

NATIONAL Assessment Centre Services

Date In: 02/07/19	Job description	Date & Time Completed	Done by
Ref No: NA/GA/19011687/13	SAS e-filing		
Veh No: SJ290075	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 28/06/19 1245	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: SLQ4783R 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)

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury: ()

Date/Time Actions

NA1905160

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Cat. 1:

Cat. 2 / 3:

Invoice Preparation Checklist		Amt (\$) 1st Bill	Amt (\$) Add Bill
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) FT: 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:-			
OD:			
*N5: Courtesy Car / Tpt Allowance \$5			
*N6: Repair Co-ordination \$10			
*N7: Post Repair Inspection \$25			
*N8: DV / Collect Excess Coordination \$5			
TP (N11): TP (Non INC) against INC \$20			
9) N12: Idac Mobile 30			
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	02/07/2019 12:26
Date Of Accident	28/06/2019 12:45
Exact Location Of Accident	CTE TWDS CITY B4 BRADDELL ROAD EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJZ9007S
Insured/Policyholder	
Name Of Registered Owner	TAMILSELVAM SENTHILKUMAR
NRIC No	S8064711E
Email Address	SE@STARLIGHT-ELECTRICAL.COM
Mobile Phone No	(LOCAL) +65-82221460
Alternative Phone No	OTHERS-82221460

Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	NEW GOLF
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	GREAT AMERICAN INSURANCE COMPANY
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MOMVP000003756-00-001
Cover Note Number	

Driver

Name of Driver	TAMILSELVAM SENTHILKUMAR
NRIC No	S8064711E
Date Of Birth	22/05/1980
Occupation	OUTDOOR
Date Of Driving Pass	22/08/2009
Driving Experience	9 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82221460
Fax Number	
Contact Number	OTHERS-82221460
EEmail Address	SE@STARLIGHT-ELECTRICAL.COM

Address	13 JALAN MATA AYER #01-73
Postcode	759155
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	CHAIN COLLISION
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	3
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: : UNKNOWN GENDER: : MALE

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

PLS REFER TO THE ATTACHED STATEMENT.

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	SLQ4783R
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 OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

XB9751L

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

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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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:

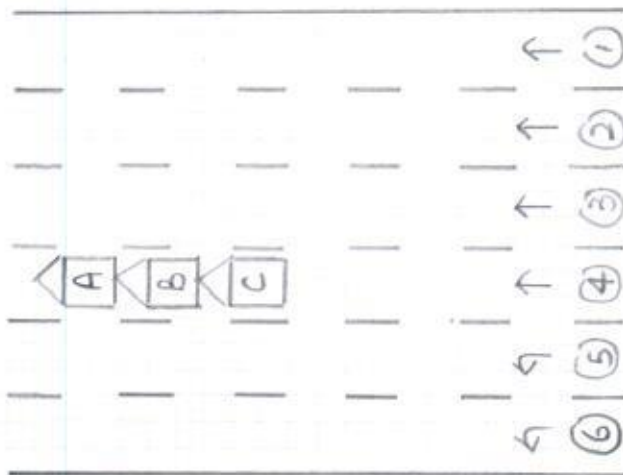


Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

SKETCH PLAN



A = SJZ 9007S

B = SLQ 4783R

C = XB 9751L

CTE towards City
(Before Braddell Road Exit)

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 28.06.19 at about 12:45 hours along CTE towards City (Before Braddell Road Exit). I was travelling straight on the lane 4, and the traffic is moderate.

Suddenly I heard a loud bang from behind. When I alighted I realise it was vehicle (B) collided onto rear portion of my vehicle (A). It was a chain collision of total 3 vehicles involved and I wish to state that I have 1 passenger inside my vehicle (A).

Vehicle (A): SJZ 9007S

Vehicle (B): SLQ 4783R

Vehicle (C): XB 9751L

DECLARATION

I/We declare the foregoing particulars are true in every respect.

T. Steady
Policyholder's Signature

Date & Time:

T. Steady
Driver's Signature
(If driver is not the policyholder)

Date & Time:

Lynn 02/07/19
Reporting Centre Personnel's Signature

Name:
NRIC/FIN No.:

REPUBLIC OF SINGAPORE

IDENTITY CARD NO S8064711E



TAMILSELVAM SENTHILKUMAR
@TAMIL SELVAM SENTHIL KUMAR

For LKK/NAC Use Only

INDIAN

22-05-1980

M

Country Place of Birth

INDIA

SJZ90075

Owner & driver

9374299



NRIC No. S8064711E



For LKK/NAC Use Only

Nationality

INDIAN

Date of Issue

09-06-2015


13 JALAN MATA AYER #01-73

SINGAPORE 759165

NRIC No: S8064711E

Date: 18/11/2016

REPUBLIC OF SINGAPORE **DRIVING LICENCE**


 Licence Number: **S8064711E**
 Name: **TAMILSELVAM SENTHILKUMAR**
 @TAMIL SELVAM SENTHIL KUMAR
For LKK/NAC Use Only
 Birth Date: 22 May 1980
 Issue Date: 06 Jan 2017

002645108F

S929007S
owner & driver

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	22 Aug 2009

For LKK/NAC Use Only

NP 428A



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)

Policy Details

Certificate Number	: MOMVP000003756-00-001	Cover	: Private Car (Comprehensive)
Policyholder Name	: Tamilselvam Senthilkumar	Chassis Number	: WVWZZZ1KZAW395241
NCD Entitlement	: 10% No Claim Discount	Engine Number	: CAX542553
Hire Purchase	: TOKYO CENTURY LEASING (SINGAPORE) PTE. L	Registration Number	: SJZ9007S
Period of Insurance	: From 28/04/2019 (00:00) To 02/07/2019 (23:59) (Both Dates Inclusive)		

Persons or Classes of Persons entitled to Drive

- The Policyholder
 - Any person who is driving on the Policyholder's order or with their permission
- Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor or so has been Vehicle 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

Limitations as to Use

Use only for social, domestic and pleasure purposes and for Policyholder's business
This Policy does not cover:

- Use for Hire and Reward
- Use for racing, pace making, reliability trial or speed testing
- Use for carriage of goods (other than samples) in connection with any trade of business
- Use for any purpose in connection with 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

Excess (Section 1)	: SGD 600.00	Workshop	: Authorised Workshop
Excess (Section 2)	: N/A	Off Peak Car	: No
Windscreen Excess	: SGD 100.00	NCD Protection	: No
Additional Excess	: Please refer overleaf		


Driver Details

Main Driver	: Tamilselvam Senthilkumar
Named Driver 1	: N/A
Named Driver 2	: N/A
Named Driver 3	: N/A
Name of Intermediary	: OKI
Date of Issue	: 02/01/2019

I/We hereby certify that the policy to which this Certificate relates is issued in accordance with the provision of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Signed for and on behalf of

Great American Insurance Company



Authorised Signatory

eboon

SINGAPORE ACCIDENT STATEMENT

Accident Date: 28/06/19	Time: 12:45	(hh:mm) 24 hr format
Location CTE towards city (before Braddell Road Exit)		
Vehicle Number SJZ 9007S		
Insured Name Tamilselfam Senthilkumar		
NRIC / FIN S8064711E	Contact Number 8222 1460	
Make Volkswagen Model New Golf.		
Are you claiming under your own insurance policy for repair to your vehicle?		
() Yes If No, Pls select: (<input checked="" type="checkbox"/>) Third Party () Reporting		
Insurance Company Great American.		
Type of Policy (<input checked="" type="checkbox"/>) Comprehensive () Third Party Fire & Theft () TP Only		
Policy Number MDMVP000003756-00-01		
Name of Driver (<input checked="" type="checkbox"/>) Same as Insured		
NRIC / FIN Contact Number		
Date of Birth 22/05/1980		
Driving Pass Date 22/08/2009.		
Occupation () Indoor (<input checked="" type="checkbox"/>) Outdoor		
Gender (<input checked="" type="checkbox"/>) Male () Female		
Email Address se@starlight-electrical.com () NO EMAIL		
Address of Driver 13 Jalan Mata Ayer		
#01-73 Singapore 759155		
Was driver an employee of the Insured's Company? () Yes (<input checked="" type="checkbox"/>) No		
If No, Relationship of the Driver with the Insured		
(<input checked="" type="checkbox"/>) Owner () Spouse () Friend () Relative () Children () Sibling		
Does the Driver Own Any Other Vehicle? () Yes () No		
If Yes, Vehicle Registration Number of Driver's Own Vehicle		
Insurance Company of Driver's Own Vehicle		
Weather Conditions (<input checked="" type="checkbox"/>) Clear () Raining () Others		
Road Surface (<input checked="" type="checkbox"/>) Dry () Wet () Others		
Was any foreign vehicle involved in this accident? () Yes (<input checked="" type="checkbox"/>) No		
Was anybody injured in the accident? () Yes (<input checked="" type="checkbox"/>) No		
If yes, injured detail		
Was there any video captured by Car Camera? () Yes (<input checked="" type="checkbox"/>) No		
Was the Accident reported to the Police? () Yes (<input checked="" type="checkbox"/>) No If yes attach police report		
DETAILS OF 3 rd party Name / Nric Contact		
Veh B SLQ 4783R		
Veh C XB 9751L.		
Veh D		
Veh E		
Veh F		

Driver + 1 passenger

Passenger = Unknown (M).