

# NATIONAL Assessment Centre Services

Date In: 17/04/2018 17:02	Job description	Date & Time Completed	Done by
Ref No: NA/AIG18007129/K4	SAS e-filing		
Veh No: SJU 2250C	E-mail (within 3hrs, AIC 2hrs)		
DOA: 28/03/2018 09:00	i-Motor Claim Form		
OD: IP: 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: SKP4928H	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:-	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

Claimant's Particulars:-	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
Driver/Owner:	1) AR: Accident Reporting (\$30);	1st Bill	Add Bill
Contact No:	2) DA: Damage Assessment (\$100); INC (\$50)		
Damaged Portion:	3) TP: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors' Comments:-	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idao 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 (N'n INC) against INC \$20		
	9) N12: Idao 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 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	17/04/2018 17:02
Date Of Accident	28/03/2018 09:00
Exact Location Of Accident	WILKINSON ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJU2250C
<b>Insured/Policyholder</b>	
Name Of Registered Owner	GUIRAJ SINGH SIDHU
NRIC No	S1808762F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98471058
Alternative Phone No	OTHERS-98471058

### Vehicle Particulars

Manufacturer	TOYOTA
Model	CAMRY 2.0 AUTO ABS AIRBAG
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	1700094051
Cover Note Number	

### Driver

Name of Driver	JASPREET KAUR ANAND
NRIC No	S73778371
Date Of Birth	22/02/1973
Occupation	INDOOR
Date Of Driving Pass	01/02/2000
Driving Experience	18 YEARS AND 1 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-98471058
Fax Number	
Contact Number	OTHERS-98471058
Email Address	NOEMAIL

Address	63A BOURNEMOUTH ROAD
Postcode	436603
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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	
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)	3
Passenger 1	NAME: : NIL GENDER: : FEMALE
Passenger 2	NAME: : NIL GENDER: : MALE

#### 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	SKP4928H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

## 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:

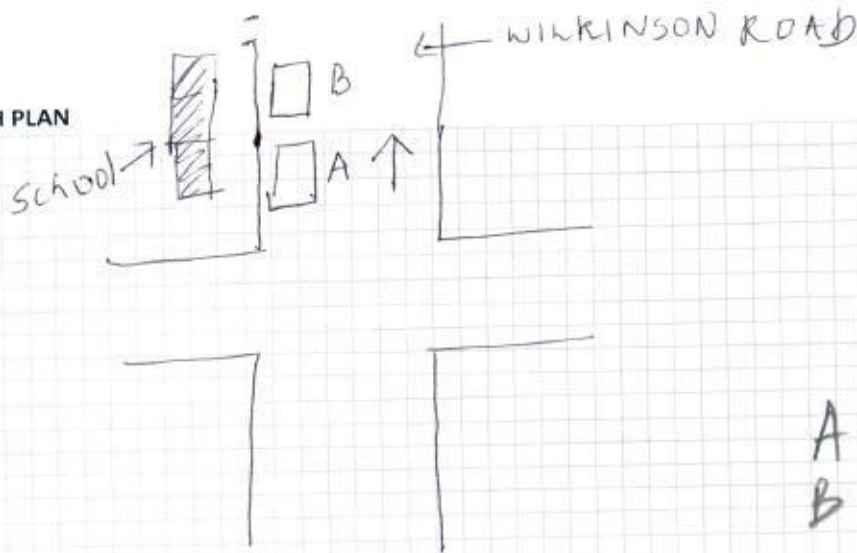
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

*Tasneem Khan*  
\_\_\_\_\_  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

*17/4/2018*  
\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

# SKETCH PLAN



A - STU2250C  
B - SKP4928H

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I had taken a left turn on Wilkinson road and there was a school on left hand side. Vehicle B suddenly stopped without giving appropriate signal. My car bumped hers lightly. It was a light touch - only paint faded. NO chip. NO dent. very very minor damage.

## DECLARATION

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

Jaspreet Kaur

Policyholder's Signature  
Date & Time:

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

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

17/4/2018



Auto  
Consultants  
Pte Ltd

9-6pm

511 BEAVEL, #01-25 PAYA LEBINDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 62564315

Our Ref: CC3/AIG18005804/wb3

02<sup>ND</sup> APR 2018

**Gulraj Singh Sidhu**  
63-A Bournemouth Road  
Singapore 436603

Dear Sirs,

**ACCIDENT INVOLVING SKP 4928H AND SJU 2250C ON 28/03/2018 ALONG AT WILKINSON ROAD**

We, LKK Auto Consultants Pte Ltd has been appointed to act on the behalf of your insurer, AIG Asia Pacific Insurance Pte Ltd (AIG) to settle a THIRD PARTY claim against you for an accident which happened on the above-mentioned date and location.

Kindly proceed to lodge your GIA report within five (05) working days of receipt of this letter, giving the version of the accident amongst other things related to the accident. The GIA report can be lodged at any of AIG reporting centres. You may refer to your Certificate of Insurance for the list of the reporting centres.

If you have any information to add or any amendments to make, please contact the undersigned within five days from the date of this letter.

Please note that the standing of your insurance policy such as NCD, premium & etc would be affected.

Yours faithfully,

Vivian Lau  
Claims  
Tel : 6841 8625  
Fax: 6741 4108  
Email : [vivianlau@lkkauto.com](mailto:vivianlau@lkkauto.com)

c.c. *Claims Manager*  
*AIG Asia Pacific Insurance Pte Ltd*  
(Motor Claims Dept)

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. **S73778371**



Name

**JASPREET KAUR ANAND**

Race

**INDIAN**

Date of birth

**22-02-1973**

Sex

**F**

Country of birth

**INDIA**



REPUBLIC OF SINGAPORE **DRIVING LICENCE**



Licence Number **S73778371**  
Name

**JASPREET KAUR ANAND**

Birth Date **22 Feb 1973**

Issue Date **03 Mar 2003**



9110728

NRIC No. **S73778371**



Nationality

**INDIAN**

Date of issue

**08-10-2010**

**63A BOURNEMOUTH ROAD  
SINGAPORE 436603**

NRIC No: **S73778371**

Date: **20/11/2011**

No: **6897667**

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

PASS DATE

**01 Feb 2000**

**Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms**



NP 422A



# CERTIFICATE OF INSURANCE

51808762F

## AUTOPLAN PRIVATE VEHICLE

Name of Policyholder : Gulraj Singh Sidhu  
 Period of Insurance : 27 Dec 2017 To 26 Dec 2018  
 Engine No. : 1AZE149504  
 Chassis No. : MR953BK4107049625

Vehicle No. : SJU2250C  
 Policy No. : 1700094051  
 Endorsement No. : 000000000169459  
 Issued Date : 27 Dec 2017

### ABOUT THE COVER

Make/Model : TOYOTA CAMRY 2.0  
 Engine Capacity/Tonnage : 1,998,00 CC  
 Driver Restriction : NA

Sum Insured : Market Value  
 Off Peak Car : No

First Year of Registration : 2009  
 Insuring with COE/PARF : Yes

#### Persons or Classes of Persons Entitled to Drive\*

(i) Beneficial owner  
 (ii) Any other person driving against the Policyholder's order or against the person's order.  
 This Policy will not cover the Policyholder's driver only if he/she meets the specified age condition.

You have to be a licensed driver of a motor vehicle (such as a motor vehicle) (VDR) if You are or Your Authorised Drivers (named or unnamed) is under the age of 23 and/or has less than 2 years of 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 is not cover the following: racing, speed testing, reliability trial or speed testing, the carriage of goods other than samples in connection with any trade or business or for any purpose in connection with trade.

\* Excludes persons not approved by Section 5 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 in the list of drivers.

### EXCESS

Section 1  
 Fire - Self Claim Deductible - 5000 - Third Party - 20 - Third Party Cover - 50

Section 2  
 Property Damage - 500

Windscreen - 5100

Named Driver and Excess (where applicable)

Gulraj Singh Sidhu - 3600 (Fire Damage)

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

Approved Reporting Centres: AIG Authorized Repairers (for claims related repairs)

Any accident claims to the vehicle can be claimed at the repairer of your choice (unless specifically excluded by Us)

For Approved Reporting Centres/AIG Authorized Repairers, please contact our 24-hour accident emergency hotline at +65 6336 6200. Alternatively, you may refer to AIG website [www.aig.com.sg](http://www.aig.com.sg) or AIG 90 Motor App. (Apple App Store and Google Play Store) to find the nearest AIG Authorized Repairer.

### IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: NA

I/We hereby agree 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 5 of the Road Transport Act, 1987 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0000064000

DIRECT CLIENTS 91-498

AIG BUILDING 78 SHENTON WAY #07-16

SINGAPORE 0781120

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

*Janile*

AIG Asia Pacific Insurance Pte. Ltd.  
 AUTHORISED REPRESENTATIVE