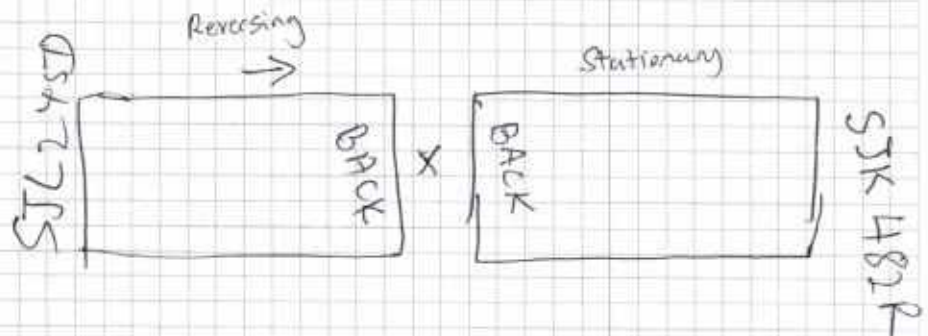
Policyholder's Signature  
Date & Time:

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

I was doing a reverse parking at Adam Road Food Centre on 1/9/18 (a) at about 6:30 pm (18:30). I heard a slight knock and came out to see the back of my car and the other car, SJK 482 R. I found a small dent on my car and no significant damages on the other car. I could not find the driver so I waited at the car park till 18:55 pm and left ~~with~~ from there. I ~~was~~ was a car park ~~S. Han~~ and was not able to locate the driver. My car was also parked there for more than 20 mins.

I have taken the pictures and will be submitted. As I was busy last week ~~to~~ with my children during the school holidays, I could not make a report.

## DECLARATION

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

Policyholder's Signature  
Date & Time:

S. Selvarani  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 10/09/2018  
13:20

10/09/2018  
Reporting Centre Personnel's Signature  
Name: Keshi W...  
NRIC/FIN No.:

# VISION LAW LLC

Advocates & Solicitors - Notary Public - Commissioner for Oaths  
Agents for Trade Marks  
(Incorporated with limited liability)

Company Registration No. 200721148H

ERIC NG CHING BOON  
WONG KENG LEONG RAYNEY  
AUDREY WONG SU-HSIEN  
PAUL YAP TAI SAN  
ANJALI D/O MUNIANDY  
SEGA PARAM  
DIANE ANG KIM NOI  
RAVENDRA KRISHNASAMY  
TAY HAO RAN  
JANICE HAN JIA LIN  
TAN YINGXIAN SELWYN

 **Head Office:**  
133 New Bridge Road  
#18-01/02 Chinatown Point  
Singapore 059413

**Branch:**  
490 Toa Payoh Lorong 6  
#03-11 HDB Hub  
Singapore 310490

## HEAD OFFICE:

TEL : 65342811 (Hunting)  
FAX : 65356802 (General)

 E-MAIL: annatan@visionlawllc.com

## BRANCH

TEL : 63580703  
FAX : 63580448(conveyancing)

WHEN REPLYING PLEASE QUOTE OUR REFERENCE - Please reply to **HEAD OFFICE** for this matter

Our Ref : AKN/ATV/N63-SJK482R-2018(kh)

4 September 2018

## SATISH KUMAR S/O SETHURAMAN

Blk 425 Choa Chu Kang Ave 4  
#07-164  
Singapore 680425

Dear Sir,

**CLAIMANT : XU WEIHUA JONATHAN**  
**ACCIDENT INVOLVING SJK 482 R AND SJL 245 D ALONG ADAM ROAD FOOD CENTRE (OPEN CARPARK) ON 1-SEPT-2018 AT ABOUT 1835HOURS**

We act for **XU WEIHUA JONATHAN** the owner of motor vehicle no. **SJK 482 R**.

Our investigation reveals that you were the driver of motor vehicle **SJL 245 D** at the time of the accident. Kindly confirm.

Please let us have the following particulars:-

- (a) the name, address and NRIC No. of the driver;
- (b) whether the said motor vehicle was at the time of the accident covered by a policy of insurance, if so, the particulars thereof;
- (c) whether the driver was at the time of the accident driving as your servant or agent;
- (d) whether the driver was an authorised driver and covered by the policy of insurance.

Please take notice that there is a presumption in law that the said driver was driving as your servant or agent and if we do not hear from you within seven (7) days from the date hereof, we shall commence action against you as a Defendant.

**If the information requested above are not provided within 14 days, any amendments are to be made thereafter to the Writ of Summons and / or any Pleadings, you will be responsible for the costs and disbursements incurred.**

We would advise that upon receipt of this letter, you report the above accident to your insurers immediately together with your Certificate of Insurance to enable them to assist you.

If you fail to do so, your said insurers may exercise their right not to cover you against our clients' claim. In such event, our clients will have to look towards you for their claim and if you are found liable, you will have to pay our clients' damages out of your own pocket.

Yours faithfully

cc: (Ref: SJK 482 R) (By fax: 6741 0510)

**CONFIDENTIALITY**  
THE INFORMATION CONTAINED IN THESE DOCUMENTS MAY BE PRIVILEGED AND CONFIDENTIAL AND IS INTENDED FOR THE EXCLUSIVE USE OF THE ADDRESSEE DESIGNATED ABOVE. If you are not the addressee, any disclosure, reproduction, distribution or other dissemination or use of this communication is strictly prohibited. If you have received this transmission in error please contact us immediately by telephone so that we can arrange for its return.



# ACCIDENT STATEMENT

ACCIDENT DATE: 01/09/2018 (DD/MM/YYYY), TIME: 18:35 (HH:MM)

LOCATION: Along Adam Road Foot Centre

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJL 245D  
 b) INSURANCE COMPANY: CHINA TAIPING INSURANCE  
 c) POLICY NUMBER: DMFC SN 3015611700  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: Toyota Wish 1.8A  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE) / COMMERCIAL / MOTORCYCLE  
 h) PURPOSE OF USING AT ACCIDENT TIME: family use  
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)  
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

## 2. INSURED / POLICY HOLDER

- a) NAME: SATISH KUMAR S/O SETHURAMAN (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S6898075E CONTACT: 92215566  
 c) ADDRESS: Blk 425, Choa Chu Kang Ave 4, #07-164, S680425

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

## DRIVER

- a) NAME: S SELVARANI (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S6804132E CONTACT: 93873592  
 c) ADDRESS: Blk 425, Choa Chu Kang Ave 4, #07-164, S680425

\* d) DATE OF BIRTH: 21/01/1969 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 07/05/2010

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

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: SJK 482R MODEL: Toyota Vios  
 b) DRIVER'S NAME: XU WEIHUA JONATHAN  
 c) NRIC/FIN/PASSPORT: CONTACT:

## 9. THIRD PARTY VEHICLE

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

EMAIL = selvarani21@yahoo.com

VIDEO =

1

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S6804132E



Name  
**S SELVARANI**

Race  
**INDIAN**

Date of Birth  
**21-01-1968**

Country of Birth  
**SINGAPORE**

Sex  
**F**




REPUBLIC OF SINGAPORE DRIVING LICENCE



License Number: **S6804132E**

Name  
**S SELVARANI**

Birth Date: **21 Jan 1968**

Valid Date: **07 May 2010**



001853855K

1204969



NRIC No: **S6804132E**



Blood Group: **B+** Date of Issue: **21-08-1993**

APT BLK 425 CHOA CHU KANG AVENUE 4 #07-164  
SINGAPORE 680425

NRIC No: **S6804132E** Date: **21-08-2004** Nat: **5011574**

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

Class 3A Motor cars without clutch pedals (Auto) >= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles without clutch pedals <= 2500kg

PASS DATE  
**07 May 2010**

NP 429A

License No: **S6804132E**





**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)

\$163.37

CERTIFICATE No.	DMPCSN3015611700	Engine No :1ZZ3153050 Chassis No:JTDER12W503000917
1. Index Mark and Registration Number of Vehicle	SJL245D	
2. Name of Policy Holder	SATISH KUMAR S/O SETHUPAMAN	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	16 FEBRUARY 2018	NAMED DRIVERS EX SECT. I .....\$9750.00 ADDITIONAL EX OTHER THAN NAMED DRIVERS: EX SECT. I - AGE <= 25.....\$93,000.00 EX SECT. I - AGE >= 26.....\$9500.00 * AGE AS AT DATE OF ACCIDENT EX ON WINDSCREEN .....\$5100.00
4. Date of Expiry of Insurance	12 MAY 2018	
5. Persons or Classes of Persons entitled to drive *		
(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 EXHIBITION DRIVING TEST RACING RACE-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 WILL BE DOUBLED). A FLAT \$95,000 EXCESS SHALL APPLY FOR THEFT LOSSES OCCURRING OUTSIDE SINGAPORE. ONE TIME WAIVER OF EXCESS FOR THE FIRST \$9500 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. : OCBC 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:



**德威信託私人有限公司**  
**TECK WEI CREDIT PTE LTD**  
Co. Reg. No. 200512300K  
210 Turf Club Road, The Grandstand  
Lot A8 Singapore 287995  
Tel: 6485 0020 Fax: 6485 0017  
Email: info@teckwel.com.sg

Authorised Office

Authorised Signatory