

NATIONAL Assessment Centre Services		Date: 1 Jan 2019		MAY 19072962	
Date In: 04/06/2019 15:34	Job description	Date & Time Completed	Done by		
Ref No: 188/2019009902/Y	SAS e-filing				
Veh No: SCE 4704	E-mail (within 4hrs, AIG 2hrs)				
D.O.A: 03/06/2019 20:00	i-Motor Claim Form	MT/1047606-001	04/06/2019 16:37		
OD TP <u>Reporting Only</u>	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: SML 29R	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: (\$)	Landing: \$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

188/201904192	Invoice Preparation Checklist		Am't (\$)	Am't (\$)
			Est Bill	Add Bill
Claimant's Particulars:	1) AR: Accident Reporting (\$30)			
Driver/Owner:	2) DA: Damage Assessment (\$100)	INC (\$80)		
Contact No:	3) TF: Towing Fee	\$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey	\$120		
	5) FT: Follow-Through Survey (Resurvey)	\$30		
	Excluding against INC Only (wef 10 Jan 2019)			
	6) TR: Re-inspection	\$75		
	7) NI: Idno DA + SMRT Survey	\$160		
	8) NTUC Additional Services:			
QC Checked by (Engr-In-Charge):	9) NI: Idno Mobile	\$30		
Auditors' Comments:	*N1: 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		
Cal 2/3	Invoice dated	Fee Charged		
1/1/1	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	04/06/2019 15:34
Date Of Accident	03/06/2019 20:00
Exact Location Of Accident	CLEMENTI ROAD TURNING LEFT TO COMMONWEALTH AVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKE470U
Insured/Policyholder	
Name Of Registered Owner	REVATHI D/O SAKER
NRIC No	S8741328D
Email Address	DANNYANIK@LIVE.COM
Mobile Phone No	(LOCAL) +65-92334216
Alternative Phone No	OTHERS-81235916

Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS
Exact Purpose for which vehicle was being used at time of accident	DRIVING GRAB
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 CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5104784488
Cover Note Number	

Driver

Name of Driver	DANNY ANIK KUMAR
NRIC No	S8401746I
Date Of Birth	14/01/1984
Occupation	OUTDOOR
Date Of Driving Pass	12/11/2004
Driving Experience	14 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92334216
Fax Number	
Contact Number	OTHERS-81235916
Email Address	DANNYANIK@LIVE.COM

Address	BLK 411 BUKIT BATOK WEST AVENUE 4 #07-180
Postcode	650411
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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	DRIZZLING
Road Surface	WET

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)	3
Passenger 1	NAME: : PASSENGER GENDER: : MALE
Passenger 2	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	SML229R
Vehicle Make/Model/Colour	MAZDA6
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ICHHIA PARGAT SINGH
NRIC/Passport Number	S2727156A
Contact Number	91853366
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

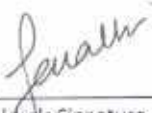
SKETCH PLAN


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**.
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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:

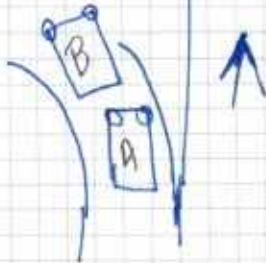

Driver's Signature
(If driver is not the policyholder)
Date & Time:

 04/06/2019
Reporting Centre Personnel's Signature
Name: 
NRIC/FIN No.:

SKETCH PLAN

CLAMANTI ROAD TURNING RIGHT TO COMMONWEALTH AVE

filter lane



filter lane

A) SEE 4704

B) SML 229R

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving out the filter lane & I knock to the front car. I Driver didn't move out as he turn his break at filter lane. so I had no time to react on that moment. and hit his rear bumper.

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.:

Claim Handling

Accident MT/1047606

Policy No.	5104764488	Vehicle No.	SKE470U	GST Registration No.	
Certificate No.					
Policyholder Name	REVATHI D/O SAKER			Policyholder NRIC	58741328D
Product Code	PRIVATE CAR INSURANCE	Cover Type	Third Party, Fire & Theft	Loading	0
Contact No.(Mobile)	92334216	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KPI	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No
Accident Details					
Report Date	04/06/2019 18:28	Accident Report within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	03/06/2019	Time of Accident hh:mm	20:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	CLERENT ROAD TURNING (LEFT TO COMMONWEALTH AVE)				
Excess					
Glen Damage Excess	0.00	Additional Excess	0	Windscreen Excess	0.00
Uninsured Driver Excess	500.00	Outside Singapore OD Excess	0.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		
Benefits					
GST Registered Information					
GST Registered	No	GST Registration No.		GST Registration Date	
Modification History		GST Status Verified	Yes		
Policyholder Mailing Address					
Address 1	BLK 363A #10-723	Address 2	SEBIAWANG CRESCENT	Address 3	SINGAPORE 751363
Address 4		Address Type	Singapore address	Post Code	751363
Unit No.	10-541	Related Policy Number	5104764488		
DI Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	14/03/1989
Unnamed driver Name	DANISH ANIR KUMAR	Driver NRIC	58401748I	Driving Experience	14
Register Date of Driver License	12/11/2004	Driver Age	30	Contact No.(Home)	
Contact No.(Mobile)		Contact No.(Office)		Address 3	SINGAPORE 630411
Address 1	BLK 411 #07-180	Address 2	BUKIT BATOK WEST AVENUE 8	Post Code	630411
Address 4		Address Type	Foreign address		
Unit No.	07-180			Driver Insurer Company	NTUC
Does he own a Singapore Registered car?	Yes = No	Driver Vehicle No.	SKE470U		
Declaration					
Breathalyzer or Blood Test Reading?	0 mg	Any injury?	Yes = No		

Modification History

Claim 001 **Rem**

Claim Type *	CO-MX	Insured Name	REVATHI D/O SAKER	Insured NRIC	58741328D
Contact No.(Mobile)	92334216	Contact No.(Home)	83562988	Contact No.(Office)	
Email Address	REV_SAKR@17VE.COM.SG	DI Vehicle Number	SKE470U	TP Vehicle Number	5ML2298
Claim Description	SKE470U / 5ML2298 ON 3 Jun 2019				
Preferred Workshop	Insured Liability	Fully at fault			
Sanction No. Finalisation	Yes	Preferred Workshop Name unknown	GIA report	Received	
Date Registered		Claim Close Date	04/06/2019 18:32	Date Received	04/06/2019 00:00
Report Taken By	ROSLI WANAB				

Print AK letter

Save Submit

Attachment

Accident No.	MT/1047606	Claim No.	001																																
Last Doc. Received	Yes No	Upload Date	04/06/2019 18:37																																
<table border="1"> <thead> <tr> <th>Category *</th> <th>Confidential</th> <th>Urgency *</th> <th>Description *</th> </tr> </thead> <tbody> <tr> <td>Choose File No file chosen</td> <td>Clear</td> <td>Please Select</td> <td>NO</td> </tr> <tr> <td>Choose File No file chosen</td> <td>Clear</td> <td>Please Select</td> <td>NO</td> </tr> <tr> <td>Choose File No file chosen</td> <td>Clear</td> <td>Please Select</td> <td>NO</td> </tr> <tr> <td>Choose File No file chosen</td> <td>Clear</td> <td>Please Select</td> <td>NO</td> </tr> <tr> <td>Choose File No file chosen</td> <td>Clear</td> <td>Please Select</td> <td>NO</td> </tr> <tr> <td>Choose File No file chosen</td> <td>Clear</td> <td>Please Select</td> <td>NO</td> </tr> <tr> <td>Choose File No file chosen</td> <td>Clear</td> <td>Please Select</td> <td>NO</td> </tr> </tbody> </table>				Category *	Confidential	Urgency *	Description *	Choose File No file chosen	Clear	Please Select	NO	Choose File No file chosen	Clear	Please Select	NO	Choose File No file chosen	Clear	Please Select	NO	Choose File No file chosen	Clear	Please Select	NO	Choose File No file chosen	Clear	Please Select	NO	Choose File No file chosen	Clear	Please Select	NO	Choose File No file chosen	Clear	Please Select	NO
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Send Message

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Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
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Display in New Window

Start and uploading

ACCIDENT STATEMENT

ACCIDENT DATE: (03 / 06 / 2019) (DD/MM/YYYY), TIME: (20 : 00) (HH:MM)

LOCATION: Clement Rd filter lane

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKE 470 U
 b) INSURANCE COMPANY: NTUC
 c) POLICY NUMBER: 5104784488
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Toyota Vuel
 f) TYPE: (SAFARI / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: GRAB
 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: KAVATHI D/SOCAR (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 92334216 CONTACT: 92334216
 c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: DANNY ANIL KUMAR (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: SX4017462 CONTACT: 81235916
 c) ADDRESS: Blk 411 BT BATOKE VEST AVE 4 #07-180
650411

* d) DATE OF BIRTH: (14 / 01 / 1984) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 12 Nov 2004

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO)
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Spouse

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)
 b) ROAD SURFACE: (DRY / WET / OTHERS) Slightly

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: SML 229R MODEL: MAZDA 6
 b) DRIVER'S NAME: CHHIA PARGAT SINGH
 c) NRIC/FIN/PASSPORT: S2727156A CONTACT: 91853366

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: SML 229R MODEL: _____
 e) DRIVER'S NAME: _____
 f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

email = dannyanilk@live.com

VIDEO

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S84017461



Name

DANNY ANIK KUMAR

அனில் குமார்

Race

INDIAN

Date of birth:

14-01-1984

Sex

M

Country/Place of birth:

SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S84017461

Name

DANNY ANIK KUMAR

Birth Date: 14 Jan 1984

Issue Date: 12 Nov 2004



5347804

NRIC No: S84017461



Date of issue

03-09-2014



Address

APT BLK 411 BUKIT BATOK WEST AVENUE 4
#07-180
SINGAPORE 650411



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS

PASS DATE

Class 2B

Class 2A

Class 3

MOTORCYCLES NOT EXCEEDING 200 CC
MOTORCYCLES BETWEEN 201 CC AND 400 CC
SMALL CARS AND AUTOM TRACTORS THE WEIGHT OF
WHICH UNLADEN DOES NOT EXCEED 2000 KILOGRAMS

24 May 2018
05 Feb 2016
12 Nov 2004

S84017461

S / No. 9000260264

NIP 428A



Licence No: S84017461

Certificate of Insurance

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)

Certificate Number: 5104784488

Cover : Third Party, Fire & Theft

- | | |
|--|---|
| 1. Index mark and Registration Number of Vehicle | : SKE470U |
| Chassis Number | : MR053HY9305078443 |
| 2. Name of Policyholder | : REVATHI D/O SAKER |
| 3. Effective Date of Insurance | : 18 Oct 2018 |
| 4. Expiry Date of Insurance | : 17 Oct 2019 |
| 5. 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/her 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. |
| 6. Limitations as to Use# | |
| (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's or Hirer's business. | |

This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing.
 - (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
 - (c) Use for any purpose in connection with the Motor Trade.
- # Limitations rendered inoperative by Section 8 of the Motor Vehicle (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.

EXCESS (SECTION 1)	: N/A
EXCESS (SECTION 2)	: S\$1,500
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: N/A
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
PRIMARY DRIVER	: REVATHI D/O SAKER
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: INDEX CREDIT PTE LTD
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

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)

Agency : INDEX AGENCY PTE LTD (00000572017)
Date of Issue : 18 Oct 2018 11:30 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive