

NATIONAL Assessment Centre Services (wef 1 Jan 2005)

Date In: 09/11/2018 15:46	Job description	Date & Time Completed	Done by
Ref No: NA/AIG18020344/KY	SAS e-filing		
Veh No: SJQ 9314C	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 08/11/2018 21:45	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: JSL2199	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

Claimant's Particulars :-	NA1807313	Invoice Preparation Checklist	Am't (\$) 1st Bill	Am't (\$) Add Bill
Driver/Owner:		1) AR: Accident Reporting (\$30);		
Contact No:		2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:		3) TP: 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		
		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	

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 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	09/11/2018 15:46
Date Of Accident	08/11/2018 21:15
Exact Location Of Accident	SIMS AVENUE EAST OUTSIDE KEMBANGAN MRT STATION
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJQ9314C
Insured/Policyholder	
Name Of Registered Owner	NEO R & R PTE LTD
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90709947
Alternative Phone No	OFFICE-90709947

Vehicle Particulars

Manufacturer	HYUNDAI
Model	-
Exact Purpose for which vehicle was being used at time of accident	WORK
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 HIRE

Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	999994578
Cover Note Number	

Driver

Name of Driver	SHASHIVELAN GANESAN
NRIC No	S9449404D
Date Of Birth	27/12/1994
Occupation	OUTDOOR
Date Of Driving Pass	27/09/2018
Driving Experience	0 YEAR AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-98525627
Fax Number	
Contact Number	OTHERS-98525627
Email Address	NOEMAIL

Address	BLK 178B RIVERVALE CRESCENT #04-433
Postcode	542178
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - CUSTOMER
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BEDOK SOUTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 20 CHAI CHEE DRIVE , POSTCODE: 469045 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2448999 - FAX NO: 62446558
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT : T/20181108/2206

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	JSL2199
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	KUMARAVEL A/L RAJINTHRAN
NRIC/Passport Number	
Contact Number	90234264
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 lodging 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 based 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 (a) 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.:

9/11/2018

SIMS AVENUE EAST
OUTSIDE KEMBANGAN MRT STATION

Vehicle A: SJQ9314C
Vehicle B: JSL2199

SKETCH PLAN

traffic light



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

FOLLOW POLICE REPORT

T/20181108/2206

DECLARATION

(We declare the foregoing particulars are true in every respect.)

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.:

9/11/2018



**SINGAPORE
POLICE FORCE**



T/20181108/2206

Police Station Of Origin:
Bedok South N.P.C
20 Chai Chee Drive SINGAPORE 469045
Tel No: 1800-2448999

1 of 4

Report No. T/20181108/2206

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/11/2018 22:51	Vide Report No.:	Station Diary No.: 53
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Informant's Particulars

Name of Informant: SHASHIVELAN GANESAN			Address: APT BLK 178B RIVERVALE CRESCENT #04-433 SINGAPORE 542178		
ID Type / ID No.: NRIC NO / S9449404D			Contact No.: Home/Office: Mobile: 98525627		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 23	Date of Birth: 27/12/1994	Type of Informant: Driver		
Race: Indian			Language: English		Institution / School Name:
Occupation: FULL TIME NATIONAL SERVICEMAN			Driving Licence Information: Class: 3A Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Foreign Vehicle	Drink Drive: No	Date/Time of Accident: 08/11/2018 21:15	Type of Location: Straight Road
Location: Along Road 1 SIMS AVENUE EAST OUTSIDE KEMBANGAN MRT STATION				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control:		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
JSL2199	Motorcycle					0
SJQ9314C	Car	HYUNDAI		Red	Slightly Damaged	0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20181108/2206

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Police Station Of Origin:
Bedok South N.P.C
20 Chai Chee Drive SINGAPORE 469045
Tel No: 1800-2448999

Report No. T/20181108/2206

CONTINUATION OF REPORT

Rider			
Name	KUMARAVEL A/L RAJINTHRAN	ID No.	NIL
Related Vehicle	JSL2199 (Motorcycle)	Contact No.	90234264
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	SHASHIVELAN GANESAN	ID No.	S9449404D
Related Vehicle	SJQ9314C (Car)	Contact No.	98525627
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On the 08/11/18 at about 2115hrs, I was driving my vehicle bearing registration number SJQ9341C along Sims Ave East towards New Upper Changi Road. I had no passenger with me. The traffic at that point of time was heavy.

As I was approaching the traffic light outside Kembangan MRT station, travelling at about 60kph when I observed the light turning amber. I then applied the brakes and managed to stop just before the stop line.

Immediately after I came to a complete stop, I suddenly felt an impact from the rear. I came out of my vehicle to make a check and realized one Malaysian registered motorcycle bearing number JSL2199, had collided onto the rear of my vehicle and fell onto the ground. The rider informed that he tried to apply the emergency brakes but could not stop in time.

I wish to state that neither of us sustained any injuries. The collision caused a dent on my rear bumper.

I also wish to state that I do not have any in-car camera installed.

Rider:
Kumaravel A/L Rajinthan
960731-01-6355
No 31 Jalan Ronggeng 28
Taman Nesa
81300 Skudai
Johor



**SINGAPORE
POLICE FORCE**



T/20181108/2206

Police Station Of Origin:
Bedok South N.P.C
20 Chai Chee Drive SINGAPORE 469045
Tel No: 1800-2448999

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Report No. T/20181108/2206

CONTINUATION OF REPORT

Mother's Contact number: 90234264



**SINGAPORE
POLICE FORCE**



T/20181108/2206

Police Station Of Origin:
Bedok South N.P.C
20 Chai Chee Drive SINGAPORE 469045
Tel No: 1800-2448999

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Report No. T/20181108/2206

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:
G /
Sgt 3 MUHAMMAD AZHAR BIN MISSUAN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
Sr Staff Sgt MOHAMAD ZULFAZDLI BIN
ABDULLAH
Contact No.: 65476204

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
08/11/2018 22:51

Classification Of Case:

• Email: 90709947@neorentalandresources.com.

90709947@neorental and
resources.com ✓

Date of Accident : 08/11/2018 Accident Time: 21:15 (24-HR-Format)
Accident Place : Along Road 1, SIMS AVENUE EAST
Vehicle Reg. No. (Car Plate No.) : SJQ9314C
Vehicle Make/Model : Hyundai
Insurance Company : AIG Policy No. _____
Owner or Company Name / IC No. : GUAN ZHI JIE
Owner or Company Contact No. : 90709947 Owner's Hp _____ Company Tel _____
DRIVER'S Name / IC No. : SHASHIVELAN GANESAN
DRIVER'S Date Of Birth : 27/12/1994 DRIVER'S License Pass Date 27 Sep 2018
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: customer
DRIVER'S Address : BLK 178B RIVERVALE CRESCENT #04-433 S542178
DRIVER'S Contact No. / Alt No. : 1) 9852 5627 2) _____
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address : weiyuan0312@gmail.com
Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (Including Driver): 1

Was there any video Captured by car camera: YES (NO)

Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Other Party Driver's Particular (if any)

Vehicle Reg. No: JSL 2199

Vehicle Reg. No: _____

Vehicle Make/Model: Motorcycle

Vehicle Make/Model: _____

Name Driver: KUMARAVEL A/L RAJINTHIRAN

Name Driver: _____


IC No. Driver: 960731-01-6355

IC No. Driver: _____

Driver's Contact & Add: 9023 4264

Driver's Contact & Add: _____


Driver

 **HOME TEAM**
NATIONAL SERVICE IDENTITY CARD

SHASHIVELAN GANESAN

S9449404D


SINGAPORE CIVIL DEFENCE FORCE



THIS IS NOT A WARRANT CARD

Unauthorised possession, use, retention, alteration, destruction or transfer of this card is strictly prohibited. This card must be returned to the nearest SPF/SCDF station if found.

Date of Birth	Race	Enlistment
27/12/1994	INDIAN	5/11/2016
Address		
Blk 178B RIVERVALE CRESCENT		
#04-433 SINGAPORE 542178		





Driver

REPUBLIC OF SINGAPORE **DRIVING LICENCE**

Licence Number: **S9449404D**
Name: **SHASHIVELAN GANESAN**

Birth Date: **27 Dec 1994**
Issue Date: **27 Sep 2018**



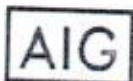
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YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

	EFFECTIVE DATE
Class 3A Motor cars without clutch pedals (Auto) with unladen weight \leq 3000kg with \leq 7 passengers, exclusive of driver; and other motor vehicles without clutch pedals with unladen weight \leq 2500kg	27 Sep 2018

NP 428A





HOTLINE TEL: (65) 6478-0000
FAX: (65) 6475-0722

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)

M2401

THIRD PARTY	COMMERCIAL MOTOR	(The Dollar excess is subject to GST)	
CERTIFICATE NO.	SJQ9314C	POLICY EXCESS	S\$2000.00 (Sect II)
POLICY NO.	999994578	WINDSCREEN EXCESS	NA

- 1) VEHICLE REGISTRATION NO.
- 2) NAME OF INSURED
- 3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE PURPOSES OF THE ACT
- 4) DATE OF EXPIRY OF INSURANCE
- 5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE*

SUM INSURED NA
INSURING WITH COE/PARF NA
SJQ9314C
NEO R & R PTE LTD

11 June 2018

10 June 2019

*Any person who is driving on the insured's order or with their permission.

S\$2,000.00 Section II Excess is applicable for driver who is above 22 years old with minimum 2 years driving experience.

S\$4,000.00 Section II Excess is applicable for drivers who is at age of 21 years old with minimum 1 year driving experience.

S\$6,000.00 Section II Excess is applicable for driver who is below 21 years old and/or with less than 1 year driving experience.

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) LIMITATION AS TO USE*

- 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.

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.

LOSS OF USE Not Included

HIRE PURCHASE COMPANY NA

*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.

1) 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 II of the Road Transport Act, 1987 (Malaysia).

Issued in Singapore 06 Jun 2018

500656-000
Cowell Insurance (Agency) Pte. Ltd.
8 Burn Road
#09-09 Trix
Singapore 359977

AIG Asia Pacific Insurance Pte. Ltd.

M. Anile

AUTHORISED REPRESENTATIVE

ORIGINAL

SIGPOEC