

Date In: 07/08/09 15:20	Job description	Date & Time Completed	Done by
Ref No: 79NA4190138647	SAS e-illing		
Veh No: SMF 748 V	E-mail (within Mins. AIG 2hrs)		
D.O.A: 06/02/2009 11:00	I-Motor Claim Form	MM/1056875001	07/08/09
OD <input checked="" type="checkbox"/> TP: Reporting Only	I-Motor W/O (within OD 2hrs, TP 4hrs)		15:45
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

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

TP Particulars: Veh No: **SLT 9584A** 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't (\$)	Am't (\$)
		In Bill	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		
Additional Comments:	5) FT: Follow-Through Survey (Resurvey) \$30		
Calc 1:	For claims against INC Only (wef 10 Jan 2009)		
Calc 2/3:	6) TR: Re-inspection \$75		
	7) NI: Idm DA + SMRT Survey \$100		
	8) NTUC Additional Services:		
	LI:		
	*N3: Courtesy Car / Tpl 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		
	9) N12: Idm 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	07/08/2019 15:20
Date Of Accident	06/08/2019 11:00
Exact Location Of Accident	WOODLANDS CHECKPOINT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMF7418Y
Insured/Policyholder	
Name Of Registered Owner	SITALAKSHMI D/O KARTHIGASU
NRIC No	S1712775F
Email Address	SOMEN_MEN@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-90073530
Alternative Phone No	OTHERS-93380210

Vehicle Particulars

Manufacturer	BMW
Model	318I
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5107352728
Cover Note Number	

Driver

Name of Driver	SOMENDRAN N RAJAH
NRIC No	S9533325G
Date Of Birth	13/09/1995
Occupation	INDOOR
Date Of Driving Pass	02/03/2015
Driving Experience	4 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90073530
Fax Number	
Contact Number	OTHERS-93380210
Email Address	SOMEN_MEN@HOTMAIL.COM

Address	BLK 77 MARINE DRIVE #03-48
Postcode	440077
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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?	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: : SITALAKSHMI D/O KARTHIGASU 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	SLT9584A
Vehicle Make/Model/Colour	CHEVROLET MALIBU LT2
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MUHAMAD SALPAI BIN ABDUL
NRIC/Passport Number	S1406387J
Contact Number	96397142
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

1

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.

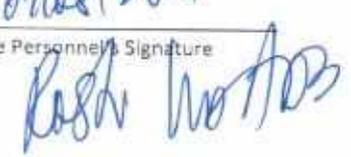
Policyholder's Signature
Date & Time:



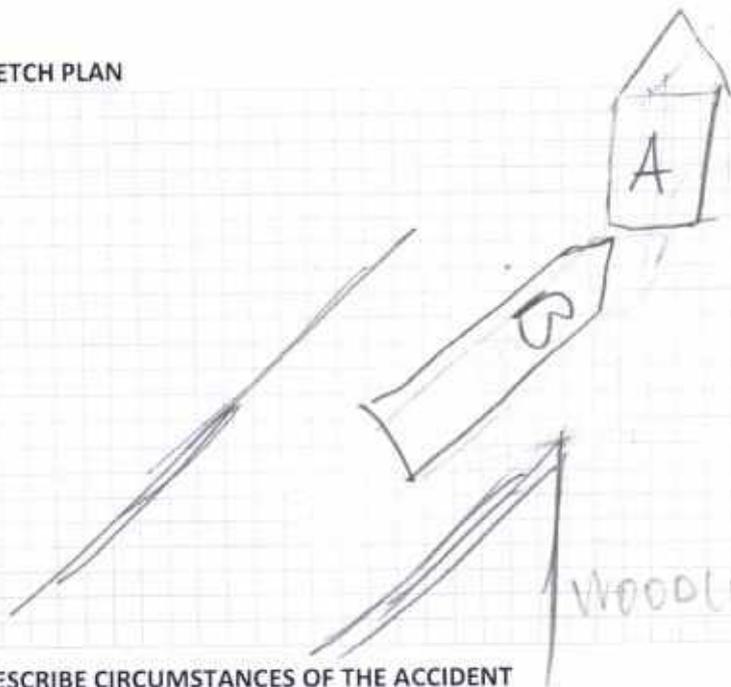
Driver's Signature
(If driver is not the policyholder)
Date & Time:



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



SKETCH PLAN



A -> SM F7418 Y

B -> SLT 9584 A

WOODLANDS CHICK POINT

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Driving out of Immigration on the 6th of Aug, at 11am. Car B was trying to merge on to my lane behind me, when he rear ended me. We got down took pictures and exchanged particulars and both parties agreed to report accident.

137
150

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.:

[Handwritten Signature]
01/08/2019
[Handwritten Signature]

Claim Handling

Accident MT/105695

Policy No.	210735278	Vehicle No.	SWF7418Y	GST Registration No.	
Certificate No.					
Policyholder Name	SITALAKSHMI D/D KARTHIGASU			Policyholder NAIC	51112725F
Product Code	PRIVATE CAR INSURANCE	Cover Type	DRIVE PREMIUM	Leading	0
Contact No.(Mobile)	90073530	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	Na
KFC	- No Yes	TCA	- No Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	No

Accident Details

Report Date	07/08/2019 15:37	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Road to Road
Date of Accident	06/08/2019	Time of Accident (H:MM)	11:00	Country of Accident	Singapore
Reporting Centre		Orange FWC		ICM No.	
Accident Location	WOODLANDS CHECKPOINT				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00	Driver is Covered?	Covered
OD Standard Excess	500.00	TP Standard Excess	0.00		
YIELD OD Excess	2500.00	YIELD TP Excess	0.00		
Additional Excess	0				
Total OD Excess Applicable	3100.00	Total TP Excess Applicable	0.00		

Benefits

GST Registered Information

GST Registered	No	GST Registration No.		GST Registration Date		GST Status Verified	No
Modification history							

Policyholder Mailing Address

Address 1	BLK 77 #03-43	Address 2	MARINE DRIVE	Address 3	SINGAPORE 440077
Address 4		Address Type	Singapore address	Post Code	440077
Unit No.		Related Policy Number	210735278		

Of Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	03/09/1985
Unnamed driver Name	SOHENDRAN N RAJAN	Driver NRIC	S853325G	Driving Experience	4
Register Date of Driver License	02/03/2015	Driver Age	23	Contact No.(Home)	
Contact No.(Mobile)	83300210	Contact No.(Office)		Address 1	SINGAPORE 440077
Address 1	BLK 77 #03-43	Address 2	MARINE DRIVE	Post Code	440077
Address 4		Address Type	Foreign address		
Unit No.	03-43				
Does he own a Singapore Registered car?	No + No	Driver Vehicle No.	SWF7418Y	Driver Insurer Company	NTUC

Declaration

Breathalyzer or Blood Test Reading?	0 mg	Any Injury?	Yes + No
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Modification History

Claim 001 [Reset](#)

Claim Type *

Contact No.(Mobile)

Email Address

Claim Description

Preferred Workshop

Repair Option

Date Registered **Claim Date**

Report Taken By

Attachment

Accident No.	Claim No.	Upload Date	Category *	Confidential	Urgency *	Description *
MT/006895	001	07/08/2019 15:45	Please Select	NO	Normal	
MT/006895	001	07/08/2019 15:45	Please Select	NO	Normal	
MT/006895	001	07/08/2019 15:45	Please Select	NO	Normal	
MT/006895	001	07/08/2019 15:45	Please Select	NO	Normal	
MT/006895	001	07/08/2019 15:45	Please Select	NO	Normal	
MT/006895	001	07/08/2019 15:45	Please Select	NO	Normal	
MT/006895	001	07/08/2019 15:45	Please Select	NO	Normal	

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Flag Item (CO)
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 07 Aug 2019 15:45	Photos	Normal	Photos 2019-8-7	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 07 Aug 2019 15:45	Photos	Normal	Photos 2019-8-7	



NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 07 Aug 2019 15:45	Photos	Normal	Photos 2019-8-7
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 07 Aug 2019 15:45	Photos	Normal	Photos 2019-8-7
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 07 Aug 2019 15:45	Photos	Normal	Photos 2019-8-7
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 07 Aug 2019 15:44	Photos	Normal	Photos 2019-8-7
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 07 Aug 2019 15:44	Photos	Normal	Photos 2019-8-7
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 07 Aug 2019 15:44	Photos	Normal	Photos 2019-8-7
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 07 Aug 2019 15:44	Photos	Normal	Photos 2019-8-7
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 07 Aug 2019 15:44	SAS	Normal	SAS 2019-8-7
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 07 Aug 2019 15:44	NRIC Driving License	Normal	NRIC Driving License 2019-8-7

Video List

Uploaded File/Date	Folder Date	File Name	Source	Action
		Display in New Window Scan and uploading		

ACCIDENT STATEMENT

ACCIDENT DATE: (06/08/2019) (DD/MM/YYYY), TIME: (11:00) (HH:MM)

LOCATION: Woodlands check point

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SMF 7418 V
b) INSURANCE COMPANY: NTUC Income
c) POLICY NUMBER: 5107352778
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: BMW 318i
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Private
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: Sitalakshmi, Karthigesu (MALE / FEMALE)
B) NRIC/FIN/PASSPORT: S1712775F CONTACT: 9073530
C) ADDRESS: Marine Drive Blk 77 # 03-49 Singapore 440077

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Somen Men w. Ratan (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S15233256 CONTACT: 9078260
c) ADDRESS: Marine Drive Blk 77 # 02-49 Singapore 440077

* d) DATE OF BIRTH: (10/09/1995) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 02/08/2015

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

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:

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SLT 9584 A MODEL: Chevrolet Malibu LTZ
b) DRIVER'S NAME: Muhamad Salfer Bin Abdul Samad
c) NRIC/FIN/PASSPORT: S1406397J CONTACT: 96397142

9. THIRD PARTY VEHICLE

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

email = somen-men@hotmail.com

VIDEO

han.kwan.yong@sime-darby.com.sg

91165700

(mother)

No of passengers
(including driver)
(2)

No of passenger
(including driver)
(1)

No of passenger
(including driver)
()

93380210

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9533325G



Name

SOMENDRAN N RAJAH

For LKK/NAC Use Only

Race

CEYLONESE

Date of birth

13-09-1995

Sex

M

Country of birth

SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence number S9533325G



SOMENDRAN N RAJAH

For LKK/NAC Use Only

Birth Date: 13 Sep 1995

Valid Date: 02 Mar 2015



002400599K



4004009

NRIC No. S9533325G



For LKK/NAC Use Only

Date of issue
14-07-2010

Address

APT BLK 77 MARINE DRIVE
#03-48
SINGAPORE 440077

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

Class	Description	EFFECTIVE DATE
Class 3A	Motor cars without clutch pedals (Auto) =< 3000kg with =< 7 passengers, exclusive of the driver; and other motor vehicles without clutch pedals =< 2500kg	02 Mar 2015

For LKK/NAC Use Only

NP 428A



Licence No: S9533325G

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: 5107352728	Cover : drivo PREMIUM
1. Index mark and Registration Number of Vehicle	: SMF7418Y
Chassis Number	: WBA8E32020A553131
2. Name of Policyholder	: SITALAKSHMI D/O KARTHIGASU
3. Effective Date of Insurance	: 01 Feb 2019
4. Expiry Date of Insurance	: 21 Nov 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 business or profession.	
This Policy does not cover	
(a) Use for hire or reward.	
(b) Use for racing, pace-making, reliability trial or speed-testing.	
(c) Use for the carriage of goods (other than samples) in connection with any trade or business.	
(d) 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)	: S\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: YES
INSURE WITH COE	: YES
NCD PROTECTION	: YES (FREE)
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: SITALAKSHMI D/O KARTHIGASU
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: DBS BANK 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 : JZ ASSURE PTE. LTD. (00000573155)
Date of Issue : 31 Jan 2019 13:58 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive