

NATIONAL Assessment Centre Services

(901 - Jan 2019)

MAA 41906225P

Date In: 12/05/2019 18:37	Job description	Date & Time Completed	Done by
Ref No: NBA19190084404	SAS e-filing		
Veh No: SR 4110C	E-mail (within 4hrs, AIC 2hrs)		
D.O.A: 11/05/2019 00:35	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: SH 2360L	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 ()	

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 ()

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

NA1903400	Invoice Preparation Checklist	Am't (\$) In Bill	Am't (\$) Add. Bill
Claimant's Particulars:	1) AR: Accident Reporting (\$30)		
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) PT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comment(s):	For claims agent INC Only (w/ef 10 Jan 2019)		
Cat. 1:	6) TR: Re-inspection \$75		
Cat 2/3:	7) N1: Idem DA + SMRT Survey \$160		
1/1/19	8) NTUC Additional Services:		
	9) N2: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (N in INC) against INC \$20		
	9) N12: Idem Mobile \$0		
	Invoice date/	Fee Charged	
		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	13/05/2019 18:37
Date Of Accident	11/05/2019 00:35
Exact Location Of Accident	JUNCTION OF CRANWELL ROAD/LOYANG AVENUE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLR4110C
Insured/Policyholder	
Name Of Registered Owner	AUTOTRUST LEASING PTE LTD
Co Reg No	201533654Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-84486388
Alternative Phone No	OFFICE-84486388

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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	999994249
Cover Note Number	

Driver

Name of Driver	RAJKUMAR S/O GUNASAGARAN
NRIC No	S8851845D
Date Of Birth	22/12/1988
Occupation	OUTDOOR
Date Of Driving Pass	23/07/2010
Driving Experience	8 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84486388
Fax Number	
Contact Number	OTHERS-84486388
EMail Address	NOEMAIL

Address	BLK 759 PASIR RIS STREET 71 #11-188
Postcode	510759
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?	YES
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: : SHASHNI D/O RAJA GOPAL GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	PASIR RIS NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 1 PASIR RIS DRIVE 4 , POSTCODE: 519457 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5852999 - FAX NO: 65855261
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190511/2148

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	SJH2360L
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)

DETAILS OF INJURED PERSON 1

Name	RAJKUMAR S/O GUNASAGARAN
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	SLR4110C
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO

Address

Postcode

DETAILS OF INJURED PERSON 2

Name	SHASHNI D/O RAJA GOPAL
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	SLR4110C
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO

Address

Postcode

SKETCH PLAN

IMPORTANT NOTICE

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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)

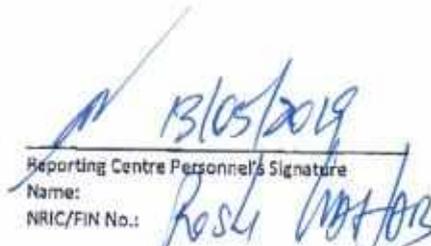
I understand, acknowledge, agree and consent that:

- (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.



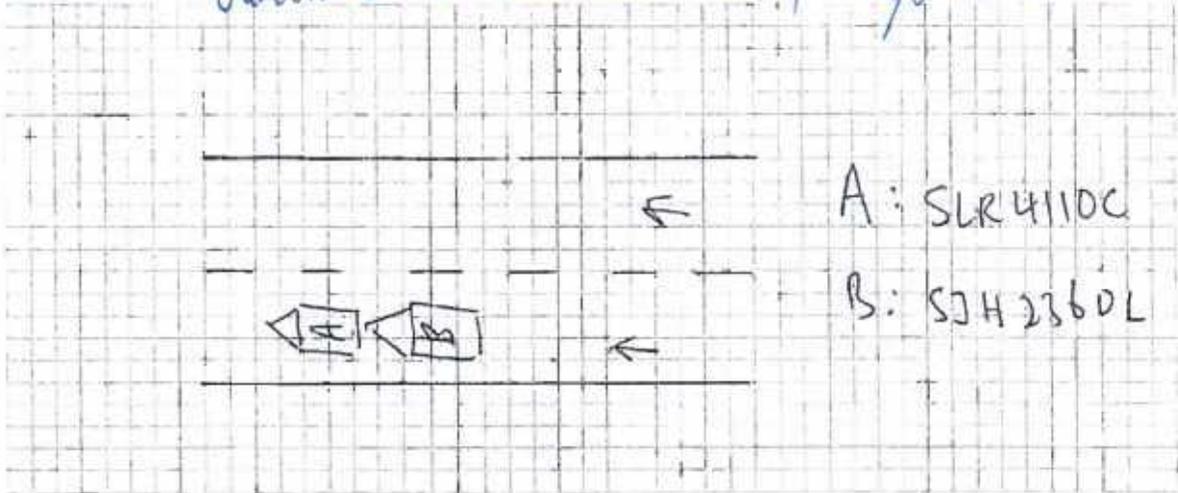
Policyholder's Signature
Date & Time:


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


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

SKETCH PLAN

JUNCTION OF CRAWWELL ROAD / COYONAH AVENUE



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report T/2015 05 11 / 2148.

DECLARATION

(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.:

[Signature] 13/05/2019
[Signature]
[Signature]



**SINGAPORE
POLICE FORCE**



T/20190511/2148

1 of 4

Report No. T/20190511/2148

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/05/2019 22:51	Vide Report No.: G/20190511/0017	Station Diary No.: 91
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Informant's Particulars			
Name of Informant: RAJKUMAR S/O GUNASAGARAN		Address: APT BLK 759 PASIR RIS STREET 71 #11-188 SINGAPORE 510759	
ID Type / ID No.: NRIC NO / S8851845D		Contact No.: Home/Office: Mobile: 84486388	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 30	Date of Birth: 22/12/1988	Type of Informant: Driver
Race: Indian		Language: English	Institution / School Name:
Occupation: SELF-EMPLOYED		Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 11/05/2019 00:35	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 CRANWELL ROAD LOYANG AVENUE ALONG CRANWELL ROAD AND JUNCTION OF LOYANG AVE				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working	Traffic Volume: Light	
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
SJH2360L	Car					0
SLR4110C	Car	HONDA	VEZEL	White	Slightly Damaged	1

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



**SINGAPORE
POLICE FORCE**



T/20190511/2148

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

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Report No. T/20190511/2148

CONTINUATION OF REPORT

Driver			
Name	MUHAMMAD IQBAL BIN ABDUL HAMID	ID No.	S9825994E
Related Vehicle	SJH2360L (Car)	Contact No.	NIL
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
Driver			
Name	RAJKUMAR S/O GUNASAGARAN	ID No.	S8851845D
Related Vehicle	SLR4110C (Car)	Contact No.	84486388
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	11/05/2019	Date Discharge	11/05/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Passenger			
Name	SHASHNI D/O RAJA GOPAL	ID No.	S9114504I
Related Vehicle	SLR4110C (Car)	Contact No.	96959626
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	11/05/2019	Date Discharge	11/05/2019
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

On 11/05/2019 at about 12:36am, I was with a passenger driving in my vehicle, bearing the registration number, SLR4110C. I was along Cranwell Road. I had stopped my vehicle at the junction of Cranwell Road and Loyang Ave as the traffic lights was red. I was on the left lane of the two lanes.

Suddenly, I felt an impact coming from the rear of my vehicle. I immediately stepped out of my vehicle and saw that another vehicle bearing the registration, SJH2360L had collided onto the rear portion of my vehicle.

I then exchanged particulars with the said driver and I also spoke to one of the passenger of the vehicle. I took photos of the accident. After that the driver just drove off. I also called the Traffic Police for assistance as my passenger was injured. The traffic police and ambulance came down and gave me an



**SINGAPORE
POLICE FORCE**



T/20190511/2148

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

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Report No. T/20190511/2148

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report: G / Sgt 2 MUHAMMAD ALIF BIN AZALI	
Signature Of Interpreter: Not applicable	
Officer In Charge Of Case: TP / GIT / SI MOHAMMAD SHAHRIL BIN ABDULLAH Contact No.: 65476083	

Signature Of Informant:	
Date/Time: 11/05/2019 22:51	
Classification Of Case:	

Authentication Stamp
NP168

	SINGAPORE POLICE FORCE	
		SIGNATURE

Email: sm@idac.com.sg Tel no: 6555 6888

*If no proper documents are produced, IDAC shall not file the report. Information will be discarded after one week.

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 11 / 05 / 2019 (dd/mm/yy) Time of Accident: 00 : 36 (24-HR-FORMAT)

Vehicle No.: SLR 4110C Vehicle Make & Model: Honda Vezel

Exact location of Accident: Junction of Cranwell Rd / Loyang Ave

Policyholder's Name / IC No.: Autotruster Leasing Pte Ltd (2016336642)

Driver's Name / IC No.: Rajkumar s/o Gunasagaran (588518450) (As Above)

Driver's Contact No.: 8448 6388 Company Contact No (Company Veh Only): 8339 6986

Driver's Address: Blk 759 Pasir Ris St 71 # 11-188 SL 510759

Email address: _____ Insurance Company: ACG

Relationship between Owner & Driver: (Please **CIRCLE** one only)

Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee Hiree or Others specify: _____

What do you wish to claim? (Please **TICK** one only)

Own Insurance / Other Vehicle (The one you want to claim against) / Reporting (For Record Purpose)

Exact purpose for which the vehicle was being used at time of accident?

Occupation (nature of job) Indoor / Outdoor

Private use / Work purpose

*No. of Passengers (Including Driver): 02

*Passenger Name: Shashni D/O Raja Gopal

Gender: Male / Female

*Passenger Name: _____

Gender: Male / Female

Weather condition & Road conditions? (On the day of accident)

Clear & Dry / Raining & Wet / After-Rain & Wet / Drizzling & Wet / Others: _____

Was there any video captured by your Car Camera? Yes / No

Any Injuries: Yes / No (If YES) Injured Person's Name: Rajkumar (Driver) & Shashni (Passenger)

Injuries Sustain: _____ Injured Person in Which Vehicle: SLR 4110C

Police Report filed: Yes / No (If YES) Which Police Station: Pasir Ris N.P.C

The Other Party(s) Details:

1. Driver's Name / IC No: _____ Vehicle No: SJH 2360L

Driver's Contact No: _____ Insurance Company: _____

2. Driver's Name / IC No (If Any): _____ Vehicle No: _____

Driver's Contact No: _____ Insurance Company: _____

*Independent Witness (If Any): _____ Contact No: _____

Preferred Workshop Name: 96 MOTORSPARTS Pte Ltd. Contact No: _____

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8851845D



Name
RAJKUMAR S/O GUNASAGARAN

Religion
சமணம்

Race

INDIAN

Date of birth

22-12-1988

Country of birth

SINGAPORE

Sex

M

S8851845D

REPUBLIC OF SINGAPORE DRIVING LICENCE



License No. S8851845D

Name RAJKUMAR S/O GUNASAGARAN

Exp. Date: 22 Dec 1988

Issue Date: 19 Jul 2011



001983852F

Land Transport Authority



VOCATIONAL LICENCE

Licence No: S8851845D

Name: RAJKUMAR S/O GUNASAGARAN

Please visit www.lta.gov.sg to check the status of this vocational licence



4756146



NRIC No: S8851845D

Date of issue

19-07-2011

Address

APT BLK 759 PASIR RIS STREET 71
#11-16B
SINGAPORE 510759

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES

EFFECTIVE DATE

Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive 23 Jul 2010
of the driver, and other motor vehicles <= 2500kg



Licence No: S8851845D

NP 425A

This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to LTA on request. If found, please return to LTA, 10 Sui Ming Drive, Singapore 575701.

Type	Description	Issue Date
13	PRIVATE HIRE CAR VL	16/05/2018



PDVL/TDVL
33 608 8888
281176



**CERTIFICATE OF INSURANCE**

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1969

ROAD TRANSPORT ACT, 1987 (MALAYSIA)

MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

M.Z.400

Comprehensive Commercial Motor (Autoplus)

CERTIFICATE NO. SLR4110C

POLICY NO. 999994249

(The below excess is subject to GST)

POLICY EXCESS S\$2,000.00 (I)

POLICY EXCESS S\$2,000.00 (II)

WINDSCREEN EXCESS S\$100.00

SUM INSURED Market Value

INSURING WITH COE/PARF Yes

SLR4110C

AutoTrust Leasing Pte Ltd

1) VEHICLE REGISTRATION NO.

2) NAME OF POLICYHOLDER

3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE PURPOSES OF THE ACT

22 February 2019

4) DATE OF EXPIRY OF INSURANCE

21 February 2020

5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE*

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

The Authorised driver must be age within 22 to 65 years old with at least 2 years driving experience unless specified otherwise

This Policy will indemnify the Policyholder or any authorised driver only if he/she meets the specified age condition.

Additional Excess \$ 1,000 is applicable Outside Singapore

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) LIMITATION AS TO USE*

- 1) Use for social, domestic, pleasure purposes and business purposes of Insured
- 2) Use for social, domestic, pleasure purposes and business purposes of any person whom the vehicle is hired.
- 3) Use for the carriage of passengers for hire or reward by any person to whom the vehicle is hired.

The Policy does not cover: 1) Use for tuition, driving test, racing, pace-making, reliability trial or speed-testing. 2) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle. 3) Use for any purpose in connection with the Motor Trade.

LOSS OF USE Not Included

HIRE PURCHASE COMPANY N.A

*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).

Issued in Singapore 21 Feb 2019

AIG Asia Pacific Insurance Pte. Ltd.

0500656-000

Cowell Insurance Agency Pte Ltd

8 Bum Road

#09-09 Trivex

Singapore 369977

AUTHORISED REPRESENTATIVE

ORIGINAL

SSPIUS