

NATIONAL Assessment Centre Services

[ver 1 Jan 05]

MNA 118131917.

Date In: 11/10/18 12:13	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NA/ GAZ 18018453164.	E-mail (within 5hrs, AIC 2hrs)		
Veh No: SKH 8065 M	i-Motor Claim Form		
D.O.A: 10/10/18 21:35	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
OD: <input checked="" type="checkbox"/> Reporting Only	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:

FBC 3928P.

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

NA 1806580	Invoice Preparation Checklist		Amt (\$) In Bill	Amt (\$) Add Bill
Claimant's Particulars :-	1) AR: Accident Reporting (\$30);		20.00	
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)			
Contact No:	3) TP: 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			
Auditors' Comments :-	For claiming against INC Only (wef 10 Jan 2005)			
Ref. 1:	6) TR: Re-inspection \$75			
Ref. 2 / 3:	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 (Non INC) against INC \$20			
	9) N12: Idao Mobile \$0			
	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 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. 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	11/10/2018 12:13
Date Of Accident	10/10/2018 21:35
Exact Location Of Accident	CTE TWDS SLE AFTER BRADDELL EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKH8065M
Insured/Policyholder	
Name Of Registered Owner	RAJESH TIWARI S/O P TIWARI
NRIC No	S7497266G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98627220
Alternative Phone No	OFFICE-98627220

Vehicle Particulars

Manufacturer	BMW
Model	535I GRAN TURISMO A
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	GREAT AMERICAN INSURANCE COMPANY
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MOMVP000000005-02-000
Cover Note Number	-

Driver

Name of Driver	RAJESH TIWARI S/O P TIWARI
NRIC No	S7497266G
Date Of Birth	29/07/1974
Occupation	INDOOR
Date Of Driving Pass	26/02/2001
Driving Experience	17 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98627220
Fax Number	
Contact Number	OFFICE-98627220
EMail Address	NOEMAIL

Address	2 KERONG WALK
Postcode	757127
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	AFTER RAINED
Road Surface	WET

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?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBC3928P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
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:

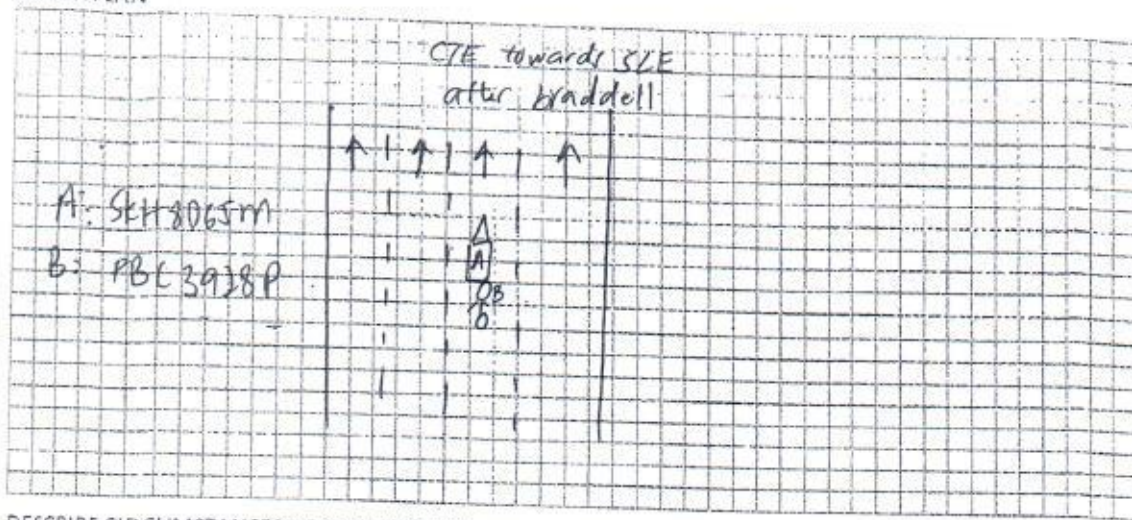
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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 the stated date and time, I was travelling on the stated venue. As the front vehicle stop, I applied my brakes & came to a stop as well. Seconds later, I felt an impact on the rear of my vehicle. As I came out from my vehicle, I realise vehicle B has hit onto my vehicle rear portion.

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 : 10/10/18 Accident Time: 21 37 (24-HR-Format)
 Accident Place : C7E Towards SLE after Braddell Exit
 Vehicle No. (Car Plate No.) : SKH 8065M Make/Model: BMW 535i
 Insurance Company : Great American Policy No: momVP000000005-02-000
 Owner or Company Name / IC No. : Rajesh Tiwari s/o P Tiwari 574972666
 Owner or Company Contact No. : 9862 7220 Owner's Hp _____ Company Tel _____
 DRIVER'S Name / IC No. : As above
 DRIVER'S Date Of Birth : 29/07/1974 DRIVER'S License Pass Date 26 Feb 2001
 Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: owner
 DRIVER'S Address : 2 Kerong Walk s(757/27)
 DRIVER'S Contact No./ Alt No. : 1) _____ 2) _____
 DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
 Email Address : jamesrajt@yahoo.com.sg
 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): 01
 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): _____

Other Party Driver's Particular (if any)

Vehicle No: <u>PBC 3928P</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:

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7497266G



Name

RAJESH TIWARI S/O P TIWARI

Race

INDIAN

Date of birth

29-07-1974

Sex

M

Country/Place of birth

INDIA

S7497266G



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S7497266G
Name:

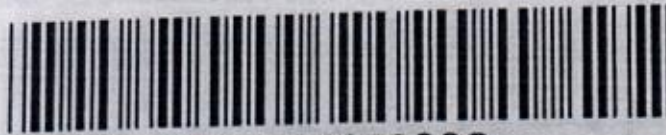
RAJESH TIWARI S/O P
TIWARI

Birth Date: 29 Jul 1974

Issue Date: 29 Sep 2003



5852574



NRIC No. S7497266G



Date of issue

15-01-2018

Address

2 KERONG WALK
SINGAPORE 757127

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

Class 2B	Motorcycles not exceeding 200 cc
Class 2A	Motorcycles between 201 cc and 400 cc
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

PASS DATE

20 Oct 1999

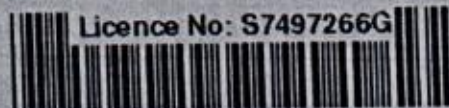
24 Nov 2000

26 Feb 2001

RafflesMedical



NP 428A



Licence No: S7497266G

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)

Policy Details			
Certificate Number	: MOMVP000000005-02-000	Cover	: Private Car (Comprehensive)
Policyholder Name	: Rajesh Tiwari S/O P Tiwari	Chassis Number	: WBASN22010C194732
NCD Entitlement	: 50% No Claim Discount	Engine Number	: 13658183N55B30A
Hire Purchase	: MALAYAN BANKING BERHAD	Registration Number	: SKH8065M
Period of Insurance	: From 18/01/2018 (00:00) To 17/01/2019 (23:59) (Both Dates Inclusive)		

Persons or Classes of Persons entitled to Drive

- a) The Policyholder
b) Any person who is driving on the Policyholder's order or with their permission
Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor or so has been Vehicle 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

Limitations as to Use

Use only for social, domestic and pleasure purposes and for Policyholder's business
This Policy does not cover:

- a) Use for Hire and Reward
b) Use for racing, pace making, reliability trial or speed testing
c) Use for carriage of goods (other than samples) in connection with any trade or business
d) Use for any purpose in connection with Motor Trade

* 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

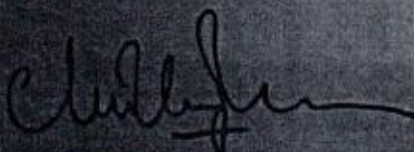
Excess (Section 1)	: SGD 350.00	Workshop	: Authorised Workshop
Excess (Section 2)	: N/A	Off Peak Car	: No
Windscreen Excess	: SGD 100.00	NCD Protection	: Yes
ADDITIONAL EXCESS	: Please refer overleaf		

Driver Details

Main Driver	: Rajesh Tiwari S/O P Tiwari
Named Driver 1	: Tripathi Rachameedavi
Named Driver 2	: N/A
Named Driver 3	: N/A
Name of Intermediary	: Tena Risk Solutions Pte Ltd
Date of Issue	:

(We hereby certify that the policy to which this Certificate relates is issued in accordance with the provision of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia))

Signed for and on behalf of
Great American Insurance Company



Authorised Signatory