

NATIONAL Assessment Centre Services

Date In: 21/06/22	Job description	Date & Time Completed	Done by
Ref No: NA/11122005890/13	SAS e-filing		
Veh No: SMX54934	E-mail (within 8hrs, A/C 2hrs)		
D.O.A: 21/06/22 1100	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: 4P80515	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

Claimant's Particulars:	NA 5201732	Invoice Preparation Checklist	Amc (\$)	Amc (\$)
Driver/Owner:		1) AR: Accident Reporting (\$30);		
Contact No:		2) DA: Damage Assessment (\$100); INC (\$30)		
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		
Date 1:		For claiming against INC Only (wef 10 Jan 2005)		
Date 2/3:		6) TR: Re-inspection \$75		
		7) NI: Idao DA + SMRT Survey \$160		
		8) NTUC Additional Services:-		
		ON:		
		*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 (N'n INC) against INC \$20		
		9) N12: Idao 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	21/06/2022 17:16 (SGT)
Date of Accident	21/06/2022 11:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	CTE TWDS PIE B4 BRADDELL RD EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMX5493Y
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	SEENIVASAN GEEVANANTHAM
NRIC No	SXXXX586G
Email Address	geevan31@gmail.com
Mobile Phone No	(Phone) +65-94871831
Alternative Phone No	+65-94871831

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Qashqai
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1200

INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	D21MPC0001498_01
Cover Note Number	-

DRIVER

Name of Driver	SEENIVASAN GEEVANANTHAM
NRIC No	SXXXX586G

Date Of Birth	31/08/1955
Occupation	Outdoor
Date Of Driving Pass	24/08/1999
Driving experience	22 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-94871831
Alt. Phone Number	+65-94871831
Email Address	geevan31@gmail.com
Address	BLK 222 LORONG 8 TOA PAYOH
Address complement	#05-707
Postcode	310222
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 vehicle 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	UTHAYAKUMAR DILUKSHAN
Gender	Male

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/20220621/7024

ATTACHMENT(S)

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

Vehicle Registration Number of Other Vehicle DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YP8251J
Vehicle Manufacturer	-

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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	SEENIVASAN GEEVANANTHAM
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SERIOUS
Injured person in which vehicle?	SMX5493Y
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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 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:

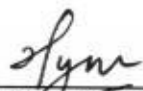
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (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

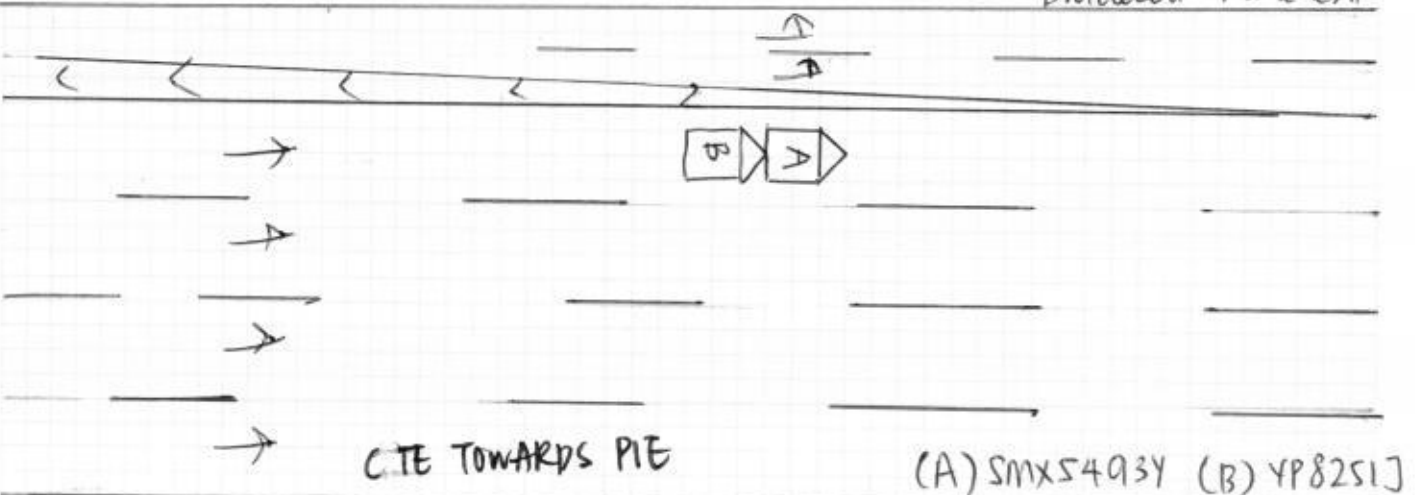
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.


Policyholder's Signature / Date &
Time


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

 21/06/22
Witnessed by Reporting Centre
Personnel

Sketch Plan



Describe Circumstances of the Accident

attached
TP Report:

T/20220621/7024

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Note: Please note that your insurer may have 14 days time frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check your policy for more information.

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

 21/06/22

Witnessed by Reporting Centre
Personnel



SINGAPORE POLICE FORCE



T/20220621/7024

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

1 of 3

Report No. T/20220621/7024

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/06/2022 15:05		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: SEENIVASAN GEEVANANTHAM			Address: 222 LORONG 8 TOA PAYOH #05-707 SINGAPORE 310222		
ID Type / ID No.: NRIC NO / S1145586G			Contact No.: Home/Office: Mobile: 94871831		
Nationality: SINGAPORE CITIZEN			Email: geevan31@hotmail.com		
Sex: Male	Age: 66	Date of Birth: 31/08/1955	Type of Informant: Driver		
Race: Indian			Language: English		Institution / School Name:
Occupation: PRIVATE HIRER			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 21/06/2022 11:00	Type of Location: Straight Road
Location: CENTRAL EXPRESSWAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SMX5493Y	Car	NISSAN	QASHQAI 1.2 DIG-T CVT ABS 2WD 5DR	Black		1
YP8251J	Lorry					0



**SINGAPORE
POLICE FORCE**



T/20220621/7024

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

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Report No. T/20220621/7024

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMX5493Y	INDIA INTERNATIONAL INSURANCE PTE LTD	D21MPC0001498_01	19/03/2022	18/03/2023

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	SEENIVASAN GEEVANANTHAM	ID No.	S1145586G
Related Vehicle	SMX5493Y (Car)	Contact No.	94871831
Hospital/Clinic	SUNSHINE CLINIC FAMILY PRACTICE & SURGERY	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	21/06/2022	Date	NIL
No. of Days granted Medical Leave	05	Degree of	Serious

Brief Details.

On 21/06/2022 at about 1100 hours at along CTE towards PIE before Braddell Road Exit . I was travelling on the lane 4 and my front vehicle slow down and stop due to heavy traffic, hence I follow suit. Suddenly, I heard a loud bang from the rear and when I alight, I realized it was vehicle (B) who hit onto the rear portion of my vehicle (A). I have 1 passenger inside my vehicle. I consulted the doctor and was given 5 days MC for my injury.

Vehicle (A) : SMX5493Y
Vehicle (B) : YP8251J



**SINGAPORE
POLICE FORCE**



T/20220621/7024

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

3 of 3

Report No. T/20220621/7024

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 /
MOHAMAD ZULFAZDLI BIN ABDULLAH
Contact No.: 65476204

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

Date/Time:
21/06/2022 15:05

Classification Of Case:

Date of Accident : 21/06/2022 Accident Time: 11:00 (24-HR-Format)
 Accident Place : CTE TOWARDS PIE before Bradden Road Exit
 Vehicle Reg. No. (Car Plate No.) : SMX 54934
 Vehicle Make/Model : NISSAN QASHQAI 1.2 DIG -7 CVT ASS 2WD
 Insurance Company : INDIA Policy No. D21MPC0001498-01 SDR
 Owner or Company Name /IC No. : SEENIVASAN GEEVANANTHAM / S11455866
 Owner or Company Contact No. : 9487 1831 Owner's Hp _____ Company Tel _____
 DRIVER'S Name / IC No. : SEENIVASAN GEEVANANTHAM / S11455866
 DRIVER'S Date Of Birth : 31-08-1985 DRIVER'S License Pass Date 24-AUG-1999
 Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Owner
 DRIVER'S Address : BLK 222 LORONG 8 TUA PAYUH #05-707
 DRIVER'S Contact No./ Alt No. : 1) 9487 1831 2) S (310 222)
 DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
 Email Address : geevan31@gmail.com
 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): 2 person passenger: male, Uthayakumar Dilukshan
 Was there any video Captured by car camera: YES \ NO Driver 5 days Acc.
 Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Other Party Driver's Particular (if any)

(B) Vehicle Reg. No: YP 8551J
 Vehicle Make/Model: _____
 Name Driver: _____
 IC No. Driver: _____
 Driver's Contact & Add: _____

Vehicle Reg. No: _____
 Vehicle Make/Model: _____
 Name Driver: _____
 IC No. Driver: _____
 Driver's Contact & Add: _____

CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES 1980 (ROAD TRANSPORT ACT 1987) (MALAYSIA)
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES 1999 (MALAYSIA)

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

CERTIFICATE NO.: D21MPC0001498_01

COVER: COMPREHENSIVE

1. Index Mark and Registration Number of Vehicle	: SMX5493Y
Chassis No	: SJNFEAJ11U1585017
2. Name of Policyholder	: SEENIVASAN GEEVANANTHAM
3. Effective date of Insurance	: 19 Mar 2022
4. Expiry date of Insurance	: 18 Mar 2023
5. Persons or Classes of Persons entitled to drive*	

The Policyholder Only

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 for the carriage of passengers or goods in connection with the Policyholder's business or the hirer's business.
Use for social, domestic, pleasure purposes and business purposes of the Policyholder or Named Driver

The Policy does not cover

- a) Use for racing, pace-making, reliability trial, or speed-testing
- b) Use for the carriage of goods (other than samples) in connection with any trade or business
- c) 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.

Excess Sect I & II Separately for SEENIVASAN GEEVANANTHAM Only - SGD 3,500.00
Windscreen Excess - SGD 100.00

Hire Purchase Company: Hong Leong Finance Limited

WARRANTED NO LIABILITY TO ATTACH UNDER THIS POLICY FOR ACCIDENTS OCCURRING WHILST THE INSURED VEHICLE WAS DRIVEN BY PERSONS OTHER THAN INSURED AND THE NAMED DRIVER STATED IN THE SCHEDULE OF THIS POLICY.

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: B000057 AETNA INSURANCE BROKERS PTE LTD

Date of Issue: 21/02/2022 14:44:40

MZ406 - Private Hire Car (G) (Individual)

For India International Insurance Pte Ltd



Authorized Signatory