

NATIONAL Assessment Centre Services. [wef 1 Jan'05] MNA118067918

Date In: 25/5/18-10:14	Job description	Date & Time Completed	Done by
Ref No: NA/A18009507/24	SAS e-filing		
Veh No: 6BD54625	E-mail (within 5hrs, AIC 2hrs)		
D.O.A : 24/5/18-18:00	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: (Tel:	Fax:
TP Particulars:	Veh No: PC93350	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 : 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

NA1803284	Invoice Preparation Checklist	Ant (\$) for Bill	Ant (\$) Add Bill
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);		
Driver/Owner:	2) DA : Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF : Towing Fee \$40/\$45		
Damaged Portion:	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:-		
QC Checked by (Engr-In-Charge):	QD*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
Auditors' Comments :-	TF (N11) : TP (Non INC) against INC \$20		
Pat. 1:	9) N12: Idac Mobile 30		
Pat. 2 / 3:	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	25/05/2018 10:14
Date Of Accident	24/05/2018 18:00
Exact Location Of Accident	ALONG AYE (CITY) BEFORE PORTSDOWN RD EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBD5467J
Insured/Policyholder	
Name Of Registered Owner	FIBER ONE ASIA PTE LTD
Co Reg No	201327301Z
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-66352366
Vehicle Particulars	
Manufacturer	NISSAN
Model	NV350 PANEL VAN 2.5 5AT 5DR EURO V
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	2100475255-01
Cover Note Number	
Driver	
Name of Driver	PARTHIPAN SOMASUNDARAM
Passport No/FIN	G3180793Q
Date Of Birth	02/07/1990
Occupation	OUTDOOR
Date Of Driving Pass	11/01/2016
Driving Experience	2 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98915448
Fax Number	
Contact Number	OFFICE-98915448
Email Address	NOEMAIL

Address	BLK 46 OWEN ROAD #04-275
Postcode	210046
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
Weather Conditions	CLEAR
Road Surface	WET

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?	
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)	2
Passenger 1	NAME: : - 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

ON STATED DATE AND TIME, I WAS TRAVELLING ALONG LANE 2 AYE (CITY) AS I WANTED TO CHANGE FROM LANE 2 TO LANE 3 I TURN ON MY INDICATOR LIGHT. SO I CHECKED MY BLIND SPOT BEFORE CHANGING LANE. I DID NOT NOTICED THAT VEHICLE B WAS AT LANE 3. IN A RESULT, WHEN I CHANGE LANE AND ACCIDENTALLY HIT ONTO VEHICLE B FRONT RIGHT PORTION.

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	PC9335U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	BUS
Name of Driver	
NRIC/Passport Number	
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:


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


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

SKETCH PLAN

Sketch plan area with grid lines and handwritten notes:

- Top right: A: GBD5467J
- Below A: B: PC9335U
- Left side: A/E (City)
- Center: Two small boxes labeled B and A, each containing a triangle symbol.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to statement.

[Large empty area for describing the accident circumstances, crossed out with a diagonal line.]

DECLARATION

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

Policyholder's Signature
Date & Time:

GULFONE S&P (HONGKONG) LTD.

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

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

REPUBLIC OF SINGAPORE DRIVING LICENCE

License No: **G3180793Q**

PARTHIPAN SOMASUNDARAM

Birth Date: **02 Jul 1990**
 Issue Date: **11 Jan 2016**
 Valid Till: **10/01/2021**

002517607J

EMPLOYMENT PASS
 Employment of Foreign Manpower Act (Chapter 91A)
 Republic of Singapore

Employer: **FIBER ONE ASIA PTE. LTD.**

Name: **PARTHIPAN SOMASUNDARAM**
 Occupation: **ASSISTANT PROJECT ENGINEER**

FIN: **G3180793Q**

Date of Application: **07-03-2017**
 Date of Issue: **27-03-2017**
 Date of Expiry: **27-03-2019**

L7773251

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

		EFFECTIVE DATE
Class 2B	Motorcycles <= 200 cc	11 Jan 2016
Class 3	Motor cars with unladen weight <= 3000kg with <= 7 passengers, exclusive of driver; and other motor vehicles with unladen weight <= 2500kg	11 Jan 2016



VISIT PASS
 Immigration Regulations

Name: **PARTHIPAN SOMASUNDARAM**

Date of Birth: **02-07-1990** Sex: **M** Nationality: **INDIAN**

FIN: **G3180793Q** Date of Issue: **27-03-2017** Date of Expiry: **27-03-2019**

MULTIPLE JOURNEY VISA ISSUED

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.

COMMERCIAL AUTOPLUS COMMERCIAL VEHICLE

Name of Policyholder : Fiber One Asia Pte Ltd
 Period of Insurance : 28 Nov 2017 To 27 Nov 2018
 Engine No. : YD25358901A
 Chassis No. : JN1MC2E26Z0003625

Vehicle No. : GBD5467J
 Policy No. : 2100475255-01
 Endorsement No. :
 Issued Date : 20 Nov 2017

ABOUT THE COVER

Make/Model : NISSAN NV350 PANEL VAN
 Engine Capacity/Tonnage : 1.5 Tonnage Sum Insured : Market Value First Year of Registration : 2014
 Driver Restriction : NA Off Peak Car : No Insuring with COE/PARF : Yes

Person or Classes of Persons Entitled to Drive*

- a) Any person who is driving on the Policyholder's order or with their permission.
 b) 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*

- 1) Use in connection with the Policyholder's business.
 2) Use for the carriage of passenger (other than for hire or reward) in connection with the Policyholder's business.
 3) Use for social, domestic or pleasure purposes. This Policy does not cover a) use for hire or reward, driving tuition, driving test, racing, pace-making, reliability trial or speed-testing, and b) use whilst towing a trailer except the towing of anyone disabled using a mechanically propelled vehicle, c) use for any purpose in connection with Motor Trade.

* Limitations rendered inoperative by Section 6 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 180) 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 - \$1300 Theft - \$0

Section 2

Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

FIBER ONE ASIA PTE LTD - \$1300 (Own Damage)

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

Any accident repairs to the Vehicle must be carried out by one of our Authorised Repairers. Within the first 3 years of the first registration of the Vehicle in Singapore, You have the option of having the accident repairs carried out at the Sole Agent's workshop.
 For other Approved Reporting Centres/AIG 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: TAN CHONG CREDIT PTE LTD

I/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, 1958 (Malaysia).

0194006000

LIM TECK SAN WINSTON
 371 ALEXANDRA ROAD #12-30 AIA ALEXANDRA
 SINGAPORE 159963 SP-MITCHELL-STEVEN LIM
 Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

Manik

AIG Asia Pacific Insurance Pte. Ltd.
 AUTHORISED REPRESENTATIVE

SSPWTC