

# NATIONAL Assessment Centre Services.

[wef 1 Jan 00]

NA19019086699

Date In: 26/07/2019 14:48	Job description	Date & Time Completed	Done by
Ref No: NA19019086699	SAS e-filing		
Veh No: SKG 82538	E-mail (w/da 8hrs, AIC 2hrs)		
D.O.A: 25/07/2019 10:00	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: SKG 82538	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: ( )

Repairer's Comments:

1) Apply for Transport Allowance ( ) / Courtesy Car ( )

2) QC Check / Post Repair Inspection ( )

3) Upload Resurvey Photo [Repair Cost > \$3000] ( )

Injury: \_\_\_\_\_

Date/Time	Action

NA19019086699	Work Order Details
Driver/Owner:	1) AR: Accident Reporting (\$30)
Contact No:	2) DA: Damage Assessment (\$100) INC (\$80)
Damaged Portion:	3) TP: Towing Fee \$40/\$45
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120
	5) FT: Follow-Through Survey (Resurvey) \$30
	For claiming against INC Only (wef 10 Jan 2003)
	6) TR: Re-inspection \$75
	7) NI: Idao DA + SMRT Survey \$160
	8) NTUC Additional Services:
	ON:
	*NS: Courtesy Car / Tpl Allowance \$5
	*NS: Repair Coordination \$10
	*NS: Post Repair Inspection \$25
	*NS: DV / Collect Excess Coordination \$5
	TP (Nil) : TP (Non INC) against INC \$20
	9) NI: Idao Mobile \$0
	Invoice dated
	Invoice dated
	Fees Charged
	Fees 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	26/02/2019 14:48
Date Of Accident	25/02/2019 10:00
Exact Location Of Accident	ALONG BUONA VISTA TOWARDS AYE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKG8253S
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SUNDARESAN RAJASHEKAR
NRIC No	S2764998Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-82985057
Alternative Phone No	OTHERS-82985057

### Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	E250
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	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MT108405
Cover Note Number	

### Driver

Name of Driver	SUNDARESAN RAJASHEKAR
NRIC No	S2764998Z
Date Of Birth	22/06/1959
Occupation	INDOOR
Date Of Driving Pass	02/10/2009
Driving Experience	9 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82985057
Fax Number	
Contact Number	OTHERS-82985057
Email Address	NOEMAIL

Address	202 PASIR PANJANG ROAD #01-18 LANDRIDGE CONDOMINIUM
Postcode	118572
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	SIDE SWIPE
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: : SHOBA RAJASHEKHAR 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

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	SLE5864Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
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:

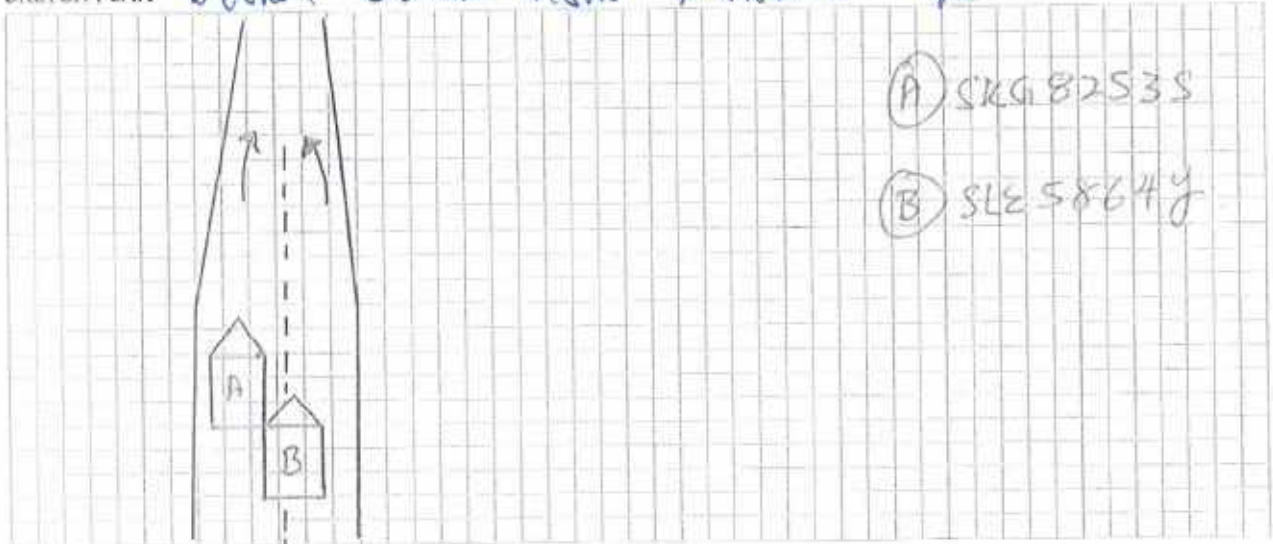
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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



SKETCH PLAN

Along Buona Vista towards AYE



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 25 FEB 2019 @ 1000HRS I WAS DRIVING FROM BUONA VISTA TO AYE. BEFORE THE MERGING LANE, VEHICLE B COLLIDED INTO MY RIGHT REAR BUMPER. VEHICLE B THEN DROVE IN FRONT OF ME TO EXCHANGE, PARTICULARS. THE ACCIDENT ABOUT 30 METERS BEFORE THE MERGING LANE.

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: 25 FEB 2019		TIME: 1030 HRS		(hh:mm) 24 hrs Format	
LOCATION BUONA VISTA TO AYE					
VEHICLE NUMBER SKG 8253S					
INSURED NAME SUNDARE SAN RAJASHEKAR					
NRIC / FIN S2764998Z		CONTACT: 8298 5057			
MAKE MERCEDES BENZ		MODEL S250			
Are you claiming under your own insurance policy for repair to your vehicle?					
( ) Yes, If No, Pls Select : ( / ) Third Party ( ) Reporting Only					
INSURANCE COMPANY TOKIO MARINE					
TYPE OF POLICY ( / ) COMPREHENSIVE ( ) THIRD PARTY ( ) TPFT					
POLICY NUMBER : MT108405					
NAME DRIVER :				( / ) SAME AS INSURED	
NRIC / FIN		CONTACT:			
DATE OF BIRTH: 22 / 06 / 1959					
DRIVING PASS DATE: 02 / 10 / 2009					
OCCUPATION: ( / ) INDOOR ( ) OUTDOOR					
GENDER: ( / ) MALE ( ) FEMALE					
EMAIL ADDRESS:				( ) NO EMAIL	
ADDRESS OF DRIVER: 202 PASIR PANJANG RD #01-18 LANDRIDGE					
CONDOMINIUM SC118572					
Number Of Passenger Include Driver: 1 DRIVER + 1 PASSENGER (SUNBA RAJASHEKHAR)					
S2764999H					
Was driver an employee of the Insured's Company? ( ) YES ( / ) NO					
If No, Relationship Of The Driver With The Insured					
( / ) Owner ( ) Spouse ( ) Friend ( ) Relative ( ) Children ( ) Sibling ( ) Others					
Does The Driver Own Any Other Vehicle? : ( ) YES ( ) NO					
If Yes, Vehicle Registration Number Of Driver's Own Vehicle:					
Insurance Company Of Driver's Own Vehicle					
Weather Conditions: ( / ) Clear ( ) Raining ( ) Drizzling ( ) Others					
Road Surface : ( / ) Dry ( ) Wet ( ) Others					
Was Any Foreign Vehicle Involved In This Accident? ( ) YES ( / ) NO					
Was Anybody Injured In The Accident? ( ) YES ( / ) NO					
If YES, Injured details : NIL					
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) NIL					
Details Of 3rd Party		Name / NRIC		No. of Paxs (incl' driver)	
Veh B SLE 5864Y				( 01 ) / Not Sure ( )	
Veh C				( ) / Not Sure ( )	
Veh D				( ) / Not Sure ( )	
Veh E				( ) / Not Sure ( )	
Veh F				( ) / Not Sure ( )	
Veh G				( ) / Not Sure ( )	

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S2764998Z



Name

SUNDARESAN RAJASHEKHAR

Race

INDIAN

Date of birth

22-06-1959

Sex

M

Country of birth

INDIA

S2764998Z

2087318



NRIC No. S2764998Z

Nationality

INDIAN

Date of issue

15-04-2010

202 PASIR PANJANG ROAD #01-18  
LANDRIDGE CONDOMINIUM SINGAPORE 118572

NRIC No: S2764998Z

Date: 01/07/2011

No: 671280



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

EFFECTIVE DATE

Class 3 Motor Cars  $\leq$  3000kg with  $\leq$  7 passengers, exclusive of the driver; and other motor vehicles  $\leq$  2500kg 02 2009

NP 428A



Licence No: S2764998Z

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S2764998Z

Name

SUNDARESAN RAJASHEKHAR

Birth Date 22 Jun 1959

Issue Date 22 Dec 2014



002378552C

9087319



NRIC No. S2764999H

Nationality

INDIAN

Date of issue

15-04-2010

202 PASIR PANJANG ROAD #01-18  
LANDRIDGE CONDOMINIUM SINGAPORE 118572

NRIC No: S2764999H

Date: 01/07/2011

No: 6781281

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S2764999H



Name

SHOBA RAJASHEKHAR



Race

INDIAN

Date of birth

05-09-1964

Sex

F

S2764999H

Country of birth

INDIA

**Tokio Marine Insurance Singapore Ltd.**

(Company Reg. No: 192300014M) (GST Reg No: M2-0000023-4)

20 McCallum Street #09-01 Tokio Marine Centre Singapore 069046

T: (65) 6221 6111 F: (65) 6221 4355 / (65) 6224 0895 E: tnis@tokiomarine.com.sg W: www.tokiomarine.com

**TOKIO MARINE**  
INSURANCE GROUPA member of the  
Tokio Marine Group**Certificate of Insurance**

FORM MX1

**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)**

Policy No.: MT108405 (Private Car)

- |  |  |                                |
|--|--|--------------------------------|
| 1. Index Mark and Registration Number of Vehicle                               | SKG8253S   | Chassis No.: WDD2120472A620891 |
| 2. Name of Policyholder  | SUNDARESAN RAJASHEKHAR   |                                |
| 3. Effective date of the Commencement of Insurance for the purposes of the Act | 12/10/2018 (00:00:00)  |                                |
| 4. Date of Expiry of Insurance   | 11/10/2019   |                                |
| 5. Persons or Class of Persons entitled to drive*                              | (a) The Policyholder.<br>(b) Any other person who is driving on the Policyholder's order or with his 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. And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.

6. Limitations as to use\*
- Use only for social domestic and pleasure purposes and for the Policyholder's business.  
The policy does not cover use for hire or reward, racing, pace-making, reliability trial, speed-testing or the carriage of goods (other than samples) in connection with any trade or business or 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 induced under these headings.

We hereby certify that the Policy to which this Certificate relates is issued in accordance with the provision of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Please refer to the Policy Schedule for full details, terms and conditions of the insurance.

**IMPORTANT NOTICE**

This Certificate is not transferable. During its currency, if the insurance is cancelled for whatsoever reason, you must return the Certificate to Tokio Marine Insurance Singapore Ltd. within 7 days thereof or, if the Certificate has been lost/destroyed, you must make a statutory declaration to that effect. Failure to comply with this duty is an offence under Motor Vehicle (Third-Party Risks and Compensation) Act (Chapter 189).

**ADDITIONAL INFORMATION**

Account No: 2464DDB

Insurance Plan:	Comprehensive Approved Workshop Plan		
Limit for total loss or theft:	Prevailing Market Value		
Policy Excess:	Own Damage Claims	SGD 1,500.00	(Original Excess : SGD 1,500.00)
	Additional Excess for Unnamed Driver(s)	SGD 500.00	
	Additional Excess for Young or Inexperience Driver(s)	SGD 3,500.00	
	WindScreen Excess	SGD 100.00	
Financial Interest:	NIL		

TOKIO MARINE INSURANCE SINGAPORE LTD.

Authorised Signature



> Back to OneMotoring

## Enquire PARF/COE Rebate for Registered Vehicle

### Vehicle Owner Particulars

Owner ID Type: Singapore NRIC  
Owner ID: 4998Z

### Vehicle Details

Vehicle No: SKG82535  
Vehicle to be Exported: Yes  
Intended Deregistration Date: 27 Feb 2019  
Vehicle Make: MERCEDES BENZ  
Vehicle Model: E 250  
Primary Colour: Brown  
Manufacturing Year: 2012  
Engine No: 27186030470645

Chassis No: WDD2120472A620891  
Maximum Power Output: 150.0 kW (201 bhp)  
Open Market Value: \$52,184.00  
Original Registration Date: 12 Oct 2012  
First Registration Date: 12 Oct 2012  
Transfer Count: 1  
Actual ARF Paid: \$52,184.00

### Intended PARF Rebate Details

PARF Eligibility: Yes  
PARF Eligibility Expiry Date: 11 Oct 2022  
PARF Rebate Amount: \$33,919.00

### Intended COE Rebate Details

COE Expiry Date: 11 Oct 2022  
COE Category: B - Car (1601cc & above)  
COE Period(Years): 10  
QP Paid: \$80,001.00  
COE Rebate Amount: \$28,970.00  
Total Rebate Amount: \$62,889.00

The information contained herein is correct as at 26 Feb 2019

OK