

NATIONAL Assessment Centre Services

(wef 1 Jan 2005)

Date In: 08/01/18	Job description	Date & Time Completed	Done by
Ref No: NA/A.G.18000410/13	SAS e-filing		
Veh No: SJC52834	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 07/01/18 1530	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: (AK Tel: Fax:)

TP Particulars: Veh No: SKU6510P 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

NA1800204

Claimant's Particulars :-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments :-

Cat. 1:

Cat. 2 / 3:

Invoice Preparation Checklist

- | | Amt (\$) | Amt (\$) |
|-------------------------------------------------|----------|----------|
| | 1st Bill | Add Bill |
| 1) AR: Accident Reporting (\$30); | | |
| 2) DA: Damage Assessment (\$100); INC (\$80) | | |
| 3) TF: Towing Fee \$40/\$45 | | |
| 4) FT: Follow-Through Survey \$120 | | |
| 5) FT: Follow-Through Survey (Resurvey) \$30 | | |
| For claiming against INC Only (wef 10 Jan 2005) | | |
| 6) TR: Re-inspection \$75 | | |
| 7) N1: Idac DA + SMRT Survey \$160 | | |
| 8) NTUC Additional Services:- | | |
| OD* | | |
| *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 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	08/01/2018 15:38
Date Of Accident	07/01/2018 15:30
Exact Location Of Accident	PUNGGOL RD TWDS PUNGGOL WATERWAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJC5283H
Insured/Policyholder	
Name Of Registered Owner	MAUREEN JENNIFER SINNAPADASS
NRIC No	S1529259H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93397780
Alternative Phone No	OTHERS-93397780

Vehicle Particulars

Manufacturer	SUZUKI
Model	SWIFT
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	2100064327-09000
Cover Note Number	

Driver

Name of Driver	SABAPATHY SAMANTHA ANN
NRIC No	S8811604F
Date Of Birth	06/04/1988
Occupation	INDOOR
Date Of Driving Pass	18/01/2008
Driving Experience	9 YEARS AND 11 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-98445319
Fax Number	
Contact Number	
EEmail Address	SAMANTHA.EVLALIA@HOTMAIL.COM

Address	7 RIVERVALE LINK #02-33
Postcode	545125
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	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

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?	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

PLS REFER TO THE 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	SKU6510P
Vehicle Make/Model/Colour	TOYOTA HARRIER
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TAN HUI RU
NRIC/Passport Number	S9747114B
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SKE9565X
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Vehicle Make/Model/Colour	MERCEDES E200
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ZENG LI ZHEN
NRIC/Passport Number	S7083944Z
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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:

8 JAN 2015
11:30 am

Driver's Signature

(If driver is not the policyholder)

Date & Time:

08/01/18
11:40 am

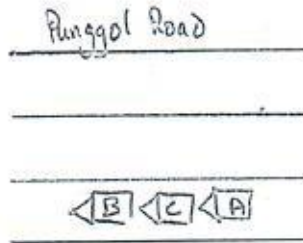
Reporting Centre Personnel's Signature

Name:

NRIC/HN No.:

08/01/18

SKETCH PLAN



A: SSC 528314
B: SKF9565X
C: SKU6510P

Blk 296

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 7/1/18, 3.30pm, I was travelling along Punggol Road. As I was approaching Block 296, Vehicle C suddenly jammed brakes. I was unable to stop in time and hence collide onto Vehicle C. As I alighted my vehicle and found out that Vehicle C has collided onto Vehicle B. Weather was clear, traffic was moderate.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Maureen Tan
Policyholder's Signature
Date & Time: 8 JAN 2018
11:30am

Driver's Signature
(If driver is not the policyholder)
Date & Time: 08/01/18
11:40am

sfym 08/01/18
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 : MNA118003597 Vehicle Registration No: SJL5283H
Name (as shown in NRIC) : SABAPATHY SAMANTHA ANN NRIC/FIN/Passport No : S8P11604F
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : 7 RIVERVALE LINK #02-33 Singapore(545125)
Contact (Tel) : _____ Mobile No.: 98445519
Email Address : _____
Date of Accident : 07/01/18 Time of Accident : 15:30
Place of Accident : PUNGGOL RD TWD PUNGGOL WATERWAY
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:

ADD IN POLICY NO

Policyholder / Driver's Signature
Date:

shym 08/01/18
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date:

Particular of Insured / Driver & Details of the Accident

(Pls circle where applicable)

Location of Accident: Punggol Road ~~Opposite~~ ^{towards} 296 Punggol Road Date & Time of Accident: 7/1/18 3:30pm.
Purpose when vehicle was used at the time of accident: Going towards Punggol Waterway for shopping.
(eg. Going Home)

Details of Own Vehicle

Vehicle Registration Number: SJC 5283H Make / Model: Suzuki Swift

Vehicle Category: _____

Claiming Own Insurance: YES ☒ NO ☐ If No, Reporting only / Third Party Claim

Name of Preferred workshop: AK Workshop Contact: 93397780

Insured / Policy Holder

Name of Registered Owner: Maureen Jennifer Sinnappadas NRIC: S152925914
Address: 7 Rivervale Link #02-33 S(545125)
Mobile No: 96665319. Other Contact: Home No. / Office / Others: _____

Email: _____

Driver

Name of Driver: Saba pathy Samanth Ann NRIC/ Fin: S8811604 F
Driving License Pass Date: 18/1/2008 DOB: 6/4/1988
Address: 7 Rivervale Link #02-33 S(545125)
Occupation: INDOOR / OUTDOOR Mobile No: 98445319.
Gender: MALE / FEMALE Other Contact: Home No. / Office / Others: _____

Email: Samantha.eulalia@hotmail.com.

Driver an employee: YES ☒ NO ☐ If no, what is relationship with the policyholder: Daughter.
If Driver is a policyholder, please kindly ignore this question

Insurance Company

Fleet Policy: YES ☒ NO ☐ Policy Number: 2100064327-09000 Type of Coverage: Comprehensive

General Information of Accident

Type of Accident: HEAD-REAR / SIDE SWIPE / OTHERS: _____

Weather Conditions: CLEAR / RAINING / OTHERS: _____

Road Surface: DRY / WET

Any video captured by car camera?: YES ☒ NO ☐

*Any witness?: YES ☒ NO ☐

Any police report made: YES ☒ NO ☐

*Injured party: YES ☒ NO ☐

(*If Yes, pls provide name & tel)

For Injured Party details, it must be supported by police report

No. of Passenger (Including Driver): 1

Details of Passenger 1

Name of Passenger: _____

Gender: _____

Details of Passenger 3

Name of Passenger: _____

Gender: _____

Details of Other Vehicle Property 1

Vehicle Registration No: SK1E9565X

Vehicle Make / Model / Colour: Mercedes E200 Silver

Name of Driver: Zeng Li Zhen.

No. of Passenger (Including Driver): 1

NRIC: ST0839442.

Contact Number: _____

Nature of Damage: Rear

Vehicle Category: _____

Details of Passenger 2

Name of Passenger: _____

Gender: _____

Details of Passenger 4

Name of Passenger: _____

Gender: _____

Details of Other Vehicle Property 2

SKU6510P.

Toyota Harrier / Black.

Meagan Tan Hui RU

1
S9747114B.

Front and Rear



NRIC No S8811604F

Blood Group - Date of issue 11-04-2003

Address
7 RIVERVALE LINK
#02-33
SINGAPORE 545125

1600013



NRIC No S1529259H

Blood Group A+ Date of issue 16-01-1994

Address
7 RIVERVALE LINK #02-33
SINGAPORE 545125

NRIC No: S1529259H Date: 28-12-2000 No: 3900535

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIFICATION

PASS DATE

Class 3 Motor Cars ≤ 3000kg with ≤ 7 passengers, exclusive of the driver; and other motor vehicles ≤ 2500kg 15 Jan 2005



Licence No: S8811604F

NP 428A

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8811604F



Name



SABAPATHY SAMANTHA ANN

Race

CEYLONESE

Date of Birth

06-04-1988

Sex

F

Country of Birth

SINGAPORE

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1529259H



Name



MAUREEN JENNIFER
SINNAPPADASS

Race

INDIAN

Date of Birth

19-11-1962

Sex

F

Country of Birth

SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S8811604F
Number



SABAPATHY SAMANTHA ANN

Birth Date: 06 Apr 1988

Issue Date: 16 Jan 2008



001563130F



HOTLINE TEL: (65) 6419-3000
FAX: (65) 6415-3723

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)

M.X.1

SUZUKI AUTO PROTECTOR

CERTIFICATE NO. 2100064327-09000

(The below excess is subject to GST)

OWN DAMAGE EXCESS S\$500.00 (1)

WINDSCREEN EXCESS S\$100.00

(Windscreen excess is waived if the repair is done at Champion Motors (1975) Pte Ltd.)

SUM INSURED Market Value
INSURING WITH COE/PARF Yes

1) VEHICLE REGISTRATION NO.

SJC5283H

2) NAME OF INSURED

Maureen Jennifer Sinnappadass

3) EFFECTIVE DATE OF THE COMMENCEMENT
OF INSURANCE FOR THE PURPOSES OF THE ACT

22 Feb 2017

4) DATE OF EXPIRY OF INSURANCE

21 Feb 2018

5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE*

SUBJECT TO AGE CONDITION: All Age Condition

a) The Insured.

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

This policy will indemnify the Insured or any authorised driver only if he/she meets the age conditions:

A Young and/or Inexperienced Driver Excess ("YIDR") of S\$3,000.00, in addition to the

Policy Excess, applies to You and any Authorised Driver (named or unnamed) if You are or the said

Authorised Driver is below the age of 23 and/or has less than 2 years' driving experience.

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) LIMITATION AS TO USE*

Use only for social, domestic and pleasure purposes and for the Insured's business.

The Policy does not cover use for hire or rewards, tuition, driving test, racing, pace-making, reliability trial, speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with the Motor Trade.

APPROVED REPORTING CENTRES / SUZUKI AUTHORISED REPAIRERS

1. Champion Motors (1975) Pte Ltd - 2 Pandan Crescent (Tel: 6631 1118)

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

2. ComfortDelgro Engrg - 205 Braddell Rd (Tel: 63637118) 3. DPS Body & Paint Workshop - 209 Pandan Gardens (Tel: 65684501)

4. Ethoz - 30 Bukit Batok Cres (Tel: 66547777) 5. Glass-Fix - 52 Ubi Ave 3 (Tel: 62760887) - For windscreen only

6. Kan Fook Sing Motor - 61 Defu Lane 12 (Tel: 67479560) 7. Lai Huat (Meng Kee) Motor - 21 Sin Ming Ind (Tel: 64538110)

8. Mova Automotive - 1008 Bukit Merah Lane 3 (Tel: 62723892) 9. Progressive Automotive - 3022A Ubi Rd 1 (Tel: 67415336)

10. SME Motor - 1 Kaki Bukit Ave 6 Bld D (Tel: 67476106)

LOSS OF USE Loss of Use 15 Days (1500 - 1600cc) - Refer to policy wordings for details

* NAMED DRIVER NA

HIRE PURCHASE COMPANY MayBank

EMPLOYER'S LOAN

*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.

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).

Issued in Singapore 9 Jan 2017

AIG Asia Pacific Insurance Pte. Ltd.

030213-328
INCHCAPE AUTO SUZUKI (ALAN)
33 LENG KEE ROAD
SINGAPORE 159102

AUTHORISED REPRESENTATIVE

ORIGINAL

IASHRO.