

NATIONAL Assessment Centre Services (wef 1 Jan'06)

Date In: 04/07/2023	Job description	Date & Time Completed	Done by
Ref No: NM/III23006714/Ad4	SAS e-filing		
Veh No: SMR4438X	E-mail (within 8hrs, AIC 2hrs)		
D.O.A : 03/07/2023 18:35	i-Motor Claim Form		
OD / TP / Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:	Veh No: SHD 487M	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

NA2302004 / NA2302005

Invoice Preparation Checklist

Amf (\$) An
1st Bill Ad

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		
QC Checked by (Engr-In-Charge):	5) FT : Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:-	For claiming against INC Only (wef 10 Jan 2005)		
Cat. 1:	6) TR : Re-inspection \$75		
Cat. 2 / 3:	7) N1 : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON*		
	*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 \$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 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	04/07/2023 16:57 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	03/07/2023 18:35 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	EAST COAST PARKWAY
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMR4438X
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	SELLAMUTHU MARAN
NRIC No	SXXXX621G
Email Address	maranboobeshwar@gmail.com
Mobile Phone No	(Phone) +65-80309411
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Crossroad
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	1799

INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Policy Number / Cover Note Number	D22MPC0009931

DRIVER

Name of Driver	MARAN BOOBESHWAR
NRIC No	TXXXX140D
Date Of Birth	06/01/2000
Occupation	Indoor

Date Of Driving Pass	09/11/2022
Driving experience	8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-80309411
Alt. Phone Number	-
Email Address	maranboobeshwar@gmail.com
Address	APT BLK 183 BEDOK NORTH ROAD
Address complement	# 02-60
Postcode	460183
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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?	Yes
Was any other vehicle 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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Bedok North Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002449999
Alt. Police Station Phone No	(Fax) +65-62447258
Police Station Address	30 Bedok North Road Singapore 469676
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO THE ATTACHED POLICE REPORT - T/20230704/2011

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	SD CARD WITH TP OFFICER

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD487M
Vehicle Manufacturer	Renault
Vehicle Model	-

Vehicle Variant	-
Vehicle Colour	Red
Vehicle Category	Taxi
Name of Driver	LATIFF
Contact Number	(Phone) +65-87426710
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	SMP1714D
Vehicle Manufacturer	Kia
Vehicle Model	Forte
Vehicle Variant	-
Vehicle Colour	Black
Vehicle Category	Private car
Name of Driver	KELVIN
Contact Number	(Phone) +65-81132151
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	MARAN BOOBESHWAR
Gender	Male
Phone No	(Phone) +65-80309411
Address	APT BLK 183 BEDOK NORTH ROAD
Address Complement	# 02-60
Post Code	460183
Approximate Age Years Old	-
Injuries Sustained	LEFT LEG IN PAIN
Injured person in which vehicle?	SMR4438X
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN

I hereby authorise your goodself to send my accident report to my workshop via email:
Email: huameng@live.com.sg

IMPORTANT NOTICE

Signature: YF X

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' law yers/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")

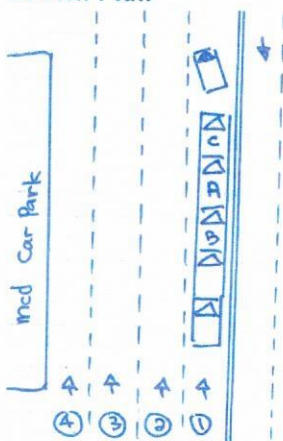
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' law yers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

X

Policyholder's Signature / Date & Time

Sketch Plan



X

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

East Coast Parkway

Witnessed by Reporting Centre Personnel

A: 3MR 4438 X

B: 3HD 487 m

C: 3MP 1714 D

Refer to Police Report : T/20230704/2011

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

X

Made

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

Witnessed by Reporting Centre
Personnel



SINGAPORE POLICE FORCE



T/20230704/2011

Police Station Of Origin:
Bedok N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

1 of 4

Report No. T/20230704/2011

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/07/2023 01:30		Vide Report No.:		Station Diary No.: 24	
Informant's Particulars					
Name of Informant: MARAN BOOBESHWAR			Address: APT BLK 183 BEDOK NORTH ROAD #02-60 SINGAPORE 460183		
ID Type / ID No.: NRIC NO / T0070140D			Contact No.: Home/Office: Mobile: 80309411		
Nationality: SINGAPORE CITIZEN			Email: maranboobeshwar@gmail.com		
Sex: Male	Age: 23	Date of Birth: 06/01/2000	Type of Informant: Driver		
Race: Indian			Language: English		
Occupation: Auxiliary police officer			Driving Licence Information: Class: 3A Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 03/07/2023 18:35	Type of Location: Straight Road
Location: EAST COAST PARKWAY				
Weather: Drizzling		Road Surface: Wet		
Traffic Flow: One Way		Traffic Control:		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHD487M	Car	RENAULT		Red		0
SMP1714D	Car	KIA	FORTE	Black		0
SMR4438X	Car	HONDA	CROSSROAD	Grey	Seriously Damaged	0



**SINGAPORE
POLICE FORCE**



T/20230704/2011

Police Station Of Origin:
Bedok N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

2 of 4
Report No. T/20230704/2011

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Name	LATIFF	ID No.	NIL
Related Vehicle	SHD487M (Car)	Contact No.	87426710
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Name	KELVIN	ID No.	NIL
Related Vehicle	SMP1714D (Car)	Contact No.	81132151
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	MARAN BOOBESHWAR	ID No.	T0070140D
Related Vehicle	SMR4438X (Car)	Contact No.	80309411
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On the 03/07/23 at about 1835hrs, I was driving my vehicle bearing registration number SMR4438X along ECP towards city. I had no passengers with me at that point of time.

While I was travelling on the lane 1, directly beside the Marine Cove (McDonalds), I noticed a vehicle about 2 vehicles ahead of me, weaving in and out of the lane, in an attempt to switch lanes. At one point, the said vehicle was about to switch onto lane 2, when it suddenly braked, causing all the vehicles at the rear to apply their brakes.



**SINGAPORE
POLICE FORCE**



T/20230704/2011

Police Station Of Origin:
Bedok N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

3 of 4

Report No. T/20230704/2011

CONTINUATION OF REPORT

I was able to stop in time to avoid a collision. Likewise, the vehicle in front of me SMP1714D (V1) was also able to do so. However, almost immediately, I suddenly felt an impact coming from the rear. A taxi SHD487M (V2) who was travelling behind me, was unable to stop in time and collided onto my vehicle.

As a result, my vehicle jerked forward and collided onto V1, causing a chain collision thereafter.

The police and ambulance later arrived at scene. I have an in-car camera (front and back) which captured the said incident. I have since handed over the SD card to the police at scene.

Due to the impact of the collision, my left leg is in pain. I will be seeking medical consultation after lodging the report.

The vehicle, which belongs to my father, sustained damages on both the front and rear due to the collision.



**SINGAPORE
POLICE FORCE**



T/20230704/2011

Police Station Of Origin:
Bedok N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

4 of 4

Report No. T/20230704/2011

CONTINUATION OF REPORT

Signature of Officer Recording The Report: G / SR STAFF SGT MUHAMMAD AZHAR BIN MISSUAN
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / GIT / SGT 3 MUHAMMAD SYAKIR BIN ADANAN Contact No.: 65476236

Signature Of Informant:
Date/Time: 04/07/2023 01:30
Classification Of Case:

NP168



SINGAPORE POLICE FORCE

ACKNOWLEDGEMENT SLIP

Ref: Report No:

G/20230703/0185

I, _____

SI T09038 Hakim.

(Recipient's Name, Contact No. / NRIC or Passport No. / Rank and No.)

of _____

TPHQ.

(Address / Police Station / NPC / NPP)

hereby acknowledge receipt of the below mentioned items of:

one SanDisk 32GB micro SD card.

1

2

3

4

5

6

7

8

9

10

from _____

Maran Boobeshwar, TCO70140D.

of _____

B/183 Bedok North Rd #02-60 S(460183).

(Name, NRIC or Passport No. / Rank and No.)

on _____

03/07/23

(Address / Police Station / NPC / NPP)

at _____

2055hrs.

(Time)

Witnessed by / * Handed over by:

(* Delete if applicable)

Received by:

(Signature)

Maran Boobeshwar TCO70140D

(Name, NRIC or Passport No. / Rank and No.)

(Signature)

SI T09038 Hakim

(Name, Contact No. / NRIC or Passport No. / Rank and No.)

Other Remarks: _____

Email: sm@idac.com.sg Tel no: 6555 6888

*If no proper documents are produced, IDAC shall not file the report. Information will be discarded after one week.

Date of Accident: 03 / 07 / 2023 (dd/mm/yy)

Time of Accident: 18 : 35 (24-HR-FORMAT)

Vehicle No.: SMR4438 X Vehicle Make & Model / Engine (cc): Honda Crossroad Private Hire: (Y / N)

Exact location of Accident: East Coast Parkway

Policyholder's Name / IC No.: Sellamuthu Maran (S68836216) ROC/UEN (Company):

Driver's Name / IC No.: Maran Boobeshwar (T0070400) (As Above) ☐

Driver's Contact No.: 8030 9411 Company Contact No / Owner Contact No:

Driver's Address: Apt Blk 183 Bedok North Road #02-60 (S) 460183

Owner Email address: Insurance Company: India International Insurance

Driver Email address: maranboobeshwar@gmail.com

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)

Exact purpose for which the vehicle was being used at time of accident?

☒ Private use / ☐ Work purpose

Occupation (nature of job) ☒ Indoor / ☐ Outdoor

***No. of Passengers (Including Driver):** No

*Passenger Name: Gender: Male / Female x()
*Passenger Name: Gender: Male / Female x()

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 Camera? ☒ Yes / ☐ No Remarks:

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

Injuries Sustain: Injured Person in Which Vehicle:

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

The Other Party(s) Details:

1. Driver's Name / IC No: Vehicle No: SHD 487 M

Driver's Contact No: Insurance Company:

2. Driver's Name / IC No (If Any): Vehicle No: SMP 174 D

Driver's Contact No: Insurance Company:


*Independent Witness (If Any): Contact No:

Preferred Workshop Name: Hua Meng Spray Painting Workshop 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.: D22MPC0009931		COVER: COMPREHENSIVE
1. Index Mark and Registration Number of Vehicle	:	SMR4438X
Chassis No	:	RT11007548
2. Name of Policyholder	:	SELLAMUTHU MARAN
3. Effective date of Insurance	:	21 Nov 2022
4. Expiry date of Insurance	:	20 Nov 2023
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 Drivers Excess Section I: SGD750.00 Unnamed Drivers Excess Section I : SGD1,250.00 Windscreen Excess : SGD100.00 Hire Purchase Company: Moneymax Leasing Pte Ltd</p>		
<p>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.</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 : A000019/T S Balakrishnan/Rengasamy Marimuthu Date of Issue : 16/11/2022 17:13:30 M.X. 1 - PRIVATE CAR (INDIVIDUAL)</p>		<p>For India International Insurance Pte Ltd</p> <p></p> <p>_____ Authorised Signatory</p>