

NATIONAL Assessment Centre Services

(wef 1 Jan 2005)

NA/180124807

Date In: 26/09/2008 11:52	Job description	Date & Time Completed	Done by
Ref No: NBADA/18017501	SAS e-filing		
Veh No: SDW 82 S	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 26/09/2008 08:05	i-Motor Claim Form		
OD: (TP) Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:

Veh No:

SKD 128YE

INC () / Non-INC ()

Tel:

Owner / Driver: (

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

NA/1806164

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

at 1:

at 2/3:

Invoice Preparation Checklist

Amt (\$)

Amt (\$)

1st 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) NI: Idac DA + SMRT Survey \$160		
8) NTUC Additional Services:-		
ON*		
*N5: Courtesy Car / Tpt 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	26/09/2018 11:52
Date Of Accident	24/09/2018 08:05
Exact Location Of Accident	ECP TOWARDS CITY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDW83S
Insured/Policyholder	
Name Of Registered Owner	PREM ARJANDAS BHAWNANI
NRIC No	S1398378Z
Email Address	PREMB@OMMINDIA.COM
Mobile Phone No	(LOCAL) +65-96152888
Alternative Phone No	OTHERS-96152888

Vehicle Particulars

Manufacturer	BMW
Model	530I
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	DIRECT ASIA INSURANCE (SINGAPORE) PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MT/00484747
Cover Note Number	

Driver

Name of Driver	PREM ARJANDAS BHAWNANI
NRIC No	S1398378Z
Date Of Birth	29/10/1959
Occupation	INDOOR
Date Of Driving Pass	14/01/1980
Driving Experience	38 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96152888
Fax Number	
Contact Number	OTHERS-96152888
Email Address	PREMB@OMMINDIA.COM

Address	369 KEW CRESCENT
Postcode	465973
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
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: : PASSENGER
	GENDER: : FEMALE

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

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH OWNER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKD1244E
Vehicle Make/Model/Colour	AUDI
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MS THAM LAI KUEN
NRIC/Passport Number	S1240463H
Contact Number	91903233
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

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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: 26 Sept 2018

Driver's Signature

(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature

Name: _____

NRIC/FIN No.:

SKETCH PLAN

ECP TOWARDS CITY

- A) SDW 838
B) SKD 1244 E



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Monday. 24th Sept 2018. Time. 08:03 hours.

- Driving along ECP toward city - on way to work.
- Traffic was moderate to heavy.
- I had stopped at a safe distance from the Lorry in front of my vehicle.
- Suddenly a car - Audi - came screeching behind my vehicle and bang into the rear of my vehicle.
- No one was injured.

M.A.

DECLARATION

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

Policyholder's Signature

Date & Time:

26 Sept 2018

Driver's Signature

(If driver is not the policyholder)

Date & Time:

26/09/2018

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Rapih R. H. A. S.

ACCIDENT STATEMENT

ACCIDENT DATE: 24 / 09 / 2018 (DD/MM/YYYY), TIME: 08 : 03 (HH:MM)

LOCATION: ECP - towards city

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SDW 835
b) INSURANCE COMPANY: DIRECT ASIA
c) POLICY NUMBER: MT/00484747
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: BMW 530i
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE
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: BHAWNANT PREM ARJANDAS (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S1398378/2 CONTACT: 9615 2888
c) ADDRESS: 369 KEN CRESSENT, KEN RESIDENCIA
S 465 973

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: AS ABOVE (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: AS ABOVE CONTACT: _____
c) ADDRESS: AS ABOVE

* d) DATE OF BIRTH: 29 / 10 / 1959 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 1 Jan 1980

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

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: - P.A.

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SKD 1244E MODEL: AUDI
b) DRIVER'S NAME: MS THAM LAI KUEN
c) NRIC/FIN/PASSPORT: S1240463H CONTACT: 91903233

9. THIRD PARTY VEHICLE

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

EMAIL =

VIDEO =

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S1398378Z**



Name

PREM ARJANDAS BHAWNANI

Race

INDIAN

Date of birth

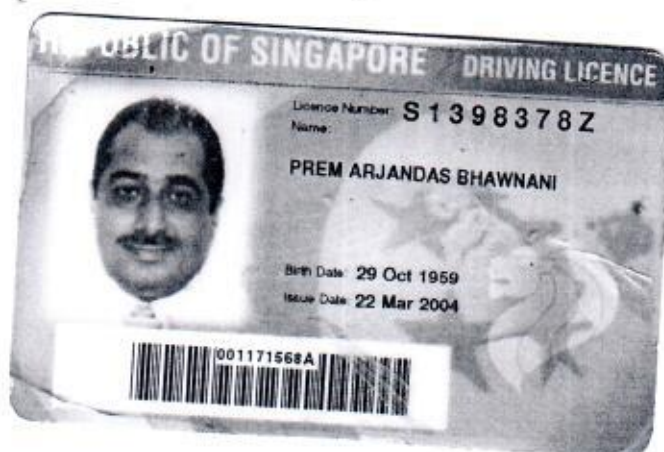
29-10-1959

Sex

M

Country/Place of birth

SINGAPORE



5721179

NRIC No. **S1398378Z**

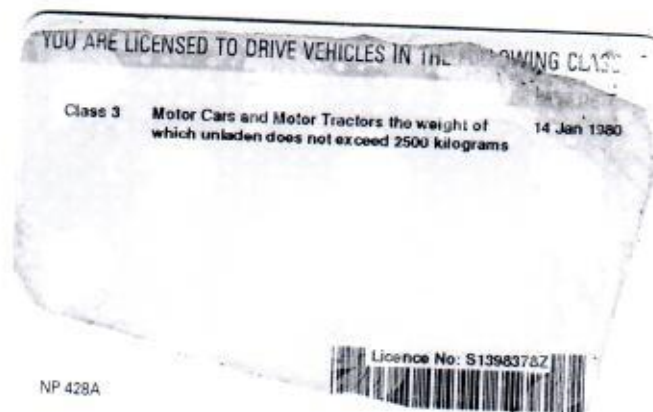


Date of issue

29-03-2017

Address

**369 KEW CRESCENT
SINGAPORE 465973**



NP 428A

CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) (Singapore) (the "Act")
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960 (Singapore)
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

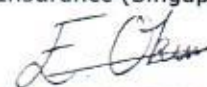
This document forms part of your contract with us and should be read together with your Policy Schedule and your Policy Details. Do let us know if any of the details shown here need to be amended or updated.

Certificate No.	: MT/00484747
Type of Coverage / Driver Plan	: Car Comprehensive (Value Plus Plan)
1) Vehicle Registration No.	: SDW83S
Chassis No.	: WBAJA52050G885568
2) Name of Policy Holder	: Bhawnani, Prem Arjandas
3) Effective Date / Time of Commencement of Insurance for the Purpose of the Act	: 29/05/2018 00:00
4) Date/Time of Expiry of Insurance	: 28/05/2019 23:59
5) Persons or Classes of Persons Entitled to Drive	
(a) The Insured	
(b) Any named person under the policy who is driving on the Insured's order or with his permission.	
(c) Any authorised person, provided such person is aged 30 and above and holds a valid driving licence of 2 years or more, who is driving on the Insured's order or with his permission	
The person driving must have a valid driving licence to drive in Singapore and must not be under suspension or disqualification from driving.	
6) Limitations as to use*	
Use only for private purposes, in accordance with the declared car usage stated on your Policy Schedule. The policy does not cover use for hire or reward, tuition, driving test, racing, pace-making, reliability trials, speed tests, the carriage of goods for payment or for any purpose in connection with the motor trade business.	
*Limitations rendered inoperative by Section 8 of the Act and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under this heading.	
Sum Insured	: Market Value
Own Damage Excess	: S\$ 0.00 (before any applicable GST)
Windscreen Excess	: S\$ 100.00 (before any applicable GST)
Choice of workshop	: My Workshop/ My Authorised Distributor Workshop
Finance company / Hire Purchase	: DBS Bank Ltd
Main driver	: Bhawnani, Prem Arjandas
Named driver	: None
Important Note: This policy does not cover drivers below the age of 30 and drivers who hold a valid driving licence of less than 2 years with the exception of the named drivers above.	

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 the Road Transport Act, 1987 (Malaysia).

Issued on: 18/05/2018

Direct Asia Insurance (Singapore) Pte. Ltd.



Edip Okur
Chief Underwriting Officer

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MMIA48124807 Vehicle Registration No: 8DW835
Name (as shown in NRIC) : ARMAN ARJANIDAS BATHIKHAN NRIC/FIN/Passport No : S1398328Z
(*Vehicle Driver / Vehicle Owner) ☒ Please delete as appropriate
Address : _____ Singapore ()
Contact (Tel) : _____ Mobile No. : 96152888
Email Address : _____
Date of Accident : 24/09/2018 Time of Accident : 08:05
Place of Accident : KEP TOWARDS CITY
Insurance Company : DIRECT ASIA

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

DATE OF DRIVING PASS TO 14/01/1980

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: Reed Lim
NRIC/FIN No.:
Date: 26/09/2018