

Date In	26/12/17 09:23	Job description	Date & Time Completed	Done by
Ref No	NAI AIG 170 24338/h4	SAS e-filing		
Veh No	SKV 5546 M	E-mail (Within 6hrs, Aft 2hrs)		
D.O.A	22/12/17 21:30	i-Motor Claim Form		
<input checked="" type="radio"/> <input type="radio"/> Reporting Only		i-Motor W/O (Within 24hrs TP-4hrs)		
		i-Photo Uploaded		
TP Insurer		Assessment/Survey Report		
		Ass't Report by Fax / Hand to Owner Wksp		

Preferred Wksp / INC Assign Wksp / QWL	Tel:	Fax:
TP Particulars:	Veh No:	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

NAI707965

Invoice Preparation Checklist

Am't (\$)	Am't (\$)
In Bill	Ass'd Bill

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Tel: 1

Tel: 2/3

1) AR: Accident Reporting (\$30)	30.00
2) DA: Damage Assessment (\$100) INC (\$30)	
3) TF: Towing Fee	\$40.00
4) FT: Follow-Through Survey	\$120
5) FT: Follow-Through Survey-Resurvey	\$20
For claiming against INC Only (as of 15 Jan 2018)	
6) TR: Re-inspection	\$75
7) N1: 1500 DA + SMRI Survey	\$150
8) NTUC Additional Services:-	
Q1:	
*N2: Courtesy Car / Transport Allowance	\$5
*N4: Repair Co-ordination	\$10
*N7: Post Repair Inspection	\$25
*N8: DV: Collision Excess Coordination	\$5
TP (N1) - TP (N1) INC against INC	\$20
9) N12 (440 Mobile)	\$1

Invoice sent

Invoice sent

Fee charged

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 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	26/12/2017 09:23
Date Of Accident	22/12/2017 21:30
Exact Location Of Accident	BALESTIER RD TWDS LAVENDER
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKV5546M
Insured/Policyholder	
Name Of Registered Owner	RAJINDER SINGH
NRIC No	S7209801C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98639774
Alternative Phone No	OFFICE-98639774

Vehicle Particulars

Manufacturer	KIA
Model	CARENS 2.0(A) GDI
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?	YES
If No, Please state action to be taken	
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	2100429641-02
Cover Note Number	-

Driver

Name of Driver	ANUR KUMAR S/O BALIRAM
NRIC No	S7901187H
Date Of Birth	03/01/1979
Occupation	INDOOR
Date Of Driving Pass	01/01/2005
Driving Experience	12 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93842883
Fax Number	
Contact Number	
Email Address	ANUPK79@HOTMAIL.COM

Address	BLK 108B MCNAIR RD #23-206
Postcode	323108
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - BROTHER IN LAW
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	AFTER RAINED
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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)	4

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 ATTACHED STATEMENT.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLL1039C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	
Name of Driver	HO WAI LEONG
NRIC/Passport Number	S7312723H
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2

SKETCH PLAN

IMPORTANT NOTICE

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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.

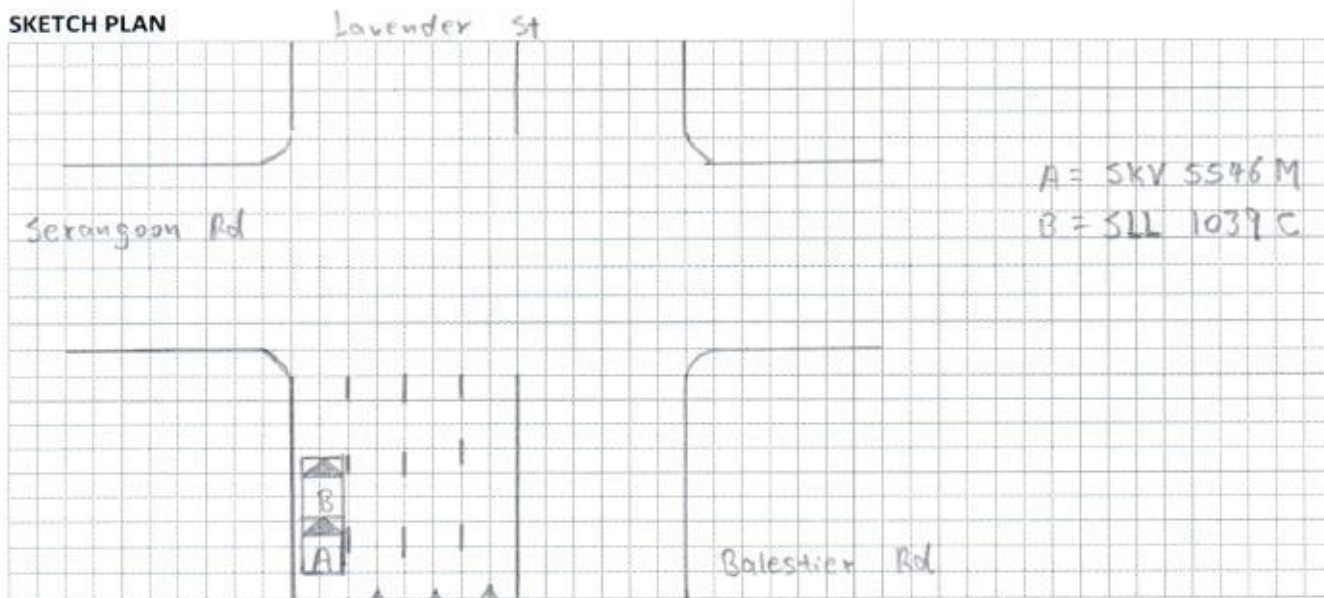
Policyholder's Signature
Date & Time:

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

23/12/2017.

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

While travelling on Balestier Road in the direction of Lavender Rd, I was in the extreme left lane wanting to make a left turn on to Serangoon Rd.

A vehicle in front of me (SLL 1039 C) suddenly stopped. His sudden and unnecessary action resulted in my car to hit his rear bumper.

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: 23/12/2017

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

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MHA17168769 Vehicle Registration No: SPV5546M
Name(as shown in NRIC) : Amur Kumar s/o Baligan NRIC/FIN/Passport No : S790187H
(*Vehicle Driver / Vehicle Owner)(*) Please delete as appropriate
Address : Blk 108B Manjiv Rd #23-206 Singapore(303108)
Contact (Tel) : _____ Mobile No. : 93842883
Email Address : _____
Date of Accident : 22/12/17 Time of Accident : 21:30
Place of Accident : Dalmeida Rd fnds Lavender
Insurance Company: AIG

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Amend to OD claim.

Policyholder / Driver's Signature
Date:

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

ACCIDENT STATEMENT

ACCIDENT DATE: (22/12/17) (DD/MM/YYYY), TIME: (21:30) (HH:MM)

LOCATION: Balestier Rd towards Lavender

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKV 5546 M
b) INSURANCE COMPANY: _____
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: _____
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Private Use
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: Rajinder Singh (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S 7209101 C CONTACT: 9863 9774
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Anup Kumar S/o Baliram (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 9384 2883
c) ADDRESS: _____

*d) DATE OF BIRTH: (____/____/____) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 01/01/2005

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Brother In law

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

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: SLL 1039 C MODEL: _____
b) DRIVER'S NAME: Ho Wai Leong
c) NRIC/FIN/PASSPORT: S 73 127 23 H CONTACT: _____

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
e) DRIVER'S NAME: _____
f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

Waiting License or Police Report

Lal Bharwani (M)

Fareza Augustar (F)

Veeha Bharwani (F)

Email = anupk79@hotmail.com

fax =



**SINGAPORE
POLICE FORCE**



E/20171223/2020

1 of 2

Report No. E/20171223/2020

POLICE REPORT (NP322)

Police Station Of Origin
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

Date/Time Report Made 23/12/2017 12:01	Vide Report No.	Station Diary No. 87		
Name Of Informant ANUP KUMAR S/O BALIRAM	Address APT BLK 108B MCNAIR ROAD #23-206 SINGAPORE 323108			
ID Type / ID No. NRIC NO / S7901187H	Contact No. Home/Office	Mobile 93842883		
Nationality SINGAPORE CITIZEN	Email Address			
Occupation EVENT MANAGER	Sex Male	Age 38	Date of Birth 03/01/1979	Race Indian
Institution/School Name	Language			
Date/Time Of Incident 22/12/2017 08:00	Location Of Incident 108 MCNAIR ROAD MCNAIR SPRING SINGAPORE 321108 Supermarket			

Brief details.

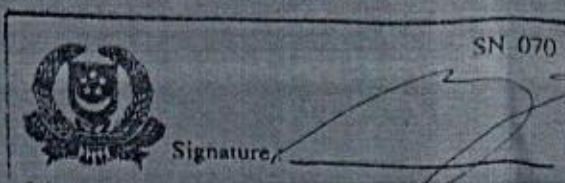
On 22/12/2017 at about 0800hrs, I realized the following item was missing. I have made a search but to no avail. I am lodging this report for replacement purposes.

Property Information


Signature Of Officer Recording The Report: E / Sgt 2 EVE LEE TENG	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 23/12/2017 12:01
Officer In-Charge Of Case: E / Tanglin Police Divisional Investigation Branch / Sr Staff Sgt NURUL FIQUEAH BINTE ZAINAL Contact No.: 65529999	Classification Of Case:

Authentication Stamp

FUPO hotline number: 68429645



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7901187H





Name
ANUP KUMAR S/O BALIRAM

Race
INDIAN

Date of birth
03-01-1979

Sex
M

Country of birth
SINGAPORE



4382408



NRIC No S7901187H



Date of issue
06-04-2009

Address
APT BLK 108B MCNAIR ROAD
#23-206
SINGAPORE 323108

KIA AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : Rajinder Singh
Period of Insurance : 23 Sep 2017 To 22 Sep 2018
Engine No. : G4NCFH019224
Chassis No. : KNAHU813MG7136680

Vehicle No. : SKV5546M
Policy No. : 2100429641-02
Endorsement No. :
Issued Date : 21 Sep 2017

ABOUT THE COVER

Make/Model : KIA CARENS 2.0 A GDI

Engine Capacity/Tonnage : 1,999.00 CC

Driver Restriction : NA

Sum Insured : Market Value

Off Peak Car : No

First Year of Registration : 2015

Insuring with COE/PAFF : Yes

Person or Classes of Persons Entitled to Drive* :

a) The Policyholder

b) Any other person who is driving on the Policyholder's order or with his/her permission.

This Policy will indemnify the Policyholder or any authorised driver only if he/she meets the specified age condition.

You have to pay an additional sum of \$3,000 as "Young and/or Inexperienced Driver Excess" ("YIOR") if You are or Your Authorised Driver (named or unnamed) is under the age of 23 and/or has less than 2 years' driving experience.

Age Condition : All Age Condition

Limitation as to use* :

Use only for social, domestic and pleasure purposes and for the Policyholder's business. This Policy does not cover use for hire or reward, driving tuition, driving test, racing, pace-making, reliability trial or speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with Motor Trade.

Loss of Use 1500cc - 1600cc

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS

Section 1

Fire - \$0 Own Damage - \$600 Theft - \$0 Flood Cover - \$0

Section 2

Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

Rajinder Singh - \$600 (Own Damage)

APPROVED REPORTING CENTRES/AUTHORISED REPAIRERS (FOR CLAIMS RELATED REPAIRS)

1. Cycle & Carriage Body & Paint Centre Add: 209 Pandan Gardens Singapore 809339 65694501

2. Cycle & Carriage Customer Service Centre (For Windscreen claim only) Add: 241 Alexandra Road Singapore 159931 64278800

3. Cycle & Carriage Customer Service Centre (For windscreen claim only) Add: 330 Ubi Rd 3 Singapore 408650 67461000

For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 8338 6200. Alternatively you may refer to AIG website www.aig.com.sg or AIG SG Mobile App. Simply search and download "AIG SG" from iTunes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: MayBank

We hereby certify that the policy to which this Certificate of Insurance relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 189), Part IV of the Road Transport Act, 1987 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0500709210

CYCLE & CARRIAGE - JTBT(KIA)

239 ALEXANDRA ROAD,

SINGAPORE 159930 ANSP-MOTOR

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

Janile

AIG Asia Pacific Insurance Pte. Ltd.
 AUTHORISED REPRESENTATIVE

SSP/AN