

NATIONAL Assessment Centre Services

Part 1 (2000)

NA1801942

Date In: 26/03/2018 19:38
Ref No: N/A/18/18005633/V
Veh No: SLF 96418
D.O.A: 23/08/2018 14:05
OD / TP / Reporting Only

Job description	Date & Time Completed	Done by
SAS calling		
E-mail (within 2hrs, A/C 1hr)		
1-Motor Claim Form		
1-Motor W/O (within 100 hrs, TP 1hr)		
1-Photo Uploaded		
Assessment/Survey Report		
Ass'l Report by Fax/Hand to Owner/Whse		

Preferred Wksp / INC Assign Wksp / QW:

TP Particulars: Yeh No: SLF 80927, INC () / Non-INC ()
Owner / Drivers ()
Policy No: () Period: () Cover Type: ()
Confirmed by: () Date: () Time: ()
Insured/Driver Liability: () % (Note: B/L Status (WO): NI 0-20%, PI 21-79%, PI 80-100%)
Year of Registration: () Warranty: YES () / NO ()
Excess: (\$) Loading: \$1,000 () / \$2,000 ()

General Remarks: ()
() Work-in Customer: Customer's information strictly Confidential & strictly NO refer of repeller.
() Total Loss Case: 1 to e-mail Insurer URGENTLY.
Drive-In () / Towed-In () / Invoice: YES () / NO () / Towing Co: ()

Reminders: ()
1) Apply for Transition Allowance () / Courtesy Car ()
2) QC Check / Post Repair Inspection ()
3) Upload Recovery Photo (Repair Cost > \$3000) ()

Injury: ()
Date/Time: ()
Action: ()

Summary Business	Invoice Incorporation Check/Is	Amount	Mon/Bill
Driver/Owner:	1) AR: Accident Reporting (\$30)	\$30	
Policy No:	2) DA: Damage Assessment (\$100)	INC (\$100)	
Assigned Portion:	3) TP: Towing Fee	\$40/\$10	
	4) PT: Follow-Through Survey	\$110	
	5) PT: Follow-Through Survey (Recovery)	\$20	
	6) TR: Re-inspection	\$15	
	7) NI: (Ex DA + SMRT Survey	\$140	
	8) NTUC Additional Services		
	Q11:		
	9) NI: Courtesy Car / Tpl Allowance	\$5	
	10) NI: Repair Coordination	\$10	
	11) NI: Post Repair Inspection	\$25	
	12) NI: BY / Collision Unsett Coordination	\$5	
	13) NI: (Ex DA + SMRT Survey	\$20	
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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 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	26/03/2018 19:38
Date Of Accident	23/03/2018 14:05
Exact Location Of Accident	JUNCTION OF COLLEGE AVE WEST/DOVER ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLF9641S
Insured/Policyholder	
Name Of Registered Owner	JEYARATNAM S/O PANCHARATNAM
NRIC No	S2150362B
Email Address	JEYA@SJVENTURES.COM
Mobile Phone No	(LOCAL) +65-96356055
Alternative Phone No	OTHERS-96356055

Vehicle Particulars

Manufacturer	AUDI
Model	A4
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	2100482574-01
Cover Note Number	

Driver

Name of Driver	JEYARATNAM S/O PANCHARATNAM
NRIC No	S2150362B
Date Of Birth	28/02/1955
Occupation	INDOOR
Date Of Driving Pass	27/07/1972
Driving Experience	45 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96356055
Fax Number	
Contact Number	OTHERS-96356055
Email Address	JEYA@SJVENTURES.COM

Address	66 CHESTNUT AVENUE #14-13
Postcode	679520
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
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	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
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

PLEASE REFER TO SKETCH PLAN

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	SLC8092Z
Vehicle Make/Model/Colour	TOYOTA HARRIER
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LEE KEK CHEOW
NRIC/Passport Number	S1516545F
Contact Number	97865610
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

SKETCH PLAN

IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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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: 23/03/18

Driver's Signature

(If driver is not the policyholder)

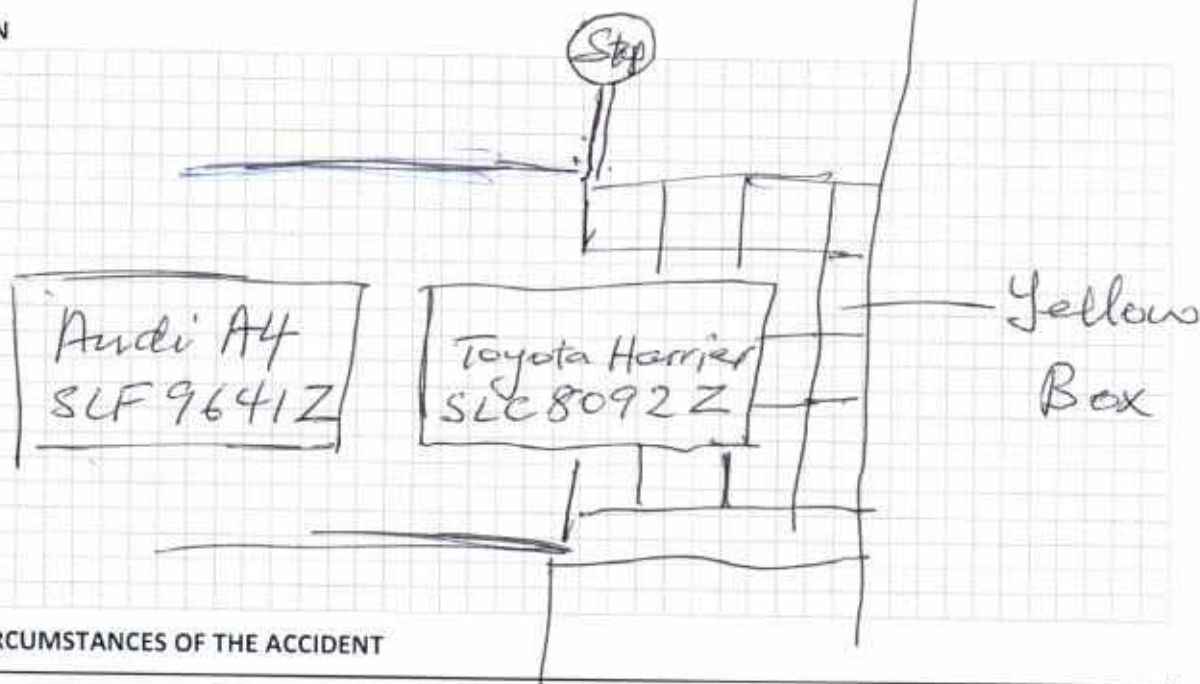
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

The driver of the Toyota Harrier moved forward to move along Dover Road but suddenly jammed his brake and stopped mid-way in the yellow box.

My Audi A4 knocked the rear of his bumper with very slight damage to his rear bumper and my bonnet & grill. There was no further damage to the 2 cars.

DECLARATION

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

Policyholder's Signature

Date & Time: 23-03-18

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name: _____

NRIC/FIN No.:

Jes Car

ACCIDENT STATEMENT

ACCIDENT DATE: 23/03/18 (DD/MM/YYYY), TIME: 16:05 (HH:MM)

LOCATION: Junction of Coedrege Ave W881 - Dolar Rd

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLF 96415
b) INSURANCE COMPANY: AIG
c) POLICY NUMBER: 2100L82574-01201
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: Audi A4
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Personal 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: JEYARATNAM S/O. PANCHARATNAM (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S215036218 CONTACT: 96356055
c) ADDRESS: 66 Chestnut Avenue
#14-13 Treehouse, Store 679520

* CONTINUE TO 3. d IF DRIVER ALSO POLICY HOLDER

No of passengers
(including driver)
(1)

- DRIVER
a) NAME: AS ABOWK (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

d) DATE OF BIRTH: 28/02/1955 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 1972

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Not a member

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

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

6. WAS ANYBODY INJURED (YES / NO)

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

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

No of passengers
(including driver)
()

- a) VEHICLE NUMBER: SLC 8092Z MODEL: Toyota Harrier
b) DRIVER'S NAME: Mr. Lee Kek Cheow
c) NRIC/FIN/PASSPORT: S1516545F CONTACT: 97865610

9. THIRD PARTY VEHICLE

No of passengers
(including driver)
()


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

email: jeya@sventures.com

fax: _____

video: _____

REPUBLIC OF SINGAPORE
 IDENTITY CARD NO. S2150362B





Name
**JEYARATNAM S/O
 PANCHARATNAM**

Race
CEYLONESE

Date of Birth
28-02-1955

Country of Birth
MALAYSIA

Sex
M

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number
S2150362B

Name
**JEYARATNAM S/O
 PANCHARATNAM**

Birth Date
28 Feb 1955

Issue Date
29 Jul 2004

001265157G



2625487



NRIC No. S2150362B



Blood Group
O-

Date of issue
15-11-1994

**66 CHESTNUT AVENUE #14-13
 SINGAPORE 679520**

S2150362B 28/12/2013

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

Class 3 Motor Cars of unladen weight not exceeding 3000 kg with not more than 7 passengers, exclusive of the driver; and Motor Tractors and other Motor Vehicles of unladen weight not exceeding 2500 kg

PASS DATE
27 Jul 1972

Licence No. S2150362B



NP 428A

AUDI AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : JEYARATNAM S/O PANCHARATNAM
Period of Insurance : 16 Sep 2017 To 15 Sep 2018
Engine No. : CVN017071
Chassis No. : WAUZZZF47HA021846

Vehicle No. : SLF9641S
Policy No. : 2100482574-01
Endorsement No. :
Issued Date : 11 Sep 2017

ABOUT THE COVER

Make/Model : AUDI A4 1.4 TFSI S tronic
Engine Capacity/Tonnage : 1,395.00 CC
Driver Restriction : NA
Sum Insured :
Market Value :
Off Peak Car : No
First Year of Registration : 2016
Insuring with COE/PARF : 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" ("YIDR") 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

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 188) 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

Windscreens - \$100

Named Driver and Excess (where applicable)

JEYARATNAM S/O PANCHARATNAM - \$600 (Own Damage)

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

1 Audi Customer Service Center, Add: 55 Ubi Road 1, Singapore 408699 63662323

For other Approved Reporting Centres/Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6338 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: United Overseas Bank Limited

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. 188), Part IV of the Road Transport Act, 1987 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0504125200

PREMIUM LEASING - AP

281 ALEXANDRA ROAD AUDI CUSTOMER SERVICE CENTRE
SINGAPORE 159938

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.
AUTHORISED REPRESENTATIVE

SPGCC

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: MAA18041043 Vehicle Registration No: SLF 9641S
Name (as shown in NRIC): JAYARAJAM S/O PANCHARAJAM NRIC/FIN/Passport No: S2150362 B
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address: _____ Singapore()
Contact (Tel): _____ Mobile No.: 96356055
Email Address: _____
Date of Accident: 23/08/2018 Time of Accident: 14:05
Place of Accident: JUNCTION OF LAKSHMI WEST BRIDGE / DOUGLAS ROAD
Insurance Company: AICX

(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:

POLICY NUMBER 2100482574-C1

Policyholder / Driver's Signature
Date:

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