

NATIONAL Assessment Centre Services [2004 - Jan 2015] **NA/905284**

Date In: 18/01/2015 15:49	Job description	Date & Time Completed	Done by
Ref No: NBA/18/01/2015/206/Y	SAS e-filing		
Veh No: SLA720811	E-mail (within 4hrs, AIC 2hrs)		
D.O.A: 17/01/2015 14:15	I-Motor Claim Form		
OD <input checked="" type="checkbox"/> Reporting Only	I-Motor W/O (Within: OD 2hrs TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by <u>Fax / Hand</u> to <u>Owner/Wkap</u>		

Preferred Wkap /MNC Assign Wkap / QW: () Tel: () Fax: ()

TP Particulars: Veh No: **FBM 4590U** 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:	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

Claimant's Particulars:	Invoice Preparation Checklist	Am (\$) In Bill	Am (\$) 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		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	6) TR: Re-inspection \$75		
	7) NI: Idau DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	- DJI		
	*N3: Courtesy Car / Tpl Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	*N11: TP (N-in INC) against INC \$20		
	*N12: Idau Mobile \$0		
	Invoice dated	Pen Charged	
		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	18/07/2019 15:49
Date Of Accident	17/07/2019 14:15
Exact Location Of Accident	BKE TOWARDS SLE (SLIP ROAD)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLA7308U
Insured/Policyholder	
Name Of Registered Owner	DANDELION ED PTE LTD
Co Reg No	201314301M
Email Address	SIVASILANCY@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-91805554
Alternative Phone No	OFFICE-67023360

Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL-1.5 X (A)
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	999994436/100855731-00000
Cover Note Number	

Driver

Name of Driver	SEBASTIAN SELVANATHAN
NRIC No	S7368454D
Date Of Birth	23/07/1973
Occupation	INDOOR
Date Of Driving Pass	27/02/1998
Driving Experience	21 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91805554
Fax Number	
Contact Number	OFFICE-67023360
E Mail Address	SIVASILANCY@HOTMAIL.COM

Address	BLK 113 TAO CHING ROAD #02-15
Postcode	610003
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?	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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	JURONG NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 158 YUNG LOH ROAD , POSTCODE: 610158 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2659999 - FAX NO: 62664987
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190718/2089

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBM4590U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	MUHAMMAD AZRI BIN AZHARI
NRIC/Passport Number	T0022231Z
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage
No. Of Passenger (Including Driver) 2
Passenger 1
NAME: :
GENDER: :

DETAILS OF INJURED PERSON 1

Name MUHAMMAD AZRI BIN AZHARI
Approximate Age
Injuries Sustain SLIGHT INJURY
Injured person in which vehicle? FBM4590U
Were seat belts worn?
Was this injured conveyed to hospital by ambulance? YES
Address
Postcode

SKETCH PLAN

Veh A:

Veh B:

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.

8. Consent under the Personal Data Protection Act (PDPA)

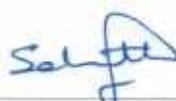
I understand, acknowledge, agree and consent that:

- (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.

** I AM AWARED THAT MY INSURER MAY HAVE A 14 DAYS TIMEFRAME FOR ME TO SUBMIT AN OWN DAMAGE CLAIM UNDER MY OWN POLICY I WILL CHECK MY POLICY FOR MORE DETAILS

DANDELION ED PTE LTD
ROC: 201314301M

Policyholder's Signature
Date & Time:

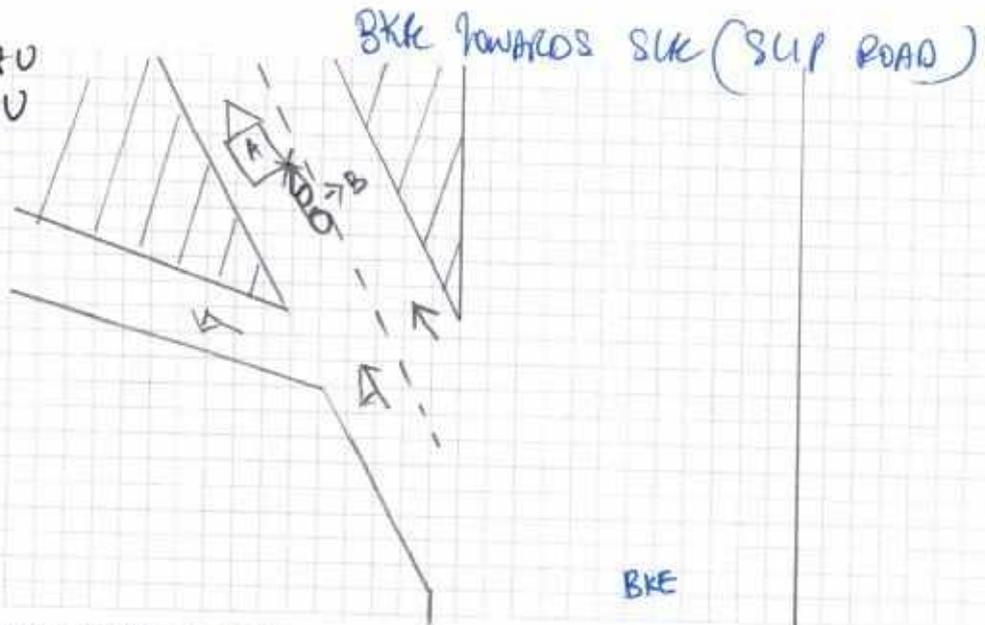

 Driver's Signature
 (If driver is not the policyholder)
 Date & Time: 18/07/2019
 10:47 AM


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

SKETCH PLAN

Veh A: SLA 7308U

Veh B: FBM 4590U



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

While i travelling along BKE Towards SLE at Slip Rd.
 Suddenly a motorbike collided to my rear of Vehicle.

Police Report T/20190718/2019

DECLARATION

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

DANDELION ED PTE LTD
 ROC: 201314301M

Policyholder's Signature
 Date & Time:

Sahif
 Driver's Signature
 (If driver is not the policyholder)
 Date & Time: 18/07/2019
 10:47 AM

18/07/2019
Red Limban
 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:



**SINGAPORE
POLICE FORCE**



T/20190718/2089

Police Station Of Origin:
Jurong NPP
158 Yung Loh Road #01-58 SINGAPORE
610158
Tel No: 1800-2659999

1 of 3

Report No. T/20190718/2089

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/07/2019 14:01	Vide Report No.:	Station Diary No.: 25
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Informant's Particulars

Name of Informant: SEBASTIANE SELVANATHAN		Address: APT BLK 113 TAO CHING ROAD #02-15 SINGAPORE 610113	
ID Type / ID No.: NRIC NO / S7368454D		Contact No.:	Mobile: 91805554
Nationality: INDIAN		Email:	
Sex: Male	Age: 45	Date of Birth: 23/07/1973	Type of Informant: Driver
Race: Indian		Language: English	Institution / School Name:
Occupation: EQUIPMENT MANAGER		Driving Licence Information: Class: 3,4,5	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 17/07/2019 14:15	Type of Location: Straight Road
Location: Along Road 1 BUKIT TIMAH EXPRESSWAY SELETAR EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBM4590U	Motorcycle				Slightly Damaged	1
SLA7308U	Car				Slightly Damaged	1

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20190718/2089

Police Station Of Origin:
Jurong NPP
158 Yung Loh Road #01-58 SINGAPORE
610158
Tel No: 1800-2659999

3 of 3

Report No. T/20190718/2089

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:
J/
Staff Sgt MUHAMMAD ZHARIF BIN ZAINUDIN

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
18/07/2019 14:01

Officer In Charge Of Case:
TP / GIT /
Sgt 2 HO JIEKANG, IVAN
Contact No.: 65476170

Classification Of Case:

Authentication Stamp

SN 124

Signature : _____

Singapore Police Force

Accord Auto Services Pte Ltd

Tel: 6271 7433 / 9274 0999 Fax: 6274 5715 Email: avclaims@mycarworkshop.com

Particular Of Insured/Driver & Details Of The Accident

Motor Accident Report

*Date of Accident: 17/07/2019 *Time of Accident: 02:15 PM
*Accident Location: BKE Towards SLE (Ship Rd)

Vehicle Details

*Vehicle Number: SLA 7308 U *Make & Model: Honda Vezel 1.5 xA

Insured / Policyholder

*Owner Name: Dandelion ED Pte Ltd *NRIC: 201314301M

*Address: _____ *HP: _____

*Email: _____ *Tel / H / Other: off: 6702 3360

*Occupation: _____ (Indoor / Outdoor)

Driver () same as above

*Driver Name: SEBASTIAN SELVANATHAN *NRIC: S 7368 454D

*Address: BLK 113 #02-15, TAO CHING ROAD, SINGAPORE-610113

*Date of Birth: 23-07-1973 *Driving Pass Date: 27-03-1998 *HP: 91805554

*Email: SIVASILANCY@HOTMAIL.COM *Gender: Male / Female

*Occupation: _____ (Indoor / Outdoor) *Tel / H / Other: _____

*Driver an employee: Yes / No (*If no, what is relationship with the policyholder: _____)

Passengers Details

* P/Name: _____ (Male/Female) * P/Name: _____ (Male/Female)

* P/Name: _____ (Male/Female) * P/Name: _____ (Male/Female)

Insurance Company

*Insurer: _____ *Coverage: C / TPFT / TPO *Policy No: _____

Detail of other vehicle / Property 1

Vehicle No.: FBM 4590 U

Make & Model: _____

Vehicle Category: _____

Name of Driver: _____

NRIC : _____

HP : _____

No. of Passengers (Including Driver): _____

Detail of other vehicle / Property 2

Vehicle No.: _____

Make & Model: _____

Vehicle Category: _____

Name of Driver: _____

NRIC : _____

HP : _____

No. of Passengers (Including Driver): _____

For Official Use Only

*Claiming against Own Ins.: Yes / No (If No, Reporting Only / TP Claims)

General Information of the accident

*Type of accident: Head-Rear / Side swipe / others: _____

*Weather conditions: Clear / Raining / others: _____ *Any video cam: Yes / No

*Road Surface: Dry / Wet / others: _____

*Witness: Yes / No (Name: _____ NRIC: _____ HP: _____)

*Accident reported to police: Yes / No *Summon against whom: _____

*Injured party: Yes / No *No. of passengers (include driver): _____

-I/Name: FBM TP (Unknown) *Fasten seat belt: Yes / No *Conveyed by Ambulance: Yes / No

-I/Name: A590 TP (Unknown) *Fasten seat belt: Yes / No *Conveyed by Ambulance: Yes / No

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: **S7368454D**

Name: **SEBASTIANE SELVANATHAN**

For LKK/NAC Use Only

Birth Date: 23 Jul 1973
Issue Date: 25 Oct 2018

002861668B




REPUBLIC OF SINGAPORE
IDENTITY CARD NO **S7368454D**



For LKK/NAC Use Only

SEBASTIANE SELVANATHAN

செ செல்வநாதன்

Race: **INDIAN**

Date of birth: **23-07-1973** Sex: **M**

Country/Place of birth: **INDIA**




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 1998
Class 4	Motor vehicles which are constructed to carry load or passengers and the unladen weight $>$ 2500kg Motor vehicles which are not constructed to carry load or passengers and the unladen weight \leq 7250kg	20 Jul 2009
Class 5	Motor vehicles not constructed to carry any load and the unladen weight $>$ 7250kg	15 Nov 2010

For LKK/NAC Use Only



NP 428A

9502718



NRIC No: **S7368454D**

For LKK/NAC Use Only



Nationality: **INDIAN**

Date of issue: **21-09-2018**

Address:
APT BLK 113 TAO CHING ROAD
#02-15
SINGAPORE 610113



HOTLINE TEL: (65) 6419-3000
FAX: (65) 6415-3723

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.Z.400

COMPREHENSIVE COMMERCIAL MOTOR
CERTIFICATE NO. 999994436/100855731-00000

OWN DAMAGE EXCESS S\$1,500.00 (I & II)
WINDSCREEN EXCESS S\$100.00
(for policies with effect from 1st November 2002)
SUM INSURED S\$1.00
INSURING WITH COE/PARF YES

- 1) VEHICLE REGISTRATION NO. SLA7308U
- 2) NAME OF INSURED Dandellon ED Pte Ltd
- 3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE PURPOSES OF THE ACT 14 Sep 2018
- 4) DATE OF EXPIRY OF INSURANCE 13 Sep 2019
- 5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE *

Any person who is driving on the Insured'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 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 *

Use for the carriage of passengers or goods in connection with the Insured's business.
Use for social, domestic, pleasure purposes and business purposes of any person whom the vehicle is hired.
The Policy does not cover

- 1) Use for 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 the carriage of passengers for hire or reward by any person to whom the vehicle is hired.~~

LOSS OF USE NOT INCLUDED

* NAMED DRIVER N/A

HIRE PURCHASE COMPANY SWEE SENG CREDIT 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 At Singapore 27 Sep 2018

AIG ASIA PACIFIC INSURANCE PTE. LTD.

000064-000
DIRECT CLIENTS 01.4.95
AIG BUILDING
78 SHENTON WAY #07-16
SINGAPORE 079120

Authorised Representative

ORIGINAL

SSPYTP