

# NATIONAL Assessment Centre Services.

(wef 1 Jan 2015)

MAN 9030356

Date In: 06/03/2019 12:00	Job description	Date & Time Completed	Done by
Ref No: NPA/FCI/9004092/7	SAS e-filing		
Veh No: SMH 7458X	E-mail (to John 3hrs, AIC 2hrs)		
D.O.A: 05/03/2019 13:00	I-Motor Claim Form		
OID (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: SLV 1066X	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 repair.

( ) Total Loss Case : to e-mail Insurer URGENTLY.

Drive-In ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co: ( )

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

2) QC Check / Post Repair Inspection ( )

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

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

Date of Incident:	Location:

MAN 90172X	Invoice Particulars	
Driver/Owner:	1) AR: Accident Reporting (\$30)	
Contact No:	2) DA: Damage Assessment (\$100): INC (\$30)	
Damaged Portion:	3) TP: Towing Fee \$40/\$45	
	4) FT: Follow-Through Survey \$120	
	5) FT: Follow-Through Survey (Resurvey) \$30	
	6) TR: Re-inspection \$75	
	7) NI: Idea DA + SMRT Survey \$160	
	8) NTUC Additional Services:	
	ON:	
	* NS: Courtesy Car / Tpr Allowance \$1	
	* NS: Repair Coordination \$20	
	* NS: Post Repair Inspection \$25	
	* NS: DV / Collect Excess Coordination \$5	
	* TP (NI): TP (Non INC) \$20	
	* NI: 24 hrs Mobile \$30	
	Invoice dated	Fax Charged
	Invoice dated	Fax 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	06/03/2019 12:00
Date Of Accident	05/03/2019 13:00
Exact Location Of Accident	ALONG DUNEARN ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMH7458X
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CLUB 21 PTE LTD
Co Reg No	-
Email Address	MEENA156@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-81217439
Alternative Phone No	OFFICE-81217439

### Vehicle Particulars

Manufacturer	HYUNDAI
Model	SANTA FE
Exact Purpose for which vehicle was being used at time of accident	GOING TO SCHOOL
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	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	D-19092763MFQC
Cover Note Number	

### Driver

Name of Driver	M SUBRAMANIAM
NRIC No	S1682016D
Date Of Birth	15/12/1965
Occupation	OUTDOOR
Date Of Driving Pass	23/08/1988
Driving Experience	30 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81217439
Fax Number	
Contact Number	OTHERS-81217439
Email Address	SUBRA.SUBRAMANIAM@YMAIL.COM

Address	BLK 975 HOUGANG STREET 91 #02-256
Postcode	530976
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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?	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)	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 SKETCH PLAN

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLV1066X
Vehicle Make/Model/Colour	NISSAN
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TAN LIP KHOON
NRIC/Passport Number	S0109339H
Contact Number	96842169
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	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.

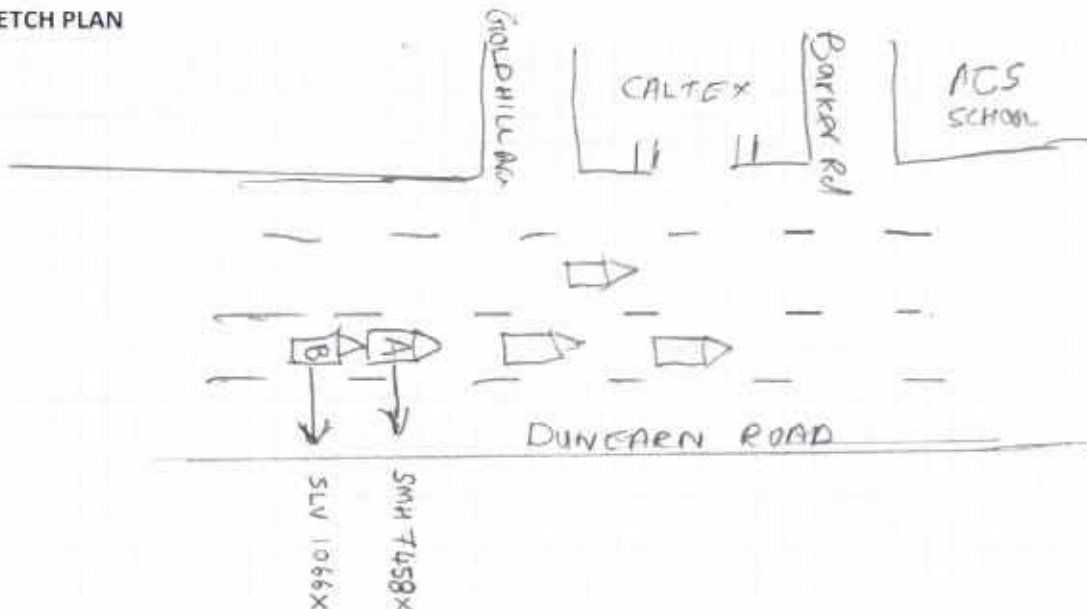
Policyholder's Signature  
Date & Time:

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

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



# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 5<sup>th</sup> March 19 I was driving along duncarn Road  
 on a slow moving traffic the van behind me  
 SLV 1066X bumped in to my rear causing some  
 damage to the rear bonnet and the bumper.  
 no one is hurt.

Resh an

6/3/19

## 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.:

# ACCIDENT STATEMENT

ACCIDENT DATE: (05/03/19) (DD/MM/YYYY), TIME: (13:03) (HH:MM)

LOCATION: Along Luncarn Rd.

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SMH 7458X  
 b) INSURANCE COMPANY: MS FIRST CAPITAL  
 c) POLICY NUMBER: 000352  
 d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT  
 e) MAKE & MODEL: HYUNDAI SANTA FE  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: Going to school  
 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: CLUB 21 PRE LTD (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: CONTACT:  
 c) ADDRESS:

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

## DRIVER

- a) NAME: M. SUBRAMANIAM (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S1682016-D CONTACT: 81217439  
 c) ADDRESS: Bux 976 #02-256  
 Hougang St 91 S'PORE 530976

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

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 23/8/1988

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

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:

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SLV 1066X MODEL: NISSAN  
 b) DRIVER'S NAME: TAN LIP KHON  
 c) NRIC/FIN/PASSPORT: S 01093394 CONTACT: 96842169

## 9. THIRD PARTY VEHICLE

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

\* No of passenger  
 (including driver)  
 (01)

\* No of passenger  
 (including driver)  
 (01)

\* No of passenger  
 (including driver)  
 ( )

Email = Subra.Subramaniam@gmail.com

VIDEO meena156@hotmail.com

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S1682016D



Name

M SUBRAMANIAM

Race

INDIAN

Date of birth

15-12-1965

Country/Place of birth

SINGAPORE

Sex

M

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S1682016D

Name M SUBRAMANIAM

Birth Date 15 Dec 1965

Issue Date 22 Apr 2004

001202544E

5613360



NRIC No. S1682016D



Date of issue  
18-05-2018

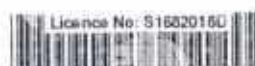
Address

APT BLK 976 HOUGANG STREET 91  
#02-256  
SINGAPORE 530976

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

PASS DATE

Class 2B	Motorcycles not exceeding 200 cc	04 May 1968
Class 2A	Motorcycles between 201 cc and 400 cc	04 May 1968
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	25 Aug 1968



NP 428A



## CERTIFICATE OF INSURANCE

COPY

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. : COMPANY CAR - FLEET  
Type of Cover. : Comprehensive  
Certificate No. : D-19092763MFQC  
Vehicle No / Chassis No : SMH7458X / KMHS381DSKU127214  
Name of Insured : CLUB 21 PTE LTD  
Period Of Insurance : 31.01.2019 To 31.03.2019  
Insured Estimated Value : Market Value At Time Of Loss

### Excess :

SGD500.00 SECTION I

COMPULSORY EXCESS OF ADDITIONAL SGD1,000.00 APPLIES TO :-

- (1) DRIVERS BELOW THE AGE OF 25 YEARS AND/OR
- (2) HAS LESS THAN 1 YEAR DRIVING EXPERIENCE

### Authorised Driver\*

ANY AUTHORISED DRIVERS

### Persons or classes of persons entitled to drive\*

Any person who is driving on the Insured's order or with their 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.

### Limitations as to use\*

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

The Policy does not cover use for hire or reward, racing, pace-making, reliability trial, speed-testing, 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.

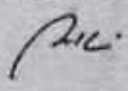
\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

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)

JENNY/B0020/MX4A

Issued at Singapore on 11.02.2019

  
\_\_\_\_\_  
Authorised Signature