

NATIONAL Assessment Centre Services (not to be used)		5740923270002	
Date In: 07/02/2023 10:55	Job description	Date & Time Completed	Done by
Ref No: NIA 230012047	SAS e-Mailing		
Veh No: 8MAX 1022K	E-mail (within 3hrs, A/C 2hrs)		
D.O.A: 05/02/2023 16:55	I-Motor Claim Form		
QC: TP / Reporting Only	I-Motor W/O (within 3hrs, A/C 2hrs)		
	I-Photo Uploaded		
TP Insured:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whse		

Preferred Wksp / INC Assign Wksp / QW: ()		Tel: ()	Fax: ()
TP Particulars:	Veh No: SJP 2597D	INC () / Non-INC ()	
Owner / Driver: ()		Tel: ()	
Policy No: ()	Period: ()	Cover Type: ()	
Confirmed by: ()		Date: ()	Time: ()
Insured/Driver Liability: ()	95) (Note: Est Status (WO): N: 0-3034, P: 21-7294, F: 80-14034)		
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 Cost: to e-mail Insurer URGENTLY.	
Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()	

Remarks: ()	Done & 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

NIA23003P2		Invoice Preparation Checklist		Amount
TP Particulars:		1) A/R: Accident Reporting (\$30)		
Owner/Owner:		2) DA: Damage Assessment (\$1000)	INC (\$50)	
Contact No:		3) TP: Towing Fee	\$10/\$40	
Damaged Portion: W/M		4) PF: Follow-Through Survey	\$120	
		5) PF: Follow-Through Survey (Resurvey)	\$30	
		Excluded from repair (INC Only, Over 12 hrs 2023)		
		6) TR: Reproduction	\$75	
		7) NI: H&A DA + SMRT Survey	\$140	
		8) NIUC Additional Services		
Checked by (Engr-In-Charge):		GR:		
		*NI: Courtesy Car / Tot Allowance	\$5	
		*NI: Repair Coordination	\$10	
		*NI: Post Repair Inspection	\$10	
		*NI: DV / Collect Excess Coordination	\$5	
		TP (NI): TP (Non-INC) (value: INC)	\$10	
		5) NI: 2122s Motor	10	
		Invoice dated	Fee Charged	
		Invoice value	Due Amount	

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 Actual 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	07/02/2023 10:55 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	05/02/2023 16:55 (SGT)
Exact Location of Accident	Serangoon Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMV1022K
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	MUTHIAH SWAAMEDHARAN
NRIC No	SXXXX983G
Email Address	swaamedharan@yahoo.com.sg
Mobile Phone No	(Phone) +65-84783609
Alternative Phone No	-

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	1496

INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Policy Number / Cover Note Number	D23MPC0000604

DRIVER

Name of Driver	MUTHIAH SWAAMEDHARAN
NRIC No	SXXXX983G
Date Of Birth	19/06/1956
Occupation	Indoor

Date Of Driving Pass	17/10/1997
Driving experience	25 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-84783609
Alt. Phone Number	-
Email Address	swaamedharan@yahoo.com.sg
Address	BLK 927 HOUGANG STREET 91 #02-77
Address complement	-
Postcode	530927
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	Chain Collision
Weather Conditions	DRIZZLING
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

PASSENGER 1

Name	NAGARATNAM
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

PLEASE REFER TO SKETCH PLAN

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJP2597D
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	DURAIMANKKAM RAMADAS
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	GBD3244Z
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	KALITAMOORTHY BALAMURUGAN
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	NAGARATNAM
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SMV1022K
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

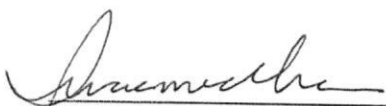
IMPORTANT NOTICE

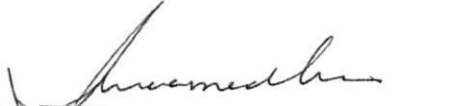
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Actual Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow 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 Traffic Police Department for investigation.
6. This 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.
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:

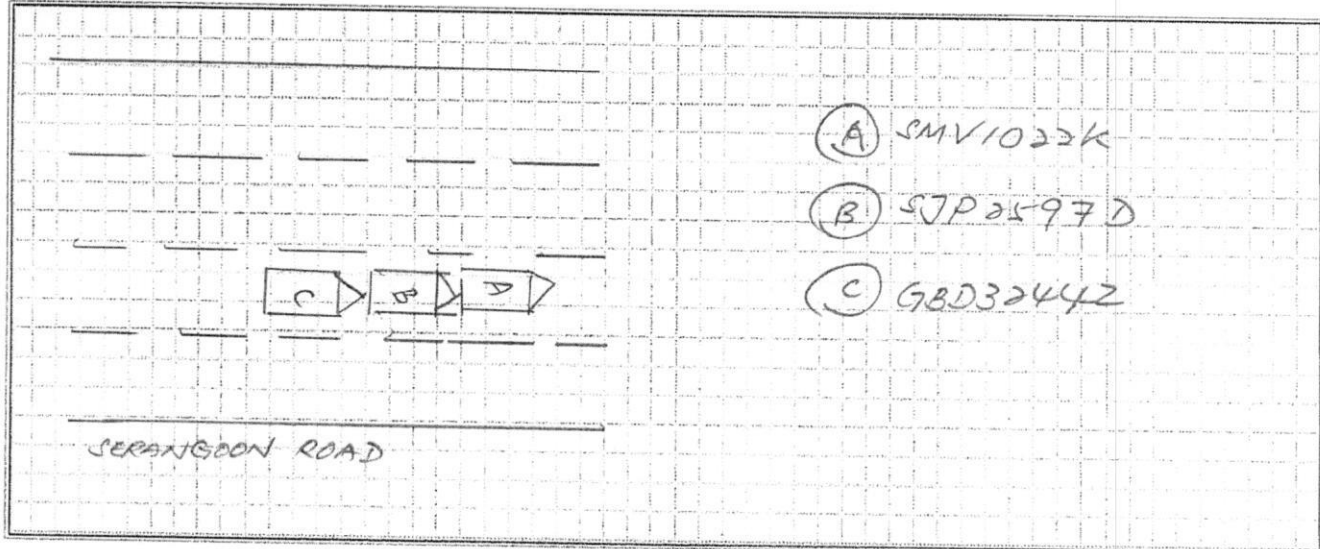
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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


Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan



(A) SMV1022K

(B) SJP3597D

(C) GBD3244Z

SERANGGON ROAD

Describe Circumstance of the Accident

On Sunday 050223 at about 1655hrs along Serangoon Road near St Michael road. I am the driver of Honda Vezel SMV 1022K with me was my wife sitted next to me Mrs Nagarathnam.

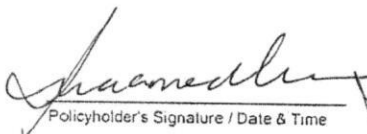
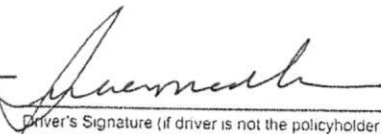
~~At~~ The traffic light turn red I stop my car for pedestrain to cross, behind me a Honda Stream Vehicle No SJP 2597D driven by Duraimanickam Remadas. The third vehicle No GBD 3244Z Nissan 14ft lorry driven by Kaliyamoorthy Balamurugesan for YC Integrated Pte Ltd.

The accident happens the third lorry driver hit the 2nd vehicle (SJP 2597D) and the 2nd vehicle hit the 1st vehicle (SMV 1022K). I am the driver Muthiah Swamedharan.

My wife feel not well very soon she is going to see the doctor soon.

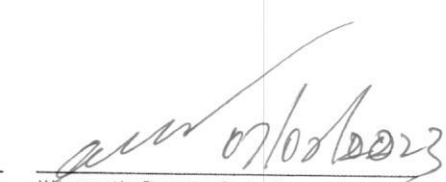
Declaration

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

 07/02/2023
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 05/02/2023 (dd/mm/yy) Time of Accident: 16:55 (24-HR-FORMAT)
Vehicle No.: SMV1022K Vehicle Make & Model: HONDA VEZEL
*Transmission: ☐ Manual ☒ Auto *C.c.: 1500 CC
Exact location of Accident: SERANGOON ROAD
Policyholder's Name: MUTHIAH SWAAMEDHARAN NRIC/FIN/REG No.: S1187983G
*Policyholder's email address: swaamedharan@yahoo.com.sg
Driver's Name: MUTHIAH SWAAMEDHARAN NRIC/FIN/REG No.: S1187983G
*Driver's email address: swaamedharan@yahoo.com.sg
Driver's Contact No.: 84783609 Company Contact No (If any): N/A
Date of birth: 19.06.1956 Driving Pass Date: 17 OCT 1997
Driver's Address: APT BLK 927 HOUGANG STREET 91 #02-77 (S) 130927
Insurance Company: INDIA
Policy No.: 203MPC0000604 Type of Coverage: ☒ Comprehensive / ☐ Third Party / ☐ Third Party, Fire & Theft

Relationship between Owner & Driver: (Please CIRCLE one only)

☒ Owner / ☐ Spouse / ☐ Children / ☐ Friend / ☐ Parents / ☐ Sibling / ☐ Relative / ☐ Employee / ☐ Hirer or Others specify: _____

What do you wish to claim? (Please TICK one only)

☐ Own Insurance / ☒ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)

Type of Accident

☒ Chain Collision / ☐ Head To Rear / ☐ Side Swipe / ☐ Other _____

Occupation (nature job) ☐ Indoor / ☐ Outdoor

*No. of Passengers / Including Driver): 2

*Passanger Name: Nagaratnam

Gender: Male / ☒ Female

*Passanger Name: _____

Gender: Male / Female

Weather condition & Road conditions? (On the day of accident)

☐ Clear & Dry / ☐ Raining & Wet / ☐ After-Rain & Wet / ☒ Drizzling & Wet / ☐ Others: _____

Was there any video captured by your car Car camera? ☐ Yes / ☒ No

Any Injuries: ☐ Yes / ☒ No (If YES) Injured Person's Name: NAGARATNAM

Injuries Sustain: NECK PAIN, BACK PAIN Injured Person in Which Vehicle: SMV1022K

Police Report filed: ☐ Yes / ☐ No (If YES) Which Police Station: _____

The Other Party (S) Details:

1. Driver's Name / IC No: DURAIMANKAM RAMADAS Vehicle No: SJP2597D

Driver's Contact No: _____ Insurance Company: _____

2. Driver's Name / IC No (If Any): KALITAMDOORTHY BALAMURUGAN Vehicle No: G8D32442

Driver's Contact No: _____ Insurance Company: _____

*Independent Witness (If Any): _____ Contact No: _____

Preferred Workshop Name: _____ Contact No: _____

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.: D23MPC0000604

COVER: COMPREHENSIVE

1. Index Mark and Registration Number of Vehicle : SMV1022K
Chassis No : RU11107409
2. Name of Policyholder : MUTHIAH SWAAMEDHARAN
3. Effective date of Insurance : 11 Jan 2023
4. Expiry date of Insurance : 10 Jan 2024
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 & Name Drivers Excess Section I	SGD	600.00
Unnamed drivers Excess Section I	SGD	1,100.00
Windscreen Excess	SGD	100.00
Hire Purchase Company	: N.A	

FOR DRIVERS BELOW 21 YEARS OR ABOVE 69 YEARS OF AGE &/OR LESS THAN 2 YEARS SINGAPORE DRIVING LICENCE, ADDITIONAL EXCESS OF \$2500/- ON SECTION I WILL BE APPLICABLE.

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 : A000024/Tan Sock Leng Agnes
Date of Issue : 29/12/2022 10:55:47
MX1-Private Car (Insured Driving)

For India International Insurance Pte Ltd


Nalini Venugopal
MD & CEO