

NATIONAL Assessment Centre Services. [ver 1 Jan'03] MA 119026710

Date In: 26/2/19 15:03	Job description	Date & Time Completed	Done by
Ref No: NA/FC319003613/hy.	SAS e-filing		
Veh No: G08 1150J.	E-mail (within 3hrs, AIC 2hrs)		
DDA: 22/2/19 14:35.	I-Motor Claim Form		
<input checked="" type="radio"/> TP / Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: G3D 4844K	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 repolrer.

() 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

MA 1901509	Invoice Registration Charge	Am (\$)	PAID (\$)
Client's Particulars:	1) AR: Accident Reporting (\$30);	30.00	
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors Comments:	For claiming against INC Only (wef 10 Jan 2003)		
Dat. 1:	6) TR: Re-inspection \$75		
2/2:	7) NI: Idao 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: Idao Mobile 30		
	Invoice dated	Fee Charged	
	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	26/02/2019 15:02
Date Of Accident	22/02/2019 14:35
Exact Location Of Accident	UPP THOMSON RD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GBB1150J
Insured/Policyholder	
Name Of Registered Owner	SIANG HOCK CAR RENTAL PTE LTD
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-68482002
Vehicle Particulars	
Manufacturer	SSANGYONG
Model	-
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?	YES
If No, Please state action to be taken	
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	D-18090573MFCV/52
Cover Note Number	-
Driver	
Name of Driver	DEVA KUMAR S/O ALAGAPPAN NADARAJAH
NRIC No	S7028055H
Date Of Birth	10/08/1970
Occupation	OUTDOOR
Date Of Driving Pass	21/04/2010
Driving Experience	8 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92963737
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 501 AMK AVE 5 #11-3700
Postcode	560501
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 - HEAD TO REAR
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?	
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?	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 ATTACHED STATEMENT.

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	GBD4844K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
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

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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.

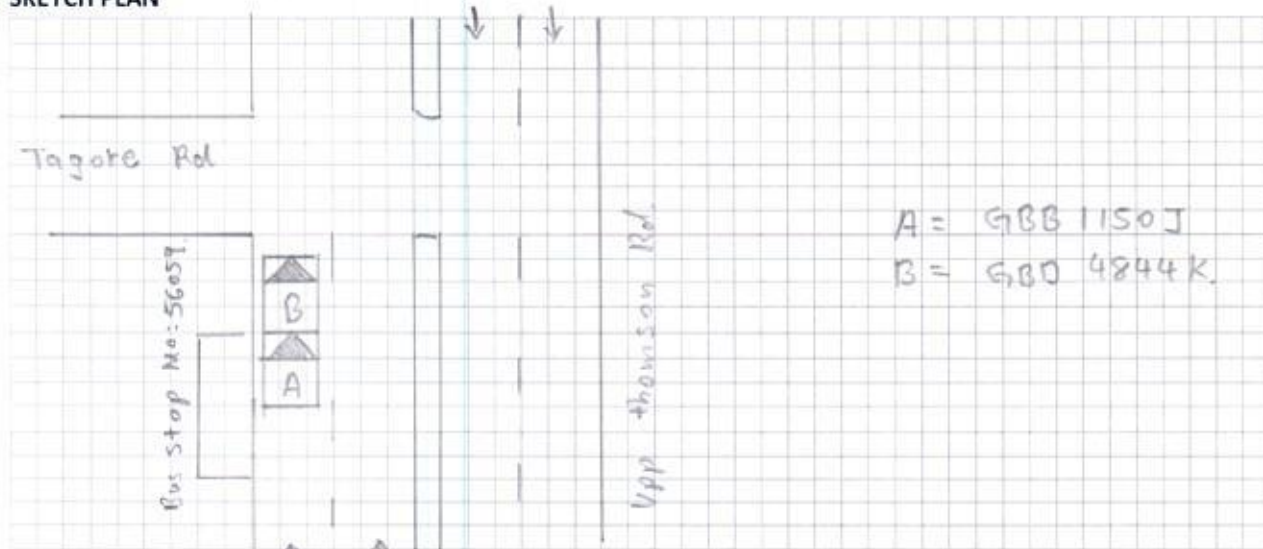


Policyholder's Signature
Date & Time:

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

Please Refer to Police Report

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.:

AK.

ACCIDENT STATEMENT

ACCIDENT DATE: (22 / 2 / 19) (DD/MM/YYYY), TIME: (14 : 35) (HH:MM)

LOCATION: Upp Thomson Rd.

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBB1150-J.
b) INSURANCE COMPANY:
c) POLICY NUMBER:
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL:
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Private use
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: Robinson (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: CONTACT:
c) ADDRESS:

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Deva Kumar S/o Alagappan Madanah (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: CONTACT: 92963737.
c) ADDRESS:

*d) DATE OF BIRTH: (/ /) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE:

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Hired.

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)
b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: traffic Police.

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: GBB 4844 K. MODEL:
b) DRIVER'S NAME:
c) NRIC/FIN/PASSPORT: CONTACT:

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: MODEL:
e) DRIVER'S NAME:
f) NRIC/FIN/PASSPORT: CONTACT:

* No of passengers
(Including driver)
(1)

* No of passenger
(Including driver)
()

* No of passenger
(Including driver)
()

Waiting chp.

Email = Siang Hock.

fax =

VIDEO = No.



SINGAPORE POLICE FORCE



T/20190223/7015

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20190223/7015

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/02/2019 17:08		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: DEVA KUMAR S/O ALAGAPPAN NADARAJAH			Address: APT BLK 501 ANG MO KIO AVENUE 5 #11-3700 SINGAPORE 560501		
ID Type / ID No.: NRIC NO / S7028055H			Contact No.: Home/Office: Mobile: 92963737		
Nationality: SINGAPORE CITIZEN			Email: devakumarctp@gmail.com		
Sex: Male	Age: 48	Date of Birth: 10/08/1970	Type of Informant: Driver		
Race: Indian			Language: English		Institution / School Name:
Occupation: senior technician			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 22/02/2019 14:35	Type of Location: Straight Road
Location: Upper Thomson Road				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 70 Km/h	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
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
GBB 1150J	pick up	SANGYANG	pick up	Purple	Seriously Damaged	1
GBB1150J	Van					0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20190223/7015

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3

Report No. T/20190223/7015

CONTINUATION OF REPORT

Driver			
Name	DEVA KUMAR S/O ALAGAPPAN NADARAJAH	ID No.	S7028055H
Related Vehicle	GBB1150J (Van)	Contact No.	92963737
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

Brief Details.

on 22/02/2019 at around 14:35 hrs i was driving from Upper Thomas Rd towards yio chu kang rd the 10 foot lorry no GBD4844K brake at the traffic light in front of unfortunately i cannot brake in time so i hit my front part car towards the back part of the lorry.

. i have the the photo of the accident.

.near to bus stop no 56059

.i was travelling from Upper Thomas Rd towards yio chu kang

.no the accident did not happen at a pedestrian crossing.



**SINGAPORE
POLICE FORCE**



T/20190223/7015

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20190223/7015

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
MOHAMMAD ABDILLAH BIN PALIL
Contact No.: 65476246

Authentication Stamp
NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
23/02/2019 17:08

Classification Of Case:



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7028055H



Name

DEVA KUMAR S/O ALAGAPPAN
NADARAJAH

Race

INDIAN

Date of birth

10-08-1970

Sex

M

S7028055H

Country of birth

SINGAPORE



4567632



NRIC No. S7028055H

Date of issue
14-06-2010

Address

APT BLK 501 ANG MO KIO AVENUE 5
#11-3700
SINGAPORE 560501

REPUBLIC OF SINGAPORE DRIVING LICENCE

002099966D

DEVA KUMAR S/O ALAGAPPAN
NADARAJAH

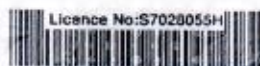
Birth Date: 10 Aug 1970
Issue Date: 08 Feb 2019

002099966D

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

EFFECTIVE DATE	
21 Apr 2010	Class 3 Motor cars with unladen weight \leq 3000kg with \leq 7 passengers, exclusive of driver; and other motor vehicles with unladen weight \leq 2500kg

NP 42BA





SINGAPORE POLICE FORCE



F/20190201/7020

1 of 2

POLICE REPORT (NP322)

Report No. F/20190201/7020

Police Station Of Origin
Ang Mo Kio Division HQ
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No:1800-2180000

Date/Time Report Made 01/02/2019 19:17	Vide Report No.	Station Diary No.	
Name Of Informant DEVA KUMAR S/O ALAGAPPAN NADARAJAH	Address APT BLK 501 ANG MO KIO AVENUE 5 #11-3700 SINGAPORE 560501		
ID Type / ID No. NRIC NO / S7028055H	Contact No. Home/Office:	Mobile: 92963737	
Nationality SINGAPORE CITIZEN	Email Address devakumarctp@gmail.com		
Occupation	Sex Male	Age 48	Date of Birth 10/08/1970
			Race Indian
Institution/School Name	Language English		
Date/Time Of Incident 28/01/2019 23:20 - 28/01/2019 23:30	Location Of Incident APT BLK 501 ANG MO KIO AVENUE 5 #11-3700 SINGAPORE 560501		

Brief details.

on 28/01/2019 i was in Changi Airport T1 smoking area near door 5 waitini g for my flight to Dubai.
when it was time for boding i check in the immigration when want to change my money to US currency
that's way i notice my wallet was missing.when i told the customer service agent they told me i cannot go
out after immigration clearance so the customer service when to locate but the cannot find.

Property Information

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 01/02/2019 19:17
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp

FUPO hotline number: 68429645



**SINGAPORE
POLICE FORCE**



F/20190201/7020

2 of 2

POLICE REPORT (NP322)

CONTINUATION OF REPORT

Report No. F/20190201/7020

S/N	Item	Type	Brand	Model	Serial No/ IMEI No	Quantit y	Value	Description
1	Identity Card	Lost	SINGAPORE NRIC			1		
2	Licence	Lost	Qualified Driving Licence			1		
3	Cash	Lost				1	Singapore Dollars 250.00	
4	Credit Card / Debit Card/ ATM Card	Lost	UNITED OVERSEAS BANK LTD			1		
5	Credit Card / Debit Card/ ATM Card	Lost	DBS BANK LTD			1		
6	Licence	Lost	Taxi's Driving Licence			1		
7	Credit Card / Debit Card/ ATM Card	Lost	american express credit card			1		

Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

Authentication Stamp

Signature Of Informant:

The identity of the person making this report has been authenticated by SingPass. No signature is required.

Date/Time:

01/02/2019 19:17

Classification Of Case:

FUPO hotline number: 68429645

CERTIFICATE OF INSURANCE**ORIGINAL**

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)

Type of Policy. : COMMERCIAL VEHICLE - FLEET
Type of Cover. : Comprehensive
Certificate No. : D-18090573MFCV/52
Vehicle No / Chassis No : GBB1150J / KPADA1EKS8P049386
Name of Insured : SIANG HOCK CAR RENTAL PTE LTD
Period Of Insurance : 31.07.2018 To 31.03.2019
Insured Estimated Value : Market Value At Time Of Loss
Financial Institution : MV CREDIT PTE LTD

EXCESS : AS INDICATED BELOW**Authorised Driver*****ANY AUTHORISED DRIVERS****Persons or classes of persons entitled to drive***

(1) Whilst the vehicle is being used in connection with the Insured's business:-

(a) Any person provided he is in the Insured's employ and is driving on their order or with their permission.

(2) Whilst the vehicle is being used for social, domestic or pleasure purposes:-

(a) Any person who is driving on the Insured's order or with their permission.

For drivers with more than 1 year driving experience and/or not less than 21 years of age

Excess : S\$1,000.00 on Section I & II separately (for Long Term Lease - 1 year or more)

S\$2,500.00 on Section I & II separately (for Short Term Lease - less than 1 year)

S\$1,000.00 on Section I & II separately (for Staff)

For drivers with less than 1 year driving experience and/or less than 21 years of age

Excess : S\$3,000.00 on Section I & II separately (for Long Term Lease - 1 year or more)

S\$4,500.00 on Section I & II separately (for Short Term Lease - less than 1 year)

S\$2,000.00 on Section I & II separately (for Staff)

* 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.

Limitations as to use*

Use in connection with the Insured's business.

Use for the carriage of passengers (other than for hire or reward) in connection with the Insured's business.

Use for social, domestic and pleasure purposes.

The Policy does not cover:-

(1) Use for racing, pace-making, reliability trial or speed-testing.

(2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

(3) Use for the carriage of passengers for hire or reward.

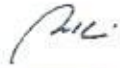
* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

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)

MS First Capital Insurance Limited
(Approved Insurers)

SUSAN/A0151/MZ301A9

Issued at Singapore On 17.08.2018


Authorised Signature