

NATIONAL Assessment Centre Services. [ver 1 Jan 2007] **NA19046909**

Date In: <b>10/04/2019 16:47</b>	Job description	Date & Time Completed	Done by
Ref No: <b>XIBA/FC19006400/4</b>	SAS e-filing		
Yel No: <b>SMJ 10284</b>	E-mail (to/for 3hrs, AIC 2hrs)		
D.O.A: <b>10/04/2019 08:25</b>	I-Motor Claim Form		
<b>OT</b> TP Reporting Only	I-Motor W/O (With: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whsp		

Preferred Wksp / INC Assign Wksp / QW: ( ) Tel: ( ) Fax: ( )

TP Particulars: Yel No: **STU 48542** 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%; F: 80-100%]

Year of Registration: ( ) Warranty: YES ( ) / NO ( )

Excess: (\$ ) Loading: \$1,000 ( ) / \$2,000 ( )

( ) 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: \_\_\_\_\_

<b>NA1902856</b>			
Driver/Owner:	1) AR: Accident Reporting (\$30)		
Contact No:	2) DA: Damage Assessment (\$100) INC (\$30)		
Damaged Portion:	3) TP: Towing Fee \$40/\$45		
QC Checked by (Engi-In-Charge):	4) FT: Follow-Through Survey \$120		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	6) TR: Re-inspection \$75		
	7) NI: Idax DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	OT:		
	* NI: Courtesy Car / TP Allowance \$1		
	* NI: Repair Coordination \$20		
	* NI: Post Repair Inspection \$25		
	* NI: DV / Collect Excess Coordination \$5		
	TP (NI) / TP (Non-INC) \$120		
	9) NI: Idax Mobile \$0		
	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	10/04/2019 16:47
Date Of Accident	10/04/2019 08:25
Exact Location Of Accident	ALONG DUNEARN ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMJ6278U
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ONG CHENG SIM MELISSA
Co Reg No	-
Email Address	AMELIA.SNG@COMOHOTELS.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	DRIVING HOME

Are you claiming under your own insurance policy for repair to your vehicle? YES

If No, Please state action to be taken

Vehicle Category	PRIVATE CAR
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### Insurance Company

Name of Insurance Company	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	D-19093120MFPC/3
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 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81217439
Fax Number	
Contact Number	OTHERS-81217439
E-Mail Address	AMELIA.SNG@COMOHOTELS.COM

Address	BLK 976 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 - U-TURN
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	SJU4354Z
Vehicle Make/Model/Colour	SKODA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MANOJ S/O PRABHODACHANDRAN
NRIC/Passport Number	S8614730J
Contact Number	91276729
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2

Passenger 1

NAME: :

GENDER: :

## SKETCH PLAN

### IMPORTANT NOTICE

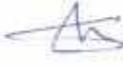
1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material 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.

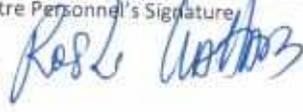
\_\_\_\_\_  
Policyholder's Signature  
Date & Time:

 10/04/19

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

 10/04/2019

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



AS PER ATTACH

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

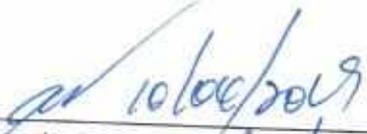
On 10/4/19, at about 0820 I was driving along 1<sup>st</sup> lane on  
dunoon Road towards sixth ave suddenly the veh SJU4354Z  
makes a right u turn and collide on my Rear Right  
door causing bad damaged, No one was hurt.

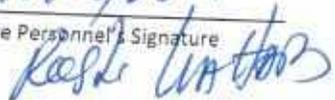
DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature  
Date & Time:

 10/4/19  
Driver's Signature  
(if driver is not the policyholder)  
Date & Time:

 10/04/2019  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

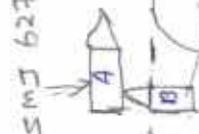
  
Name:  
NRIC/FIN No.:

TURT CLUB RD

DINEEN RD

A - SMJ 6278U  
B - STJ 4354Z

10/04/19



SMJ 6278U



STJ 4354Z



Car 10/04/19

Res. Unit A0

AS



BUKIT TIMAH ROAD

# ACCIDENT STATEMENT

ACCIDENT DATE: 10/04/19 (DD/MM/YYYY). TIME: 08.23 <sup>AM</sup> (HH:MM)

LOCATION: Dunearn Road

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SMJ 6278U  
b) INSURANCE COMPANY: MS FIRST CAPITAL  
c) POLICY NUMBER: D-19093120MFC/3  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: HONDA, SANTA SANTA  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: Driving home  
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: ONG CHENG SIM, MELISSA (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: Blk 976, #02-256  
Hougang Street 91

\* d) DATE OF BIRTH: 15/12/1965 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 25/08/88

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: SJ44354Z MODEL: SCODA  
b) DRIVER'S NAME: MANOJ S/O PRABHODACHANDRAN  
c) NRIC/FIN/PASSPORT: S 8614730J CONTACT: 8127 6729

## 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)  
(02)

\* No of passenger  
(including driver)  
( )

ameliq.surg@coronahotels.com

email = meena 156@hotmail.com

VIDEO = yes

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



License Number **S1682016D**

Name  
**M SUBRAMANIAM**

Birth Date: **15 Dec 1965**  
Issue Date: **22 Apr 2004**



001202544E



5613360

NRIC No. **S1682016D**

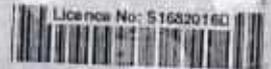


Date of issue  
**18-06-2016**

Address  
**APT BLK 978 HOUGANG STREET 91  
#02-258  
SINGAPORE 530978**

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

Class	Description	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



License No: S1682016D

NP 428A

**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 : PRIVATE CAR - FLEET  
 Type of Cover : Comprehensive  
 Certificate No. : D-19093120MFPC/3  
 Vehicle No / Chassis No : SMJ6278U / KMHS381DSKU095204  
 Name of Insured : ONG CHENG SIM MELISSA  
 Period Of Insurance : 01.04.2019 To 31.03.2020  
 Insured Estimated Value : Market Value At Time Of Loss

**Excess :**

SGD1,500.00 SECTION I (APPLICABLE TO VEHICLE NO. SBJ21M)  
 SGD 500.00 SECTION I (APPLICABLE TO VEHICLE NO. SKD2215H & SMJ6278U)  
 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\***

ONG CHENG SIM MELISSA AND ANY AUTHORISED DRIVERS

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

- 1) The Insured.  
 The Insured may also drive a Motor Car not belonging to or hired (under a hire purchase agreement or otherwise) to him or his employer or his partner.
- 2) Any other person who is driving on the Insured'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.

**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, pacemaking, 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)

Authorised Signature

JENNY/B0020/MX1F

Issued at Singapore on 27.03.2019

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

**ADDENDUM**

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No : MNA119046909 Vehicle Registration No: SMT6278U  
 Name (as shown in NRIC) : M. SUBRAMANIAM NRIC/FIN/Passport No: S1682016-D  
 (\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
 Address : BLK 976 #02-256 Singapore (53097)6  
 Contact (Tel) : 81217439 Mobile No.: 81217439 / 98574125  
 Email Address : AMELIA.SNG@COMOHOTELS.COM  
 Date of Accident : 10/04/19 Time of Accident: 0825  
 Place of Accident : ALONG DUNEARN ROAD  
 Insurance Company: MS FIRST CAPITAL INSURANCE LTD

**(B) ADDITIONAL INFORMATION / AMENDMENTS:**

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

To change 3<sup>rd</sup> party to own damage claim

[Signature]  
Policyholder / Driver's Signature  
Date: 10/4/19

[Signature]  
Reporting Centre Personnel's Signature  
Name: [Signature]  
NRIC/FIN No.: [Signature]  
Date: 18/04/2019