

NATIONAL Assessment Centre Services. [wef 1 Jan'05] SN 0921450003

Date In: 5/4/21 10:56	Job description	Date & Time Completed	Done by:
Ref No: MAILIP2100 42581h4	SAS e-filing		
Veh No: SMN 8021 J	E-mail (within 8hrs, A/C 2hrs)		
D.O.A: 2/4/21 12:00	i-Motor Claim Form		
OD: (TP) Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel: (Fax: (
TP Particulars: Vch No: SLQ 8214 R. INC () / Non-INC ()	Tel: (
Owner / Driver: (
Policy No: () Period: () Cover Type: ()		
Confirmed by: (Date: (Time: (
Insured/Driver Liability: () % [Note-Est. Status (WO): N: 0-20%; IP: 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:	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

NA2102516	Invoice Preparation Checklist	Am (\$)	Am (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$30);	30	
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$30)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD:		
	*N5: Courtesy Car / Tpt 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 \$0		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

Pat 1:

Pat 2 / 3:

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 Submission	05/04/2021 10:56 (SGT)
Date of Accident	02/04/2021 12:00 (SGT)
Exact Location of Accident	Hoy Fatt Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMN8021J
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	NARAYANAN GANESAN
NRIC No	SXXXX127C
Email Address	REPORTING@MYCAR.SG
Mobile Phone No	(Phone) +65-97594727
Alternative Phone No	+65-97594727

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Vezel
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
Transmission	Auto
CC	1500

INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	SI20V09660/VPC/R00
Cover Note Number	-

DRIVER

Name of Driver	NARAYANAN GANESAN
NRIC No	SXXXX127C

Date Of Birth	14/08/1970
Occupation	Indoor
Date Of Driving Pass	21/12/1995
Driving experience	25 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97594727
Alt. Phone Number	+65-97594727
Email Address	REPORTING@MYCAR.SG
Address	BLK 35 JLN RUMAH TINGGI #06-491
Address complement	-
Postcode	150035
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 - Major/Minor Rd
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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	4
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	MANICKAM SHANMUGAPRIYA
Gender	Female

PASSENGER 2

Name	G. VISHNU
Gender	Male

PASSENGER 3

Name	G. VIGNESH
Gender	Male

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?	No
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLQ8214R
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)	-

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6. The report will be forwarded by the insurers to 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.
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6 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

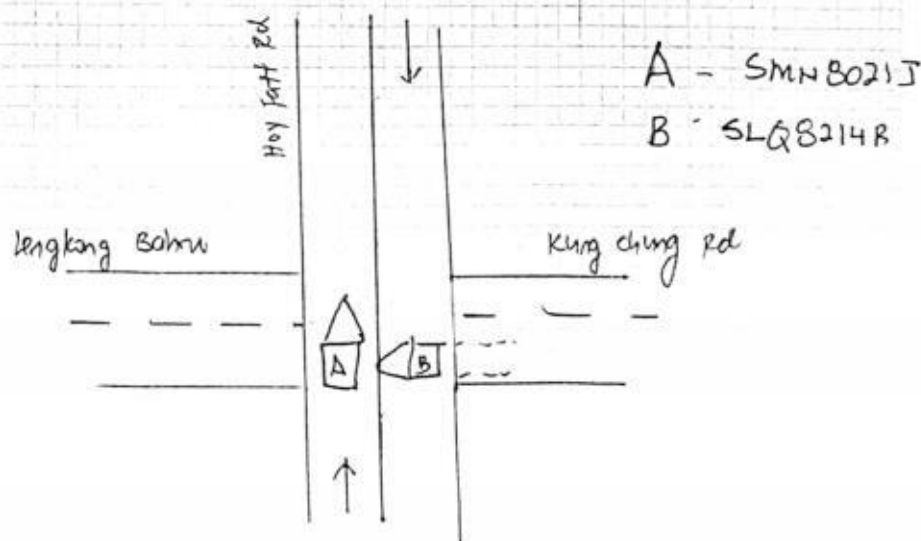
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

I was travelling straight on a major Rd suddenly
there's a car bearing SLQ 814R which was on the minor
Road came over cutt hit into my rear right portion of my vehicle.
Cause my vehicle to spin and my rear brake light has burst,
my airbag activated

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



Witnessed by Reporting Centre
Personnel

Accident statement

I was travelling straight on a major road. Suddenly there's a car bearing SLQ8214R which was on the minor road came out and hit onto my rear right portion of my vehicle and causes my vehicle to spin and my rear right tyre burst, my interior air bag was activated.

My passenger: Manickam Shanmugapriya (female)

G Vishnu (male)

G Vignesh (male)

Motor Vehicles (Third-Party Risks And Compensation) Act (Chapter 189); Motor Vehicles (Third-Party Risks And Compensation) Rules, 1960; Road Transport Act, 1987; Road Transport (Amendment) Act 2019; The Motor Vehicles (Third Party Risks) Rules, 1959

Name of Policyholder: NARAYANAN GANESAN		Certificate No.: SI20V09660/ VPC / R00
Date of Issue: 28 Jul 2020	Effective Date of Commencement: 29 Aug 2020 00:00	Date of Expiry: 28 Aug 2021 23:59
Registration No.: SMN8021J	Chassis No.: RU11318864	Type of Certificate: MX1

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 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.

And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.

Limitations as to use:

Use only for social, domestic and pleasure purposes and for the Policyholder's business.

The Policy does not cover:

- A) Use for hire or reward.
B) Use for racing, pace-making, reliability trials 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 Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 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.



For and on behalf of
LIBERTY INSURANCE PTE LTD
Approved Insurers

For Information Only:

Coverage(s):	Comprehensive, Unlimited Windscreen, NCD Protection
Sum Insured:	MARKET VALUE AT THE TIME OF LOSS
Excess:	Section I - Named Drivers S\$600, Section I - Unnamed Drivers S\$1100, Additional Excess for Young, Elderly & Inexperienced Drivers S\$3000, Windscreen Excess S\$100
Name of Finance Company:	MAYBANK SINGAPORE LTD
Name of Producer:	AAS INSURANCE AGENCY PTE. LTD. (A1481-1)

MO CI

Date of Accident: 2/4/21 Accident Time: 12pm (24 HR-Format)
Accident Place: Junction Hoy Fatt Rd / Chang Cham Road.
Vehicle Reg. No. (Car Plate No.): SMN 8021 J
Vehicle Make/Model: Honda Vezel 1.5
Insurance Company: Liberty Policy No. S120V09660/VPC/R00/1E00
Owner or Company Name / IC No.: Narayanan Ganesan (S2202127C)
Owner or Company Contact No.: - Owner's Hp 97594727 Company Tel
DRIVER'S Name / IC No.: as above
DRIVER'S Date Of Birth: 14/8/70 DRIVER'S License Pass Date: 21/12/95
Relationship of Owner & Driver: Spouse \ Parents \ Children \ Sibling \ Employed \ Others: Owner
DRIVER'S Address: BLK 35 Jalan Rumah Tinggi #06-41 (150035)
DRIVER'S Contact No / Alt No.: (1) 97594727 (2) -
DRIVER'S Occupation: INDOOR OUTDOOR (e.g. working inside or outside office)
Email Address: reporting@mycar.sg
Weather & Road Surface: CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
Reporting Type: Reporting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (including Driver): 04 Ⓢ No injury
Was there any video Captured by car camera: YES (NO)
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Other Party Driver's Particular (if any)

Vehicle Reg. No: <u>SLQ 8214 R</u>	Vehicle Reg. No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name Driver: <u>Choo Voon Sen Denis (aka Wensheng Denis)</u>	Name Driver: _____
IC No. Driver: <u>S8106438E</u>	IC No. Driver: _____
Driver's Contact & Add: _____	Driver's Contact & Add: _____

- ① Manickam Shanmugapriya (Wife)
- ② G. Vishnu (1st son)
- ③ G. Vignesh (2nd son)