

NATIONAL Assessment Centre Services [Stamp: 1 Jan 2005] *2/1/2005 18/30/05*

Date In: <i>09/10/2008 14:53</i>	Job description	Date & Time Completed	Done by
Ref No: <i>NBA/18/18018228/4</i>	SAS e-filing		
Veh No: <i>STU 62842</i>	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: <i>15/09/2008 0.7'00</i>	i-Motor Claim Form		
OD: <i>(IP) Reporting Only</i>	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by <u>Fax / Hand to Owner/Wksp</u>		

Preferred Wksp / INC Assign Wksp / QW: ( ) Tel: ( ) Fax: ( )

TP Particulars: Veh No: *SJR 7296D* 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

<i>NA2806429</i>	Invoice Preparation Checklist		Amt (\$)	Amt (\$)
	Claimant's Particulars:-	1) AR: Accident Reporting (\$30)	1st Bill	Add Bill
	Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
	Contact No:	3) TF: Towing Fee \$40/\$43		
	Damaged Portion:	4) FT: Follow-Through Survey \$120		
	QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
	Auditors' Comments:-	For claiming against INC Only (wef 10 Jan 2005)		
	Cat. 1:	6) TR: Re-inspection \$75		
	Cat. 2 / 3:	7) N1: Idao DA + SMRT Survey \$160		
		8) NTUC Additional Services:-		
	OD:			
	*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: Idao Mobile \$0			

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 willful 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. 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	09/10/2018 14:53
Date Of Accident	15/09/2018 07:00
Exact Location Of Accident	ALONG ORCHARD ROAD TURNING INTO TOMLINSON ROAD
Country/State of Loss	SINGAPORE

#### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJU6384Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CAR COVE LEASING PTE LTD
Co Reg No	201602573M
Email Address	EDWIN@CARCOVE.COM.SG
Mobile Phone No	(LOCAL) +65-90488211
Alternative Phone No	OFFICE-90488211

#### Vehicle Particulars

Manufacturer	KIA
Model	CERATO FORTE
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	COMMERCIAL VEHICLE

#### Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	999994595
Cover Note Number	

#### Driver

Name of Driver	SHAFIQ S/O RAVICHANDRAN
NRIC No	S9404366B
Date Of Birth	25/01/1994
Occupation	INDOOR
Date Of Driving Pass	04/09/2015
Driving Experience	3 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90488211
Fax Number	
Contact Number	OFFICE-90488211
Email Address	EDWIN@CARCOVE.COM.SG

Address	BLK 117 BUKIT MERAH VIEW #09-191
Postcode	151117
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	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)	5
Passenger 1	NAME: : PASSENGER GENDER: : MALE
Passenger 2	NAME: : PASSENGER GENDER: : MALE
Passenger 3	NAME: : PASSENGER GENDER: : MALE
Passenger 4	NAME: : PASSENGER 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	SJR7296D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR

Name of Driver	GOH CHEE KHANG
NRIC/Passport Number	S7926762G
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.



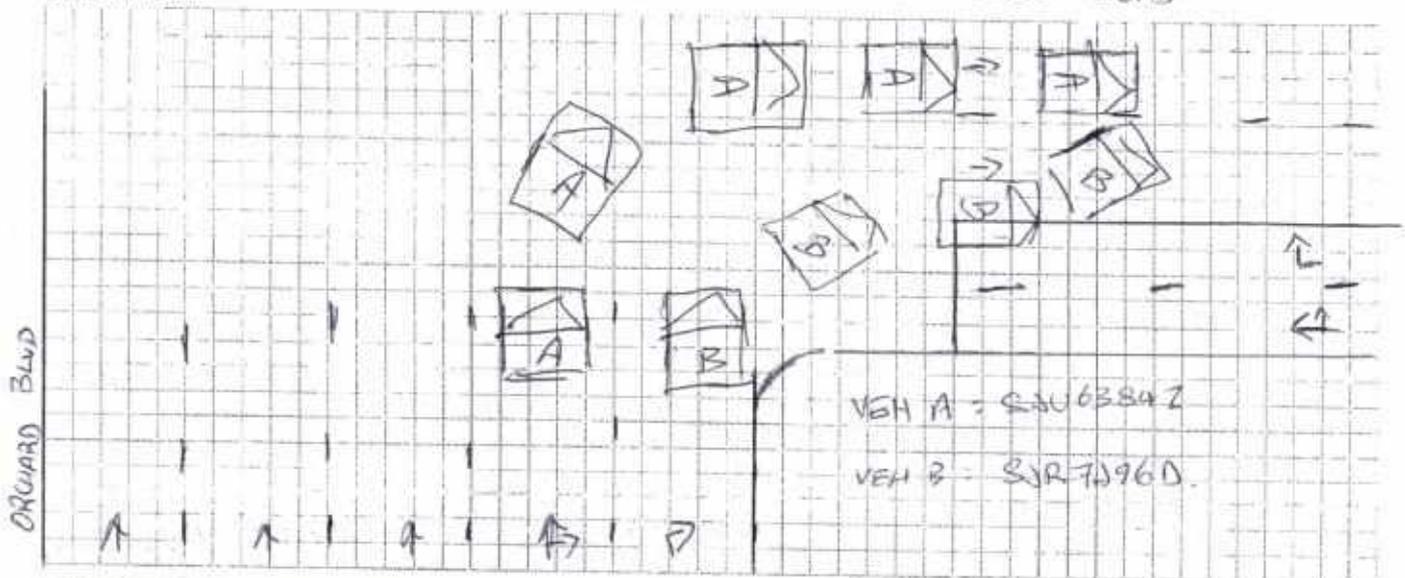
Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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

SKETCH PLAN

TOMLINSON ROAD



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS TRAVELLING ALONG ORCHARD BLVD TURNING RIGHT INTO TOMLINSON ROAD ON 15<sup>th</sup> SEPTEMBER 2018 AT 07:00 HRS. WHILE TURNING RIGHT I WAS IN MY EXTREME LEFT LANE ON TOMLINSON ROAD I SAW THIS CAR VEH B NUMBER PLATE SJR 7296D HE TURN INTO THE ON COMING LANE ON TOMLINSON ROAD AND HE WAS PANICKED AND SWERVE TOWARDS MY VEHICLE AND ENDED UP WE COLLIDED. AFTER IT HIT MY VEHICLE HE SHIFT <sup>AND REVERSE BACK</sup> HIS VEHICLE ON ORCHARD BLVD. AFTER WE WENT DOWN AND CHANGE PARTICULARS, SO ~~HE~~ I ASKED HIM WANT TO CLAIM INSURANCE OR PRIVATE SETTLE THE CASE. HE AGREED TO PRIVATE SETTLE IT AND CALLED ME TO SETTLE OUR VEHICLE. AFTER 1 WEEK HE I DIDN'T RECEIVED THIS CALL AND I GO UP HIS HOUSE MANY TIMES BUT NO PEOPLE IS AT HOME. THAN NOW RENTAL COMPANY CALLED ME STATED THAT THERE'S A CLAIM FROM THIS VEHICLE SJR 7296D.

DECLARATION

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



Policyholder's Signature  
Date & Time:

*[Signature]*  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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

Email: [sm@idac.com.sg](mailto:sm@idac.com.sg)

Tel no: 6555 6888 Fax no: 6454 3279

### Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 15/09/2018 (dd/mm/yy) Time of Accident: 07:00 (24-HR-FORMAT)

Vehicle No.: S2U 6384Z Vehicle Make & Model: KIA CERATO FORTE

Exact location of Accident: ALONG CAGIARD BLVD TURNING INTO TOMLINSON ROAD

Policyholder's Name / IC No.: CAR LORE LEASING PTE LTD

Driver's Name / IC No.: SHAFIQ S/O RAVICHANDRAN 394043668 (As Above)

Driver's Contact No.: 90488311 Company Contact No: \_\_\_\_\_

Driver's Address: 117 BUKIT MERAH VEW #01-191 (S) 151117

Email address (if any): edwin@carcore.com.sg Insurance Company: AIG

**Relationship between Owner & Driver:** (Please **CIRCLE** one only)

Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / **Hirer** / Others specify: \_\_\_\_\_

**What do you wish to claim?** (Please **TICK** one only)

Own Insurance /  Other Vehicle (The one you want to claim against) /  Reporting (For Record Purpose)

**Exact purpose for which the vehicle was being used at time of accident?**

Private use /  Work purpose

**Occupation (nature of job)**  Indoor /  Outdoor

**No. of Passengers (Including Driver):** 5 ALL MALE

**Weather condition & Road conditions?** (On the day of accident)

Clear & Dry /  Raining & Wet /  After-Rain & Wet /  Drizzling & Wet / Others: \_\_\_\_\_

**Was there any video captured by your Car Camera?**  Yes /  No

**Any Injuries:**  Yes /  No (If YES) Injured Person's Name: \_\_\_\_\_

Injuries Sustain: \_\_\_\_\_ Injured Person in Which Vehicle: \_\_\_\_\_

**Police Report filed:**  Yes /  No (If YES) Which Police Station: \_\_\_\_\_

### The Other Party(s) Details:

1. Driver's Name / IC No.: GOH CHEE KHANG 879267626 Vehicle No: SJR 72960

Driver's Contact No: \_\_\_\_\_ Insurance Company (If any): \_\_\_\_\_

2. Driver's Name / IC No: \_\_\_\_\_ Vehicle No: \_\_\_\_\_

Driver's Contact No: \_\_\_\_\_ Insurance Company (If any): \_\_\_\_\_

\*Independent Witness (If Any): \_\_\_\_\_ Contact No: \_\_\_\_\_

Preferred Workshop Name: \_\_\_\_\_ Contact No: \_\_\_\_\_

\*If no proper documents are produced, IDAC should not file the report. Information will be discarded after one week.

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S9404366B



Name  
SHAFIQ S/O RAVICHANDRAN

Race  
INDIAN  
Date of birth  
25-01-1994  
Country of birth  
SINGAPORE

Sex  
M



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence No. S9404366B

SHAFIQ S/O RAVICHANDRAN

Birth Date: 25 Jan 1994  
Issue Date: 04 Sep 2015

002470057D

SG 50



4345880



NRIC No. S9404366B

Date of issue  
30-01-2009

APT BLK 117 BUKIT MERAH VIEW #08-191  
SINGAPORE 151117

No: S9404366B

Date: 21/11/2017

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

Class 3 Motor Cars =< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg

EFFECTIVE DATE  
04 Sep 2015



NP 428A



HOTLINE TEL: (65) 8419-3000  
FAX: (65) 8415-3723

## 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)

M.Z.400

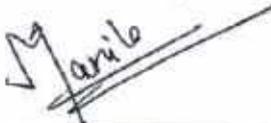
COMPREHENSIVE COMMERCIAL MOTOR		(The below excess is subject to GST)	
CERTIFICATE NO.	SJU6384Z	POLICY EXCESS	S\$2000.00 Section (I & (II)
POLICY NO.	999994595	WINDSCREEN EXCESS	\$100.00
1) VEHICLE REGISTRATION NO.		SUM INSURED	Market Value
2) NAME OF INSURED		INSURING WITH COE/PARF	Yes
3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE PURPOSES OF THE ACT		SJU6384Z	
4) DATE OF EXPIRY OF INSURANCE		Car Cove Leasing Pte Ltd	
5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE*		30 August 2018	
		11 February 2019	
<p>Any person who is driving on the Insured's order or with their permission. If You or Your Authorised Driver is below the age of 23 years old and/or above 65 years old and/or has less than 1 year driving experience, the additional excess Section 2 is S\$3,000, outside Singapore is S\$5,000 and Fire &amp; Theft excess Section 1 is S\$1,500</p>			
<p>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.</p>			
6) LIMITATION AS TO USE*			
<p>1) Use for social, domestic, pleasure purposes and business purposes of Insured 2) Use for social, domestic, pleasure purposes and business purposes of any person whom the vehicle is hired. 3) Use for the carriage of passengers for hire or reward by any person to whom the vehicle is hired.</p>			
<p>The Policy does not cover: 1) Use for tuition, driving test, racing, pace-making, reliability trial or speed-testing; 2) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle; 3) Use for any purpose in connection with the Motor Trade.</p>			
LOSS OF USE	Not included		
HIRE PURCHASE COMPANY	Heritage Auto Enterprise Pte Ltd		
<p>*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.</p>			

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).

Issued in Singapore 21 Sep 2018

AIG Asia Pacific Insurance Pte. Ltd.

691991-000  
Moh Kok Heng  
3 Tampines Grande, AIA Tampines  
#02-38  
SINGAPORE 528799

  
\_\_\_\_\_  
AUTHORISED REPRESENTATIVE

ORIGINAL

SSPOEG