

# NATIONAL Assessment Centre Services.

[ver 1 Jan 03]

19/04/2009 15:08

Date In: 20/05/2009 15:08	Job description	Date & Time Completed	Done by
Ref No: N/A/19039009609/Y	SAS e-filing		
Veh No: SCX 247H	E-mail (A/C 2hrs, A/C 2hrs)		
D.O.A: 23/05/2009 23:18	I-Motor Claim Form		
OID: TP (Reporting Only)	I-Motor W/O (Withlet: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whse		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: SCX 3732H	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 ( )	

( ) Walk-In Customer: Customer's Information strictly Confidential & Strictly NO refer of repolar.

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

19/03/2009	1) Alt: Accident Reporting (\$30)	
Driver/Owner:	2) DA: Damage Assessment (\$100)	INC (\$10)
Contact No:	3) TP: Towing Fee	\$40/\$45
Damaged Portion:	4) PT: Follow-Through Survey	\$120
QC Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey)	\$30
Additional Comments:	For claiming against INC Only (ver 10 Jan 2003)	
	6) TR: Re-inspection	\$75
	7) NI: Idao DA + SMRT Survey	\$160
	8) NTUC Additional Services:	
	ON:	
	*N5: Courtesy Car / Tpl Allowance	\$3
	*N6: Repair Co-ordination	\$10
	*N7: Post Repair Inspection	\$25
	*N8: DV / Collect Excess Coordination	\$3
	TP (N11): TP (N11 INC) against INC	\$30
	9) N12: Idao Mobile	
	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	30/05/2019 15:08
Date Of Accident	25/05/2019 23:15
Exact Location Of Accident	TPE TOWARDS SLE AFTER PUNGGOL EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGV2447H
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ASSET LIMO
Co Reg No	53309913K
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90253095
Alternative Phone No	OFFICE-90253095

### Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS-1.5 E (A)
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE HIRE

### Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	999994238
Cover Note Number	

### Driver

Name of Driver	RAMESH S/O ELANGO VAN
NRIC No	S8942051B
Date Of Birth	24/11/1989
Occupation	OUTDOOR
Date Of Driving Pass	30/12/2011
Driving Experience	7 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90253095
Fax Number	
Contact Number	OTHERS-90253095
Email Address	NOEMAIL

Address	BLK 704 WOODLANDS DRIVE 40 #09-04
Postcode	730704
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?	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: : PASSENGER GENDER: : FEMALE

#### 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?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLX3732H
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	

## SKETCH PLAN

### IMPORTANT NOTICE

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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:

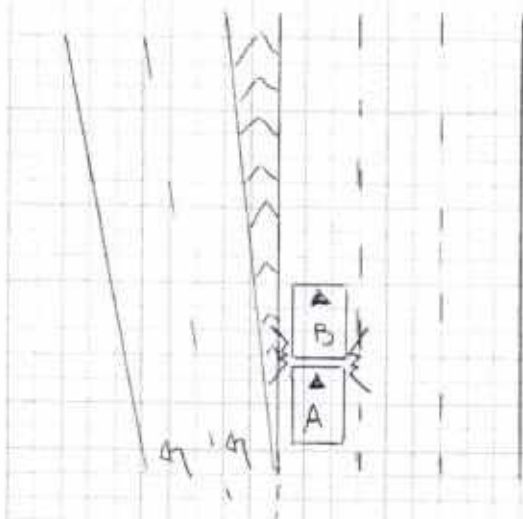
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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

*an 30/05/2019*  
*Rosh Lintar*



# SKETCH PLAN



TPE TOWARDS SLE AFTER  
PUNGGOL EXIT

VEHICLE 'A' SGV 2447 H

VEHICLE 'B' SLX 3732 H

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date and time, I vehicle A was travelling  
on my designated lane along TPE TOWARDS SLE. Suddenly  
Vehicle 'B' Infront of me Jam brake, hence  
I couldn't stop in time and collided into  
Vehicle B rear portion.

## 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.:

30/05/2019

Rafiq

Reporting Only

Email: [sm@idac.com.sg](mailto:sm@idac.com.sg)

Tel no: 6555 6888 Fax no: 6454 3279

**Personal Particulars of Owner & Driver (Vehicle A)**

Date of Accident: 25/05/2019 (dd/mm/yy) Time of Accident: 23:15 (24-HR-FORMAT)  
Vehicle No.: SGV 2447 H Vehicle Make & Model: TOYOTA VIOS E AUTO  
Exact location of Accident: TPE TOWARDS SLE AFTER PUNGGOL EXIT  
Policyholder's Name / IC No.: Asset Limo 53309913K  
Driver's Name / IC No.: Ramesh S/O Elangovan S8942051B (As Above) ☐  
Driver's Contact No.: 9025 3095 Company Contact No.: \_\_\_\_\_  
Driver's Address: 18 Sin Ming Lane #06-31 Midview City Singapore 573960  
Insurance Company: AIG Email address (if any): \_\_\_\_\_

**Relationship between Owner & Driver:** Hirer 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?**

☐ Private use / ☒ Work purpose

**Occupation (nature of job)** ☐ Indoor / ☒ Outdoor

**No. of Passengers (Including Driver):** 02

**Passenger Name:** Passenger x1

**Gender:** Female

**Passenger Name:** \_\_\_\_\_

**Gender:** \_\_\_\_\_

**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: \_\_\_\_\_

Injuries Sustain: \_\_\_\_\_ Injured Person in Which Vehicle: \_\_\_\_\_

**Police Report filed:** ☐ Yes / ☒ No (If YES) Which Police Station: \_\_\_\_\_

**The Other Party(s) Details:**

1. Driver's Name / IC No.: \_\_\_\_\_ Vehicle No: SLX 3732 H

Driver's Contact No.: \_\_\_\_\_ Insurance Company (If any): \_\_\_\_\_

2. Driver's Name / IC No.: \_\_\_\_\_ Vehicle No: \_\_\_\_\_

Driver's Contact No.: \_\_\_\_\_ Insurance Company (If any): \_\_\_\_\_

\*Independent Witness (If Any): \_\_\_\_\_ Contact No: \_\_\_\_\_

Preferred Workshop Name: \_\_\_\_\_ Contact No: \_\_\_\_\_

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

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S8942051B



Name

RAMESH S/O ELANGOVAN

Race

INDIAN

Date of birth

24-11-1989

Country/Place of birth

SINGAPORE

Sex

M

S8942051B



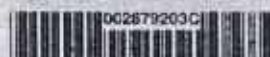
REPUBLIC OF SINGAPORE DRIVING LICENCE

Identity Card No. S8942051B

RAMESH S/O ELANGOVAN

Birth Date: 24 Nov 1989

Issue Date: 07 Dec 2019



002679203C

For LKK/NAC Use Only

6128923



NRIC No. S8942051B



Date of issue

01-02-2019

Address

APT BLK 704 WOODLANDS DRIVE 40  
#09-04  
SINGAPORE 730704

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

EFFECTIVE DATE

Class 3 Motor cars with unladen weight  $\leq 3000\text{kg}$  with  $\leq 7$  passengers, exclusive of driver; and other motor vehicles with unladen weight  $\leq 2500\text{kg}$  30 Dec 2011



Licence No: S8942051B

NP 428A



10 Sin Ming Drive Singapore 575701  
www.lta.gov.sg

12 March 2019

MR RAMESH S/O ELANGO VAN  
704 WOODLANDS DRIVE 40  
#09-04  
SINGAPORE 730704

LTA/VT/APP/A201825282

Our ref

Your ref

DID

Fax

Dear Sir

**COLLECTION NOTICE**

**PRIVATE HIRE CAR DRIVER'S  
VOCATIONAL LICENCE (PDVL)**

We are pleased to inform you that your PDVL is now ready for collection at any one of 26 Singapore Post island-wide.

Please proceed to the nearest Self-Automated Machine (SAM) to **book an e-Appointment** within one month from the date of this letter, to collect your PDVL at your preferred post office.

Bring along these documents to collect your vocational licence:

- a) Your **original** NRIC
- b) Your **original** valid Class 3 Singapore driving licence
- c) This Collection Notice
- d) Temporary PDVL (if any)

You must collect your PDVL before your temporary PDVL expires, otherwise your licence may be revoked and you will not be allowed to provide chauffeured services.

**What you need to do:**

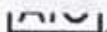
- 1) Go to a SAM kiosk to book an e-Appointment to collect your PDVL, within 1 month from the date of this letter
- 2) Choose your preferred post office and date of collection
- 3) Bring along the necessary documents and collect your PDVL on the date of collection at your preferred post office

for REGISTRAR OF VEHICLES

(This is a computer-generated letter that requires no signature.)







# CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 187)

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1987

ROAD TRANSPORT ACT, 1987 (SINGAPORE)

MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1987 (SINGAPORE)

M 2 400

THIRD PARTY		POLICY EXCESS	
CERTIFICATE NO.	COMMERCIAL MOTOR	UNUSUAL EXCESS	\$2000.00 (Sect 8)
POLICY NO.	SGV2447H		NA
	999991228	SUM INSURED	NA
		INSURING WITH COE/PAIF	NO
		ASSET LIMIT	
1) VEHICLE REGISTRATION NO.		10 March 2019	
2) NAME OF INSURED		06 March 2020	
3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE PURPOSES OF THE ACT			
4) DATE OF EXPIRY OF INSURANCE			
5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE*			
<p>Any person who is driving on the licensed driver's or with their permission</p> <p>(5) (3) (2) Section 8 (2) is applicable for driver who is between 18 years to 60 years old with minimum 2 years driving experience in Singapore</p> <p>No additional excess of \$1000.00 applies in the event of an accident occurring within Singapore</p>			
<p>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 revocation of any endorsement or registration in that behalf from driving the Motor Vehicle</p>			
6) LIMITATION AS TO USE*			
<p>1) Use for social, domestic, pleasure purposes and business purposes of insured</p> <p>2) Use for social, domestic, pleasure purposes and business purposes of any person whom the vehicle is hired</p> <p>3) Use for the carriage of passengers for hire or reward by any person to whom the vehicle is hired</p> <p>The Policy does not cover: (1) Use for public, driving test, racing, price making, liability for trial or speed testing (2) Use when driving a trailer except the towing motor vehicle for removal of any new licensed motor vehicle proposed vehicle (3) Use for any purpose in connection with the Motor Trade</p>			
LOSS OF USE		Not Included	
HIRE PURCHASE COMPANY		NA	

\*Licences rendered obsolete by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 187) and Section 16 of the Road Transport Act, 1987 (Singapore), are not to be included under these headings

I, the 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 187) and Part IV of the Road Transport Act, 1987 (Singapore)

Issued in Singapore 26 Feb 2019

AGI Asia Pacific Insurance Pte. Ltd.

500036-000  
Cowell Insurance (Agency) Pte. Ltd.  
8 Burn Road  
409-011 Triplex  
Singapore 267977

AUTHORIZED REPRESENTATIVE

SIGNED

ORIGINAL