

# NATIONAL Assessment Centre Services

Date In: 14/06/19	Job description	Date & Time Completed	Done by
Ref No: NA/A14/9010614/13	SAS e-filing		
Veh No: SLF7865B	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 13/06/19 1840	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: ( VISION AUTOWORK Tel: Fax: )

TP Particulars:	Veh No: SGA9000C	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

NA1904437	<b>Invoice Preparation Checklist</b>	Amt (\$) 1st Bill	Amt (\$) Add Bill
<b>Claimant's Particulars :-</b>	1) AR: Accident Reporting (\$30);		
	2) DA: Damage Assessment (\$100); INC (\$80)		
	3) TF: Towing Fee \$40/\$45		
	4) FT: Follow-Through Survey \$120		
	5) RT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
<b>QC Checked by (Engr-In-Charge):</b>	OD*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
<b>Auditors' Comments :-</b>	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idac Mobile 30		
Cat 1:	Invoice dated	Fee Charged	
Cat 2/3:	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	14/06/2019 17:55
Date Of Accident	13/06/2019 18:40
Exact Location Of Accident	CUSCADEN RD INFRT OF FORUM SHOPPING MALL
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLF7865B
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CAR COVE LEASING PTE LTD
Co Reg No	999994247
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-87818338

### Vehicle Particulars

Manufacturer	MAZDA
Model	MAZDA 3
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	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	999994247
Cover Note Number	

### Driver

Name of Driver	LUVANNA NIKKO KANNAN
NRIC No	S9841083Z
Date Of Birth	08/12/1998
Occupation	INDOOR
Date Of Driving Pass	27/02/2017
Driving Experience	2 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90266783
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 520 JURONG WEST ST 52 #08-179
Postcode	640520
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	RAINING
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?	YES
Was any injured conveyed to hospital by ambulance?	YES
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: : KINGSTON LIM JING YING GENDER: : MALE
Passenger 2	NAME: : FERRIS FREDERICK FRANCIS GENDER: : MALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	KAMPONG JAVA NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 21 KAMPONG JAVA ROAD , POSTCODE: 228892 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2959999 - FAX NO: 63918499
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLS REFER TO THE POICE REPORT: T/20191614/2012

#### 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	SGA9000C
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	LUVANNA NIKKO KANNAN
Approximate Age	
Injuries Sustain	WHIPLASH ON THE NECK
Injured person in which vehicle?	SLF7865B
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	YES
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.
  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.
- B. 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.

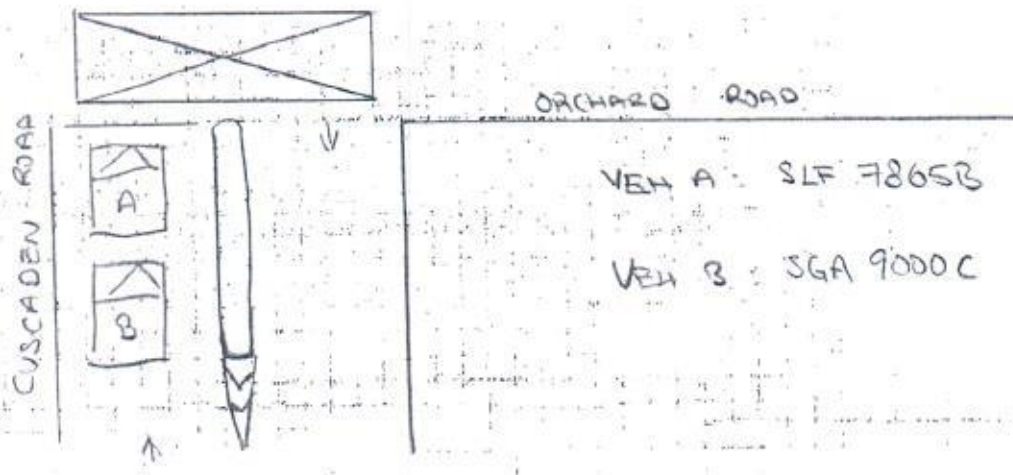


Policyholder's Signature  
Date & Time:

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

 14/06/19  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT.

Police Report NO: E/20190613/0113

DECLARATION

I/We declare the foregoing particulars to be 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.:



Police Station Of Origin:  
Kampong Java N.P.C  
21 Kampong Java Road SINGAPORE  
228892  
Tel No: 1800-2959999

1 of 3  
Report No. T/20190614/2012

# REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/06/2019 02:33	Vide Report No.: E/20190613/0113	Station Diary No.: 10
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## Informant's Particulars

Name of Informant: LUVANNA NIIKKO KANNAN			Address: APT BLK 520 JURONG WEST STREET 52 #08-179 SINGAPORE 640520		
ID Type / ID No.: NRIC NO / S9841083Z			Contact No.: Home/Office: Mobile: 90266783		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 20	Date of Birth: 08/12/1998	Type of Informant: Driver		
Race: Indian			Language:		Institution / School Name:
Occupation: Self-Employed			Driving Licence Information: Class: 3 Date of Expiry:		

## General Information of the Accident

Type of Accident:	Non-Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 13/06/2019 18:40	Type of Location: Straight Road
Location: Along Road 1 CUSCADEN ROAD				
Along Cuscaden Rd in front of Forum Shopping Mall.				
Weather: Raining		Road Surface: Wet		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
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
SGA9000C	Car				Slightly Damaged	0
SLF7865B	Car				Seriously Damaged	2

## Details of Person Involved

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



Police Station Of Origin:  
 Kampong Java N.P.C  
 21 Kampong Java Road SINGAPORE  
 228892  
 Tel No: 1800-2959999

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Report No. T/20190614/2012

# CONTINUATION OF REPORT

Driver			
Name	LUVANNA NIIKKO KANNAN	ID No.	S9841083Z
Related Vehicle	SLF7865B (Car)	Contact No.	90266783
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	05	Degree of Injury	Slight

## Brief Details.


On 13/06/2019 at about 1840hrs, I was travelling in my rented car from Car Cove along Cuscaden Road towards Orchard Road with my two friends. While approaching Orchard Road, I was the first in line waiting to exit into Orchard Road. There was a gold colour Mercedes-Benz behind me who was being impatient and started to horn at me. I was unable to exit into Orchard Road due to the peak hour heavy traffic. As I was inching forward, it was still unsafe to exit, as such I braked. Shortly after, I felt an impact from the rear and noted that the Mercedes-Benz had collided into my vehicle.

I parked and alighted from the vehicle with my friends, the Mercedes-Benz driver alighted as well. All I remembered is that the driver asked me what I was trying to do and he was very unhappy. I shouted back at him and ask what was he doing as the main road had a lot of traffic. My friend called for the police and I asked the driver to park at the side to wait for police arrival.

While waiting for police arrival, I waited in the car as I felt giddy while my friends engaged the driver to get his particulars. Shortly after, police, traffic police and paramedics arrived. I was told that my vehicle will be towed back to traffic police HQ as my friends could not drive. I was conveyed to Tan Tock Seng Hospital and was given five days MC for whiplash on the neck.

At about 2145hrs, my friends told me to head down to Tanglin HQ to meet an investigator and I was advised to lodge this accident report.



  
Police Station Of Origin:  
Kampong Java N.P.C  
21 Kampong Java Road SINGAPORE  
228892  
Tel No: 1800-2959999

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Report No. T/20190614/2012

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:  
E /  
MOHAMMAD FAIZ FARHAN BIN ABDUL  
RAHIM

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIT /  
Sr Staff Sgt NOR FAIZAL BIN YAHYA  
Contact No.: 65476202

Authentication Stamp  
NP168

Signature Of Informant:



Date/Time:  
14/06/2019 02:33

Classification Of Case:

# ACCIDENT STATEMENT

ACCIDENT DATE: 13 / 06 / 2019 (DD/MM/YYYY), TIME: 18 : 40 (HH:MM)

LOCATION: Cascaden Road in front of Forum Shopping Mall.

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: 3LF 7865B  
 b) INSURANCE COMPANY: AIG  
 c) POLICY NUMBER: 999994247  
 d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT  
 e) MAKE & MODEL: MAZDA 3  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: PERSONAL USE  
 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: CAR COVE (BARKING) PTE LTD (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: 201602543 M CONTACT: 87818338  
 c) ADDRESS: 1557 KEREK ROAD (Bldg C) #01-02  
(S) 089066

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

## DRIVER

- a) NAME: LUVANNA NIKKO KANNAN (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S9841083Z CONTACT: 90266783  
 c) ADDRESS: BLK 520 JURONG WEST STREET 50 #08-179  
(S) 640520

\* d) DATE OF BIRTH: 08 / 12 / 1998 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 27 FEB 2017

## 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: HIRER

## 5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

## 6. WAS ANYBODY INJURED (YES / NO)

## 7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: KAMONG JAVA N.P.C

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SGA 9000C MODEL: MERCEDES  
 b) DRIVER'S NAME: \_\_\_\_\_  
 c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

## 9. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_  
 b) DRIVER'S NAME: \_\_\_\_\_  
 c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

Luvanna Nikko Kannan = Neck pain, ~~body~~ <sup>shoulder</sup> pain

EMAIL = edwin@carcove.com.sg

VIDEO = NO

Passenger 1 = Kingston Lim Jing Ying (Male)

Passenger 2 = Ferns Frederick Francis (male)



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S9841083Z



Name  
LUVANNA NIIKKO KANNAN

லுவண்ணா நிக்கோ கண்ணன்

Race  
INDIAN

Date of birth  
08-12-1998

Sex  
M

Country/Place of birth  
SINGAPORE



For LKK/NAC Use Only

REPUBLIC OF SINGAPORE DRIVING LICENCE



Identity Card No. S9841083Z

LUVANNA NIIKKO KANNAN

Issued on: 08 Dec 1998

Valid until: 27 Feb 2017



002660951B

SLF 7865 B

Driver

5202191



NRIC No. S9841083Z



Date of issue  
01-08-2013

Address  
APT BLK 520 JURONG WEST STREET 52  
#06-179  
SINGAPORE 640520

For LKK/NAC Use Only

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

EFFECTIVE DATE

Class 3 Motor cars with unladen weight  $\leq$  3000kg with  $\leq$  7 passengers, exclusive of driver; and other motor vehicles with unladen weight  $\leq$  2500kg 27 Feb 2017

NP 428A



Licence No: S9841083Z



## 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)

M 2 400

COMPREHENSIVE CERTIFICATE NO. POLICY NO.		COMMERCIAL MOTOR SLF7865B 999994247	(The below excess is subject to GST) POLICY EXCESS WINDSCREEN EXCESS		SS\$2500.00 (Sect 1 & 2) SS\$100.00
1 ) VEHICLE REGISTRATION NO.			SUM INSURED		YES
2 ) NAME OF INSURED			INSURING WITH COE/PARF		YES
3 ) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE PURPOSES OF THE ACT			SLF7865B		
4 ) DATE OF EXPIRY OF INSURANCE			CAR COVE LEASING PTE LTD		
5 ) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE*			12 February 2019		
Any person who is driving on the Insured's order or with their permission.			11 February 2020		
SS\$2,500.00 Section I & SS\$2,500.00 Section II Excess is applicable for driver who is between 23 years to 65 years old with minimum 2 years driving experience in Singapore.					
An additional Section II excess of \$500.00 per accident is applicable in the event of an accident occurring outside Singapore.					
The policy does not cover drivers who are below 22 years old and/or with less than 2 year driving experience.					
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		Heritage Auto Enterprise Pte Ltd			
*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 04 Mar 2019

AIG Asia Pacific Insurance Pte. Ltd.

691991-000  
Moh Kok Heng  
3 Tampines Grande, AIA Tampines  
#02-38  
SINGAPORE 528799

AUTHORISED REPRESENTATIVE

SSPOEC

ORIGINAL