

NATIONAL Assessment Centre Services

Date In: 21/12/21	Job description	Date & Time Completed	Done by
Ref No: NA/021012936/13	SAS e-filing		
Veh No: 5482196	E-mail (w/In: 8hrs, Aft: 2hrs)		
D.O.A: 20/12/21 0745	i-Motor Claim Form		
OD (TP) Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: 54652X	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

77A2104761	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
		1st Bill	Add Bill
Claimant's Particulars :-	1) AR: Accident Reporting (\$30);		
	2) DA: Damage Assessment (\$100); INC (\$80)		
Driver/Owner:	3) TF: Towing Fee \$40/\$45		
	4) FT: Follow-Through Survey \$120		
Contact No:	5) RT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
Damaged Portion:	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
QC Checked by (Engr-In-Charge):	OD*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
Auditors' Comments :-	*N8: DV / Collect Excess Coordination \$5		
Cat. 1:	TP (N11): TP (Non-INC) against INC \$20		
	9) N12: Idac Mobile 30		
Cat. 2 / 3:	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 (GlA) 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	21/12/2021 15:10 (SGT)
Date of Accident	20/12/2021 07:45 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	UPP CHANGI RD EAST SLIP RD INTO PIE(TUAS)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJU8219E
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	VEEREALKI D/O SITHAMBARAM
NRIC No	SXXXX447Z
Email Address	veerealki@yahoo.com
Mobile Phone No	(Phone) +65-96906497
Alternative Phone No	+65-96906497

VEHICLE PARTICULARS

Manufacturer	Proton
Model	Exora
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	1600

INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	D19MPC0006652-01
Cover Note Number	-

DRIVER

Name of Driver	VEEREALKI D/O SITHAMBARAM
NRIC No	SXXXX447Z

Date Of Birth	26/08/1961
Occupation	Indoor
Date Of Driving Pass	12/06/2001
Driving experience	20 YEARS AND 6 MONTHS
Gender	Female
Mobile Number	(Phone) +65-96906497
Alt. Phone Number	+65-96906497
Email Address	veerealki@yahoo.com
Address	BLK 253 YISHUN RING RD
Address complement	#09-1051
Postcode	760253
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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	PASSENGER
Gender	Female

PASSENGER 2

Name	PASSENGER
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Changi Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005872999
Alt. Police Station Phone No	(Fax) +65-65872900
Police Station Address	9 Simei Street 2 Singapore 529914
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE ATTACHED STATEMENT.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	WITH WORKSHOP
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLG52X
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)	-

SKETCH PLAN

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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

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

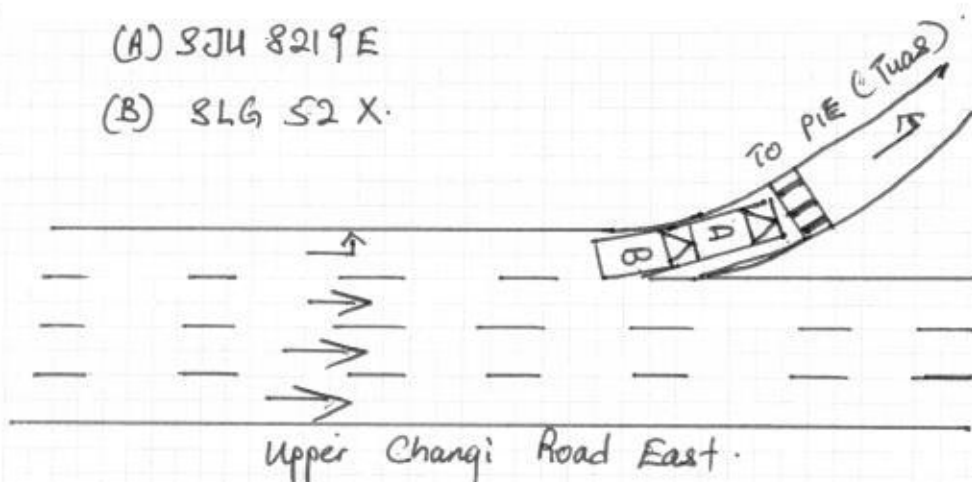
21/12/21

Witnessed by Reporting Centre Personnel

Sketch Plan

(A) SJU 8219 E

(B) SLG 52 X



Describe Circumstances of the Accident

Pls refer to Police Report No:
7/20211220/2030

Declaration

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



SINGAPORE POLICE FORCE



T/20211220/2030

Police Station Of Origin:
Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999

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Report No. T/20211220/2030

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/12/2021 13:02		Vide Report No.:		Station Diary No.: 35	
Informant's Particulars					
Name of Informant: VEEREALKI D/O SITHAMBARAM			Address: APT BLK 253 YISHUN RING ROAD #09-1051 SINGAPORE 760253		
ID Type / ID No.: NRIC NO / S1465447Z			Contact No.: Home/Office: Mobile: 96906497		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 60	Date of Birth: 26/08/1961	Type of Informant: Driver		
Race: Indian			Language:		Institution / School Name:
Occupation: Registered nurse			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 20/12/2021 07:45	Type of Location: Bend
Location: UPPER CHANGI ROAD EAST				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 40 Km/h	
Traffic Flow: One Way		Traffic Control: Pedestrian Crossing	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJU8219E	Car	PROTON	EXORA 1.6L AT (M-LINE) ABS D/AB 2WD 5DR	Silver		0
SLG52X	Car	NISSAN	SYLPHY 1.6 CVT ABS D/AIRBAG 2WD 4DR	Black		0



**SINGAPORE
POLICE FORCE**



T/20211220/2030

Police Station Of Origin:
Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999

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Report No. T/20211220/2030

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJU8219E	INDIA INTERNATIONAL INSURANCE PTE LTD	D19MPC0006652_ 01	30/12/2020	29/12/2021

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	VEEREALKI D/O SITHAMBARAM		ID No. S1465447Z
Related Vehicle	SJU8219E (Car)		Contact No. 96906497
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

I was travelling along the said road approaching a zebra crossing and saw that a cyclist was crossing the road as such I stopped. Soon after I felt a bump from the back and realized a car had hit into mine. I did not alighted from my car at the point of time as the traffic was heavy and I decided to move forward to give way to traffic behind me. I then stopped at the bottom of the bend to wait for the car however no one stopped. I then proceeded with my day.



**SINGAPORE
POLICE FORCE**



T/20211220/2030

Police Station Of Origin:
Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999

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Report No. T/20211220/2030

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
G /
Sgt 2 CHONG ENG SENG,
KEVIN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIA /
DSP (2) YIP YEW SENG NELSON
Contact No.: 65476182



SINGAPORE
POLICE FORCE

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
20/12/2021 13:02

Classification Of Case:

SIGNATURE

VEHICLE NO:	SJU 8219E		MAKE & MODEL:	Proton Exora (AUTO) / MANUAL	
DATE OF ACCIDENT:	20/12/2021		CC:	1-6.	
TIME OF ACCIDENT:	0745 HRS		East		
LOCATION OF ACCIDENT:	Upper Changi Road, slip road into PIE (Tuas)				
EXACT PURPOSE USE DURING ACCIDENT:	EMPLOYMENT (PRIVATE USE) / PRIVATE HIRE				
NAME OF OWNER:	Veerealki O/o Sithambaram.				
TEL NO:	H/P: 9690 6497		OFFICE:	HOME:	
NRIC:	S 1465447 Z.				
ADDRESS:	BLK 253 Yishun Ring Road #09-1051 (S) T60253				
EMAIL:	veerealki@yahoo.com.sg				
CLAIM TYPE:	OD / (THIRD PARTY) / REPORTING ONLY				
FLEET POLICY:	YES / (NO) /				
INSURANCE COMPANY:	India.				
TYPE OF COVERAGE:	(Comprehensive) / Third Party / Third Party Fire & Theft				
POLICY NO:	D19 MPC 0006652-01				
NAME OF DRIVER:	(AS ABOVE) / IF NO:				
NRIC:			ANY PASSENGER:	02 (CF).	
DATE OF BIRTH:	26/08/1961		LICENCE PASSED DATE:	12/06/2001.	
OCCUPATION:	OUTDOOR / (INDOOR)				
GENDER:	MALE / (FEMALE)				
CONTACT NO:	H/P:		OFFICE:	HOME:	
ADDRESS:					
EMAIL:					
DOES DRIVER OWNED ANY VEHICLE:	NO / IF YES, REG NO:		INSURER:		
RELATIONSHIP:	(Owner).				
WEATHER CONDITION:	(CLEAR) / RAINING / OTHERS:				
ROAD SURFACE:	(DRY) / WET / OTHER:				
ANY INJURIES:	NO / IF YES, WHO?				
NAME & CONTACT:					
NAME & CONTACT:					
POLICE REPORT:	NO / (IF YES, WHERE?)		Chang: N.P.C.		
NOTICE OF INTENDED PROSECUTION GIVEN?	NO / IF YES, WHO?				
VEHICLE B REG NO:	SLG 52 X.		ANY PASSENGERS:		
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:	N.A.		WITNESS CONTACT: N.A.		
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:	Twincar Automotive Pte Ltd.				
CONTACT NO:	68420051 / 67440510				
CONTACT PERSON:	JOSEPH TAN.				
FAX NO:	67410510				
WORKSHOP EMAIL:	sales@n51.com.sg				

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.: D19MPC0006652_01		COVER: COMPREHENSIVE
1. Index Mark and Registration Number of Vehicle	: SJU8219E	
Chassis No	: PL1FZ6YRRAF022418	
2. Name of Policyholder	: VEEREALKI D/O SITHAMBARAM	
3. Effective date of Insurance	: 30 Dec 2020	
4. Expiry date of Insurance	: 29 Dec 2021	
5. Persons or Classes of Persons entitled to drive*	<p>(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.</p> <p>(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</p>	
6. Limitations as to use*	<p>Use only for social, domestic and pleasure purposes and for the Policyholder's business.</p> <p>The Policy does not cover</p> <p>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.</p> <p>*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.</p>	
<p>Insured & Named Driver Excess Sect I : SGD600.00 Unnamed Driver Excess Sect I : SGD1100.00 Windscreen Excess : SGD100.00</p> <p>Hire Purchase Company : Hong Leong Finance Limited</p> <p>FOR DRIVERS BELOW 21 YEARS OR ABOVE 65 YEARS OF AGE &/OR LESS THAN 2 YEARS SINGAPORE DRIVING LICENCE, ADDITIONAL EXCESS OF \$2500/- ON SECTION I WILL BE APPLICABLE.</p>		
<p>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).</p> <p>Agent/Broker : A000050/Sunmex Enterprise Date of Issue : 10/12/2020 11:05:16 MX1-Private Car (Insured Driving)</p> <div style="text-align: right; padding-top: 20px;"> <p>For India International Insurance Pte Ltd</p>  <p>Authorised Signatory</p> </div>		