

NATIONAL Assessment Centre Services.

(wef 1 Jan'05) **MHA2009599 - 01**

Date In: 30/10/10 - 16:44	Job description	Date & Time Completed	Done by
Ref No: HA14CD01864/D24	SAS e-filing		
Veh No: 5LSP24	E-mail (within 8hrs, AIC 2hrs)		
D.O.A : 26/10/10 - 08:10	i-Motor Claim Form	M/1107426-02	30/10/10 16:58
<input checked="" type="radio"/> OD: <input checked="" type="radio"/> TP: Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars: Veh No: 5mv835m	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 repairer.

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

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

Remarks: (INC hotline: 6788 6616)	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	Amt (\$)	
		Int. Bill	Add. Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors' Comments: :	5) FT: Follow-Through Survey (Resurvey) \$30		
at 1:	For claiming against INC Only (wef 10 Jan 2005)		
at 2/3:	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD*		
	*N5: Courtesy Car / Tpl 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	
	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	30/10/2020 16:44
Date Of Accident	26/10/2020 08:10
Exact Location Of Accident	JUNC BOUNDARY RD & SERANGOON AVE 2
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJL5825Y
Insured/Policyholder	
Name Of Registered Owner	DIVAKARAN PRASANAH
NRIC No	SXXXX867Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91695251
Alternative Phone No	OFFICE-91695251

Vehicle Particulars

Manufacturer	PERODUA
Model	VIVA EZI 1.0 AT
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?	YES
If No, Please state action to be taken	
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	5046223175-09
Cover Note Number	

Driver

Name of Driver	DIVAKARAN PRASANAH
NRIC No	SXXXX867Z
Date Of Birth	04/05/1955
Occupation	INDOOR
Date Of Driving Pass	24/09/2003
Driving Experience	17 YEARS AND 1 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-91695251
Fax Number	
Contact Number	OFFICE-91695251
EMail Address	NOEMAIL

Address BLK 110 WHAMPOA ROAD
#05-19
Postcode 321110
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 COLLISION - CROSS JUNCTION
Weather Conditions DRIZZLING
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? 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) 4
Passenger 1 NAME: : GOVINDAN NAIR BALAKRISHNAN
GENDER: : MALE
Passenger 2 NAME: : PUNITHA A/P N KRISHNAN
GENDER: : FEMALE
Passenger 3 NAME: : POOVELY A/P MUNIANDY
GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police? YES
If Yes, Please state which Police Station
Police Station Name WHAMPOA NEIGHBOURHOOD POLICE POST
Police Station Address ROAD: BLK 29 JALAN BAHAGIA , POSTCODE: 320029 , COUNTRY: SINGAPORE
Police Station Contact TEL NO: 1800-2507999 - FAX NO: 63554314
Was notice of intended Prosecution given? NO
If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20201029/2087.

Attachment(s)

Are accident photos available for attachment? YES
Was there any video captured by Car Camera? YES
Remarks/ Reasons: VIDEO FOOTAGE WITH DRIVER
Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SMV835M

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)

2

DETAILS OF INJURED PERSON 1

Name DIVAKARAN PRASANAH
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SJL5825Y
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? YES
Address
Postcode

DETAILS OF INJURED PERSON 2

Name GOVINDAN NAIR BALAKRISHNAN
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SJL5825Y
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? YES
Address
Postcode

DETAILS OF INJURED PERSON 3

Name PUNITHA A/P N KRISHNAN
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SJL5825Y
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? YES
Address
Postcode

DETAILS OF INJURED PERSON 4

Name POOVELY A/P MUNIANDY
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SJL5825Y
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? YES
Address
Postcode

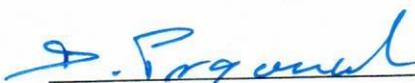
SKETCH PLAN

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.



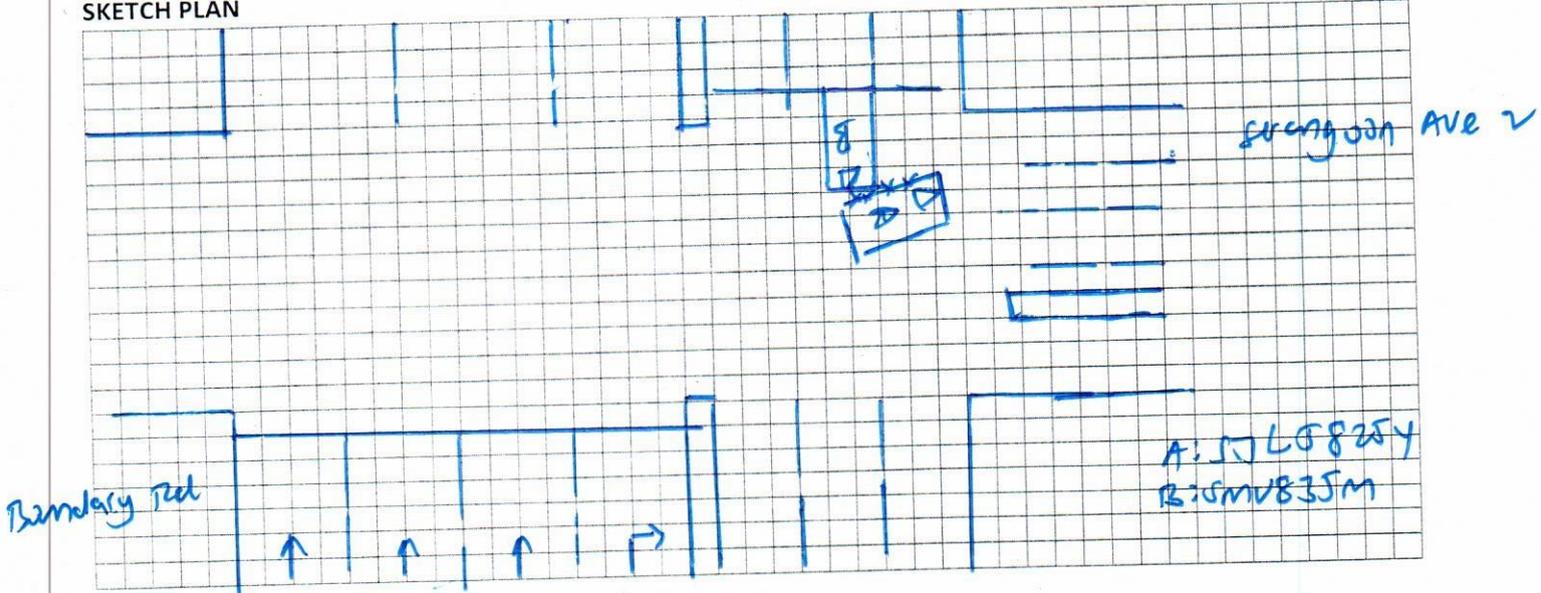
Policyholder's Signature
Date & Time:

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

Refer to police report - T/2021029/287

DECLARATION

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

D Pascual

Policyholder's Signature
Date & Time:

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

[Signature]

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

Whampoa NPP



GENERAL INSURANCE ASSOCIATION OF SINGAPORE - RECORDS MANAGEMENT CENTRE
510/511A Qx, by NTC 09 Singapore 1500370
Tel: (65) 6224 0610 Fax: (65) 6224 0630
Operating Hours: Monday to Friday, 09:00 - 17:00
Unit: 510/511A Qx / Contact No.: 6224 0610

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 : MNA120095599 Vehicle Registration No: SJL58254
Name (as shown on NRIC) : Divalakaran Prasanah NRIC/FIN/Passport No : SXXXX8672
(*Vehicle Driver / Vehicle Owner) (F) Please delete as appropriate
Address : Blk 110 Whampoa Road #05-19 Singapore (32110)
Contact (Tel) : 91695251 Mobile No. : _____
Email Address : _____
Date of Accident : 26/01/2020 Time of Accident : 08:10
Place of Accident : Junc Boundary Rd & Serangoon Ave 2
Insurance Company: NTUC

(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:

change to Own damaged claim

D. Prasanah
Policyholder / Driver's Signature
Date: _____

[Signature]
Reporting Centre Personnel's Signature
Name: _____
NRIC/FIN No.: _____
Date: _____

ACCIDENT STATEMENT

ACCIDENT DATE: (26/10/20) (DD/MM/YYYY), TIME: (08:10) (HH:MM)

LOCATION: Boundary rd Jwds Serangan Ave 2

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: 51WJ8254
b) INSURANCE COMPANY: NTOC
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: _____
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: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 91695251.
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

d) DATE OF BIRTH: (____/____/____) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: _____

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

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

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

6. WAS ANYBODY INJURED (YES / NO) 4 injury, 1 damaged

7. a) REPORTED TO POLICE (YES / NO)
IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SMV835M MODEL: _____
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

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

* No of passenger
(Including driver)
(4)

1) Govindan A/gir
Balakrishnan

2) Divakaran
Prasannah

3) Punitha A/P
K. Krishnan

4) Powely A/P
Muniandy

* No of passenger
(Including driver)
(2)

* No of passenger
(Including driver)
()

Email =

fax =

VIDEO = ✓



**SINGAPORE
POLICE FORCE**



T/20201029/2087

1 of 4

Police Station Of Origin:
Whampoa NPP
29 Jalan Bahagia #01-368 SINGAPORE
320029
Tel No: 1800-2507999

Report No. T/20201029/2087

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 29/10/2020 17:13	Vide Report No.:	Station Diary No.: 42
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Informant's Particulars

Name of Informant: DIVAKARAN PRASANAH		Address: APT BLK 110 WHAMPOA ROAD #05-19 SINGAPORE 321110	
ID Type / ID No.: NRIC NO / S1145867Z		Contact No.: Home/Office:	Mobile: 91695251
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Female	Age: 65	Date of Birth: 04/05/1955	Type of Informant: Driver
Race: Indian		Language: English	Institution / School Name:
Occupation: PRODUCTION OPERATOR		Driving Licence Information: Class:	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 26/10/2020 08:10	Type of Location: X-Junction
Location: BOUNDARY ROAD				
Weather: Drizzling		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJL5825Y	Car	PERODUA	VIVA EZI 1.0 AT	Blue	Seriously Damaged	3
SMV835M	Car				Seriously Damaged	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJL5825Y	NTUC Income Insurance Co-Operative Limited	5046223175-09	02/12/2019	01/12/2020



**SINGAPORE
POLICE FORCE**



T/20201029/2087

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Report No. T/20201029/2087

Police Station Of Origin:
Whampoa NPP
29 Jalan Bahagia #01-368 SINGAPORE
320029
Tel No: 1800-2507999

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Passenger			
Name	GOVINDAN NAIR BALAKRISHNAN	ID No.	S0033704H
Related Vehicle	SJL5825Y (Car)	Contact No.	98391041
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	26/10/2020
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	DIVAKARAN PRASANAH	ID No.	S1145867Z
Related Vehicle	SJL5825Y (Car)	Contact No.	91695251
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	26/10/2020	Date Discharge	29/10/2020
No. of Days granted Medical Leave	19	Degree of Injury	Serious
Passenger			
Name	PUNITHA A/P N KRISHNAN	ID No.	F7051173T
Related Vehicle	SJL5825Y (Car)	Contact No.	81187554
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Serious



**SINGAPORE
POLICE FORCE**



T/20201029/2087

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Police Station Of Origin:
Whampoa NPP
29 Jalan Bahagia #01-368 SINGAPORE
320029
Tel No: 1800-2507999

Report No. T/20201029/2087

CONTINUATION OF REPORT

Passenger			
Name	POOVELY A/P MUNIANDY	ID No.	G6807792W
Related Vehicle	SJL5825Y (Car)	Contact No.	85952408
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	27/10/2020
No. of Days granted Medical Leave	06	Degree of Injury	Serious

Brief Details.

On 26/10/2020 at 0810hrs, I was driving my car and in my car were 3 other passengers as well. It was raining and the floor was wet. As I was turning to Serangoon Ave 2 from Boundary Rd, another car came from the main road on my left and collided head first into the side of my car. I would like to state that the traffic light was amber for the other car and he was speeding. Traffic police and ambulance were called in. Subsequently myself and my 3 passengers were conveyed to Tan Tock Seng Hospital. I was warded for 4 days and was given 19 days of MC from 26/10/2020 to 13/11/2020. One of the 3 passengers, was discharged on the same day as the conveyance. The second passenger was warded for 1 day and discharged on the 27/10/2020. The last passenger is still currently warded in hospital. All 3 passengers including myself were given MC.



**SINGAPORE
POLICE FORCE**



T/20201029/2087

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Report No. T/20201029/2087

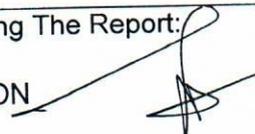
Police Station Of Origin:
Whampoa NPP
29 Jalan Bahagia #01-368 SINGAPORE
320029
Tel No: 1800-2507999

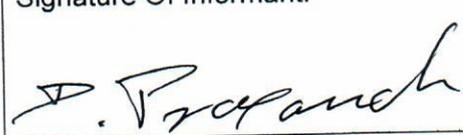
CONTINUATION OF REPORT

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: E / Sgt 2 ZHANG JIABAO, JASON 
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / GIT / Sr Staff Sgt MOHAMMED FEROUZ BIN HUSSIEN Contact No.: 65476206

Signature Of Informant: 
Date/Time: 29/10/2020 17:13
Classification Of Case:

Authentication Stamp
NP168



Hello, NAC_PAYA_UBI_800601

Change Language Change Password Log Out

My Desktop
Notice of Loss

Policy Query

Policy No.

Date of Accident

Vehicle No.(For Motor)

Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5046223175-09		DIVAKARAN PRASANAH	S1145867Z	GPC	drivo CLASSIC	SJL5825Y	SJL5825Y	02/12/2019	01/12/2020

Continue

Claim Handling

Accident MT/1107976

Policy No.	5046223175-09	Vehicle No.	SJL5825Y	GST Registration No.	
Certificate No.					
Policyholder Name	DIVAKARAN PRASANAHA	Cover Type	drivo CLASSIC	Policyholder NRIC	S1145867Z
Product Code	PRIVATE CAR INSURANCE	Contact No. (Office)		Loading	0
Contact No. (Mobile)	NA	Special Remark		Contact No. (Home)	
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	<input type="text" value="Nc"/>
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement (%)	40	eCode Reason	
NCD Protection	No			Private Hire	Not available
▼ Accident Details					
Report Date	27/10/2020 12:09	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Cross Junction
Date of Accident	26/10/2020	Time of Accident hh:mm	08:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BOUNDARY ROAD				
▼ Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	600.00	TP Standard Excess	0.00	Driver is Covered?	Not Applicable
YIED OD Excess		YIED TP Excess			
Additional Excess	0	Total TP Excess Applicable	0.00		
Total OD Excess Applicable	600.00				

▼ Benefits

▼ GST Registered Information

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

▼ Policyholder Mailing Address

Address 1	BLK 110 #05-19	Address 2	WHAMPOA ROAD	Address 3	SINGAPORE 321110
Address 4		Address Type	Singapore address	Post Code	321110
Unit No.		Related Policy Number	5046223175-09		

▼ OI Driver Info

Driver Name		Driver Type		Driver DOB	
Unnamed driver Name		Driver NRIC		Driving Experience	
Register Date of Driver License		Driver Age		Contact No. (Home)	
Contact No. (Mobile)		Contact No. (Office)		Address 3	
Address 1		Address 2		Post Code	
Address 4		Address Type	Foreign address		
Unit No.				Driver Insurer Company	
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.			

Modification History

Claim 002 **New**

Claim Type *	<input type="text" value="OD-MX"/>	Insured Name	<input type="text" value="DIVAKARAN PRASANAHA"/>	Insured NRIC	<input type="text" value="S1145867Z"/>
Contact No. (Mobile)	<input type="text" value="91695251"/>	Contact No. (Home)	<input type="text" value="62513614"/>	Contact No. (Office)	<input type="text" value=""/>
Email Address	<input type="text" value=""/>	OI Vehicle Number	<input type="text" value="SJL5825Y"/>	TP Vehicle Number	<input type="text" value="SMV835M"/>
Claimant Type Claimant Type *	<input type="text" value="Please Select"/>	Type of Benefit *	<input type="text" value="Please Select"/>		
Claimant Name *	<input type="text" value=""/>	Claimant NRIC *	<input type="text" value=""/>		
Claimant Address	<input type="text" value=""/>				
Claim Description	<input type="text" value="SJL5825Y / SMV835M ON 26 Oct 2020"/>				
Preferred Workshop Contact No.	<input type="text" value=""/>	Insured Liability *	<input type="text" value="Not at Fault"/>	Name of Preferred Workshop	<input type="text" value=""/>
Require Finalisation	<input type="text" value="Yes"/>	Preferred Repair Option	<input type="text" value="Preferred Workshop, Name unknown"/>	GIA report	<input type="text" value="Received"/>
Date Registered	<input type="text" value="30/10/2020 16:58"/>	Claim Close Date	<input type="text" value=""/>	Date Received	<input type="text" value="30/10/2020 00:00"/>
Report Taken By	<input type="text" value="Jackson"/>				
<input checked="" type="checkbox"/> Print AK letter					
Save Submit					

Attachment

Accident No.	MT/1107976	Claim No.	002
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	30/10/2020 17:12

Path *	Browse...	Clear	Category *	Confidential	Urgency *	Description *
	<input type="text" value="Browse..."/>	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>	
	<input type="text" value="Browse..."/>	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>	
	<input type="text" value="Browse..."/>	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>	
	<input type="text" value="Browse..."/>	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>	
	<input type="text" value="Browse..."/>	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>	
	<input type="text" value="Browse..."/>	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>	

Send Message

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent?

(CO)

	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 30 Oct 2020 17:12	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-10-30
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 30 Oct 2020 17:12	SAS		Normal	SAS 2020-10-30
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 30 Oct 2020 16:59	Photos		Normal	Photos 2020-10-30
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 30 Oct 2020 16:59	Photos		Normal	Photos 2020-10-30
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 30 Oct 2020 16:59	Photos		Normal	Photos 2020-10-30
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 30 Oct 2020 16:59	Photos		Normal	Photos 2020-10-30
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 30 Oct 2020 16:59	Photos		Normal	Photos 2020-10-30
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 30 Oct 2020 16:59	Photos		Normal	Photos 2020-10-30
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 30 Oct 2020 16:59	Photos		Normal	Photos 2020-10-30
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 30 Oct 2020 16:59	Photos		Normal	Photos 2020-10-30
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 30 Oct 2020 16:58	Photos		Normal	Photos 2020-10-30
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 30 Oct 2020 16:58	Photos		Normal	Photos 2020-10-30
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 30 Oct 2020 16:58	Photos		Normal	Photos 2020-10-30
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 30 Oct 2020 16:58	Photos		Normal	Photos 2020-10-30
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 30 Oct 2020 16:58	Photos		Normal	Photos 2020-10-30
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 30 Oct 2020 16:58	Photos		Normal	Photos 2020-10-30

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
				<input type="button" value="Display in New Window"/> <input type="button" value="Scan and uploading"/>

ASSIGNMENT (IDAC)

COE Oct 2023

By CSO- Nature of Accident:

- 1) Vehicle hit Vehicle:
 - a) Motorcar ()
 - b) M/cycle ()
 - c) Bicycle ()
- 2) Vehicle hit ??
 - a) Pedestrian ()
 - b) Animal ()
- 3) Vehicle hit Road Side Objects:
 - a) Govrn.Property ()
(Eg: signboard, barrier, tree etc)
 - b) Road Work Object ()
 - c) Private Property ()
- 4) Vehicle drop into drain ()
- 5) Damage due to Act of God:
 - a) Fallen Object ()
 - b) Flood ()
 - c) Other, _____
- 6) Parked & Found Damaged:
 - a) Vandalism ()
 - b) Hit by Moving Object ()
- 7) Theft Case
 - a) Stolen ()
 - b) Damage found ()
when recovered.
- 8) Fire
 - a) Whilst driving ()
 - b) Parked ()
- 9) Accident date more than 24hrs ()

By Assessor- 1) Vehicle Information

Veh No: SSL5825Y Yr Regn: Dec / 2008

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / MPV / Truck / Trailer or _____

Make & Model: Perodua Viva c.c 989

Colour Blue Transmission Type: Auto / Manual

Eng/No: L48A62F Sp.Reading: _____

C/No: PM2L251S002056372

Gen. Cond: Good / Fair / Poor / Burnt or _____

Steering: Inorder / Jammed / Leaked / Burnt or Down

Brake: Inorder / Jammed / Leaked / Burnt or Down

Modi: Nil / S/Rim / STD A/Rim or _____

Tyre Size: F: 165/60R14
R: 11

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or Yokohama

Front		Rear
R/Bal. <u>S</u> mm		R/Bal. <u>S</u> mm
L/Bal. <u>S</u> mm		L/Bal. <u>S</u> mm

Parallel Import: Yes / No Towed-In: Yes / No

Repair Type: LS / I.B.I Towing Required: Yes / No

No of Repair Days: _____ Vehicle in Idac: Yes / No

D.O.I. 10/11/2020 Time: 1400hrs

Remarks for internal information

Vehicle centre pillar broken/detached. Unsafe for repair.

Remarks to appear in Works Order & Assessment report

- 1) Potential Total Loss
- 2) SRS Light on ()
- 3) ABS Light on ()

MV 15K
LTA 9K
HL 6K

By Assessor- 2) Comments

- 1) Damages not due to recent accident.
- 2) Damages do not seem hit onto:
 - a.Vehicle () b.Motorcycle () c.Bicycle () d.Pedestrian ()
 - e.Animal () f.Govrn Object () g.Road Work Object ()
 - h.Private Property () i.Drain () j.Road Kerb/Grass Verge ()
- 3) Vehicle does not seem damaged as a result of:
 - a.Fallen Object () b.Flood () c.Vandalism () d.Fire ()
 - e.Moving Object () f.Stolen () g.Stolen & Recovered ()

Time Started:

Time completed:

1) CSO _____

2) ASS _____

3) Entire Operation Completed Time: _____

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	867Z
Vehicle Details	
Vehicle No.:	SJL5825Y
Vehicle to be Exported:	Yes
Intended Deregistration Date:	10 Nov 2020
Vehicle Make:	PERODUA
Vehicle Model:	VIVA EZI 1.0 AT
Primary Colour:	Blue
Manufacturing Year:	2008
Engine No.:	L48A62F
Chassis No.:	PM2L251S002056372
Maximum Power Output:	45.0 kW (60 bhp)
Open Market Value:	\$5,911.00
Original Registration Date:	02 Dec 2008
First Registration Date:	02 Dec 2008
Transfer Count:	1
Actual ARF Paid:	\$5,911.00
Intended PARF Rebate Details	
PARF Eligibility:	Forfeited
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	31 Oct 2023
COE Category:	E - Open Category
COE Period(Years):	5
PQP Paid:	\$15,142.00
COE Rebate Amount:	\$9,003.00
Total Rebate Amount:	\$9,003.00
Message	
Please note that the 5-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.	

The information contained herein is correct as at 10 Nov 2020

OK

Vehicle left 36 mths COE lifespan.

Using average depreciation of 5k

MV = 15k.

Post an Advertisement
 Sell it yourself! Advertise it at just
\$58 until it's SOLD!

[Post an Ad](#) [Advertiser Login](#) [Ways of Selling](#)

Brand New Agent Unit Toyota Dyna 150M \$73800,



\$0 Downpayment, 100% Full
 Loan Drive Away, No Admin
 Fees & GST, Free Canopy.
Vans N Trucks Pte Ltd StarAd

ABWIN » Visit Our Profile «

Browse by Category v

Sort by Date Posted v 20 results/page v

4 vehicles

Perodua Viva

Advanced Search

Search Selection	Make	Model	Price	Depreciation	Reg Date	Eng Cap	Mileage	Veh Type	Status
	Perodua Viva		Any	Any	> 10 year(s) old	Any	Any	Any	Available
	Perodua Viva	Elite 1.0A EZ (OPC) (COE till 09/2025)	\$23,999	\$4,970 /yr	09-Sep-2010	989 cc	109,980 km	Hatchback	Available
New Arrival. (Normal Plate Selling At \$24999). Low Maintenance Unit. Excellent Choice From Point A To Point B. Excellent Condition. No Repair Needed. Buy With Confidence. Loan Support Is Provided. Cash Deal Is Welcomed Too. Call Now For Immediate Viewing Arrange...									
Posted: 07-Nov-2020 Tags: 2010 Perodua Viva, Perodua Viva, Perodua, Viva									
	Perodua Viva	Elite 1.0A EZ (COE till 01/2025)	\$20,822	\$4,930 /yr	04-Feb-2010	989 cc	151,482 km	Hatchback	Available
Introducing The Most Fuel Efficient, Cost Effective, Lowest Maintenance Cost Budget Point A-B Hatchback In Town! Champion Among Similar Hatchback. Agent Maintained With Record. Next Due Service At 159840KM. Striking Lapiz Blue Paint With Large Android Touchsc...									
Posted: 06-Nov-2020 Tags: 2010 Perodua Viva, Perodua Viva, Perodua, Viva									
	Perodua Viva	1.0A EZI (COE till 07/2028)	\$37,800	\$4,900 /yr	28-Jul-2008	989 cc	-	Hatchback	Available
Most Budget Car To Drive! Cheap And Good, \$13 Per Day Deprecation, Easy And Low Maintenance, Cheap Spare Part, Super Save Petrol, Low Road Tax, Powerful And Freezing Aircon, Neat And Clean Interior. Bank In House Loan Available. Price Inclusive Of GST.									
Posted: 13-Oct-2020 Tags: 2008 Perodua Viva, Perodua Viva, Perodua, Viva									
	Perodua Viva	Elite 1.0M GX (COE till 05/2025)	\$26,900	\$5,930 /yr	24-May-2010	989 cc	98,000 km	Hatchback	Available
COE Till 05/2025, Depreciation Approx \$430/mth, Lowest In Market! Powerful 1.0cc Daihatsu DVVT Engine! Fuel Saving And Durable City Car. Fresh New Paint! Low Mileage. Suitable For Family Use Or Just For Own Transport Use! Tip Top Condition! Bank Loan And Trade In...									
Posted: 02-Oct-2020 Tags: 2010 Perodua Viva, Perodua Viva, Perodua, Viva									

Save this search criteria, to get email alerts whenever a match is found.

Make Model Price Depreciation Reg Date Eng Cap Mileage Veh Type Status

For old advertisements, view [Expired ads](#)

20 results/page

sgCarMart is the number one car classifieds for parallel import cars, Toyota, Honda, Nissan, Mitsubishi & BMW. There are plenty of cars for sale, from vans, trucks, sedan cars, luxury cars, sports cars or stationwagons, SUV, MPV, hatchback, to COE cars & OPC cars. You can also buy from a car auction, look up car loans, financial services, low mileage cars, car brands, carpark rates & car insurance. Find buy used Perodua Viva, Perodua Viva Singapore, used Perodua Viva Singapore, used vehicles Singapore or even buy used Perodua Viva Singapore. We have new car dealers comprising parallel importers, authorised car dealers, and used car dealers on our site. Find new car price lists, new car launches and new car promotions. Visit our partner sites for job openings for Singapore jobs, real estate, mover, car performance parts, car discussion, forum discussion, commercial vehicle leasing & COE results.

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Claim Handling

Accident MT/1107976

Policy No.	5046223175-09	Vehicle No.	SJL5825Y	GST Registration No.	
Certificate No.					
Policyholder Name	DIVAKARAN PRASANAHA			Policyholder NRIC	S1145867Z
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	0
Contact No.(Mobile)	NA	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	40	Private Hire	No

Accident Details

Report Date	27/10/2020 12:09	Accident Report Within 24 hrs	No	Accident Type	Collision - Cross Junction
Date of Accident	26/10/2020	Time of Accident hh:mm	08:10	Country of Accident	Singapore
Reporting Centre	NATIONAL ASSESSMENT CENTR	Orange Force	Yes	ICM No.	4751858
Accident Location	BOUNDARY ROAD				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	600.00	TP Standard Excess	0.00	Driver is Covered?	Covered
YIED OD Excess	0.00	YIED TP Excess	0.00		
Additional Excess	0.00				
Total OD Excess Applicable	600.00	Total TP Excess Applicable	0.00		

Benefits

GST Registered Information

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

Policyholder Mailing Address

Address 1	BLK 110 #05-19	Address 2	WHAMPOA ROAD	Address 3	SINGAPORE 321110
Address 4		Address Type	Singapore address	Post Code	321110
Unit No.		Related Policy Number	5046223175-09		

OI Driver Info

Driver Name	DIVAKARAN PRASANAHA	Driver Type	Main Driver	Driver DOB	04/05/1955
Unnamed driver Name		Driver NRIC	S1145867Z	Driving Experience	17
Register Date of Driver License	24/09/2003	Driver Age	65	Contact No.(Home)	
Contact No.(Mobile)	91695251	Contact No.(Office)		Address 3	SINGAPORE 321110
Address 1	BLK 110 #05-19	Address 2	WHAMPOA ROAD	Post Code	321110
Address 4		Address Type	Singapore address		
Unit No.	05-19			Driver Insurer Company	
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.			

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Modification History	31/10/2020 17:27 s035020 Modify Orange Force(N-->Y) 31/10/2020 17:27 s035020 Modify ICM No(-->4751858) 02/11/2020 11:32 s025755 Modify Time of Accident(08:00-->08:10)		

Investigation

Claim 002 OD-MD

Claim Case Officer Zuraimee Bin Mantau

Claim Type	OD-MD	Insured Name	DIVAKARAN PRASANAHA	Insured NRIC	S1145867Z
Contact No.(Mobile)	91695251	Contact No.(Home)	62513614	Contact No.(Office)	
Email Address		OI Vehicle Number	SJL5825Y	TP Vehicle Number	SMV835M
Claim Description	SJL5825Y / SMV835M ON 26 Oct 2020			Name of Preferred Workshop	
Preferred Workshop		Claim Close Date	30/10/2020 17:13	Date Received	10/11/2020 15:47
Preferred Repair Option	Yes	Workshop Repairer	Jackson	Total Loss but Repaired	
Preferred Workshop Name	unknown			OD Excess Collected by Workshop	
Insured Ability report					
Not at Recllvd					

Print AK letter

Modification History	10/11/2020 10:35 s069588 Modify Claim Type(OD-MX-->OD-MD)
----------------------	---

Special Claim Creation Approval

Approval	Reason
Remarks	

damage assessment Activity Handling Attachment

Vehicle Info

Vehicle Make	PERODUA	Vehicle Model	VIVA	Engine Capacity	
Date of Registration	02/12/2008	Classis No.	PM2L251S002056372	Parallel Import *	<input type="radio"/> Yes <input checked="" type="radio"/> No
Towing Required *	<input checked="" type="radio"/> Yes <input type="radio"/> No	Vehicle in IDAC *	<input checked="" type="radio"/> Yes <input type="radio"/> No	Survey Current Status	
Type of Tender *	Own Damage	Assessor Name *	BRYAN		
IDAC/Workshop Name	NATIONAL ASSESSMENT CENTF	IDAC/Workshop Location	51 UBI AVENUE 1 #01-25 PAYA		
Windscreen Parts & Labour Cost		Total Loss *	<input checked="" type="radio"/> Yes <input type="radio"/> No		
Market Value(\$) *	15,000.00	Scrape Value(\$) *	9,000.00	Economical Repair Value(\$) *	6,000.00
Remark *	VEHICLE CENTRE PILLAR BROKEN/DETACHED UNSAFE FOR REPAIR.				

Remark for Supplementary

Damage Listing

Find a Part	No.	Part No.	Description	Qty *	Repair Code *	X
root	1	23300201	DOOR (FRONT LEFT)	1	Replace	

- Not Applicable
- ABS
- ABSORBER
- ACCELERATOR
- ACTUATOR
- ADVERTISEMENT STICKER
- AIR BAG
- AIR BLOWER
- AIR BOX
- AIR CHAMBER BOX
- AIR CLEANER
- AIR COMPRESSOR
- AIR CON
- AIR CON (VAN)
- AIR COOLER
- AIR DISTRIBUTOR
- AIR FILTER
- AIR FLOW
- AIR GRILLE
- AIR HORN



Our Ref: MT/CA/OD/087/1107976-002/ZBM/NHJ

02 Dec 2020

NATIONAL ASSESSMENT CENTRE SERVICES
51 UBI AVENUE 1
#01-25 PAYA UBI INDUSTRIAL PARK
SINGAPORE 408933

Dear Sir/Madam

VEHICLE NUMBER: SJL5825Y
CLAIM NUMBER: MT/1107976-002

We have awarded this vehicle to SENG HUP SECOND HAND AUTO PARTS. Please release the vehicle to the assigned dealer's towing agent.

If you have any queries, please contact Zuraimée Bin Mantau at 6430 7891 or email us at Zuraimée.mantau@income.com.sg.

Yours sincerely

Jenny Pe
Deputy Vice President
Motor Insurance



Vehicle Movement Form

Vehicle Check-In

Vehicle No: SJK 5825Y Date In: 07/12/20 Time In: _____ with Keys: Yes / No

For Office use

Attended by: _____

Workshop Collection of Vehicle

Workshop: Seng Wap

Collection Date: 07/12/20 Time: 1145hrs with Keys: Yes / No

Tow Truck No: YQ1925P Tow Man: Bala NRIC: S7643136/A

Signature: _____

For office use

Attended by: _____

Approved by: _____

Workshop Return of Vehicle

Workshop: _____

Returned Date: _____ Time: _____ with Key: Yes / No

* Tow In / Drive In

Tow Man / Workshop Representative: _____ NRIC: _____

Signature: _____

For office use

Attended by: _____

Owner Collection of Vehicle

Collection Date: _____ Time: _____ with Key: Yes / No

Owner: _____ NRIC: _____

Signature: _____

For office use

Attended by: _____

Approved by: _____