

NATIONAL Assessment Centre Services

(Unit 1 11/000)

NA1807917

Date In: 04/12/2018 19:09	Job description	Date & Time Completed	Done by
Ref No: NA1807917	SAS e-illing		
Veh No: SLB 5315G	E-mail (within 3hrs, A/C 2hrs)		
D.O.A: 04/12/2018 08:50	e-Motor Claim Form		
OD TP Reporting Only	e-Motor W/O (Within 24hrs, TP 2hrs)		
	e-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / OW:	Tel:	Fax:
TP Particulars: Yell No: SJZ 2356E	INC () / Non-INC ()	
Owner / Driver:	Tel:	
Policy No:	Period:	Cover Type:
Confirmed by:	Date:	Time:
Insured/Driver Liability: () %	(Note: BSL 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:	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

NA1807917	Invoice Preparation Checklist
Driver/Owner:	1) AR: Accident Reporting (30)
Contact No:	2) DA: Damage Assessment (300) INC (30)
Damaged Portion:	3) TP: Towing Fee (30/40)
C. Checked by (Bgr-In-Charge):	4) FT: Follow-Through Survey (30)
	5) PT: Follow-Through Survey (Resurvey) (30)
	6) TR: Re-inspection (30)
	7) NI: Adv DA + SMRT Survey (30)
	8) NTUC Additional Services
	9) NI: Courtesy Car / Tpl Allowance (30)
	10) NI: Repair Coordination (30)
	11) NI: Post Repair Inspection (30)
	12) NI: DY / Collect Unacc Coordination (30)
	13) NI: TP (In INC) against INC (30)
	14) NI: Issue Mobile (10)
2/3:	Invoice dated: / / Fee Charged: \$
	Issued by: / 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	04/12/2018 19:09
Date Of Accident	04/12/2018 08:50
Exact Location Of Accident	JUNCTION OF AROOZOO AVENUE AND JALAN SONGKET
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLB5315G
Insured/Policyholder	
Name Of Registered Owner	HITACHI CAPITAL ASIA PACIFIC PTE LTD
Co Reg No	199400399N
Email Address	DEVIKA2011@GMAIL.COM
Mobile Phone No	(LOCAL) +65-83282190
Alternative Phone No	OFFICE-91690806

Vehicle Particulars

Manufacturer	HYUNDAI
Model	TUCSON-2.0 TL (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	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	2100464589-02
Cover Note Number	

Driver

Name of Driver	DEVIKA PRASAD
Passport No/FIN	G5134022T
Date Of Birth	20/11/1987
Occupation	INDOOR
Date Of Driving Pass	26/03/2016
Driving Experience	2 YEARS AND 8 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-83282190
Fax Number	
Contact Number	OTHERS-91690806
Email Address	DEVIKA2011@GMAIL.COM

Address	78 HOUGANG AVENUE 7 #15-32 THE FLORIDA
Postcode	534260
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?	YES
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: : NAIR RAHUL THALACHIL NARAYANANUNNI 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(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	SJZ2356E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LAY WAI CHOONG
NRIC/Passport Number	S2763436B
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	NAIR RAHUL THALACHIL NARAYANANUNNI
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	SLB5315G
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	DEVIKA PRASAD
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	SLB5315G
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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)

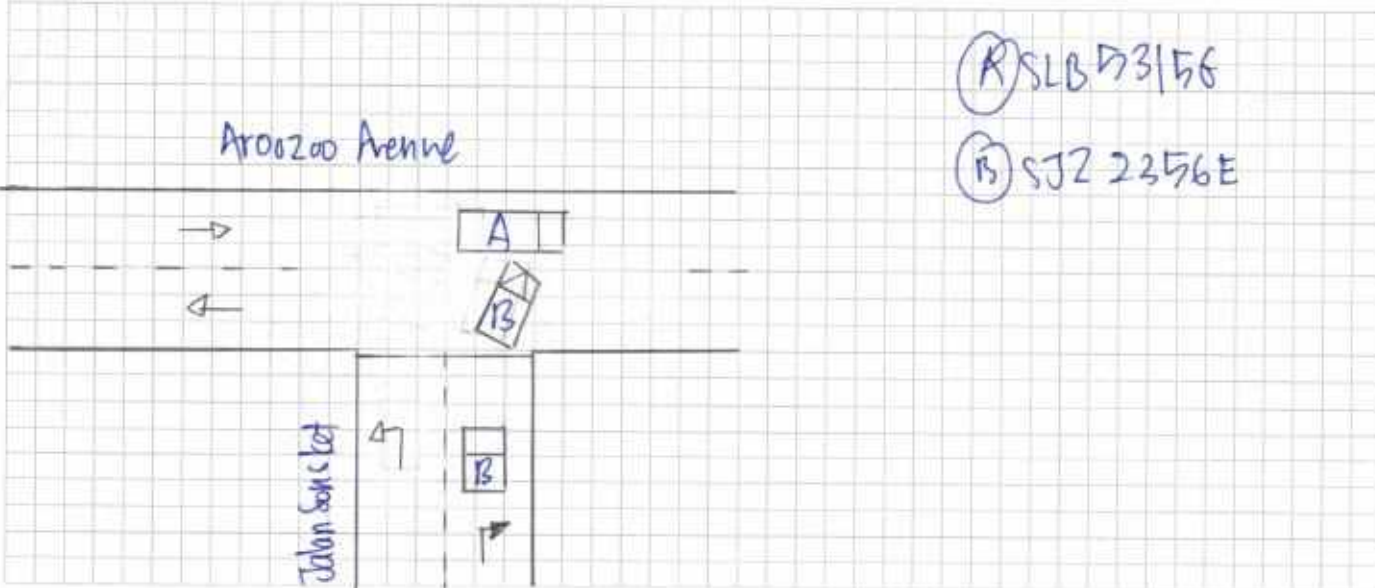
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 04.12.2019 at about 08:50hrs, I was travelling along Aroozoo Avenue. As I was heading straight, all of a sudden a vehicle from Jalan Sonckel (SJ2 2356E) dashed out & collided onto my right side portion.

DECLARATION

I/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.:

SINGAPORE ACCIDENT STATEMENT

ACCIDENT DATE: 04.12.2018	TIME: 08:50hrs (hh:mm) 24 hrs Format
LOCATION Junction of Aroozoo Ave & Jalan Sonnet	
VEHICLE NUMBER SLB 5315E	
INSURED NAME Hitachi Capital Asia Pte Ltd	
NRIC / FIN 199400390N	CONTACT:
MAKE Hyundai Tucson	MODEL TL 2.0 GLS AT 2WD SR (EPB)
Are you claiming under your own insurance policy for repair to your vehicle?	
() Yes, If No, Pls Select : (<input checked="" type="checkbox"/>) Third Party () Reporting Only	
INSURANCE COMPANY AIG	
TYPE OF POLICY (<input checked="" type="checkbox"/>) COMPREHENSIVE () THIRD PARTY () TPFT	
POLICY NUMBER : 2100464589-02	
NAME DRIVER : Devika Prasad () SAME AS INSURED	
NRIC / FIN 851340227	CONTACT: 8328 2190
DATE OF BIRTH: 20.11.1987	9169 0806
DRIVING PASS DATE : 26.03.2016	
OCCUPATION : (<input checked="" type="checkbox"/>) INDOOR () OUTDOOR	
GENDER : () MALE (<input checked="" type="checkbox"/>) FEMALE	
EMAIL ADDRESS: devika2011@gmail.com	() NO EMAIL
ADDRESS OF DRIVER: 78 Hounsfield Rd #15-32 The Fluida	
S(534260)	
Number Of Passenger Include Driver: 2pax include driver	
Was driver an employee of the Insured's Company? () YES (<input checked="" type="checkbox"/>) NO	
If No, Relationship Of The Driver With The Insured	
() Owner () Spouse () Friend () Relative () Children () Sibling (<input checked="" type="checkbox"/>) Others	
Does The Driver Own Any Other Vehicle? : () YES (<input checked="" type="checkbox"/>) NO	
If Yes, Vehicle Registration Number Of Driver's Own Vehicle:	
Insurance Company Of Driver's Own Vehicle	
Weather Conditions: (<input checked="" type="checkbox"/>) Clear () Raining () Drizzling () Others	
Road Surface : (<input checked="" type="checkbox"/>) Dry () Wet () Others	
Was Any Foreign Vehicle Involved In This Accident? () YES (<input checked="" type="checkbox"/>) NO	
Was Anybody Injured In The Accident? (<input checked="" type="checkbox"/>) YES () NO	
If YES, Injured details : ① Driver	
② Hair Rahul Thalachil Narayananunni - male	
Convey By Ambulance: () YES () NO	
Was There Any Video Capture By Car Camera? () YES () NO	
Was There Accident Reported To The Police? () YES () NO If Yes Attach Police Report	
Police Report Number (if any)	
Details Of 3rd Party	
Veh B SJ2 2356E	Name / NRIC Lay Wat Choon / S2763436B
Veh C	
Veh D	
Veh E	
Veh F	
Veh G	

VISIT PASS
Immigration Regulations

23-06-2019

Name
DEVIKA PRASAD

FIN
G5134022T

Date of Birth
20-11-1987

Sex
F

Nationality
INDIAN

MULTIPLE JOURNEY VISA ISSUED

Download SGWorkPass App to check status



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



 **EMPLOYMENT PASS**
Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore

Employer
JPMORGAN CHASE BANK, N.A.

Name
DEVIKA PRASAD

FIN
G5134022T



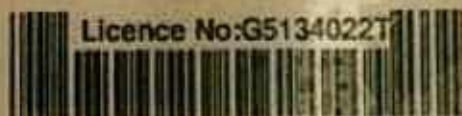
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YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 3 Motor cars with unladen weight $\leq 3000\text{kg}$ with ≤ 7 passengers, exclusive of driver; and other motor vehicles with unladen weight $\leq 2500\text{kg}$ 26 Mar 2016

NP 428A



Licence No: G5134022T

REPUBLIC OF SINGAPORE

DRIVING LICENCE



Licence Number: G 5 1 3 4 0 2 2 T

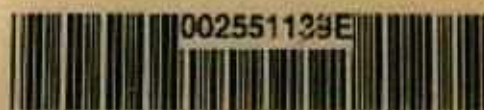
Name:

DEVIKA PRASAD

Birth Date: 20 Nov 1987

Issue Date: 26 Mar 2016

Valid Till 25/03/2021



002551139E



CERTIFICATE OF INSURANCE

AUTOPLAN PRIVATE VEHICLE

Name of Policyholder : Hitachi Capital Asia Pacific Pte Ltd
Period of Insurance : 13 Apr 2018 To 12 Apr 2019
Engine No. : G4NAGU176057
Chassis No. : KMHJ3813MHJ206679

Vehicle No. : SLB5315G
Policy No. : 2100464589-02
Endorsement No. :
Issued Date : 09 Apr 2018

ABOUT THE COVER

Make/Model : HYUNDAI NEW TUCSON 2.0
Engine Capacity/Tonnage : 1,998.00 CC
Driver Restriction : NA
Sum Insured : Market Value
Off Peak Car : No
First Year of Registration : 2016
Insuring with COE/PARF : Yes

Person or Classes of Persons Entitled to Drive* :

You have to pay an additional sum of \$3,000 as "Young and/or Inexperienced Driver Excess" ("YID") if You are or Your Authorized Driver (named or unnamed) is under the age of 23 and/or has less than 2 years' driving experience.

Age Condition : All Age Condition

Limitation as to use* :

Use for the carriage of passengers or goods in connection with the Policyholder's business.
 Use for social, domestic, pleasure purposes and business purposes of any person to whom the Vehicle is loaned. This Policy does not cover:
 1) use for driving tuition, driving test, racing, pace-making, reliability trial or speed testing;
 2) use while towing a trailer except the towing (other than for reward) of anyone disabled using a mechanically propelled vehicle;
 3) use for the carriage of passengers for hire or reward by any person to whom the Vehicle is loaned; and
 4) use for any purpose in connection with Motor Trade.

Loss of Use 15000 - 16000 Optional

* Limitations mentioned hereinafter by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 188) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS

Section 1
Fire - \$0 Own Damage - \$600 Theft - \$0 Flood Cover - \$0

Section 2
Property Damage - \$0

Windscreen - \$100

Named Driver and Excess (where applicable)

Onika Pineda - \$600 (Own Damage)

APPROVED REPORTING CENTRES/AUTHORISED REPAIRERS (FOR CLAIMS RELATED REPAIRS)

Approved Reporting Centres/ AIG Authorized Repairers (For claims related repairs)
 Any accident repairs to the Vehicle can be carried out at the repairer of Your choice (unless specifically excluded by Us).
 For Approved Reporting Centres/AIG Authorized Repairers, please contact our 24-hour accident emergency hotline at +65 6338 8206. Alternatively, you may refer to AIG website www.aig.com.sg or AIG SG Mobile App. Simply search and download 'AIG SG' from iTunes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: NA

(We hereby certify that the policy to which this Certificate of Insurance relates is issued in accordance with the provisions of the Motor Vehicles(Third Party Risks and Compensation) Act (Cap. 188), Part IV of the Road Transport Act, 1987 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1989 (Malaysia).)

0504080011

G&M PTE LTD
 8 SHENTON WAY #13-03 AXA TOWER
 SINGAPORE 058811

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

M. Anil

AIG Asia Pacific Insurance Pte. Ltd.
 AUTHORIZED REPRESENTATIVE

0504 Pte. Ltd.

78 Shenton Way #07-18 AIG Building 5079120 | T +65 6415 3000 | F +65 6415 3723 | www.aig.com.sg

AIG Asia Pacific Insurance Pte. Ltd.

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	0399N
Vehicle Details	
Vehicle No.:	SLB5315G
Vehicle to be Exported:	No
Intended Deregistration Date:	31 Dec 2018
Vehicle Make:	HYUNDAI
Vehicle Model:	TL TUCSON 2.0 GLS AT 2WD SR (EPB)
Primary Colour:	Brown
Manufacturing Year:	2016
Engine No.:	G4NAGU176087
Chassis No.:	KMHJ3813MHU206679
Maximum Power Output:	114.0 kW (152 bhp)
Open Market Value:	\$21,800.00
Original Registration Date:	13 Apr 2016
First Registration Date:	13 Apr 2016
Transfer Count:	0
Actual ARF Paid:	\$22,520.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	12 Apr 2026
PARF Rebate Amount:	\$16,890.00
Intended COE Rebate Details	
COE Expiry Date:	12 Apr 2026
COE Category:	B - Car above 1600cc or 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$38,610.00
COE Rebate Amount:	\$28,120.00
Total Rebate Amount:	\$45,010.00

The information contained herein is correct as at 04 Dec 2018

OK