

NATIONAL Assessment Centre Services (wef 1 Jan 05) MA1181 22489			
Date In: 21/09/2018 11:26	Job description	Date & Time Completed	Done by
Ref No: MA1181 22489	SAS e-filing		
Veh No: 8KK 5565 R	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 16/09/2018 18:30	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: SJT 6369Z	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

11/10/2018	Invoice Preparation Checklist	Ant (\$) 1st Bill	Ant (\$) Add Bill	
Claimant's Particulars :-	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			
Damaged Portion:	8) NTUC Additional Services:-			
	ON*			
	*N5: Courtesy Car / Tpt Allowance \$5			
	*N6: Repair Co-ordination \$10			
QC Checked by (Engr-In-Charge):	*N7: Post Repair Inspection \$25			
	*N8: DV / Collect Excess Coordination \$5			
Auditors' Comments :-	TP (N11): TP (Non INC) against INC \$20			
	9) N12: Idac Mobile \$0			
Cat. 1:	Invoice dated	Fee Charged		
Cat. 2 / 3:	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	21/09/2018 11:26
Date Of Accident	16/09/2018 18:30
Exact Location Of Accident	AT ENTRANCE OF 1.15 COVE VILLAGE CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKK5565R
Insured/Policyholder	
Name Of Registered Owner	GOLDBELL CAR RENTAL PTE LTD
Co Reg No	200710651D
Email Address	THANA5301@GMAIL.COM
Mobile Phone No	(FOREIGN) 016-2836109
Alternative Phone No	OFFICE-84959584
Vehicle Particulars	
Manufacturer	TOYOTA
Model	COROLLA ALTIS-1.6 (A)
Exact Purpose for which vehicle was being used at time of accident	COME BACK TO OFFICE AFTER OPERATE LOCKGATE
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	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SD18V00034/VPZ/R03
Cover Note Number	

Driver

Name of Driver	THANARAJ SIVAGNANAM
Passport No/FIN	G6725023R
Date Of Birth	20/05/1992
Occupation	OUTDOOR
Date Of Driving Pass	20/06/2017
Driving Experience	1 YEAR AND 2 MONTHS
Gender	MALE
Mobile Number	(FOREIGN) 016-2836109
Fax Number	
Contact Number	OTHERS-84959584
Email Address	THANA5301@GMAIL.COM

Address	35 JALAN NUSARIA 4/11 TAMAN NUSANTARA
Postcode	81550
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 - 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?	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)	1

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 (TYPE OF COLLISION IS HEAD TO SIDE)

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	SJT6369Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TAN JINGWEI
NRIC/Passport Number	
Contact Number	83888598
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	3
Passenger 1	NAME: :
	GENDER: :

Passenger 2

NAME :

GENDER :

SKETCH PLANIMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Third-Party and/or the Authorized Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to invalidate policy safety.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy safety on the part of the insurance companies.
5. Any false reporting may be referred to the Traffic Police Department for investigation.
6. This report will be forwarded by the insurers to 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.

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 be 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' law/venue firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police, for the purposes) 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 making 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 issue of multi-personal 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' law/venue firms may be permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

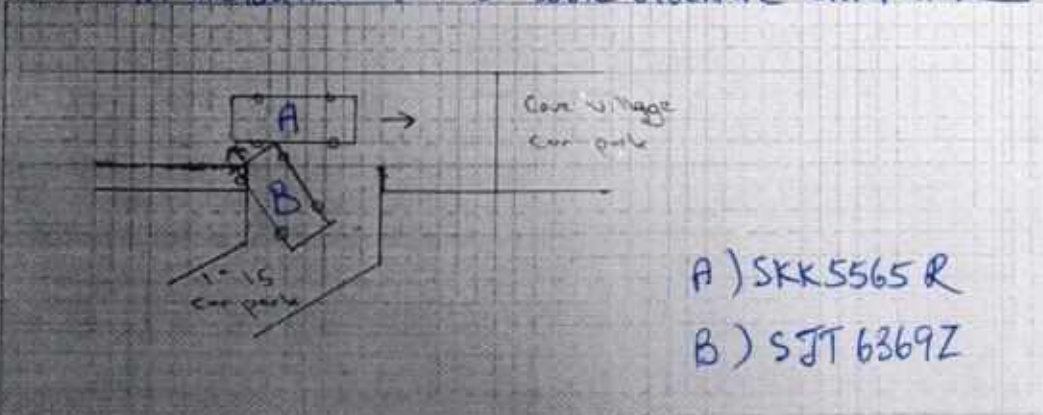
(c) my Personal Information may/ can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law/venue firms), which may be based outside of Singapore, for one or more of the above Purposes.

[Signature]
 Policyholder's Signature (Date & Time)

[Signature] 16/9/18 1952
 Driver's Signature (if driver is not the policyholder) / Date & Time

[Signature] 21/09/2018
 Witnessed by Reporting Centre Personnel

Sketch Plan: AT THE PARKWAY 1-15 COURT VILLAGE CARPARK




Describe Circumstance of the Accident *


When I was drive towards Santana Cove Village car park via 1015 ramp a private car come out from the 1015 car park hit the Cisco vehicle at around the rear right tire and bumper. The driver didn't stop at the exit of the car park and just accelerate towards my vehicle.

Declaration

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


Person's Signature / Date & Time

*  14/9/18 1452
Driver's Signature (if driver is not the person reporting) / Date & Time

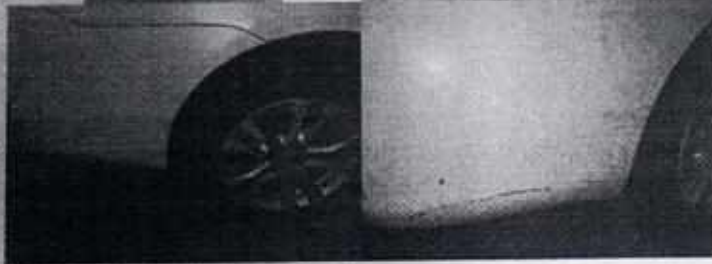
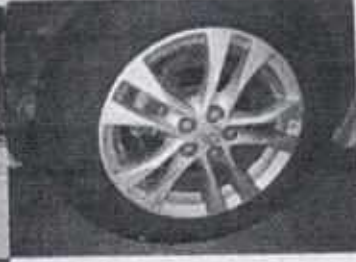
 21/09/2018
Accepted by Reporting Centre Personnel

11/6/2018

IMS - View Incident 110670

Attended By:

Clacio Thanaraj, Farid, Jimmy & S/Ranger Shafie



Location:

One 15 Club Resort



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WORK PERMIT
Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore

Employer:
CERTIS CISCO PROTECTION SERVICES PTE. LTD.

Sector: SERVICE



Name
THANARAJ SIVAGNANAM

Occupation
SECURITY OFFICER / GUARD

Work Permit No.
4 0345821-

Date of Application
06-12-2016

Date of Issue
13-12-2016

Date of Expiry
12-12-2018



4 0345821-



L7472169

Address of Driver	35 SALAM NUSARIA 4/11, TAMAN WISANTARA	Postcode: 81950
Email Address	thana5301@gmail.com	
Was driver an employee of the Insured's Company?	<input type="radio"/> Yes <input checked="" type="radio"/> No	
If No, Relationship of the Driver with the Insured	<input type="radio"/> Yes <input checked="" type="radio"/> No	
Vehicle Registration Number of Driver's Own		
Vehicle Registration Number of Driver's Own Vehicle (if applicable)		
Insurance Company of Driver's Own Vehicle (if applicable)		
GENERAL INFORMATION OF THE ACCIDENT		
Type of Collision (Eg. Chain collision, Head-On collision, Side Swiper, Front to Rear)	Rear end and bumper on driver side	
Weather Conditions	<input checked="" type="radio"/> Clear <input type="radio"/> Raining <input type="radio"/> Others	
Road Surface	<input type="radio"/> Dry <input type="radio"/> Wet <input type="radio"/> Others	
OTHER INFORMATION		
a. Was anybody injured in the accident?	<input type="radio"/> Yes <input checked="" type="radio"/> No	
b. Was any other vehicle or property damaged? (including Witness)	<input checked="" type="radio"/> Yes <input type="radio"/> No	
DETAILS OF POLICE ACTION		
Was the Accident reported to the Police?	<input type="radio"/> Yes <input checked="" type="radio"/> No (If Yes, please state which Police Station)	
Police Station Name		
Police Station Address		
Police Station Contact	Tel No.	Fax No.
Was notice of intended Prosecution given?	<input type="radio"/> Yes <input type="radio"/> No (If Yes, against whom?)	
DETAILS OF OTHER VEHICLE / PROPERTY 1		
Vehicle Registration Number	S3T 63642	
Vehicle Make/ Model/ Colour		
Details of Properties		
Name of Driver	TAN JIN HUI	
Personal Identification - NRIC (Singaporean/PR)		
- EIN/Passport Number		
Contact Number	8388 8598	
Address		
Name of Insurance Company		
No. of Passenger (including Driver)	03	
(Note - Please use page 4 if you need to add more vehicles.)		

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Complete and submit this Form to Authorised Reporting Centres (ARC) for filing.
2. Please report truthfully the details of the accident to speed up the claims process.
3. This Form must be completed by the Policyholder and/or the Authorized Driver.
4. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
5. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
6. Any false reporting may be referred to the Traffic Police Department for investigation.

ACCIDENT STATEMENT

Date and Time of Accident * Date 16/9/18 Time 1839
 Exact Location of Accident * At the entrance of 1st car park

DETAILS OF OWN VEHICLE

Vehicle Registration Number * SUX 5565 R

INSURED / POLICYHOLDER (OWN VEHICLE)

Name of Registered Owner (See Insurance Cert.)

Personal Identification - NRIC (Singaporean/PR)

- FIN/Passport Number

- Not Applicable

VEHICLE PARTICULARS (OWN VEHICLE)

Vehicle Make / Model

Manufacturer _____ Model _____

Type of Vehicle*

☐ Saloon ☐ MPV ☐ CRV ☐ Van ☐ Lorry

☐ Bus ☐ Motorcycle ☐ Others _____

Exact Purpose for which vehicle was being used at time of accident *

Come back to office after operate

Are you claiming under your own insurance policy for repair to your vehicle?

☐ Yes ☐ No (If No, Pls select ☒ Third Party ☐ Reporting)

Vehicle Category*

☐ Private ☐ Commercial ☐ Motorcycle

INSURANCE COMPANY (OWN VEHICLE)

Name of Insurance Company *

Type of Policy

☐ Comprehensive ☐ Third Party Fire & Theft ☐ TP Only

Fleet Policy

☐ Yes ☐ No

Policy Number

Motor CI

DRIVER

☐ Same as Insured above

Name of Driver

THANIGAI SIVANATHAN

Personal Identification - NRIC (Singaporean/PR)

66725033 R

- FIN/Passport Number

Date of Birth

20 dd/ 05 mm/ 1984

Driving Date Pass

dd mm/ yy

Year of Driving Experience

7 Year(s) Months

Occupation

SECURITY ☐ Indoor ☒ Outdoor

Gender

☒ Male ☐ Female

Contact Number / Mobile Phone / Fax No.

8496984 / 016-2836109

VISIT PASS
Immigration Regulations

Name

THANARAJ SIVAGNANAM



Date of Birth

20-05-1992

Sex

M

Nationality

MALAYSIAN

FIN

G6725023R

Date of Issue

13-12-2016

Date of Expiry

12-12-2018

**YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED
OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.**



REPUBLIC OF SINGAPORE

DRIVING LICENCE

Licence Number: **G6725023R**
 Name: **THANARAJ SIVAGNANAM**
 Birth Date: **20 May 1992**
 Issue Date: **20 Jun 2017**
 Valid Till: **19/06/2022**





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

EFFECTIVE DATE

Class 2B	Motorcycles =< 200 cc	20 Jun 2017
Class 3C	Motor cars with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver	20 Jun 2017

NP 428A






Liberty Insurance Pte Ltd
 Registration no. 199002791D
 51 Club Street
 #03-00 Liberty House
 Singapore 069428
 Tel: (65) 6221 8611 Fax: (65) 6225 6890
 Website: <http://www.libertyinsurance.com.sg>

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)

Certificate No	SD18V00034 /VPZ /R03
Form	MZ406
Date Of Issue	26-DEC-2017
1. Index Mark and Registration No. of Vehicle:	SKK5665R
2. Chassis number of Vehicle:	MR053REE104104240
3. Name of Policyholder:	GOLDBELL CAR RENTAL PTE LTD
4. Effective date of Commencement of Insurance for the purpose of the Act:	01-JAN-2018 00:00 AM
5. Date of Expiry of Insurance:	31-DEC-2018 23:59 PM
6. Persons or Classes of Persons entitled to drive*: Any person who is driving on the Policyholder's order or with their permission or to whom the vehicle is hired 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. And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.	
7. Limitations as to use*: A) Use for damage of passengers or goods in connection with the Policyholder's business. B) Use for social, domestic, pleasure and business purposes of any person to whom the vehicle is hired.	
8. Policy does not cover: A) Use for racing, pace-making, reliability trial or speed-testing. B) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle. C) Use for the carriage of passengers for hire or reward by any person to whom the vehicle is hired.	
<small>*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.</small>	
<small>(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).)</small>	
For and on behalf of LIBERTY INSURANCE PTE LTD Approved Insurers  _____ Authorised Signature	
For Information only: COVERAGE: Comprehensive, Unlimited Windscreen, Personal Accident Benefit, Airside, Uber/Grabcar Extension SUM INSURED: MARKET VALUE AT THE TIME OF LOSS EXCESS: Section I - Singapore S\$850 / Outside Singapore S\$1350, Additional Excess for Young & Inexperienced Drivers S\$1500, Windscreen Excess S\$100 FINANCE COMPANY: PRODUCER NAME: ACORN INTERNATIONAL NETWORK PTE LTD	

PLAS/02-JAN-18

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02-JAN-18

Jan 2, 2018, 7:05 PM