

NATIONAL Assessment Centre Services.

[ver 1 Jan 2005]

NA11900472

Date In: 10/01/2009 16:24	Job description	Date & Time Completed	Done by
Ref No: N/A119000632/4	SAS e-filing		
Veh No: SKZ 3419P	E-mail (update status, AIC 2hrs)		
D.O.A: 05/01/2009 12:00	1-Motor Claim Form		
OID: TP / Reporting Only	1-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	1-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksn		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: XD 7209P	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:	Complete by:	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

NA1900296	Invoice/Refundation	Amount	Payable
Client Particulars:	1) AR: Accident Reporting (\$30)		
Driver/Owner:	2) DA: Damage Assessment (\$100)	INC (\$50)	
Contact No:	3) TP: Towing Fee	\$40/\$45	
Damaged Portion:	4) PT: Follow-Through Survey	\$120	
	5) FT: Follow-Through Survey (Resurvey)	\$30	
	For claiming against INC Only (ver 10 Jan 2005)		
	6) TR: Re-inspection	\$75	
	7) NI: Idao DA + SMRT Survey	\$160	
	8) NTUC Additional Services:-		
	OT:		
	*N5: Courtesy Car / Tpt Allowance	\$3	
	*N6: Repair Co-ordination	\$10	
	*N7: Post Repair Inspection	\$25	
	*N8: DV / Collect Excess Coordination	\$5	
	TP (Nil): TP (Non INC) against INC	\$20	
	9) N12: Idao Mobile	\$0	
QC Checked by (Engr-In-Charge):	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	
Auditor's Comments:			
Ref 1:			
2/3			

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	10/01/2019 16:22
Date Of Accident	09/01/2019 12:00
Exact Location Of Accident	ALONG PIONEER SECTOR 1
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKZ3419P
Insured/Policyholder	
Name Of Registered Owner	GODHANDAPANY KATHIRAVAN
NRIC No	S7366613I
Email Address	GOKATHIRAVAN@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91064305
Alternative Phone No	OTHERS-91064305

Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL
Exact Purpose for which vehicle was being used at time of accident	CAR WAS PARKED
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	EQ INSURANCE COMPANY LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPPHQ18-000405
Cover Note Number	

Driver

Name of Driver	GODHANDAPANY KATHIRAVAN
NRIC No	S7366613I
Date Of Birth	16/08/1973
Occupation	INDOOR
Date Of Driving Pass	17/09/2012
Driving Experience	6 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91064305
Fax Number	
Contact Number	OTHERS-91064305
Email Address	GOKATHIRAVAN@GMAIL.COM

Address	BLK 272C JURONG WEST STREET 24 #03-10
Postcode	643272
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) 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)	0

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	XD7209P
Vehicle Make/Model/Colour	TRB4174G (TRAILER)
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	MR YEO (ASST OPS MANAGER)
NRIC/Passport Number	
Contact Number	96494360
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:

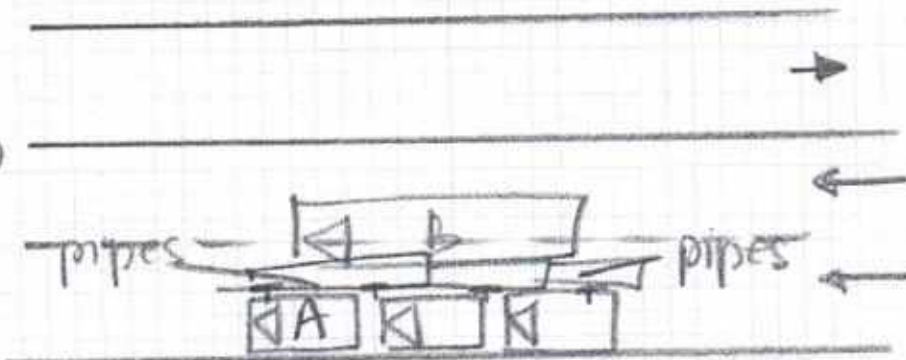
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

SKETCH PLAN

PIONEER SECTOR 1

A = SK23419P
B = XD7209P
(TRB4174G)



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

LICENSE PLATE:	SK.23419P	ACCIDENT DATE & TIME:	02/01/2019 12:00hrs
CONTACT NUMBER:	91064305	E-MAIL ADDRESS:	gokateiravan@gmail.com
LOCATION:	Along Pioneer Sector 1		
<p>My vehicle was parked in designated parallel parking lot along Pioneer Sector 1. I received a call from LTA/Traffic Police saying that pipes had fallen from vehicle XD7201P (TRB4174G). I was given traffic police vide report no. J/20190109/59. That's all.</p>			
<p>NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE CHECK YOUR POLICY FOR MORE INFORMATION</p>			
Please state:			
<input type="checkbox"/> Claim Own Policy	<input checked="" type="checkbox"/> Claim Third Party	<input type="checkbox"/> Claim OD/TP at other workshop	<input type="checkbox"/> Reporting Only

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: Reza M
NRIC/FIN No.:

ACCIDENT STATEMENT

Date of Accident : 09/01/2019 Time of Accident : 1200hrs
Exact Location of Accident : Along Pioneer Sector 1

DETAILS OF OWN VEHICLE

Vehicle Registration Number : SKZ3419P

Insured/Policyholder

Name of Registered Owner : Godhandapany Kathiravan
NRIC No : S73666131
Email Address : gokathiravan@gmail.com
Mobile Phone No : (LOCAL) +65 - 91064305 Alternative Phone No : (HOME) -

Vehicle Particulars

Manufacturer : Model :
Type of Claims / Report : Own Damaged / Third Party / Reporting Only
Vehicle Category : Private / Commercial / Motorcycle / Bus / Others:

Insurance Company

Name of Insurance Company : EQ Insurance
Type of Coverage : Comprehensive / Third Party / Third Party, Fire & Theft
Policy Number :

Driver

Name of Driver : As above
NRIC No :
Date of Birth :
Occupation : Indoor / Outdoor
Date of Driving Pass Date :
Gender : Male / Female
Mobile Phone No : (LOCAL) +65 --
Email Address :
Address :

Was driver an employee of the Insured's Company : Yes / No ☒

If No, Relationship of the Driver with the Insured :

General Information of the Accident

Type of Accident :

Damaged while parked

Weather Conditions : Clear / Raining / Others :

Road Surface : Dry / Wet / Others :

Other Information

Was any foreign Vehicle involved in this accident? : Yes / No ☒

Was any other material or property damaged? : Yes / No ☒

Was there any video captured by Car Camera? : Yes / No ☒

Number of Passengers (Including Driver) : 00

Details of Police Action

Was the accident reported to the police? : Yes / No ☒

If yes, Please state which Police Station :

Was notice of intended Prosecution given? : Yes / No ☒

If Yes, against whom? :

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration No : XD7209P (TPB4174G)

Vehicle Make/Model/Colour :

Name of Driver :

NRIC/Passport No :

Contact No : 96494360 (Mr Yeo - Asst Ops Manager)

Address :

Insurance Company Name :

Details of Witness

Name :

Phone No :

Email Address :

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S73666131



Name

GODHANDAPANY KATHIRAVAN

கோதண்டபாணி கதிரவன்

Race
INDIAN

Date of birth
16-08-1973

Sex
M

Country of birth
INDIA

REPUBLIC OF SINGAPORE DRIVING LICENCE



License Number S73666131

Name

GODHANDAPANY KATHIRAVAN

Date of birth 16 Aug 1973

Issue Date 17 Sep 2012



NRIC No. S73666131



Nationality
INDIAN

Date of issue
12-03-2008

APT BLK 272C JURONG WEST STREET 24 #03-10
SINGAPORE 642272

NRIC No. S73666131

Date: 04/02/2009

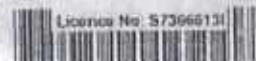
No: 6151618

9815880

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES)

EFFECTIVE DATE

Class 2B Motorcycles ≤ 200 cc 17 Sep 2012
Class 3 Motor Cars ≤ 3000 kg with ≤ 7 passengers, exclusive of the driver, and other motor vehicles ≤ 2500 kg 17 Sep 2012



License No. S73666131

NP 425A

EQ Insurance Company Limited

5 Maxwell Road #17-00 Tower Block MND Complex Singapore 069110
tel 65 6223 9433 | fax 65 6224 3903 | www.eqinsurance.com.sg
reg no, 1978-00490-N

**CERTIFICATE OF INSURANCE**

ROAD TRANSPORT ACT 1987 (MALAYSIA)

THE MOTOR VEHICLES (THIRD-PARTY RISKS) RULES 1959 (FEDERATION OF MALAYSIA)

THE MOTOR VEHICLES(THIRD-PARTY RISKS AND COMPENSATION) ACT (CAP.189 OF THE REVISED EDITION)
(REPUBLIC OF SINGAPORE)THE MOTOR VEHICLES(THIRD-PARTY RISKS AND COMPENSATION) RULES 1996 EDITION(REPUBLIC OF SINGAPORE)
OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF**PRIVATE CAR
Comprehensive****Certificate No. : DMPPHQ18-000405****1. Index Mark and Registration Number of Vehicles**

SK23419P

2. Name of Policyholder

GODHANDAPANY KATHIRAVAN

3. Effective Date of the Commencement of Insurance for the purpose of the Act

19/01/2018

4. Date of Expiry of Insurance

18/01/2019

5. Person or Classes of persons entitled to drive*

(a) The Policyholder

(b) Any other person who is driving on the Policyholder's order or with his permission
permission.

* Provided that the person driving is permitted in accordance with the licensing or other laws or regulation to drive the Motor Vehicle or has been permitted and is not disqualified by order of 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 has not been cancelled at the time of accident loss or damage.

6. Limitation as to use*

Use for social, domestic and pleasure purposes and for the Policyholder's business.

The policy does not cover :

- (a) use for hire or reward
- (b) use for racing, pace-making, reliability trials or speed testing
- (c) use for the carriage of goods (other than samples) in connection with any trade or business
- (d) use for any purpose in connection with the Motor Trade

*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.

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) or and Amendment, Act or Acts passed in substitution thereof.

Hire Purchase : Tai Thong Lee Trading Pte Ltd

A000295/A-Assurance Capital Agency

Date of Issue : 09/01/2018 17:13

Authorised Signatory
EQ Insurance Company Limited**Exp No. : DMPPHQ17-000483**