

NATIONAL Assessment Centre Services.

[ver 1 Jan 05]

MANA919/11873

Date In:	Job description	Date & Time Completed	Done by
26/01/2009 10:18	SAS e-filing		
Ref No: NA919/11873/4939/Y	E-mail (3 days after, AIC 2hrs)		
Veh No: SQ 5131G	I-Motor Claim Form		
OD: 23/08/2008 10:46	I-Motor W/O (Withlo: OD 2hrs, TP 4hrs)		
OD: TP (Reporting Only)	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksr		

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

TP Particulars: Vch No: SQ 33DK 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%. P: 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 repair.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In (); Invoice: YES () / NO (); Towing Co: ()

- 1) Apply for Transport Allowance () / Courtesy Car ()
- 2) QC Check / Post Repair Inspection ()
- 3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury: _____

Category	Description	Amount
Driver/Owner:	1) All: Accident Reporting (\$30)	
Contact No:	2) DA: Damage Assessment (\$100) INC (\$10)	
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: Idas DA + SMRT Survey \$160	
	8) NTUC Additional Services:	
	ON:	
	*N5: Courtesy Car / Tpl Allowance \$3	
	*N6: Repair Co-ordination \$10	
	*N7: Post Repair Inspection \$25	
	*N8: DV / Collect Excess Coordination \$3	
	TP (NI): TP (Non INC) against INC \$20	
	*N12: Idas Mobile \$0	
	Invoice dated _____ Fee Charged _____	
	Invoice dated _____ Fee Charged _____	

WARRANTY

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 judgement 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	26/08/2019 10:18
Date Of Accident	23/08/2019 10:40
Exact Location Of Accident	JUNCTION OF UBI AVENUE 2 TOWARDS UBI ROAD 3
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJQ5134G
Insured/Policyholder	
Name Of Registered Owner	ASSET LIMO
Co Reg No	53309913K
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96144873
Alternative Phone No	OFFICE-96144873

Vehicle Particulars

Manufacturer	HYUNDAI
Model	AVANTE
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	999994238
Cover Note Number	

Driver

Name of Driver	RAMALINGAM SIVAKUMAR
NRIC No	S7666993G
Date Of Birth	08/09/1976
Occupation	OUTDOOR
Date Of Driving Pass	19/06/2004
Driving Experience	15 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96144873
Fax Number	
Contact Number	OTHERS-96144873
EEmail Address	NOEMAIL

Address	BLK 122 ANG MO KIO AVENUE 3 #08-1763
Postcode	560122
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?	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: : WIFE 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	SKQ3312K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	WONG WAI MEI
NRIC/Passport Number	S7083275E
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

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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**.
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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:

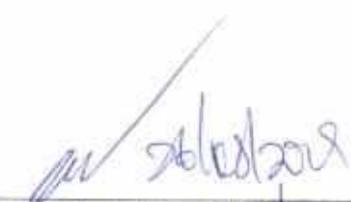
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "**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:

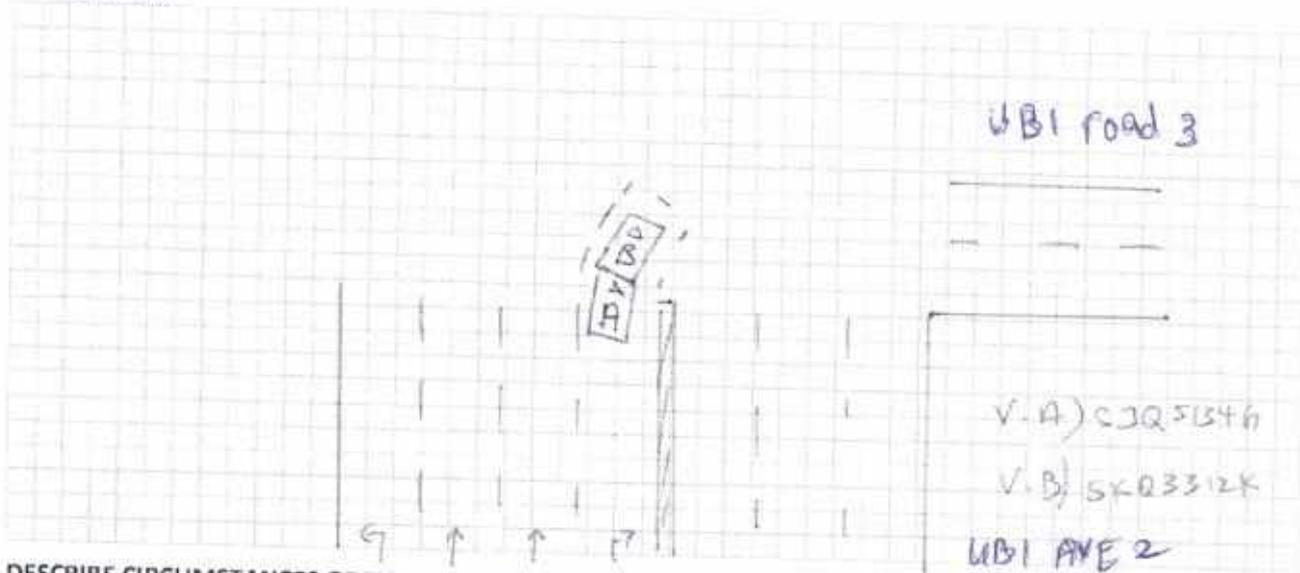


Reporting Centre Personnel's Signature

Name:
NRIC/FIN No.:



SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date and time, I vehicle 'A' S3Q 51346 was travelling on the stated venue. As traffic was green the front car moved off, followed by vehicle 'B' SKQ 3312K move off. Suddenly she jam brake, there was no traffic in front but she brake. I immediately apply my brakes however unable to stop in time, my vehicle collided against the rear portion.

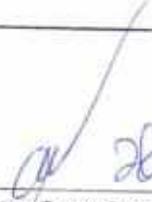
DECLARATION

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: Repk Limtan
NRIC/FIN No.:

Email: sm@idac.com.sg

Tel no: 6555 6888 Fax no: 6454 3279

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 23/08/2019 (dd/mm/yy) Time of Accident: 10:40 (24-HR-FORMAT)

Vehicle No.: SJQ 5134 G Vehicle Make & Model: Hyundai Avante

Exact location of Accident: JUNC OF UBI AVE 2 TWDS UBI ROAD 3

Policyholder's Name / IC No.: ASSET LIMO 53309913K

Driver's Name / IC No.: RAMALINGAM SIVAKUMAR S7666993G (As Above)

Driver's Contact No.: 9614 4873 Company Contact No: _____

Driver's Address: 122 ANG MO KIO AVE 3 #08-1763 S560122

Insurance Company: AIG Email address (if any): _____

Relationship between Owner & Driver: HIRER or Others specify: _____

What do you wish to claim? (Please TICK one only)

Own Insurance / Other Vehicle (The one you want to claim against) / Reporting (For Record Purpose)

Exact purpose for which the vehicle was being used at time of accident?

Occupation (nature of job) Indoor / Outdoor

Private use / Work purpose

No. of Passengers (Including Driver): 02

Passenger Name: WIFE
Passenger Name: _____

Gender: Female
Gender: _____

Weather condition & Road conditions? (On the day of accident)

Clear & Dry / Raining & Wet / After-Rain & Wet / Drizzling & Wet / Others: _____

Was there any video captured by your Car Camera? Yes / No

Any Injuries: Yes / No (If YES) Injured Person's Name: _____

Injuries Sustain: _____ Injured Person in Which Vehicle: _____

Police Report filed: Yes / No (If YES) Which Police Station: _____

The Other Party(s) Details:

1. Driver's Name / IC No: WONG WAI MEI / S7083275E Vehicle No: SKQ 3312 K

Driver's Contact No: _____ Insurance Company (If any): _____

2. Driver's Name / IC No: _____ Vehicle No: _____

Driver's Contact No: _____ Insurance Company (If any): _____

*Independent Witness (If Any): _____ Contact No: _____

Preferred Workshop Name: _____ Contact No: _____

*If no proper documents are produced, IDAC should not file the report. Information will be discarded after one week.

REPUBLIC OF SINGAPORE DRIVING LICENCE

Identity Number: S7666993G

For LKK/NAC Use Only

RAMALINGAM SIVAKUMAR

Birth Date: 06 Sep 1976
Valid Date: 06 Sep 2006

001648745F



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7666993G

For LKK/NAC Use Only

RAMALINGAM SIVAKUMAR

ராமலிங்கம் சிவகுமார்

Race: INDIAN
Date of birth: 08-09-1976
Country/Place of birth: INDIA

Sex: M

S7666993G




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

CLASS	DESCRIPTION	EXPIRES DATE
Class 2B	Motorcycles <= 200 CC	19 Jun 2004
Class 2A	Motorcycles between 201 CC and 400 CC	31 Nov 2010
Class 3	Motor cars <= 3000 kg with <= 7 passengers, inclusive of the driver; and motor tractor/vehicles <= 2500 kg	19 Jun 2004

For LKK/NAC Use Only

S7666993G S/No 9000154080

Licence No: S7666993G

NP 428A

9474529

For LKK/NAC Use Only

ALIC No: S7666993G

INDIAN

Date of issue: 09-02-2018

Address:
APT BLK 122 ANG MO KIO AVENUE 3
#08-1763
SINGAPORE 560122




Land Transport & Authority



VOCATIONAL LICENCE

Licence No : S7666993G

Name : RAMALINGAM SIVAKUMAR

For LKK/NAC Use Only

Please visit www.lta.gov.sg to check the status of this vocational licence

This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to the LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type	Description	Issue Date
14	PRIVATE HIRE CAR VL	27/06/2018

For LKK/NAC Use Only



**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

THIRD PARTY	COMMERCIAL MOTOR	(The below excess is subject to GST)	
CERTIFICATE NO.	SJQ5134G	POLICY EXCESS	S\$2600.00 (Sect II)
POLICY NO.	999994238	WINDSCREEN EXCESS	NA

- 1) VEHICLE REGISTRATION NO.
 2) NAME OF INSURED
 3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE PURPOSES OF THE ACT
 4) DATE OF EXPIRY OF INSURANCE
 5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE*

SUM INSURED NA
INSURING WITH COE/PARF NO
 SJQ5134G
 ASSET LIMO
 10 March 2019
 09 March 2020

Any person who is driving on the Insured's order or with their permission

S\$2,500.00 Section II Excess is applicable for driver who is between 23 years to 85 years old with minimum 2 years driving experience in Singapore.

An additional excess of \$1,000.00 section II per accident is applicable in the event of an accident occurring outside Singapore.

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 towing a trailer except the towing (other than for reward) of any one disassembled mechanically propelled vehicle. 3) Use for any purpose in connection with the Motor Trade.

LOSS OF USE	Not Included
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HIRE PURCHASE COMPANY	NA
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*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 26 Feb 2019

500656-000
 Cowell Insurance (Agency) Pte. Ltd.
 8 Burn Road
 #09-05 Trivex
 Singapore 369977

AIG Asia Pacific Insurance Pte. Ltd.



AUTHORISED REPRESENTATIVE

ORIGINAL

SSPOEC