NATIONAL Assessment Centre Serv	escription	Date & Time Completed	Done	D.Y.
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OD TP (Penorung Duly	otor W/O (Within: OD 2h	urs, TP 4hrs)		
i-Pl	noto Uploaded			
TD Incorpor:	essment/Survey Report	<u> </u>		
Ass'	t Report by Fax / Hand	The second secon		
Preferred Wksp / INC Assign Wksp / QW: (- Alcumina	Tel: Fa	x:	
TP Particulars: Veh No: ULW 1542	. INC		-11	
Owner / Driver: (Tel:		
Policy No: () Period: ()	Cover Type: (
Confirmed by : (Date:	Time:	,0043	
		20%; P: 21-79%. P: 80-10	70%]	-
Year of Registration: () Warranty)	- 5%-e	
Excess: (\$) Loading: \$1,000 ()/\$2,000()	was managed to the Color of the	35 7	
General Remarks;-	THE STREET STREET		Com Prince	
) Walk-In Customer : Customer's information	as the same and a same and a same	Strictly NO refer of repairer.		W-THIS
) Total Loss Case : to e-mail Insurer URG				
Drive-In () / Towed-In (); Invoice: YES ()/NO();	Towing Co: ()
temarks;- (INC hotline: 6788 6616)		Date&Time Completed	Done	hy
) Apply for Transport Allowance ()/ Courtesy	Car ()		132	
QC Check / Post Repair Inspection	()		-	
) Upload Resurvey Photo [Repair Cost > \$3000]	()	7.91		
Injury:		- F (02)	1230 E. A. C.	1,500
ate/Time / Actions	12.50		REALCHOLE.	
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A 1920218.	(200 X 60 Y	eparation Checklist	MABIN	Add B
umant's Particulars:-	1) AR : Accide	ent Reporting (\$30); ge Assessment (\$100); INC (\$8	0)	
	3) TF : Towing	g Fee . \$40	/\$45	
ver/Owner:	5) FT : Follow	-Through Survey (Resurvey)	\$120 \$30	
ntact No:	For claiming	g against INC Only (wef 10 Jan 2005	\$75	
raged Bortion	6) TR : Re-ins	A + SMRT Survey	\$160	
naged Portion:	1 / / 1 1 2 1 1 1 1 1 2 1		AND THE STATE OF	
maged Portion:	8) NTUC Add	itional Services:-		
	8) NTUC Add	itional Services:-	\$5	
*	8) NTUC Add OD * *N5: Courte *N6: Repair	itional Services:- csy Car / Tpt Allowance r Co-ordination	510	
Checked by (Engr-In-Charge):	8) NTUC Add OD* *N5: Courte *N6: Repair *N7: Fost R *N8: DV / 0	itional Services:- csy Car / Tpt Allowance r Co-ordination tepair Inspection Collect Excess Coordination	\$10 \$25 \$3	
Checked by (Engr-In-Charge):	8) NTUC Add OD* *N5: Courte *N6: Repair *N7: Post R *N8: DV / 0 TP (N11):	csy Cor / Tpl Allowance r Co-ordination Repair Inspection Collect Excess Coordination TP (Non INC) against INC	\$10 \$25	
Checked by (Engr-In-Charge): iditors' Comments::-	8) NTUC Add OD* *N5: Courte *N6: Repair *N7: Fost R *N8: DV / 0	csy Car / Tpt Allowance r Co-ordination tepair Inspection Collect Excess Coordination TP (Non INC) against INC	\$10 \$25 \$3 \$20	

Figure 1 to 1 to 10 to 1

Your NCD will be affected due to late reporting Actual e-Filling Submission Date & Time: 07/01/2019 15:06

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 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 witholding 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

	ACCIDENT STATEMENT
Date Of Report	07/01/2019 14:52
Date Of Accident	11/06/2018 09:45
Exact Location Of Accident	JUNC TANJONG KATONG RD & CHANGI RD
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SLP7579A
Insured/Policyholder	
Name Of Registered Owner	HARPREET KAUR SIDHU D/O HARDIAL SINGH
NRIC No	S8634540D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93871047
Alternative Phone No	OFFICE-93871047
Vehicle Particulars	
Manufacturer	MAZDA
Model	MAZDA3 5-DOOR HATCHBACK 1.5L SP.6EAT
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 2100510130

Cover Note Number

Driver

Name of Driver GURDEV SINGH S/O GURUMAK SINGH

 NRIC No
 S0143521C

 Date Of Birth
 07/06/1949

 Occupation
 INDOOR

 Date Of Driving Pass
 09/06/1968

Driving Experience 50 YEARS AND 0 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-93876700

Fax Number

Contact Number OFFICE-93876700

EMail Address NOEMAIL

162 CEYLON ROAD Address

429724 Postcode

Was driver an employee of the Insured's Company NO

RELATIVE 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

COLLISION - HEAD TO REAR Type Of Accident

Weather Conditions CLEAR DRY Road Surface

Other Information

NO Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle)

involved in the accident

NO Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police? NO

If Yes, Please state which Police Station

NO Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Was there any audio recorded?

NO

YES

2

YES

NO

1

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

SLW8154Z Vehicle Registration Number MAZDA Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR Vehicle Category

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

- Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.
- 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:
 - 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:
 - 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					
	Changi	Rd	B	Geylan	Rel
			A Company		A-SLP7579A B-SLW8154Z
			13		P-SLW81342
			3		

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT NRIC 5 Was 7579 Tanjery SLP was posite tre 100 was aghte was and Dre do my May have canne diver her near. paid car and no her divave lve dis as courtesy damag clain was collision idea car no any backwards? alid Could be car

DECLARATION

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

Policyholder's Signature Date & Time: Oriver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Reported on 17(8/2018 @1235HPS.

	ACCIDENT STATEMENT	AM
ACCIDENT DATE: 11 6	12018 J(DD/MMA/YYYY), TIME:	9:45 (HH:MM)
~	Katong Rood	
LOCATION: langong	Katong 1000	
1. DETAILS OF VEHICLE		
a) VEHICLE NUMBER:	SLP 7579 A	2
b)INSURANCE COMP	PANY: AIG	
c)POLICY NUMBER:_		
	MPREHENSIVE / THIRD PARTY / THIRD	PARTY FIRE &THEFT)
e)MAKE & MODEL:	MR20A 3 .	
	DUPE / MPV /VAN / LORRY / MOTOR	
	Y: (PRIVATE / COMMERCIAL / MOTO AT ACCIDENT TIME:	hane
	UNDER YOUR OWN INSURANCE (YE	
	(THIRD PARTY CLAIM / REPORTING)	
2. INSURED / POLICY HO	OLDER	
AINAME: Harpis	ed Vaur Sidhin v	MALE FEMALE
b) NRIC/FIN/PASSPOR	Carpinal Real	CT: 93871047. 90666 J71.
c) ADDRESS: 90	5 429824	
* CONTINUE TO 3.d IF	DRIVER ALSO POLICY HOLDER	
MALIA OF DESCRIPTION 3 DRIVER		
(Industria di as) a) NAME: Gur	der Singh	MALE) FEMALE)
opinion non on	T: S 0/4352/-C CONTAI	CT: 93876700
c) c)ADDRESS: 162	Ceylon Rd	
	17,06/1949)(DD/MM/YYYY)	owner)
eJOCCUPATION: (IND		daugh
f) YEARS OF DRIVING	XPRERIENCE: 40	
	PLOYEE OF THE INSURED'S COMP	ANY? (YES INO)
	P OF THE DRIVER WITH INSURED	Clear Driver
b)ROAD SURFACE: (DI		
6. WAS ANYBODY INJURE		
a) REPORTED TO POLIC		
	WHICH POLICE STATION:	
8. THIRD PARTY VEHICLE NUMBER:	SLW 8154 Z MODEL:	niasda
	MODEL:	
C) NPIC/FIN/PASSPO	RT:CONTAC	CT:
9. THIRD PARTY VEHICLE		#P
No of passanger d) VEHICLE NUMBER:	MODEL:	* 47
(Ind A to A to A) OF DRIVER'S NAME:_	DT. CONTAC	T.
() offer f) NRIC/FIN/PASSPO	RT:CONTAC	-1:
C-350m		n 350 s
A Course Sporter		
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Mo hasbaus dispus	citing for Certit	cle Photos.

Driver

REPUBLIC OF SINGAPORE IDENTITY CARD NO. SO 143521C



Name



GURDEV SINGH S/O GUNUMAK

Race

SIKH

Date of Birth

Sex

07-06-1949

M

Country of Birth

SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S0143521C

Name:

GURDEV SINGH S/O GURUMAK SINGH

Birth Date: 07 Jun 1949

Issue Date: 23 Sep 2003



acks with the highest combination of price change and of daily activity relative to the three-month avera-

1152558





NRIC No. S0143521C

Blood Group

Date of issue

B+

30-07-1993

162 CEYLON ROAD SINGAPORE 429724

Date:

09-17-1948 NO:

2152779

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

Class 2B Motorcycles =< 200 CC

Class 2A Motorcycles between 201 CC and 400 CC

Class 2 Motorcycles > 400 CC

Class 3 Motor cars =< 3000 kg with =< 7 passengers, exclusive of the driver; and motor tractors/vehicles =< 2500 kg

PASS DATE

14 Nov 1968

14 Nov 1968

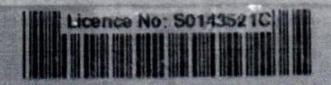
14 Nev 1968

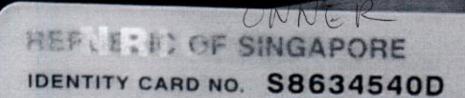
- University

Tun 1968

S0143521C

S/No. 9000174335









Name

HARPREET KAUR SIDHU D/O HARDIAL SINGH



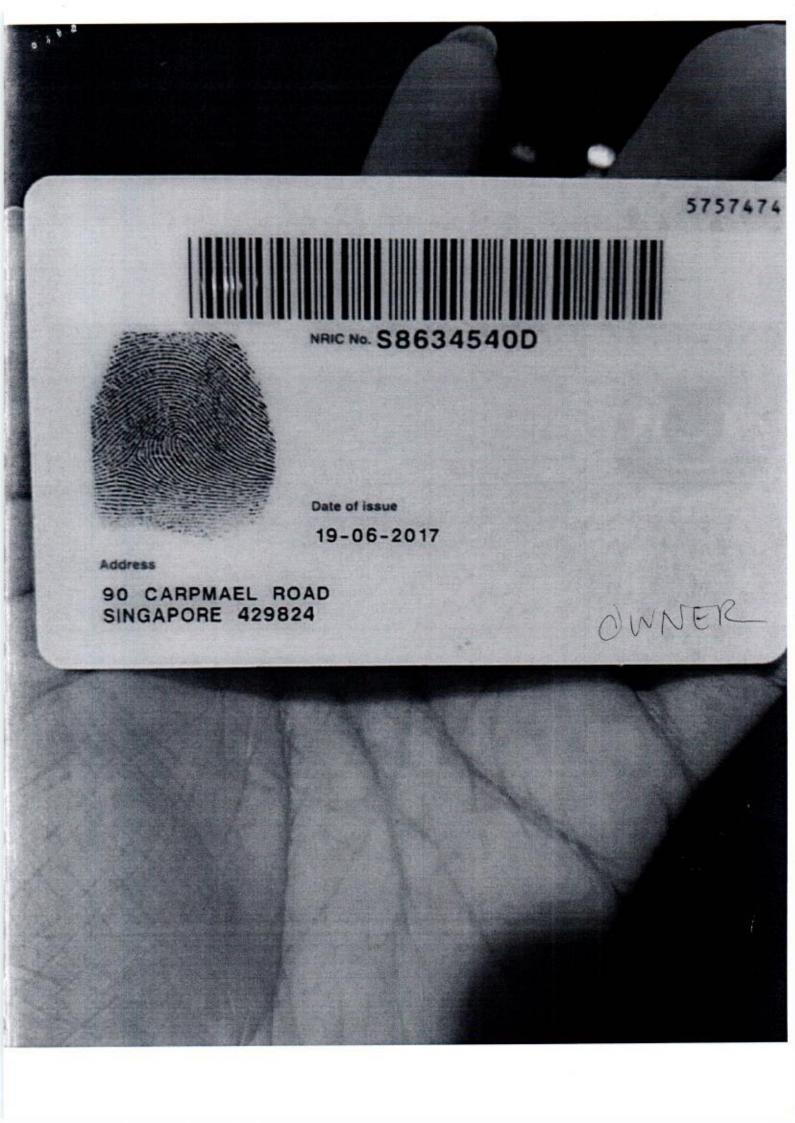
Race SIKH Date of birth

14-11-1986

Country/Place of birth

Sex





2100510130

55

\$2,217.00

\$155.19

\$2,372.19

00000



POLICY SCHEDULE

ANS FUROKARS AUTO PROTECTOR

PERIOD OF INSURANCE

From To

: 16 Jun 2017 15 Jun 2018

(both dates inclusive)

Harpreet Kaur Sidhu D/O Hardial Singh

INSURED ADDRESS

. 90 Curpmael Road

Singapore 429824

BUSINESS/PROFESSION : Management

SLP7579A

REGISTRATION NO. MAKE & TYPE OF BODY

MAZDA 3 1.5 SkyActiv

YEAR OF REGISTRATION : 2017

CC/TONNAGE 1,496.00

SEATING CAPACITY

JM6BN24A8H0145009

CHASSIS NO. ENGINE NO.

P520432360

SUM INSURED

Market Value

INSURING WITH COE/PARF Yes EXCESS

SS600.00 (1)

NAMED DRIVERS 1) The Policyholder

SUBJECT TO ENDORSEMENT(S):

Insurance coverage includes the following benefit(s):Loss Of Use 10 Days (1500 - 1600ce)

2(O), 7(a), 15, 25, 57, 72(b), 82(d), 89(a), 94, 96, 130,

POLICY NO. ENDORSEMENT NO.

PREMIUM

Total Due

GST @ 7.00%

PREMIUM CALCULATION:

After 10% No Claim Discount

SUBJECT TO AGE CONDITION : All Age Condition HIRE PURCHASE OWNERS/EMPLOYER'S LOAN :

HONG LEONG FINANCE LTD

MON-CANCELLATION CLAUSE: AIG ASIA PACIFIC DISERANCE FTE, LTD, undersides to inform HONG LEONG SINGAPORE FDANCE LTD of any cancellation of the Policy if districtions have been received for the concellation of the Policy and also to salvae HONG LEONG SINGA.

sued in SINGAPORE on 4 Jul 2017

Person(s) Entitled To Drive :

b) Any other person who is driving on the Insured's order or with his permission

This policy will indemnify the insured or any authorised driver only if he she meets the age conditions. A Young and/or Inexperienced Driver Excess ("YIDR") of \$\$3,000,00, in additional to the

Policy Excess, applies to You and any Authorised Driver (named or unnamed) if You are or the said Authorised Driver is below the age of 23 and/or has less than 2 years' driving experience.

Use only for social, domestic and pleasure purposes and for the Insuresd's business.

The Policy does not cover use for hire or rewards, tuition, driving test, racing, pace-making, reliability trial speed-testing the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with the Motor Trade.

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

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

1 Trans Eurokars Pie Ltd. - No. 5 (Dis Close (Tel. 63958899)

2 ComfortDelgro Engrg. - 205 Braddell Rd (Tel. 63837118) 3. DPS Body & Paint Workshop - 209 Pandan Gardens (Tel. 65684501)

4 Ethog. - 30 Bukin Batok Cres (Tel. 66547777) 5. Glass-Fix. - 52 Ubi Ave 3 (Tel. 62780887) - For windscreen only

4 Ethog. - 30 Bukin Batok Cres (Tel. 66547777) 5. Glass-Fix. - 52 Ubi Ave 3 (Tel. 62780887) - For windscreen only

6 Kan Fook Sing Motor - 61 Defu Lane 12 (Tel. 67479560) 7. Lai Huat (Meng Kee) Motor - 21 Sin Ming Ind (Tel. 64538110)

8 Mova Automotive - 1008 Bukit Merah Lane 3 (Tel. 62723892) 9. Progressive Automotive - 3022A Ubi Rd 1 (Tel. 67415336)

10 SME Motor - 1 Kaki Bukit Ave 6 Blk D (Tel. 67476106)

503599-190 ARE (AP) PTE LTD - MAZDA 7 MAXWELL ROAD #01-100 ANNEX B MND COMPLEX SINGAPORE 069111

AIG Asia Pacific Insurance Pte. Ltd.

ORIGINAL

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