

NATIONAL Assessment Centre Services

Date In: 8/13/21 18:12:13	Job description	Date & Time Completed	Done by
Ref No: MA1 INC 21003019/64	SAS e-filing		
Veh No: SLV 6151A	E-mail (within 2hrs, AIC 2hrs)		
DEIA: 613/21 12:40	I-Motor Claim Form	MT/1123727 ⁰⁰¹	9/13/21 16:54
Q1: (IP) 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: SMG 2362B	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: YBS () / NO ()	
Excess: (\$	Loading: \$1,000 () / \$2,000 ()	

General Remarks:

() Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repolar.

() 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: _____

Defecting: _____

MA 2102013	1) AR: Accident Reporting (\$30)	30
Driver/Owner:	2) DA: Damage Assessment (\$100)	INC (350)
Contact No:	3) TP: Towing Fee	\$40/\$45
Damaged Portion:	4) PT: Follow-Through Survey	\$120
QC Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey)	\$30
_____	For claiming against INC Only (wef 10 Jan 2022)	
_____	6) TR: Re-inspection	\$75
_____	7) NI: Idao DA + SMRT Survey	\$160
_____	8) NTUC Additional Services:	
_____	OD:	
_____	*NS: Courtesy Car / Tpt Allowance	\$5
_____	*NG: Repair Co-ordination	\$10
_____	*NT: Post Repair Inspection	\$25
_____	*NB: DV / Collect Excess Coordination	\$5
_____	TP (N11): TP (Non INC) against INC	\$20
_____	9) N12: 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 GlA 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 Submission	08/03/2021 12:13 (SGT)
Date of Accident	06/03/2021 12:40 (SGT)
Exact Location of Accident	Dunearn Rd, Singapore
Additional Location Information	SLIP RD INTO WHITLEY RD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLV6151A
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	RAJARAMAN SUNDAR
NRIC No	SXXXX279G
Email Address	SUNDARRAJARAMAN@GMAIL.COM
Mobile Phone No	(Phone) +65-83181685
Alternative Phone No	+65-83181685

VEHICLE PARTICULARS

Manufacturer	Honda
Model	City
Variant	-
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 - Claiming third party
Vehicle Category	Private car

INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5103196055-02
Cover Note Number	-

DRIVER

Name of Driver	RAJARAMAN SUNDAR
NRIC No	SXXXX279G
Date Of Birth	06/06/1970
Occupation	Indoor

Date Of Driving Pass	27/08/1997
Driving experience	23 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-83181685
Alt. Phone Number	+65-83181685
Email Address	SUNDARRAJARAMAN@GMAIL.COM
Address	BLK 542 BUKIT BATOK ST 52 #04-551
Address complement	-
Postcode	650542
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

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 the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	KARPAGAM RAMESH
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO STATEMENT.

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMG2362B
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-

Address
 Address complement
 Postcode
 Insurance Company Name
 Nature Of Damage
 Details of property damaged in accident
 No. Of Passenger (Including Driver)

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	RAJARAMAN SUNDAR
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY
Injured person in which vehicle?	SLV6151A
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	KARPAGAM RAMESH
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY
Injured person in which vehicle?	SLV6151A
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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 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.

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.

Policyholder's Signature / Date & Time

R. Loh
06 March 2021

6.07pm

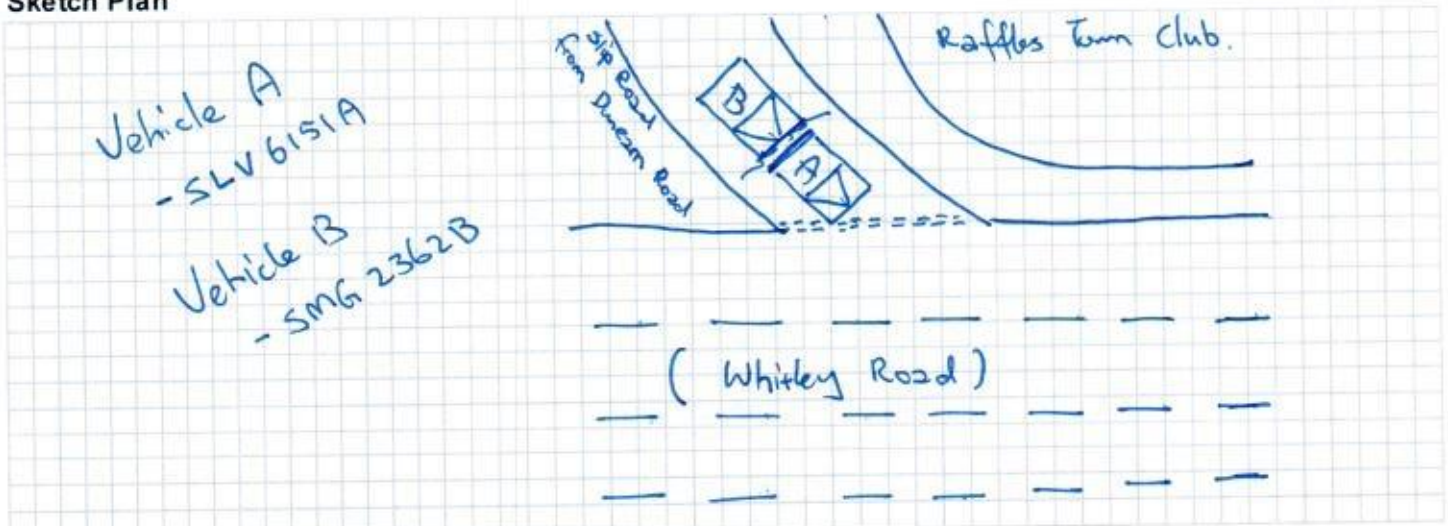
Driver's Signature (If driver is not the policyholder) / Date & Time

R. Loh
06 March 2021

Witnessed by Reporting Centre Personnel

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Sketch Plan



Describe Circumstances of the Accident

I was driving along Dunearn Road with intention of entering into Whitley Road and I was then on the single track, filter lane entering from Dunearn Road.

While driving straight ahead, and stopped at the give way line of the slip road engaging into Whitley Road. While in the stationary position at the give way line, suddenly I felt a impact from the rear of my vehicle.

Alighted from my vehicle and realized it was a vehicle with licence plate number (SMG 2362B) collided to the rear of my vehicle.

The whole accident footage was captured by my in-car camera.


Vehicle A - SLV 6151 A


Vehicle B - SMG 2362 B




Declaration

We declare the foregoing particulars are true in every respect.

 06 March 2021
Policyholder's Signature / Date & Time
6:17 pm

 06 March 2021
Driver's Signature (If driver is not the policyholder) / Date & Time


Witnessed by Reporting Centre Personnel

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)
ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5103196055-02

Cover : drive CLASSIC

1. Index mark and Registration Number of Vehicle

: **SLV6151A**

Chassis Number

: MRHGM6670/T000141

2. Name of Policyholder

: RAJARAMAN SUNDAR

3. Effective Date of Insurance

: 24 Aug 2020

4. Expiry Date of Insurance

: 04 Jul 2021

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

: NO

INSURE WITH COE

: YES

NCD PROTECTION

: YES (FREE)

TRANSPORT ALLOWANCE

: NO

EXCESS WAIVER

: NO

PRIMARY DRIVER

: RAJARAMAN SUNDAR

NAMED DRIVER (1)

: N/A

NAMED DRIVER (2)

: N/A

HIRE PURCHASE COMPANY

: TOKYO CENTURY LEASING (SINGAPORE) PTE 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 : DICKSON INSURANCE AGENCY PTE. LTD. (00000573832)

Date of Issue : 01 Jul 2020 12:33 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive

VEHICLE NO: 8LV6151A	MAKE & MODEL: Honda City (AUTO) MANUAL
DATE OF ACCIDENT: 06/03/21	CC: 1.5
TIME OF ACCIDENT: 1240 HRS	
LOCATION OF ACCIDENT: Duneam Rd slip Rd into Whitley Rd	
EXACT PURPOSE USE DURING ACCIDENT:	EMPLOYMENT / PRIVATE USE / PRIVATE HIRE
NAME OF OWNER:	Rajaraman Sundar
TEL NO:	H/P: 83181685 OFFICE: HOME:
NRIC:	870812796
ADDRESS:	Blk 542, Bukit Batok St 52 #04-551 S'650542
EMAIL:	Sundarraajaraman@gmail.com
CLAIM TYPE:	OD (THIRD PARTY) / REPORTING ONLY
FLEET POLICY:	YES (NO)
INSURANCE COMPANY:	NTUC
TYPE OF COVERAGE:	(Comprehensive) / Third Party / Third Party Fire & Theft
POLICY NO:	5103196055-02
NAME OF DRIVER:	AS ABOVE / IF NO: Rajaraman Ramesh
NRIC:	S68797762 ANY PASSENGER: 1 (F)
DATE OF BIRTH:	04/10/1968 LICENCE PASSED DATE: 23/01/2018
OCCUPATION:	OUTDOOR / INDOOR
GENDER:	(MALE) / FEMALE
CONTACT NO:	H/P: 81127030 OFFICE: HOME:
ADDRESS:	9, Bukit Batok Ctr link #13-06 S' 658074
EMAIL:	Sundarraajaraman@gmail.com
DOES DRIVER OWNED ANY VEHICLE:	NO / IF YES, REG NO: NIL INSURER:
RELATIONSHIP:	Brother
WEATHER CONDITION:	(CLEAR) / RAINING / OTHERS:
ROAD SURFACE:	(DRY) / WET / OTHER:
ANY INJURIES:	NO (IF YES) WHO? Karpaegim Ramesh (wife) 81127030
NAME & CONTACT:	Rajaraman Ramesh 81127030
NAME & CONTACT:	
POLICE REPORT:	(NO) IF YES, WHERE?
NOTICE OF INTENDED PROSECUTION GIVEN?	(NO) IF YES, WHO?
VEHICLE B REG NO:	SMG2362B ANY PASSENGERS: 0
NAME OF DRIVER:	CONTACT NO:
VEHICLE C REG NO:	ANY PASSENGERS:
VEHICLE D REG NO:	ANY PASSENGERS:
VEHICLE E REG NO:	ANY PASSENGERS:
VEHICLE F REG NO:	ANY PASSENGERS:
VEHICLE G REG NO:	ANY PASSENGERS:
ANY WITNESS? IF YES, NAME:	WITNESS CONTACT:
WAS THERE ANY VIDEO CAPTURE?	(YES) NO
WAS THERE ANY AUDIO RECORDED?	YES (NO)
ACCIDENT SCENE PHOTOS TAKEN?	(YES) NO
ACCIDENT PORTION:	Rear portion.
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES / NO
WORKSHOP PARTICULAR:	N-51 Automotive P/L
CONTACT NO:	68420051 / 67440510
CONTACT PERSON:	Ian.
FAX NO:	67410510
WORKSHOP EMAIL:	sales@n51.com.sg