

NATIONAL Assessment Centre Services

(Unit 1 20100)

NA/1707633

Date In: 08/12/2017 11:21	Job description	Date & Time Completed	Done by
Ref No: NA/170763346/Y	SAS e-illing		
Veh No: SJT 2967Z	E-mail (within 2hrs, AIC 2hrs)		
P.O.A: 07/12/2017 16:20	E-Motor Claim Form		
OD / TP / Reporting Only	E-Motor W/O (Within 24 hrs, TP 2hrs)		
	E-Photo Uploaded		
	Assessment/Survey Report		
TP Insured:	Ass't Report by Fax / Hand to Owner / Wksp		

Preferred Wksp / INC Assign Wksp / OW: (Tel: (Fax: (
TP Particulars: Yeh No: SLB 5994X	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%; P: 80-100%)	
Year of Registration: (Warranty: YES () / NO ()	
Excess: (\$	Loading: \$1,000 () / \$2,000 ()	

General Remarks:

() Walk-in Customer: Customers information strictly Confidential & Strictly NO refer of repeller.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

Remarks: (INC hotline: 6788 0016)	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	Action

NA/1707633	Invoice Breakdown of Charges
Human's Particulars:	1) AR: Accident Reporting (\$30)
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (\$30)
Contact No:	3) TP: Towing Fee \$10/\$15
Damaged Portion:	4) FT: Follow-Through Survey \$120
	5) RT: Follow-Through Survey (Resurvey) \$30
	For claimant against INC Only (w/o 10 Jan 2003)
	6) TR: Re-inspection \$15
	7) NI: 1 day DA + SMRT Survey \$160
	8) NTUC Additional Services:
	OD:
	*NI: Courtesy Car / Tol Allowance \$3
	*NI: Repair Coordination \$10
	*NI: Post Repair Inspection \$15
	*NI: DV / Collect Excess Coordination \$3
	12 (NI): TP (Non-INC) against INC \$20
	9) NI: 1 day Mobile \$10
	Invoice dated
	Invoice paid
	File Charged
	File 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 ability.
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 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 Report	08/12/2017 11:21
Date Of Accident	07/12/2017 16:20
Exact Location Of Accident	CROSS JUNCTION OF HANDY ROAD AND ORCHARD ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJT2967Z
Insured/Policyholder	
Name Of Registered Owner	S RUKUMANI
NRIC No	S1680675G
Email Address	SRUKUMANI@LIVE.COM
Mobile Phone No	(LOCAL) +65-90667844
Alternative Phone No	OTHERS-94500763

Vehicle Particulars

Manufacturer	SUBARU
Model	IMPREZA-1.6 (A)
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
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2100504802-00000
Cover Note Number	

Driver

Name of Driver	N BIRIYANGGA
NRIC No	S9434375E
Date Of Birth	07/09/1994
Occupation	INDOOR
Date Of Driving Pass	12/04/2013
Driving Experience	4 YEARS AND 7 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-94500763
Fax Number	
Contact Number	OTHERS-90667844
Email Address	SRUKUMANI@LIVE.COM

Address	BLK 46 TEBAN GARDENS ROAD #02-237
Postcode	600046
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
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?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLB5994X
Vehicle Make/Model/Colour	HONDA VEZEL
Details Of Properties	
Name of Driver	TEO TANG YI
NRIC/Passport Number	S8203494C
Contact Number	98809682
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

Details of Witness

Name	
Phone Number	
Email Address	

SKETCH PLAN

IMPORTANT NOTICE

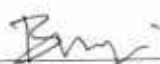
1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material 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 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:

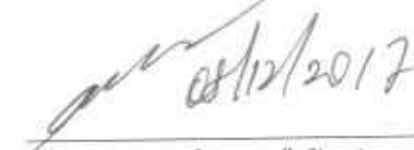
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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



Policyholder's Signature
Date & Time:



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

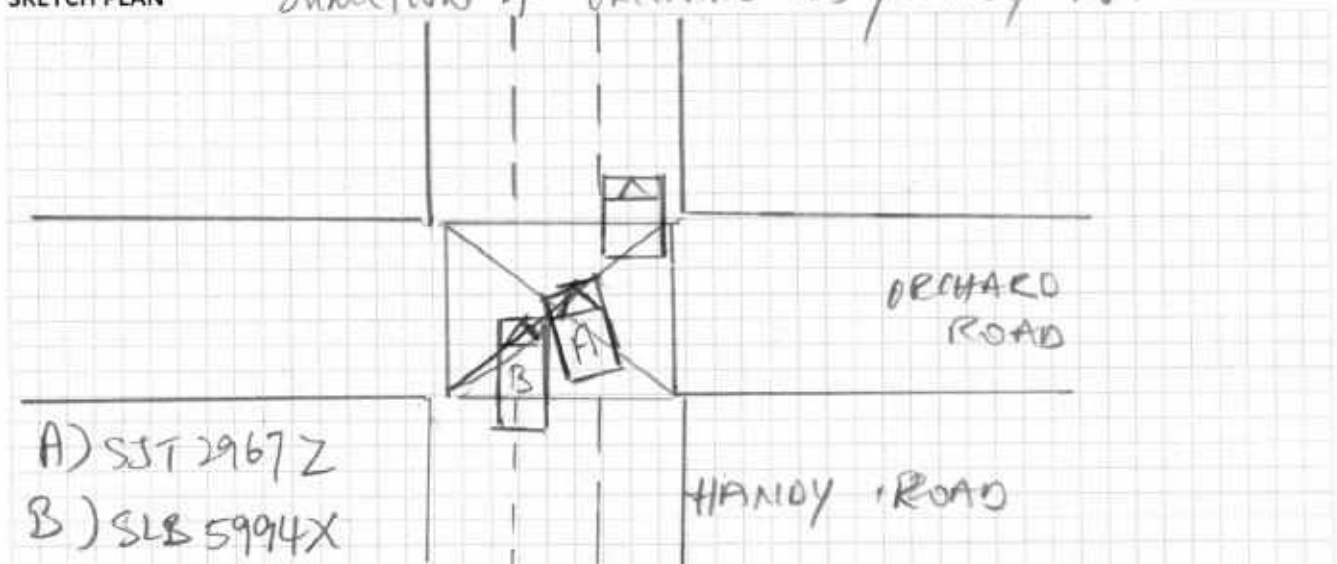


08/12/2017

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

SKETCH PLAN

JUNCTION OF ORCHARD RD / HANJOY ROAD



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along Hanjoy Road ~~at~~ on my right lane. As the signal turned green, I moved forward. The car in front and I were in a yellow box as the signal in Penang Road turned Red. ~~The car in front and~~ The left lane was empty, thus ~~we~~ I decided to shift to that lane. However, I failed to ~~on~~ my signal. I checked before turning and did not see any cars. As I moved towards my left and forward, the car SLB 5994X rushed in. ~~It~~ I immediately stomped on my brake. That car, on the other hand, continued driving forward thus scraping the ^(driver) sides of his vehicle. We parked to side and after assessing the situation. I was told that it was my error and we exchanged particulars. I called my dad who asked Mr. Teo, if we could settle it cordially amongst ourselves. He agreed as well to \$200 initially. However, he talked to his spouse who was unhappy that ~~we~~ we are not using our insurance to solve this issue. Hence, we decided to report to our respective insurance agents before taking down each other's IC numbers and putting ways.

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:

 8/12/2012

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

ACCIDENT STATEMENT

ACCIDENT DATE: 07/12/2017 (DD/MM/YYYY), TIME: 16:18 (HH:MM)

LOCATION: CROSS JUNCTION (HANDY ROAD) ORCHARD RD - YELLOW BOX

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJT 2967Z
 b) INSURANCE COMPANY: AIG
 c) POLICY NUMBER: 2100504802-00000
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: SUBARU
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: _____
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
 IF NO, PLEASE STATE (THIRD PARTY CLAIM (REPORTING ONLY))

2. INSURED / POLICY HOLDER

- a) NAME: S RUKUMANI (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S1680675G CONTACT: 90667844
 c) ADDRESS: 46 Teban Gardens Rd #02-237
S(600046)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: N BIRIYANGGA (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S9434375F CONTACT: 94500763
 c) ADDRESS: 46 Teban Gardens Rd #02-237
S(600046)

* d) DATE OF BIRTH: 07/09/1994 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING LICENSE: 12/04/2013

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO)
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: DAUGHTER

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES/NO)

7. a) REPORTED TO POLICE (YES/NO)

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SLB 5994X MODEL: HONDA VEZEL
 b) DRIVER'S NAME: TEO TANG YI
 c) NRIC/FIN/PASSPORT: SA 58203A94L CONTACT: 98809602

9. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: _____ MODEL: _____
 b) DRIVER'S NAME: _____
 c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

No of passenger
 (including driver)
(1)

No of passenger
 (including driver)
(1)

No of passenger
 (including driver)
()

email = Srukumani@live.com

fax =

VIDEO

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9434375E



Name

N BIRIYANGGA

நா பிரியங்கா

Race

INDIAN

Date of birth Sex

07-09-1994 F

Country of birth

SINGAPORE

DRIVER

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S9434375E

Name

N BIRIYANGGA

Birth Date 07 Sep 1994

Issue Date 12 Apr 2013



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1680675G



Name

S RUKUMANI

S ருக்குமணி

Race

INDIAN

Date of birth Sex

19-01-1964 F

Country of birth

SINGAPORE

OWNER



4436712

NRIC No. S9434375E



Date of issue
24-07-2009

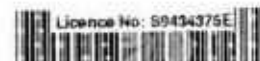
Address

APT BLK 46 TEBAN GARDENS ROAD
#02-237
SINGAPORE 600046

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 3A Motor cars without clutch pedals (Auto) <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles without clutch pedals <= 2500kg 12 Apr 2013



NP 428A



2595473

NRIC No. S1680675G



Blood Group Date of issue

B+ 16-03-1995

APT BLK 46 TEBAN GARDENS ROAD #02-237
SINGAPORE 600046
NRIC No. S1680675G

Date: 06-03-1995

No: 2752677

