NATIONAL Assessment Centre Services. [Well Jan'05] MNA119366 6 Date In: ME 19 -17 142 Date & Time Completed Done by Jeb description Rel No: SAS e-filing 14 (1919) 9375 TV Veh No: DEYSW E-mail (within Shrs, AIC 2hrs) i-Motor Claim Form D.O.A : 77/11/19- 01:45 i-Motor W/O (Within: OD 2hrs, TP 4hrs) OD (TP) Reporting Only i-Photo Uploaded Assessment/Survey Report TP Insurer: Ass't Report by Fax / Hand to Owner/Wksp Preferred Wksp / INC Assign Wksp / QW: ( Tel: Fax: TP Particulars: Veh No: juz Gyzrh INC ( )/Non-INC ( Owner / Driver: ( Tcl: Policy No: ( Period: ( Cover Type: ( Confirmed by: ( Date: Time: Insured/Driver Liability: ( %) [Note-Est. Status (WO): N: 0-20%; P: 21-79%. P: \$0-100%] 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 ( ); Towing Co: ( Remarks:- (INC hotline: 6788 6616) 1) Apply for Transport Allowance ( )/Courtesy Car ( 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000] Injury: Date/Time Amt (3) Ant (S) Invoice Preparation Checklist MAIGOZGOS " Add Bill fst Bill 1) AR: Accident Reporting (530); Claimant's Particulars :-INC (\$80) 2) DA : Damage Assessment (\$100); \$40/\$45 3) TF : Towing Fee Driver/Owner: \$120 4) FT : Follow-Through Survey 5) FT : Follow-Through Survey (Resurvey) \$30 Contact No: For claiming against INC Only (wef 10 Jan 2005) \$75 6) TR: Re-inspection Damaged Portion: \$160 7) N1 : Idao DA + SMRT Survey 8) NTUC Additional Services:-OD QC Checked by (Engr-In-Charge): \*NS: Courtesy Car / Tpt Allowance \$5 510 \*N6: Repair Co-ordination \$25 \* N7: Fost Repair Inspection Auditors' Comments :-\*N8: DV / Collect Excess Coordination 35 TP (N11): TP (Non INC) against INC \$20

9) N12: Idac Mobile

Invoice dated

Invoice dated

**动物于沟流** 

Fee Charged

Fee Charged

Cat. 1:

2at. 2/3:

#### 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 witholding 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.

aroround,	
	ACCIDENT STATEMENT
Date Of Report	27/05/2019 17:40
Date Of Accident	27/05/2019 01:45
Exact Location Of Accident	JB CHECKPOINT TWDS WOODLANDS CHECKPOINT
Country/State of Loss	MALAYSIA/JOHOR DARUL TAKZIM
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJE452J
Insured/Policyholder	
Name Of Registered Owner	PRAVEENRAJ S/O GANASEKARAN
NRIC No	S9245030I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94899241
Alternative Phone No	OFFICE-94899241
Vehicle Particulars	
Manufacturer	HONDA
Model	CROSSROAD 1.8L A
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	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SI19V03509/VPE/R00
Cover Note Number	

Driver	
	_

Name of Driver PRAVEENRAJ S/O GANASEKARAN

 NRIC No
 \$9245030I

 Date Of Birth
 28/11/1992

 Occupation
 INDOOR

 Date Of Driving Pass
 11/12/2012

Driving Experience 6 YEARS AND 5 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-94899241

Fax Number

Contact Number OFFICE-94899241

EMail Address NOEMAIL

**BLK 657 HOUGANG AVENUE 8** Address

#09-433

Postcode 530657

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

COLLISION - CHANGE/CROSS LANE

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles (including own vehicle)

2

involved in the accident

YES

Was any body injured in the Accident? 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:

: LIM SHAO BIN

GENDER:

: MALE

**Details of Police Action** 

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY

Police Station Address

ROAD: 10 UBI AVENUE 3, POSTCODE: 408865, COUNTRY:

SINGAPORE

Police Station Contact Was notice of intended Prosecution given?

If Yes, against whom?

**Circumstances of Accident** 

REFER TO POLICE REPORT - T/20190527/7027.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

VIDEO FOOTAGE WITH DRIVER

TEL NO: 65470000 - FAX NO:

Was there any audio recorded?

NO

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number Vehicle Make/Model/Colour

SLJ6422G

**Details Of Properties** 

Vehicle Category

PRIVATE CAR

Name of Driver

YANNI HUANG @ROYANI

NRIC/Passport Number

S8086491D

Contact Number

Address

Postcode

Name

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1** PRAVEENRAJ S/O GANASEKARAN

Approximate Age

Injuries Sustain BODY SJE452J Injured person in which vehicle? Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

NO

1

Address Postcode

**DETAILS OF INJURED PERSON 2** 

Name LIM SHAO BIN

Approximate Age

Injuries Sustain BODY Injured person in which vehicle? SJE452J Were seat belts worn? YES Was this injured conveyed to hospital by NO

ambulance?

Address Postcode

#### 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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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:

Name: NRIC/FIN No.:

#### **DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

Refer to police report- 1/2019 0527 form.
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#### 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.:





1 of 3

Report No. T/20190527/7027

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

#### REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/05/2019 17:07			Vide Report No.:	Station Diary No.:	
Informant's	s Particula	ars			
Name of Informant: PRAVEENRAJ S/O GANASEKARAN			Address: APT BLK 657 HOUGANG AVENUE 8 #09-433 SINGAPORE 530657		
ID Type / ID No.: NRIC NO / S9245030I			Contact No.: Home/Office: Mobile: 94899241		
Nationality: SINGAPORE CITIZEN			Email: veen2807@gmail.com		
Sex:         Age:         Date of Birth:           Male         26         28/11/1992			Type of Informant: Driver		
Race: Indian			Language: Institution / School N		/ School Name:
Occupation: Singapore Armed Forces personnel			Driving Licence Information: Class:	Date of Ex	piry:

General Informati	on of the Accident					
Type of Accident:	Injury Others		Drink Drive: No	Date/Time of Accident: 27/05/2019 01:45		Type of Location: Malaysia Custom Entrance
Location:						
CAUSEWAY						
Weather:		Road Si Dry	urface:		Road	d Speed Limit:
Traffic Flow: One Way		Traffic C	Control:		Traff Heav	fic Volume: vy
Type of Collision: Between Moving	Vehicles - Head To Si			Anyo amb No	one conveyed by ulance:	

ehicle Invo	lved				
Туре	Make	Model	Color	Condition	No of Passenger
Car					0
Car					0
	Type Car	Car	Type Make Model Car	Type Make Model Color Car	Type Make Model Color Condition Car

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





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

#### **CONTINUATION OF REPORT**

2 of 3 Report No. T/20190527/7027

Driver		terial stephalic		A CHANG		
Name	PRAVEENRAJ S/O	GANASEKA	ARAN	ID No.		S9245030I
Related Vehicle	SJE452J (Car)			Conta	ct No.	94899241
Hospital/Clinic				Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL
Date Treatment	27/05/2019		Date Disc	harge	27/05	/2019
	ted Medical Leave	03	Degree of		Slight	
Passenger						
Name	LIM SHAO BIN			ID No		S9419254D
Related Vehicle	SJE452J (Car)			Contact No.		NIL
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL
Date Treatment	NIL Date Dis			harge	NIL	
	ted Medical Leave	Degree of		NIL		
Driver	THE RESIDENCE OF THE PERSON OF	L. Physical				
Name	YANNI HUANG @R	OYANI	100000	ID No		S8086491D
Related Vehicle	SLJ6422G (Car)			Contact No.		NIL
Hospital/Clinic	NIL			Class Drivin Licen Expir	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disc	harge	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree o		NIL	

#### Brief Details.

i was driving back from Malaysia towards Singapore via CIQ entrance suddenly a white coloured Toyota Estima (SLJ6422G) hit the rear left hand side of my car.





3 of 3

Report No. T/20190527/7027

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

#### **CONTINUATION OF REPORT**

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Informant is not able to provide sketch plan

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: 27/05/2019 17:07
Officer In Charge Of Case: TP / TPHQ / YEO GEAK ENG CECILIA Contact No.: 65476404	Classification Of Case:

Authentication Stamp

NP168



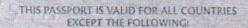
### YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

#### EFFECTIVE DATE

Motorcycles =< 200 cc
Motorcycles between 201 cc and 400 cc
Motorcycles > 400 cc
Motor cars with unladen weight =< 3000kg with =< 7
passengers, exclusive of driver; and other motor
vehicles with unladen weight =< 2500kg
Motor vehicles which are constructed to carry load
or passengers and the unladen weight > 2500kg
Motor vehicles which are not constructed to carry
load or passengers and the unladen weight =< 7250kg
Motor vehicles not constructed to carry any load
and the unladen weight > 7250kg 09 Mar 2012 22 May 2013 08 Aug 2014 11 Dec 2012 Class 2B Class 2A Class 2 Class 3

NP 428A









## PASSPORT REPUBLIC OF SINGAPORE

K0624784B

PRAVEENRAJ S/O GANASEKARAN



M Date of birth 28 NOV 1992 01 AUG 2018 01 MAY 2024 SEE PAGE 2

S9245030I

SINGAPORE CITIZEN SINGAPORE MINISTRY OF HOME AFFAIRS



PASGPPRAVEENRAJ<SO<GANASEKARAN<<<<<<< K0624784B8SGP9211281M2405012S9245030I<<<<78





# Certificate of Insurance

Certificate No.:

Date of Expiry:

MX1

11 Apr 2020 23:59

Type of Certificate:

SI19V03509/ VPE / R00

www.libertyinsurance.com.sg

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)

**Effective Date of Commencement:** 

Name of Policyholder:

PRAVEENRAJ S/O GANASEKARAN

Date of Issue:

21 Mar 2019

Registration No.:

12 Apr 2019 00:00 Chassis No.:

SJE452J RT11007245

Persons or Classes of Persons entitled to drive\*:

A) The Policyholder.

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.

Limitations as to use:

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

#### The Policy does not cover:

- A) Use for hire or reward.
- B) Use for racing, pace-making, reliability trials or speed-testing.
- C) Use for the carriage of goods (other than samples) in connection with any trade or business.
- D) 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).

> For and on behalf of LIBERTY INSURANCE PTE LTD Approved Insurers

For Information Only:

Coverage(s):

Comprehensive, Unlimited Windscreen

Sum Insured:

MARKET VALUE AT THE TIME OF LOSS

Excess:

Section I - Named Drivers S\$700, Section I - Unnamed Drivers S\$1200, Additional Excess for

Young, Elderly & Inexperienced Drivers S\$3000, Windscreen Excess S\$100

Name of Finance Company:

ASIA CARZ HOLDING PTE LTD

Name of Producer:

**B.A.S. INSURANCE AGENCY (A1569-1)** 

A1569-1/B2BAAMT/SI19V03509/21-Mar-2019/MotorCI/v1.0