

ALAN'S UNITED AUTO PTE. LTD.

Block 7, Sin Ming Industrial Estate, #01-76, Singapore 575642.

Tel: 6453 8686 (3 Lines) Fax: 6459 6550

Company Reg. No.: 201113667N

GST Reg. No.: 201113667N

Vehicle Insured : SHA7234X
Accident Date : 05-Feb-2019

Our Ref : 219024 (III) / CHAN

ADIMOOLAM CHANDARA SEGARAN
BLK 263 BISHAN ST 22
#04-264
Singapore 570263

No. : 05922

Date : 12-Feb-2019

PAGE : 1

ESTIMATED COST OF REPAIR FOR HONDA VEZEL SDB5505U

1 pc	Tail gate		975.50
1 pc	Tail gate rubber		96.80
1 pc	Tail gate lock		177.10
1 pc	Tail gate "VEZEL" emblem		43.00
2 pcs	Tail gate lamp	@ S\$294.60	589.20
1 pc	Rear bumper fascia		463.50
2 pcs	Rear bumper side	@ S\$153.20	306.40
2 pcs	Rear bumper reflector	@ S\$141.10	282.20
1 pc	Rear w/s glass moulding		128.00
1 pc	Rear end panel		411.90
1 pc	End panel top garnish		92.30
1 pc	End panel outer antenel sensor		95.00
1 pc	Tail gate closed pocket		35.00

3,695.90

Less 20% : 739.18

1 pc	Rear w/s glass sealant	2,956.72
1 pc	Rear bumper reverse sensor(set	60.00 sn
1 pc	Rear no.plate with box	300.00 sn
		50.00 sn

To remove & refix rear windscreen
glass and conduct water leak test. 150.00

To remove roof lining, front and
rear seats, trim board and carpet 120.00

Con't Page 2 ...

ALAN'S UNITED AUTO PTE. LTD.

Block 7, Sin Ming Industrial Estate, #01-76, Singapore 575642.

Tel: 6453 8686 (3 Lines) Fax: 6459 6550

Company Reg. No.: 201113667N

GST Reg. No.: 201113667N

Vehicle Insured : SHA7234X

Page : 2

To apply undersealing	60.00
To putty and spray replaced parts	900.00
To remove, cut-out damaged parts, panel beating, welding, align, refix and to renew above parts	1,000.00

Total :	S\$ 5,596.72
	=====

Singapore Dollars Five Thousand Five Hundred
and Ninety Six and Cents Seventy Two Only

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	07/02/2019 17:13
Date Of Accident	05/02/2019 23:00
Exact Location Of Accident	BISHAN ST 22
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDB5505U
Insured/Policyholder	
Name Of Registered Owner	ADIMOOLAM CHANDARA SEGARAN
NRIC No	S1490296A
Email Address	SUNDAR88@HOTMAIL.SG
Mobile Phone No	(LOCAL) +65-96751296
Alternative Phone No	OFFICE-96751296

Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5087175303-02
Cover Note Number	

Driver

Name of Driver	SUNDAH S/O CHANDARA SEGARAN
NRIC No	S8808368G
Date Of Birth	16/03/1988
Occupation	INDOOR
Date Of Driving Pass	01/09/2011
Driving Experience	7 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94792716
Fax Number	
Contact Number	OFFICE-64585027
Email Address	SUNDAR88@HOTMAIL.SG

Address	BLK 263 #04-265 BISHAN STREET 22
Postcode	570263
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLIDED INTO PARKED VEHICLE
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)	2
Passenger 1	NAME: : KASTURI 86861992
	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

REFER STATEMENT (ATTENDED BY: JAMES NG)

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	CANNOT BE UPLOADED
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHA7234X
Vehicle Make/Model/Colour	HYUNDAI
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	SALIM BIN MOHAMAD
NRIC/Passport Number	S7435519F
Contact Number	96234978
Address	BLK 236 COMPASSVALE WALK #04-520
Postcode	540236
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

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:

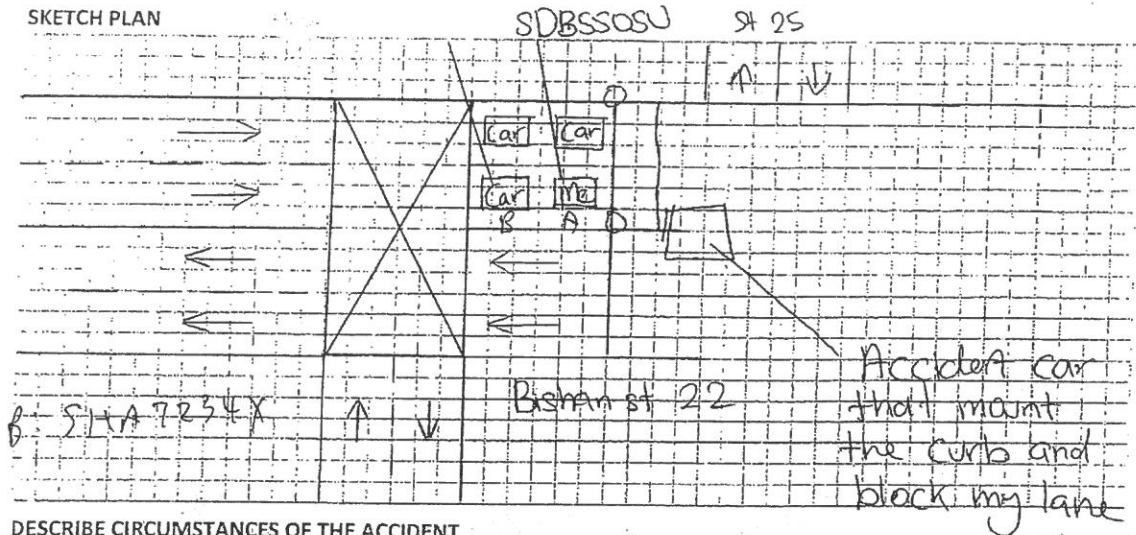
07 FEB 2019

Reporting Centre Personnel's Signature

Name: NG WING KIN JAMES
NRIC/FIN No.: S7927881E

Sketch Plan #2 Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On Tuesday 5/2/19 around 11pm, I was heading out from my home. After leaving my place, I turn right to the junction to stop. I realise that there was a car that came out from st 25 mount the curb and obstructing the traffic. It was red light, I switched on my hazard light and walk over to asked him if he's ok. Moment later, the taxi which was already behind me just accelerate without looking in front. My bumper and back door are damaged.

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.:

07 FEB 2019

NG WING KIN JAMES
S7927881E



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)

Certificate Number: 5087175303-02

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle : **SDB5505U**
Chassis Number : RU11014988
2. Name of Policyholder : **ADIMOOLAM CHANDARA SEGARAN**
3. Effective Date of Insurance : **30 Dec 2018**
4. Expiry Date of Insurance : **29 Dec 2019**
5. Persons 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/her permission.
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. Limitations as to Use#
(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial 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 Vehicle (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.

EXCESS (SECTION 1)	: S\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: ADIMOOLAM CHANDARA SEGARAN
NAMED DRIVER (1)	: THANGAM S.MUNIANDY
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: HITACHI CAPITAL ASIA PACIFIC PTE LTD
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

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)

Agency : TONG HIN INSURANCE AGENCY PTE. LTD. (00000614661)
Date of Issue : 18 Dec 2018 15:07 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

[> Back to OneMotoring](#)

Enquire Transfer Fee

Vehicle Details

Vehicle No. :	SDB5505U
Vehicle Type :	P10 - Passenger Motor Car
Vehicle Attachment 1 :	No Attachment
Vehicle Scheme :	Normal
Vehicle Make :	HONDA
Vehicle Model :	VEZEL 1.5X A
Chassis No. :	RU11014988
Propellant :	Petrol
Engine No. :	L15B3515003
Engine Capacity :	1496 cc
Maximum Power Output :	96.0 kW (128 bhp)
Maximum Laden Weight :	1465 kg
Unladen Weight :	1190 kg
Year Of Manufacture :	2014
Original Registration Date :	30 Dec 2014
Lifespan Expiry Date :	-
COE Category :	A - Car up to 1600cc & 97kW (130bhp)
Quota Premium :	\$65,889.00
COE Expiry Date :	29 Dec 2024
Road Tax Expiry Date :	29 Dec 2019
PARF Eligibility Expiry Date :	29 Dec 2024
Inspection Due Date :	29 Dec 2019
Intended Transfer Date :	14 Feb 2019
CO2 Emission :	126.00 (g/km)
CEV/VES Rebate Utilised Amount :	\$10,000.00
CO Emission :	-
HC Emission :	-
NOx Emission :	-
PM Emission :	-

Late renewal fee(s) will be imposed if road tax / lay up has expired. Please use Enquire Road Tax Payable for fee(s) payable.

Road tax, including Over Payment (if any), of a vehicle will follow the vehicle to the new registered owner when its ownership is being transferred.

Amount Payable

	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
Transfer Fee :	25.00	-	25.00
Total Amount Payable :			25.00

You may print this page for reference.

[OK](#)[Print](#)