

NATIONAL Assessment Centre Services

(wef 1 Jan'05)

MA 118102252

Date In: 71811P 17:22	Job description	Date & Time Completed	Done by
Ref No: MA1AIG18014382144	SAS e-filing		
Veh No: 5G0 9787K	E-mail (within 3hrs, AIG 2hrs)		
D.O.A: 718118 08:20	i-Motor Claim Form		
OD: <input checked="" type="checkbox"/> 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: 5L2 6588C	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

MA1805021	Invoice Preparation Checklist		Amt (\$)	Amt (\$)
			Est Bill	Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);		20.00	
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			
QC Checked by (Engr-In-Charge):	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:-			
	QD:			
	*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 \$0			
Est 1:	Invoice dated	Fee Charged		
Est 2/3:	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	07/08/2018 17:22
Date Of Accident	07/08/2018 08:20
Exact Location Of Accident	ALONG THOMSON RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGU9787K
Insured/Policyholder	
Name Of Registered Owner	RAJALAKSHMI DINESH KUMAR
NRIC No	S7973301F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92212012
Alternative Phone No	OFFICE-92212012

Vehicle Particulars

Manufacturer	TOYOTA
Model	AXIO
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	THIRD PARTY
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	1700079770
Cover Note Number	-

Driver

Name of Driver	DINESH KUMAR S/O THANGAVELU
NRIC No	S7616826A
Date Of Birth	10/06/1976
Occupation	INDOOR
Date Of Driving Pass	24/02/1997
Driving Experience	21 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92212012
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 624A WOODLANDS DR 52 #05-03
Postcode	731624
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 - CHANGE/CROSS LANE
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?	
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 ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLZ6588C
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


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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:

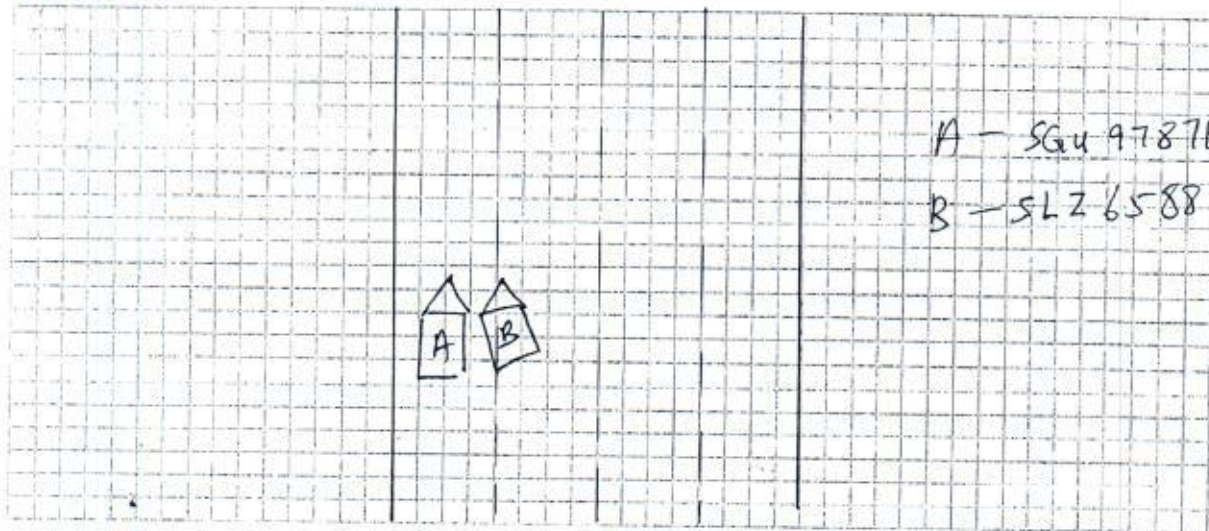
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on 7/8/18 at 8.21am, I was driving my vehicle A along Thomson Road. I drive my car slowly due to in front of the vehicle moving slowly. Suddenly vehicle B cut into my lane.

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:

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

Date of Accident : 7/8/18 Accident Time: 8:21 am (24-HR-Format)
Accident Place : Along Thomson Road
Vehicle, No. (Car Plate No.) : SGU 9787K Make/Model: Toyota Axio 1.5
Insurance Company : Alca Policy No: 1700679770
Owner or Company Name / IC No. : Rajalakshmi Dinesh Kumar
Owner or Company Contact No. : 57973301F Owner's Hp 57973301F Company Tel
DRIVER'S Name / IC No. : Dinesh Kumar S/o Thangavel / 57616826A
DRIVER'S Date Of Birth : 10/6/1976 DRIVER'S License Pass Date 24/2/1997
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Husband
DRIVER'S Address : B/K 624 A woodlands Dr 52 #05-03
DRIVER'S Contact No./ Alt No. : 1) 92212012 2) 5731624
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address : _____
Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (Including Driver): 1 Driver
Was there any video Captured by car camera: YES \ NO
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose
Any Injury (If YES, Pls state): NO

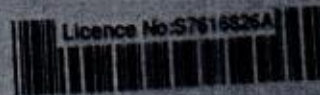
Other Party Driver's Particular (if any)

Vehicle, No:	<u>SLZ 6588 C (AXA)</u>	Vehicle, No:	_____
Vehicle Make/Model:	_____	Vehicle Make/Model:	_____
Name Driver:	_____	Name Driver:	_____
IC No. Driver/Contact:	_____	IC No. Driver/Contact:	_____

* NEW - Passenger's name & gender:

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

	EFFECTIVE DATE
Class 2B Motorcycles \leq 200 cc	14 Jan 1994
Class 2A Motorcycles between 201 cc and 400 cc	03 Apr 1995
Class 3 Motor Cars \leq 3000kg with \leq 7 passengers, exclusive of the driver; and other motor vehicles \leq 2500kg	24 Feb 1997



NP 428A

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S7616826A

Name:

DINESH KUMAR S/O
THANGAVELU

Birth Date: 10 Jun 1976

Issue Date: 25 Sep 2015



SG
50

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7616826A




Name
DINESH KUMAR S/O
THANGAVELU
இசைக்குமார் குமார்
Race
INDIAN
Date of birth
10-06-1978 Sex M
Country of birth
SINGAPORE




S7616826A

3922131



NRIC No. S7616826A



Date of issue
23-08-2006

Address
APT BLK 624A WOODLANDS DRIVE 62 606-03
SINGAPORE 731024

NRIC No. S7616826A Date: 11/11/2006 No. 6300364



CERTIFICATE OF INSURANCE

AUTOVALUE PRIVATE VEHICLE

Name of Policyholder : RAJALAKSHMI DINESH KUMAR
 Period of Insurance : 29 Nov 2017 To 29 Nov 2018
 Engine No. : 1N2C541340
 Chassis No. : NZE1416025017

Vehicle No. : SGU9787K
 Policy No. : 1700079770
 Endorsement No. :
 Issued Date : 21 Nov 2017

ABOUT THE COVER

Make/Model : TOYOTA AXIO 1.5 [Sedan]
 Engine Capacity/Tonnage : 1,496.00 CC
 Driver Restriction : NA
 Sum Insured : Off Peak Car
 Market Value : No
 First Year of Registration : 2007
 Insuring with COE/PAF : 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 written authority.
 This policy will indemnify the Policyholder or any authorized driver, only if he/she meets the specified age condition.
 You have to pay an additional sum of \$1,000 as "Inexperienced Driver's Excess" (IDEX) if you are or your Authorized Driver (named or unnamed) has less than 2 years' driving experience.

Age Condition : 35 years old and above

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, game-making, rallying trial or speed-testing, the damage of goods other than samples in connection with any sale of business or with any purpose in connection with Motor Trade.

Limit of Use : 1500cc - 1800cc Optional

* Limitations imposed irrespective of Section 6 of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 186) 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 - \$500 Theft - \$0 First Cover - \$0

Section 2

Property Damage - \$0

Windscreen - \$100

Named Driver and Excess (where applicable)

RAJALAKSHMI DINESH KUMAR - \$500 (Own Damage)

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

Any accident reports to the Vehicle must be carried out by one of our Authorized Repairers.
 For other Approved Reporting Centres/Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6339-6200. 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 : NA

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. 186) Part IV or the Road Transport Act, 1987 (Malaysia), and Motor Vehicles (Third Party Risks) Rules, 1995 (Malaysia).

0503644000

ELAVAZHAGAN S/O SUNDARARAJU
 31 SCOTTS ROAD #04-11 PRUDENTIAL @ SCOTTS
 SINGAPORE 228241
 Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.
 AUTHORIZED REPRESENTATIVE

For Details, Visit: www.aig.com.sg or www.aig.com.sg or www.aig.com.sg or www.aig.com.sg