

NATIONAL Assessment Centre Services

(wef 1 Jan 2019)

May 19 07:28:27

Date In: 03/06/2019 18:03	Job description	Date & Time Completed	Done by
Ref No: N38/816/9009750/1	SAS e-filing		
Veh No: S30X1346	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 31/05/2019 18:00	i-Motor Claim Form		
OD: <input checked="" type="radio"/> 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: SAT 7087

INC () / Non-INC ()

Tel: ()

Owner / Driver: ()

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:	Date & Time Completed	Done by
(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	Actions

Claimant's Particulars:	Invoice Preparation Checklist	Am't (\$) 1st Bill	Am't (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TP: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors' Comments: :	5) FT: Follow-Through Survey (Resurvey) \$30		
Car 1:	For claiming against INC Only (wef 10 Jan 2019)		
Car 2/3:	6) TR: Re-inspection \$75		
1/1	7) N1: Idan DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	9) N12: Idan Mobils		
	10) N13: Courtesy Car / Tpl Allowance \$5		
	11) N14: Repair Co-ordination \$10		
	12) N15: Post Repair Inspection \$25		
	13) N16: DV / Collect Excess Coordination \$5		
	14) TP (N11): TP (N in INC) against INC \$20		
	15) N17: Idan Mobils \$0		
	Invoice dated	For Charged	
	For Charged		

07-MAY-2019 16:39

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	03/06/2019 18:03
Date Of Accident	31/05/2019 18:00
Exact Location Of Accident	TOH GUAN ROAD BEFORE TOH GUAN ROAD EAST JUNCTION
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJQ5134G
Insured/Policyholder	
Name Of Registered Owner	ASSET LIMO
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96144873
Alternative Phone No	OFFICE-96144873

Vehicle Particulars

Manufacturer	HYUNDAI
Model	AVANTE
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	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE

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	RAMALINGAM SIVAKUMAR
NRIC No	S7666993G
Date Of Birth	08/09/1976
Occupation	INDOOR
Date Of Driving Pass	19/01/2004
Driving Experience	15 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96144873
Fax Number	
Contact Number	OTHERS-96144873
Email Address	NOEMAIL

Address	BLK 122 ANG MO KIO AVENUE 3 #08-1763
Postcode	560122
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	SIDE SWIPE
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?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJT708T
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)	

SKETCH PLAN

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5. Any false reporting may be referred to the Police for investigation.
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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.

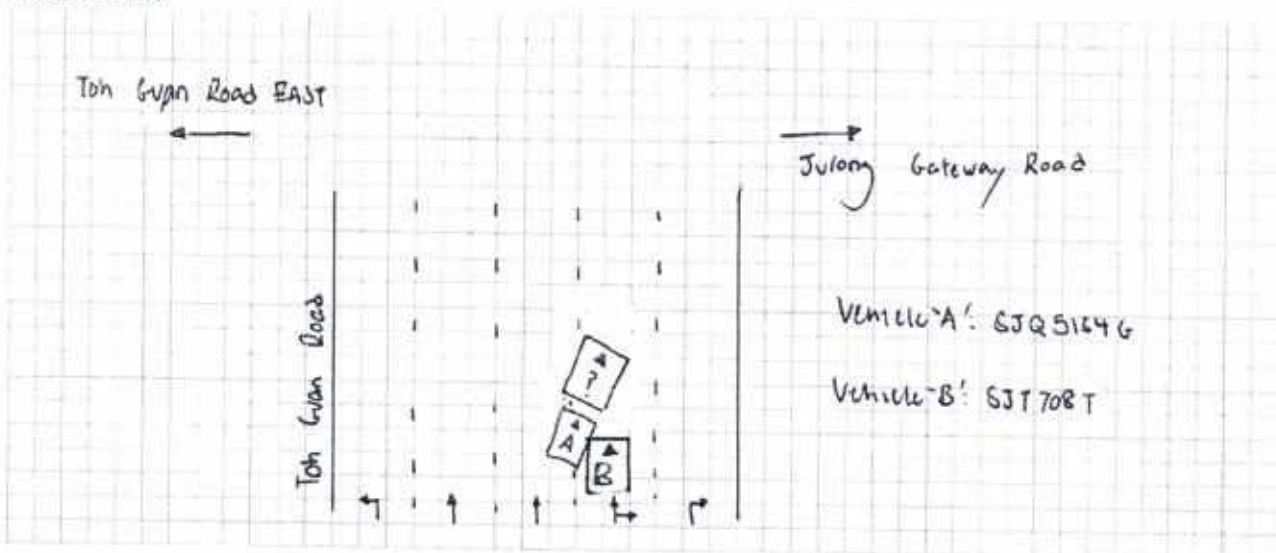


Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on the stated date and time, i vehicle 'A' was travelling on my designated lane along Ton Guan Road. Traffic was heavy and standstill. I signalled my intentions to move from the 3rd lane to the 2nd lane when the light was red as such i was at a stationary position. The light turned green and the lorry in front of me moved. whilst being stationary, suddenly lost an impact on my right side mirror. I checked to realise that vehicle 'B' has collided for into me. That is all.

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: *03/06/2019*
NRIC/FIN No.: *Resh*

Email: sm@idac.com.sg

Tel no: 6555 6888 Fax no: 6454 3279

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 31/05/2019 (dd/mm/yy) Time of Accident: 18:00 (24-HR-FORMAT)
Vehicle No.: SJQ5134G Vehicle Make & Model: HYUNDAI AVANTE
Exact location of Accident: TOH GUAN ROAD BEFORE TOH GUAN RD EAST JUNCTION
Policyholder's Name / IC No.: ASSET LIMO
Driver's Name / IC No.: RAMALINGAM SIVAKUMAR S7666993G (As Above) ☐
Driver's Contact No.: 9614 4873 Company Contact No.: _____
Driver's Address: APT BLK 122 ANG MO KIO AVE 3, #08-1763, S(560122)
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): 1

Passenger Name : _____
Passenger Name : _____

Gender : _____
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: SJT708T

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. S7666993G



Name
RAMALINGAM SIVAKUMAR
ராமலிங்கம் சிவகுமார்

Race
INDIAN

Date of birth
08-09-1976

Sex
M

Country/Place of birth
INDIA

S7666993G

REPUBLIC OF SINGAPORE DRIVING LICENCE

DRIVING LICENCE NO. S7666993G

Name
RAMALINGAM SIVAKUMAR

Date of birth
08 Sep 1976

Issue Date
06 Sep 2008

OC1645749F

For LKK/NAC Use Only

9474529

OC1645749F

DRIVING LICENCE NO. S7666993G

18465

Nationality
INDIAN

Date of issue
09-02-2016

Address
APT BLK 122 ANG MO KIO AVENUE 3
#08-1763
SINGAPORE 560122

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

CLASS	VEHICLE CLASS	ISSUE DATE
Class 1B	Motorcycles <= 300 CC	17 Jan 2004
Class 1A	Motorcycles between 301 CC and 400 CC	02 Nov 2010
Class 2	Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 2500 kg	17 Jan 2004

S7666993G

S/No. 9000134690

NP 428A

Licence No. S7666993G

Land Transport  Authority

VOCATIONAL LICENCE

Licence No : **S7666993G**

Name : **RAMALINGAM SIVAKUMAR**



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

For LKK/NAC Use Only

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

Type	Description	Issue Date
14	PRIVATE HIRE CAR VL	27/06/2018



For LKK/NAC Use Only



HOTLINE TEL: (65) 6419 3000

CERTIFICATE OF INSURANCE

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

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1996

ROAD TRANSPORT ACT, 1987 (MALAYSIA)

MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1989 (MALAYSIA)

M2 406

THIRD PARTY		COMMERCIAL MOTOR		(The below excess is subject to GST)	
CERTIFICATE NO.	SJ05134G	POLICY EXCESS	\$82500.00 (Sect II)		
POLICY NO.	999994238	WINDSCREEN EXCESS	NA		
		SUM INSURED	NA		
		INSURING WITH COE/PAF	NO		
		SJ05134G			
		ASSET LIMO			
1) VEHICLE REGISTRATION NO.				10 March 2019	
2) NAME OF INSURED				09 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*					
Any person who is driving on the Insured's order or with their permission.					
\$32,500.00 Section II Excess is applicable for driver who is between 21 years to 65 years old with minimum 2 years driving experience in Singapore.					
An additional excess of \$1,000.00 per accident is applicable in the event of an accident occurring 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		NA			

*Limitations rendered operative 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 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 20 Feb 2019

AIG Asia Pacific Insurance Pte. Ltd.

500656-000
Cowell Insurance (Agency) Pte. Ltd.
8 Burn Road
#09-09 Trusee
Singapore 369377

AUTHORIZED REPRESENTATIVE

ORIGINAL

SS/PEC