

NATIONAL Assessment Centre Services.

[ver 1 Jan'08]

10/12/2009

Date In: 10/12/2009 10:12	Job description	Date & Time Completed	Done by
Ref No: N98/MC19021691/14	SAS e-Milling		
Veh No: SLE 3165C	E-mail (30 mins, AIC 2hrs)		
DOA: 23/08/2009 22:00	I-Motor Claim Form	mt1059834-002	10/12/2009 10:34
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/Whse		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SHC 15747	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: ()

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

Injury:

Date/Time	Action

1) AR: Accident Reporting (\$30)	INC (\$10)
2) DA: Damage Assessment (\$100)	INC (\$10)
3) TP: Towing Fee	\$40/\$45
4) PT: Follow-Through Survey	\$120
5) PT: Follow-Through Survey (Resurvey)	\$30
For claiming against INC Only (over 10 Jan 2009)	
6) TR: Re-inspection	\$75
7) NI: Idao DA + SMRT Survey	\$160
8) NTUC Additional Services:	
ON:	
*NS: Courtesy Car / Tpt 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	\$10
9) NI: Idao Mobile	\$0
Invoice dated	Fee Charged
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	09/12/2019 18:33
Date Of Accident	23/08/2019 22:00
Exact Location Of Accident	ALONG ELIAS ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLE3769C
Insured/Policyholder	
Name Of Registered Owner	WJ CAR RENTAL PTE. LTD.
Co Reg No	201843284H
Email Address	VASKOMANISG@GMAIL.COM
Mobile Phone No	(LOCAL) +65-86069649
Alternative Phone No	OFFICE-90453821

Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5107104393
Cover Note Number	

Driver

Name of Driver	VASKO MANIVASAGAM S G
NRIC No	S1803147G
Date Of Birth	08/09/1967
Occupation	OUTDOOR
Date Of Driving Pass	05/08/2003
Driving Experience	16 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	+65-86069649
Fax Number	
Contact Number	OTHERS-90453821
Email Address	VASKOMANISG@GMAIL.COM

Address	BLK 102 JALAH RAJAH #04-17
Postcode	321102
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	AFTER RAIN
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?	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)	3
Passenger 1	NAME: : PASSENGER GENDER: : MALE
Passenger 2	NAME: : PASSENGER 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	SHC1574T
Vehicle Make/Model/Colour	HYUNDAI IONIQ
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	BASKARAN S/O KUNLU RAMAN
NRIC/Passport Number	S0556367D
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**.
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: 9/12/19

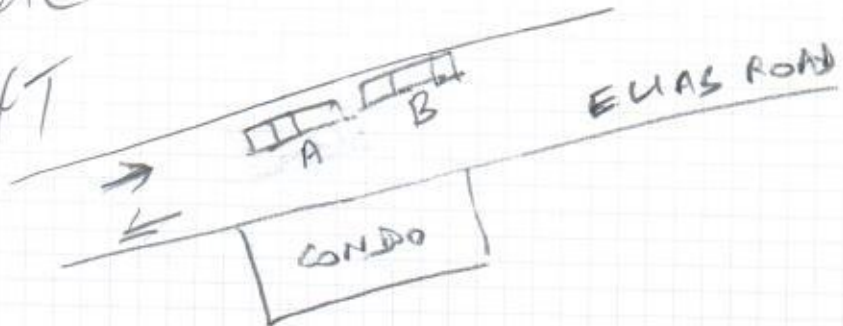
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

1A20

SKETCH PLAN

A) SLK 3169C

B) SHC 1574T



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 23 AUG 2019 AT ABOUT ^{2200 HRS} ~~530 PM~~, I HAD PICKED UP MY PASSENGERS IN PASIR RIS AND HEADING TOWARDS TAMPINES ALONG ~~PASIR RIS DRIVE~~ ^{ELIAS ROAD}, WHEN THE BLUE TAXI IN FRONT OF ME SUDDENLY TAPPED BRAKE EVEN THO THERE NO VEHICLE IN FRONT. I DID MY BEST TO BRAKE ON TIME BUT ONLY MANAGED TO KISS THE BACK OF THE BLUE TAXI WITH SLIGHT SCRATCHES. (SEE PHOTOS) I TRIED TO NEGOTIATE TO SETTLE THE MATTER PRIVATELY BUT THE DRIVER SAID HE WILL CHECK WITH HIS COMPANY FIRST. NOW I AM SHOCKED THAT JUST FOR A FEW SCRATCHES, AN AMOUNT OF MORE THAN \$2000 HAS BEEN CLAIMED. AS SUCH I AM DISPUTING THE CLAIM AS I SMELL FOUL PLAY.

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.:

9/12/19
1820

ACCIDENT STATEMENT

22:00

ACCIDENT DATE: (23.1.19) (DD/MM/YYYY), TIME: (8:49 PM) (HH:MM)

LOCATION: PAPIR RN DRIVE 8 Abouk ELIAS Room

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: JLE 3769C
 b) INSURANCE COMPANY: NTUC
 c) POLICY NUMBER: 5107104353
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: HONDA VIZAL
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: GRAB TRANSPORT
 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: W J CAR RENTAL FIELD (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: CONTACT: 864949
 c) ADDRESS: 6001 BEACH ROAD GOLDEN WIRE TOWER
 #02-06 S(199579)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- d) NAME: YATKE MANI VATHAN S G (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 170031476 CONTACT: 90453821
 c) ADDRESS: 102 TANJAN RAJAN
 SINGAPORE 321602

* d) DATE OF BIRTH: (8/19/67) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 5/8/2003

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: NO KINER

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

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

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: JLC 1574J MODEL: HYUNDAI IONIC
 b) DRIVER'S NAME: BASICARAN JO KUNLU RAMAN
 c) NRIC/FIN/PASSPORT: J0556367D CONTACT:

9. THIRD PARTY VEHICLE

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

MALE
FAMILY

No of passengers
(including driver)

(3)

No of passengers
(including driver)

(0)

No of passengers
(including driver)

()

email: jagkumarasing@gmail.com
VIDEO

Claim Handling

The premium on this policy has not been collected.

Accident MT/1059834

Policy No.	5107104393	Vehicle No.	SLE3769C	GST Registrati
Certificate No.				
Policyholder Name	WJ CAR RENTAL PTE. LTD.			Policyholder NI
Product Code	FLEET INSURANCE	Cover Type	drive CLASSIC	Loading
Contact No.(Mobile)	NA	Contact No.(Office)		Contact No.(Hi
Email Address		Special Remark		eCode
KFK	= No Yes	TCA	= No Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	0	Private Hire

▼ Accident Details

Report Date	28/08/2019 12:32	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	23/08/2019	Time of Accident hh:mm	22:00	Country of Acc
Reporting Centre	administrator	Orange Force	No	ICM No.
Accident Location	ELIAS ROAD			

▼ Excess

Own damage Excess	2,000.00	Additional Excess	0	Windscreen Ex
Unnamed Driver Excess		Outside Singapore OD Excess	2,000.00	
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00	

▼ Benefits

▼ GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

▼ Policyholder Mailing Address

Address 1	6001 BEACH ROAD	Address 2	#13-06 GOLDEN MILE TOWER	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	13-06	Related Policy Number	5107104393	

▼ OI Driver Info

Driver Name		Driver Type		
Unnamed driver Name		Driver NRIC		Driver DOB
Register Date of Driver License		Driver Age		Driving Experie
Contact No.(Mobile)		Contact No.(Office)		Contact No.(Hi
Address 1		Address 2		Address 3
Address 4		Address Type	Foreign address	Post Code
Unit No.				
Does he own a Singapore Registered car?	Yes = No	Driver Vehicle No.		Driver Insurer

Modification History

Claim 002 **New**

Claim Type *	OD-MX	Insured Name	WJ
Contact No.(Mobile)		Contact No. (Home)	
Email Address		OI Vehicle Number	SLE
Claim Description	SLE3769C / SHC1574T ON 23 Aug 2019		
Preferred Workshop		Insured Liability	Fully at Fault
Contract No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
Report Taken By		Claim Close Date	10/12/2019 10:32
			ROSLI WAHAB

☒ Print AK letter

Save Submit

Attachment

Accident No. MT/1059834

Claim No. 002

Confider

Clear
Clear
Clear
Clear
Clear
Clear

[illegible]

Attachment List

▼ Video List

9

WJ CAR RENTAL PTE LTD

6001 BEACH ROAD, GOLDEN MILE TOWER #08-06 SINGAPORE 199589

1. Authorisation –VASKO MANIVASAGAM S G S1803147G

Vehicle Reg No: SLE3769C

Make & Model: HONDA VEZEL

The Letter serve to confirm the above vehicle can be entered and added under the hirer account and the said hirer will be handling his own earnings.

**Best regards,
EUGENE YAP
WJ CAR RENTAL PTE LTD
SALES SUPERVISOR**



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: 5107104393

Cover : drive CLASSIC

- | | |
|--|---------------------------|
| 1. Index mark and Registration Number of Vehicle | : SLE3769C |
| Chassis Number | : RU11112915 |
| 2. Name of Policyholder | : WJ CAR RENTAL PTE. LTD. |
| 3. Effective Date of Insurance | : 01 Feb 2019 |
| 4. Expiry Date of Insurance | : 31 Jan 2020 |

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 or Hirer's business.

This Policy does not cover

(a) Use for racing, pace-making, reliability trial or speed-testing.

(b) Use for the carriage of goods (other than samples) in connection with any trade or business.

(c) 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\$2,000
EXCESS (SECTION 2)	: S\$1,500
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: N/A
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 : HAMILTON AUTOHUB PTE. LTD. (00000573281)
Date of Issue : 17 Jan 2019 16:24 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

> Back to OneMotoring

Enquire Transfer Fee

Vehicle Details

Vehicle No.: SLE3769C
Vehicle Type: Z10 - Private Hire (Chauffeur) Motor Car
Vehicle Attachment 1: No Attachment
Vehicle Scheme: Normal
Vehicle Make: HONDA
Vehicle Model: VEZEL 1.5X A
Chassis No.: RU11112915
Propellant: Petrol
Engine No.: L15B4032919
Engine Capacity: 1496 cc
Maximum Power Output: 96.0 kW (128 bhp)
Maximum Laden Weight: 1465 kg
Unladen Weight: 1190 kg
Year Of Manufacture: 2016
Original Registration Date: 19 Jul 2016
Lifespan Expiry Date: -
COE Category: A - Car up to 1600cc & 97kW (130bhp)
Quota Premium: \$55,200.00
COE Expiry Date: 18 Jul 2026
Road Tax Expiry Date: 18 Jan 2020
PARF Eligibility Expiry Date: 18 Jul 2026
Inspection Due Date: 18 Jul 2021
Intended Transfer Date: 20 Aug 2019
CO2 Emission: 117.00 (g/km)
CEV/VES Rebate Utilised Amount: \$10,000.00
CO Emission: -
HC Emission: -
NOx Emission: -
PM Emission: -



Late renewal fee(s) will be imposed if road tax / lay-up has expired. Please use Enquire Road Tax Payable for fee(s) payable.

Road tax, including Over Payment (if any), of a vehicle will follow the vehicle to the new registered owner when its ownership is being transferred.

Amount Payable

	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
Transfer Fee:	25.00	-	25.00
Total Amount Payable:			25.00

You may print this page for reference.

OK

Print

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MIA41916219 Vehicle Registration No: SLK 3769C
Name (as shown in NRIC) : VASKO MANIVASAGAM SG NRIC/FIN/Passport No : S18031479
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate

Address : _____ Singapore()

Contact (Tel) : _____ Mobile No. : 90458821

Email Address : _____

Date of Accident : 23/08/2019 Time of Accident : 22:00

Place of Accident : Along Road Road


Insurance Company : NMC

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

To insert 7IP damage photos

Policyholder / Driver's Signature
Date:


Reporting Centre Personnel's Signature
Name: Rohit
NRIC/FIN No. W010101
Date: 20/02/2019