

NATIONAL Assessment Centre Services

Date In: 07/06/21	Job description	Date & Time Completed	Done by
Ref No: NA/II 21006456/13	SAS e-filing		
Veh No: SLL9004A	E-mail (within Max. AIC 2hrs)		
DOA: 05/06/21 2030	i-Motor Claim Form		
OD: TP / Reporting Only	i-Motor W/O (Within: OE 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: LAMP POST	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%; F: 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

NA2103093	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) Add Bill
Claimant's Particulars :-	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100), INC (\$80)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
	5) RT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRI Survey \$160		
	8) NTUC Additional Services:-		
QC Checked by (Engr-In-Charge):	OD:		
	* N5: Courtesy Car / Tpt Allowance \$5		
	* N6: Repair Co-ordination \$10		
Auditors' Comments :-	* N7: Post Repair Inspection \$25		
	* N8: DV / Collect Excess Coordination \$5		
Cat. 1:	TP (N11): TP (Non INC) against INC \$20		
Cat. 2 / 3:	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 Submission	07/06/2021 16:27 (SGT)
Date of Accident	05/06/2021 20:30 (SGT)
Exact Location of Accident	Compassvale Cres, Singapore
Additional Location Information	BLK 291B RUBBISH CHUTE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLL9004A
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	ACHUTHAN NAIR SARALA
NRIC No	SXXXX432H
Email Address	ACHUSARA@SINGNET.COM.SG
Mobile Phone No	(Phone) +65-98274210
Alternative Phone No	+65-98274210

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Sylphy
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?	Yes
Vehicle Category	Private car
Transmission	Auto
CC	1498

INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	D20MPC0007329
Cover Note Number	-

DRIVER

Name of Driver	ACHUTHAN NAIR SARALA
NRIC No	SXXXX432H



Date Of Birth	20/03/1955
Occupation	Indoor
Date Of Driving Pass	24/10/1984
Driving experience	36 YEARS AND 8 MONTHS
Gender	Female
Mobile Number	(Phone) +65-98274210
Alt. Phone Number	+65-98274210
Email Address	ACHUSARA@SINGNET.COM.SG
Address	BLK 290B COMPASSVALE CRESCENT
Address complement	#03-40
Postcode	542290
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	Collided into Property
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	1
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)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT:T/20210605/7028

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	LAMP POST
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Government

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)	-

SKETCH PLAN

IMPORTANT NOTICE


1. Please report **correctly** the details of the accident to speed up the claims process.
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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:

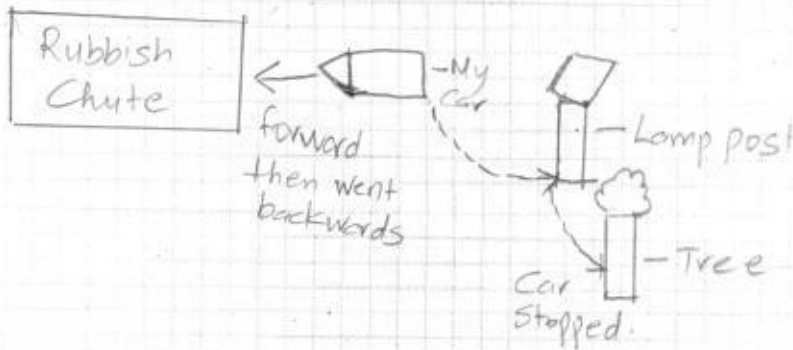
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

 7/6/21
Policyholder's Signature
Date & Time:

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

 07/06/21
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN



A - SLL 9004 A
B - Lamp Post

BLK 290B Compassvale Crescent
(Rubbish Chute Area)

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Dropped my sister off at the rubbish chute area.
Instead of pressing the reverse gear for reversing
I pressed the accelerator and not the brake.

DECLARATION

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

Alan 7/6/21
Policyholder's Signature
Date & Time:

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

Slyn 07/06/21
Reporting Centre Personnel's Signature
Name:
NRIC/FIN NO:

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

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SN0921670007 Vehicle Registration No: SL69004A
Name (as shown in NRIC): ACHUTHAN NAIR SARALA NRIC/FIN/Passport No: SXXXXX432H
(*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
Address: BLK 290B COMPAASSVALE CRESENT #03-40 Singapore (54.4290)
Contact (Tel): _____ Mobile No.: 98274310
Email Address: _____
Date of Accident: 05/06/21 Time of Accident: 2030
Place of Accident: COMPAASSVALE CRESC BLK 291B RUBBISH CHUTE
Insurance Company: INDIA

(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:

AMEND NAME OF REGISTERED OWNER

Policyholder / Driver's Signature
Date:

Shy 10/06/21

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



SINGAPORE POLICE FORCE



T/20210605/7028

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20210605/7028

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/06/2021 21:23		Vide Report No.: F/20210605/0259		Station Diary No.:	
Informant's Particulars					
Name of Informant: ACHUTHAN NAIR SARALA			Address: 290B COMPASSVALE CRESCENT #03-40 SINGAPORE 542290		
ID Type / ID No.: NRIC NO / S1137432H			Contact No.: Home/Office: Mobile: 98274210		
Nationality: SINGAPORE CITIZEN			Email: achusara@singnet.com.sg		
Sex: Female	Age: 66	Date of Birth: 20/03/1955	Type of Informant: Driver		
Race: Indian		Language: English		Institution / School Name:	
Occupation: Air transport service supervisor			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 05/06/2021 20:30	Type of Location: Service road
Location: 290B Compassvale Crescent				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Moving Vehicle Against - Lamp Post				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of
SLL9004A	Car	NISSAN	SYLPHY 1.5L 4AT ABS D/AB 2WD 4DR	Red		0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE
POLICE FORCE**



T/20210605/7028

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20210605/7028

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLL9004A	INDIA INTERNATIONAL INSURANCE PTE LTD	D20MPC0007329	24/11/2020	05/12/2021

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	ACHUTHAN NAIR SARALA		ID No. S1137432H
Related Vehicle	SLL9004A (Car)		Contact No. 98274210
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	NIL		Date NIL
No. of Days granted Medical Leave		NIL	Degree of NIL

Brief Details.

Dropped my sister off and instead of while trying to reverse I pressed the accelerator instead of brake.



**SINGAPORE
POLICE FORCE**



T/20210605/7028

3 of 3

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20210605/7028

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
GOH WEI LI
Contact No.: 65476394

Authentication Stamp
NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
05/06/2021 21:23

Classification Of Case:

SINGAPORE ACCIDENT STATEMENT

ACCIDENT STATEMENT

Date Of Accident

* 05/06/2021 Time 2030 Hrs

Exact Location Of Accident

* BLK 290B Rubbish Chute (Compassvale Crescent)

DETAILS OF OWN VEHICLE (VEHICLE A)

Vehicle Registration Number

* SLL 9004 A

Insured/Policyholder

Name of Registered Owner

* Achuthan Nair Sarala

NRIC/FIN/Passport Number

* S1137432H

Vehicle Particulars

Manufacturer

Nissan

Model

Nissan Sylphy

Exact Purpose for which vehicle was being

used at time of accident

* Private use ☒ Commercial use ☐ Hire & reward ☐
Others ☐ - please specify

Are you claiming under your own insurance policy for repair to your vehicle?

* Yes ☒ No ☐ Others

If No, please state action to be taken

* Third Party Claim ☐ Reporting Only ☐

Vehicle Category

* Private ☒ Commercial ☐ Motorcycle ☐

Insurer/Company

Name of Insurance Company

* India International

Type of Coverage

* Comprehensive

Fleet Policy

Yes ☐ No ☒

Policy Number

* D20 MFC 0007329

Cover Note Number

Driver

Name of Driver

* Achuthan Nair Sarala

NRIC/FIN/Passport Number

* S1137432H

Date of Birth

* 20/3/1955

Occupation

* ~~Spa~~ Supervisor - SIA

Date of Driving Pass

* 24 Oct 1984

Gender

* Male ☐ Female ☒

Mobile Number

* 98274210

Address

* BLK 290B Compassvale Crescent
#03-40 S'pore 542290

Email Address

* achusara@singnet.com.sg

Was driver an employee of the Insured's Company?

* Yes ☐ No ☒

If no, Relationship of the Driver with the insured

* Owner

Vehicle Registration Number of Driver's Own Vehicle (if applicable)
Insurance Company of Driver's Own Vehicle (if applicable)

5LL9004A

General Information of the Accident

Type of Accident

* Front and Rear

Weather Conditions

* Clear ☒

Raining ☐

Others ☐

Road Surface

* Dry ☐

Wet ☐

Others ☐

Other Information

Was any body injured in the Accident?

Yes ☐ No ☒

Was any other material or property damaged?

Yes ☒ No ☐

Details of Injured Persons

Name

Address

Approximate Age

Injuries Sustained

If vehicle Occupants, state in which vehicle?

Were seat belts worn?

* Yes ☐ No ☒

Was injured conveyed to hospital by Ambulance?

* Yes ☐ No ☐

Details of Police Action

Was the Accident reported to the Police?

* Yes ☒ No ☐

If Yes, please state which Police Station

Sengkang NPCC

Was notice of intended Prosecution given?

* Yes ☐ No ☐

If Yes, against whom?

DETAILS OF OTHER VEHICLE(S) / PROPERTIES (VEHICLE B)

Vehicle Registration Number

Vehicle Make / Model / Colour

Detail Of Properties

Name of Driver

NRIC/Passport Number

Contact Number

Email Address

Address

Insurance Company Name

Nature of Damage

Details Of Witness

Name


Phone Number

Email Address

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)

All Accidents must be reported within 24 hours of the incident regardless of whether it will lead to a claim.

CERTIFICATE NO.: D20MPC0007329		COVER: COMPREHENSIVE
1. Index Mark and Registration Number of Vehicle	: SLL9004A	
Chassis No	: JN1BAAG11Z0111684	
2. Name of Policyholder	: ACHUTHAN NAIR SARALA	
3. Effective date of Insurance	: 24 Nov 2020	
4. Expiry date of Insurance	: 05 Dec 2021	
5. Persons or Classes of Persons entitled to drive*		
(a) The Policyholder The Policyholder may also drive a Motor Car not belonging to or hired (under a hire purchase agreement or otherwise) to him/her or his/her employer or his/her partner.		
(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*		
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 trial, 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 (Malaysia), are not to be included under these headings.		
Insured & Named Drivers Excess Sect I : SGD600.00 Unnamed Drivers Excess Sect I : SGD1100.00 Windscreen Excess : SGD100.00 ONE CLAIM ONLY		
Hire Purchase Company : Hong Leong Finance Limited		
FOR DRIVERS BELOW 21 YEARS OR ABOVE 65 YEARS OF AGE &/OR LESS THAN 2 YEARS SINGAPORE DRIVING LICENCE, AN EXCESS OF \$3100/- ON SECTION I WILL BE APPLICABLE UNDER ENDT M22B.		
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).		
Agent/Broker : A000053/U. I Enterprise	For India International Insurance Pte Ltd	
Date of Issue : 25/11/2020 11:06:10	 _____ Authorised Signatory	
MX1-Private Car (Insured Driving)		

Vehicle Registration Details

Vehicle No. SLL9004A	Make/ Model NISSAN/SYLPHY 1.5L 4AT ABS D/AB 2WD 4DR	Vehicle Scheme -
Current Propellant Petrol	Chassis No. JN1BAAG11Z0111684	Vehicle Type Passenger Motor Car

Owner's Details

Owner Name:

ACHUTHAN NAIR SARALA

Owner ID Type:

Singapore NRIC

NRIC/Passport/Company Cert No.:

S1137432H

Registered Address

**APT BLK 290B COMPASSVALE CRESCENT
#03-40 SINGAPORE 542290**

Mailing Address:

-

Birth Date

20 Mar 1955

Registration Details

Previous Vehicle No.:

-

Effective Date of Ownership:

25 Nov 2020

Original Registration Date:

06 Dec 2010

Registration Date:

06 Dec 2010

No. of Transfers:

2

IU Label No.:

1124069708

Vehicle Specifications

Engine No.:

HR15067576C

Chassis No.:

JN1BAAG11Z0111684

Year of Manufacture:

2010

Primary Colour:

Red

Secondary Colour:

Passenger Capacity:

Engine Capacity / Power Rating:

1498 cc / -

Maximum Power Output:

80.0 kW (107 bhp)

Max Unladen Weight:

1175 kg

Maximum Laden Weight:

1520 kg

Vehicle Attachment 1:

No Attachment

Vehicle Attachment 2:

-

Vehicle Attachment 3:

-

Additional Registration Fee (ARF) and COE Information

Open Market Value:

\$18,449.00

Additional Registration Fee Rate:

100.00 %

Actual ARF Paid:

\$18,449.00

Vehicle Lifespan Expiry Date:

No Lifespan

OPC Cash Rebate Eligibility:

No

QP during COE Bidding Exercise:

\$39,000.00

COE No.:

2010120101001014M

COE Expiry Date:

30 Nov 2025

COE Category:

A - Car (1600cc & below)

COE Registration Category:

A - Car (1600cc & below)

Quota Premium (QP) / Prevailing Quota Premium:

\$39,000.00 / -

PQP Paid

\$18,238.00

QP (Regn Cat):

\$39,000.00

PARF Rebate Details

PARF Eligibility:

Yes

PARF Eligibility Expiry Date:

05 Dec 2020

Minimum PARF Benefit:

\$9,224.00

Vehicle Emissions Details

CO2 Emission:

CO Emission:

HC Emission:

NOx Emission:

PM Emission:

Message:

The vehicle will be de-registered upon expiry of its 5-year COE on 30 Nov 2025. No further renewal will be allowed.

Printed on 25 Nov 2020 15:24:47

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