

NATIONAL Assessment Centre Services. [waf 1 Jan 00] MMA418147885			
Date In: 15/1/2018 10:57	Job description	Date & Time Completed	Done by
Ref No: NBA/10/10020673/Y	SAS e-filing		
Veh No: SDU 653P	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 10/1/2018 17:30	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/Whsp		
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:)
TP Particulars:	Veh No: SMA139A	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: Please include 6788/6616			
1) Apply for Transport Allowance () / Courtesy Car ()			
2) QC Check / Post Repair Inspection ()			
3) Upload Resurvey Photo [Repair Cost > \$3000] ()			
Injury: _____			
Date/Time: _____			
Actions: _____			
NA607476			
Driver/Owner:		Invoice/Repairation Checklist	
Contact No:		1) AR: Accident Reporting (\$30)	
Damaged Portion:		2) DA: Damage Assessment (\$100) INC (\$50)	
QC Checked by (Engr-In-Charge):		3) TP: Towing Fee \$40/\$45	
Auditors' Comments:		4) FT: Follow-Through Survey \$120	
Tel: 1:		5) FT: Follow-Through Survey (Resurvey) \$30	
2 / 3:		For claiming against INC Only (waf 10 Jan 2003)	
		6) TR: Re-inspection \$75	
		7) NI: Idea DA + SMRT Survey \$160	
		8) NTUC Additional Services:	
		9) NI: Idea Mobile 30	
		Fee Charged	
		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	15/11/2018 10:57
Date Of Accident	10/11/2018 17:30
Exact Location Of Accident	BLK 662 HOUGANG AVENUE 4 CARPARK LOT 399/398
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJU6523P
Insured/Policyholder	
Name Of Registered Owner	GOVINDARAJ MOHANA SUNDARAM
NRIC No	S7266201F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-82981320
Alternative Phone No	OTHERS-82981320

Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH
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	1800041205
Cover Note Number	

Driver

Name of Driver	RAMA MURTHY MUTHUVEL PILLAI
NRIC No	S2661732D
Date Of Birth	10/02/1958
Occupation	INDOOR
Date Of Driving Pass	29/01/2005
Driving Experience	13 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82981320
Fax Number	
Contact Number	OTHERS-82981320
Email Address	NOEMAIL

Address	BLK 662 HOUGANG AVENUE 4 #04-393
Postcode	530662
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	RELATIVE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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)	0

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	HOUGANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 60 HOUGANG AVE 9 , POSTCODE: 538775 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4890999 - FAX NO: 63128989
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20181110/2068

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	SMA139A
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	

SKETCH PLAN

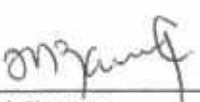
IMPORTANT NOTICE

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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)**

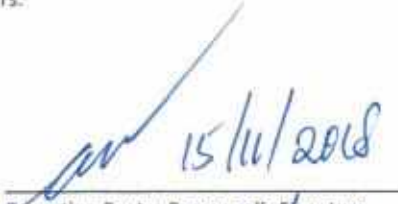
I understand, acknowledge, agree and consent that:

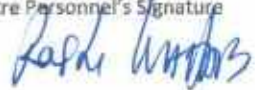
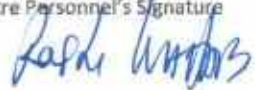
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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



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



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

SKETCH PLAN

Blk 662 Honggang Ave 4
Carpark lot 399/398

Vehicle A: SJU 6523P

Vehicle B: SMA 139A



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer police report F/20181110/2068.

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.:

15/11/2018

Rafael Lim Hoo



**SINGAPORE
POLICE FORCE**



F/20181110/2068

1 of 2

POLICE REPORT (NP299)

Report No. F/20181110/2068

Police Station Of Origin
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

Date/Time Report Made 10/11/2018 12:57	Vide Report No.	Station Diary No. 70
Name Of Informant RAMA MURTHY MUTHUVEL PILLAI	Address APT BLK 662 HOUGANG AVENUE 4 #04-393 SINGAPORE 530662	
ID Type / ID No. NRIC NO / S2661732D	Contact No. Home/Office Mobile 82981320	
Nationality SINGAPORE CITIZEN	Email Address	
Occupation SELF EMPLOYED	Sex Male	Age 60
Institution/School Name	Date of Birth 10/02/1958	Race Indian
Date/Time Of Incident 09/11/2018 17:00 - 10/11/2018 00:00	Location Of Incident APT BLK 662 HOUGANG AVENUE 4 HDB-HOUGANG SINGAPORE 530662 CARPARK LOT 399/398	

Brief details.

On the 09/11/2018 at 1730hrs, I parked my vehicle SJU6523P at carpark lot number 399. Lot number 398 was empty.

Later at around 0001hrs, I received a call from Mr Naja 85001095, and he informed that he saw a red vehicle hitting onto my vehicle's right side. This red vehicle was SMA139A, and he had parked on lot 398.

Signature Of Officer Recording The Report F / Sgt 3 CHIAM SHU QIN, SALLY	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 10/11/2018 12:57
Officer In-Charge Of Case: F / Hougang N.P.C / SI GOH JA SEN Contact No.: 64890999	Classification Of Case:

Authentication Stamp

	SN 085
Signature:	
Singapore Police Force	



**SINGAPORE
POLICE FORCE**



F/20181110/2068

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20181110/2068

I made a check, however the driver was no longer there. There was a red colored paint scratch on my vehicle body, on top of the wheel area, and my front bumper is loose and dented, front headlight a bit dislodged. His vehicle left rear had black marks and his rear bumper abit loose.

I am making this report to claim insurance from him. That is all.

Signature Of Officer Recording The Report:

F / Sgt 3 CHIAM SHU QIN, SALLY

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:
F / Hougang N.P.C /
SI GOH JA SEN
Contact No.: 64890999

Authentication Stamp

Signature Of Informant:

Date/Time:
10/11/2018 12:57

Classification Of Case:



Signature: _____

SN 085

Singapore Police Force

Email: sm@idac.com.sg

Tel no: 6555 6888 Fax no: 6454 3279

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 10/11/2018 (dd/mm/yy) Time of Accident: 17:30 (24-HR-FORMAT)
Vehicle No.: SJU 6523 P Vehicle Make & Model: Toyota Wish
Exact location of Accident: Blk 662 Hougang Ave 4 carpark lot 399/398
Policyholder's Name / IC No.: Govindaraj Mohana Sundaram S7266201F
Driver's Name / IC No.: Rama Murthy Muthuvel Pillai S2661732D (As Above) ☐
Driver's Contact No.: 8298 1320 Company Contact No.: _____
Driver's Address: 186 Boon Lay Ave #09-126 S(640186)
Insurance Company: AIG Email address (if any): _____

Relationship between Owner & Driver: Relative or Others specify: _____

What do you wish to claim? (Please TICK one only)

☐ Own Insurance / ☒ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)

Exact purpose for which the vehicle
Was being used at time of accident?

☒ Private use / ☐ Work purpose

Occupation (nature of job) ☒ Indoor / ☐ Outdoor

No. of Passengers (Including Driver): 00

Passenger Name : _____
Passenger Name : _____

Gender : _____
Gender : _____

Weather condition & Road conditions? (On the day of accident)

☒ Clear & Dry / ☐ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others: _____

Was there any video captured by your Car Camera? ☐ Yes / ☒ No

Any Injuries: ☐ Yes / ☒ No (If YES) Injured Person's Name: _____

Injuries Sustain: _____ Injured Person in Which Vehicle: _____

Police Report filed: ☒ Yes / ☐ No (If YES) Which Police Station: Hougang NPC

The Other Party(s) Details:

1. Driver's Name / IC No.: _____ Vehicle No: SMA 139 A

Driver's Contact No: _____ Insurance Company (If any): _____

2. Driver's Name / IC No.: _____ Vehicle No: _____

Driver's Contact No: _____ Insurance Company (If any): _____

*Independent Witness (If Any): _____ Contact No: _____

Preferred Workshop Name: _____ Contact No: _____



*If no proper documents are produced, IDAC should not file the report. Information will be discarded after one week.

REPUBLIC OF SINGAPORE DRIVING LICENCE


 Licence Number **S2661732D**
 Name
RAMA MURTHY MUTHUVEL PILLAI
 Birth Date: **10 Feb 1958**
 Issue Date: **29 Jan 2005**

001217279F

REPUBLIC OF SINGAPORE


 IDENTITY CARD NO. **S2661732D**


Name
RAMA MURTHY MUTHUVEL PILLAI
ராமமூர்த்தி
 Race
INDIAN
 Date of birth **10-02-1958** Sex **M**
 Country of birth
INDIA

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

Class 2B Motorcycles \leq 200 cc
 Class 3 Motor cars \leq 3000 kg with \leq 7 passengers, exclusive of the driver, and motor tractors / vehicles \leq 2500 kg

PASS DATE
 29 Jan 2005
 29 Jan 2005

NP 428A

Licence No: S2661732D

3766020


 NRIC No: **S2661732D**


 Date of issue
07-09-2005

APT BLK 862 HOUSANG AVENUE 4 #04-303
SINGAPORE 530682
 NRIC No: **S2661732D** Date: **05/06/2016 (R)**

AIG

CERTIFICATE OF INSURANCE

ESSENTIAL

AUTOVALUE PRIVATE VEHICLE

A moins que cela ne soit prohibé par le droit local applicable, le présent contrat est régi par les lois en vigueur au Canada, Ontario, Canada.

Name of Policyholder: GOVINDARAJ MOHANA SUNDARAM Vehicle No. : 1800041205
 Period of Insurance: 19 Apr 2018 To 18 Apr 2019 Policy No. : 1800041205
 Engine No. : 3ZRA432217 Endorsement No. :
 Chassis No. : JTDGJ20W705001760 Issued Date: 17-Apr-2018

ABOUT THE COVER

Make/Model : TOYOTA Wish 2.0

Engine Capacity/Tonnage : 1,987.00 CC

Driver Restriction : NA

Sum Insured : Market Value

Off Peak Car : No

First Year of Registration : 2009

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 higher permission.

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 \$3,000 as "Young and/or Inexperienced Driver Excess" ("YIDR") if You are or Your Authorized 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.

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not in be included under these headings.

EXCESS

Section 1

Fire - \$0 Own Damage - \$600 Theft - \$0 Flood Cover - \$0

Section 2

Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

GOVINDARAJ MOHANA SUNDARAM - \$600 (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.

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: HONG LEONG FINANCE LTD

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, 1959 (Malaysia).

0500656000

COWELL INSURANCE (AGENCY) P L

8 BURN ROAD #09-09 TRIVEX

SINGAPORE 369677 ANSP-NONLIFE

Underwritten by AIG Asia Pacific Insurance Pte, Ltd.

M. J. Tan
 AIG Asia Pacific Insurance Pte. Ltd.
 AUTHORISED REPRESENTATIVE

Tat Joo Lee