	ntre Services (1994) (1895)	83 69	
Date In: 03/05/19	Job description Date &Time Completed	Done	by
Kel No NA/A1619007844/	SAS e-filing		
Veli No SKB30717	E-mail (within 8hrs, AIC 2hrs)		
DOA 02/05/19 1720		7	
	i-Motor W/O (Within OD 2hrs. TP 4hrs)		
OD (1P) Reporting Only	i-Photo Uploaded		192.0
TP Insurer	Assessment/Survey Report		
Thousand The Control of the Control	Ass't Report by Fax / Hand to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW:	WISTON AUTOWORK Tel: Fax:		
TP Particulars: Veh No:	SLESGYIZ INC()/Non-INC()		
Owner / Driver: (Tel:)	
Policy No: (Period: () Cover Type: ()	
Confirmed by : (Date: Time:)	
	(b) [Note-Est. Status (WO): N: 0-20%; P: 21-79%. F: 80-1009	%]	20 20 34
Year of Registration: ()	7.1.0()		
Excess: (\$) Loading: \$	\$1,000 () / \$2,000 ()		
General Remarks:-			
	information strictly Confidential & Strictly NO rafer of repairer.		
() Total Loss Case : to e-mail Ins	surer URGENTLY.		
Drive-In ()/ Towed-In (); Inve	oice: YES () / NO (); Towing Co. ()
Remarks:- (INC horline: 6788 6616	Date&Time Completed	Done	by
1) 1 1 2 -	/ Courtesy Car ()	Dono	
2) QC Check / Post Repair Inspection	()		
3) Upload Resurvey Photo [Repair Cost >	> \$30001 ()		
Injury:			
Date/Time Actions		51 10 1 - 13 743	
			ulen eg
	<u> </u>		
7100-10-10-10-10-10-10-10-10-10-10-10-10-			
NA19033	309 Invoice Preparation Checklist	Amt (\$)	Amt (\$)
	1) AR: Accident Reporting (\$30);	Anit (\$)	Amt (\$) Add Bill
laimant's Particulars :-	1) AR: Accident Reporting (\$30); 2) DA: Damage Assessment (\$100); INC (\$80)	11.00	
Particulars :- Oriver/Owner:	1) AR : Accident Reporting (\$30); 2) DA : Damage Assessment (\$100); INC (\$80) 3) TF : Towing Fee \$40/\$45 4) FT : Follow-Through Survey \$120	11.00	
Paimant's Particulars :- Oriver/Owner:	1) AR : Accident Reporting (\$30); 2) DA : Damage Assessment (\$100); INC (\$80) 3) TF : Towing Fee \$40/\$45 4) FT : Follow-Through Survey \$120 5) FT : Follow-Through Survey (Resurvey) \$30	11.00	
Claimant's Particulars :- Oriver/Owner: Contact No:	1) AR : Accident Reporting (\$30); 2) DA : Damage Assessment (\$100); INC (\$80) 3) TF : Towing Fee \$40/\$45 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	11.00	
Claimant's Particulars :- Oriver/Owner: Contact No:	1) AR : Accident Reporting (\$30); 2) DA : Damage Assessment (\$100); INC (\$80) 3) TF : Towing Fee \$40/\$45 4) FT : Follow-Through Survey \$120 5) FT : Follow-Through Survey (Resurvey) \$30 For claiming against INC Only (wef 10 Jan 2005)	1120 11 10	
Claimant's Particulars :- Oriver/Owner: Contact No: Damaged Portion:	1) AR : Accident Reporting (\$30); 2) DA : Damage Assessment (\$100); INC (\$80) 3) TF : Towing Fee \$40/\$45 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 : Idae DA + SMRT Survey \$160 8) NTUC Additional Services:- OD*	1120 11 10	
Claimant's Particulars :- Oriver/Owner: Contact No: Damaged Portion:	1) AR : Accident Reporting (\$30); 2) DA : Damage Assessment (\$100); INC (\$80) 3) TF : Towing Fee \$40/\$45 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 : Idae DA + SMRT Survey \$160 8) NTUC Additional Services:- OD* *N5: Courtesy Car / Tpt Allowance \$5 *N6: Repair Co-ordination \$10	lat Bill	3.0
Claimant's Particulars:- Driver/Owner: Contact No: Damaged Portion: OC Checked by (Engr-In-Charge):	1) AR : Accident Reporting (\$30); 2) DA : Damage Assessment (\$100); INC (\$80) 3) TF : Towing Fee \$40/\$45 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 : Idae DA + SMRT Survey \$160 8) NTUC Additional Services:- OIL* *N5: Courtesy Car / Tpt Allowance \$5 *N6: Repair Co-ordination \$10 *N7: Post Repair Inspection \$25	lat Bill	200
Claimant's Particulars:- Driver/Owner: Contact No: Damaged Portion: OC Checked by (Engr-In-Charge): Auditors! Comments:-	1) AR : Accident Reporting (\$30); 2) DA : Damage Assessment (\$100); INC (\$80) 3) TF : Towing Fee \$40/\$45 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 : Idae 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	lat Bill	3.7
Claimant's Particulars:- Oriver/Owner: Contact No: Oamaged Portion: OC Checked by (Engr-In-Charge): Auditors! Comments:- at 1:	1) AR : Accident Reporting (\$30); 2) DA : Damage Assessment (\$100); INC (\$80) 3) TF : Towing Fee \$40/\$45 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 : Idae 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	lat Bill	3.0

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 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.
- 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.	and to copies of the report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	03/05/2019 18:06
Date Of Accident	02/05/2019 17:20
Exact Location Of Accident	OPEN CARPARK OF SINGAPORE DISCOVERY CENTRE
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKB3071J
Insured/Policyholder	
Name Of Registered Owner	LAKSHMANAN S/O SEENIVASAKAN
NRIC No	\$13050581
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97397807
Alternative Phone No	OTHERS-97397807
Vehicle Particulars	
Manufacturer	NISSAN
Model	ELGRAND
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	2100299888-06
Comment of the last	

Cover Note Number

Driver

Name of Driver RAJ KUMAR SOCKLINGAM

 NRIC No
 \$8365012E

 Date Of Birth
 31/03/1983

 Occupation
 INDOOR

 Date Of Driving Pass
 20/10/2014

Driving Experience 4 YEARS AND 6 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97254449

Fax Number Contact Number

EMail Address DRAJKUMAR.583@GMAIL.COM

BLK 498D TAMPINES STREET 45 Address

#10-396

Postcode 522498

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

OTHER - SON-IN-LAW

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

NO

General Information of the Accident

Type Of Accident SIDE SWIPE Weather Conditions CLEAR Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO. Number of vehicles (including own vehicle) involved in the accident

Was any body injured in the Accident? NO Was any injured conveyed to hospital by NO ambulance? Was any other material or property damaged? YES

I have been approached by unknown person(s) NO soliciting/offering accident claims assistance. 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?

If Yes, against whom?

Circumstances of Accident

PLS REFER TO THE 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 SLE5641Z

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

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.
- 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.
- 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

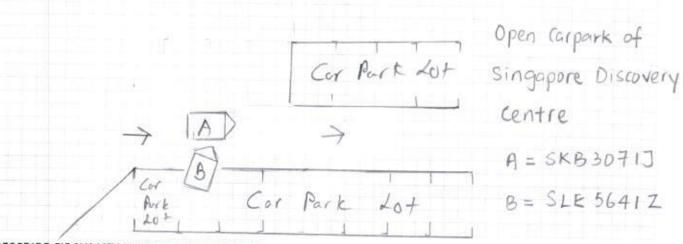
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

	/
	/
	12/16/3
Refer to attach	
	Little or the

DECLARATION

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

Polici - ide 's Signature

Da e . Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

On 02.05.19 at about 17:20 hours at Open Carpark of Singapore Discovery Centre. I was travelling straight on my lane, suddenly vehicle (B) coming out from the lot on my right without checking the oncoming traffic, and collided onto right hand side portion of my vehicle (A).

Vehicle (A): SKB 3071J

Vehicle (B): SLE 5641Z

S. Lak Sharenen

SINGAPORE ACCIDENT STATEMENT

Accident Date: 02 05 2019 Time: 17-20 (hh:mm) 24 hr format
Location Open Carpark of Singapore Discovery Centre.
singapore Distovery Centre.
Vehicle Number SKB 3071
Insured Name Lakshmanan 5/0 seenivasakan.
NRIC/FIN \$13050581. Contact Number 97397807. Make NISSGN Model Flatend
Arayan alamina wal
Are you claiming under your own insurance policy for repair to your vehicle?
() Yes If No,Pls select: () Third Party () Reporting
Insurance Company A16.
Type of Policy () Comphensive () Third Party Fire & Theft () TP Only
Policy Number 2100299888-06
Name of Driver Raj Kumar Socklingen ()Same as Insured
NRIC/FIN 58365012E Contact Number 9725 4449
Date of Birth 31 03 1983
Driving Pass Date 20/10/2014
Occupation (V) Indoor () Outdoor
Gender (✓) Male () Female
Email Address drajkumar. 583 @ gmail-com ()NO EMAIL
Address of Driver BLK 498D Tampines Street 45
#10-396 Singapore 522498.
Was driver an employee of the Insured's Company? () Yes () No
If No, Relationship of the Driver with the Insured
() Owner () Spouse () Friend () Relative () Children () Sibling
Does the Driver Own Any Other Vehicle? () Yes () No
If Yes, Vehicle Registration Number of Driver's Own Vehicle
Insurance Company of Driver's Own Vehicle
Weather Conditions (V) Clear () Raining () Others
Road Surface () Dry () Wet () Others
Was any foreign vehicle involved in this accident? () Yes () No
Was anybody injured in the accident? () Yes (✓) No
If yes , injured detail
Was there any video captured by Car Camera? () Yes (∨) No
Was the Accident reported to the Police? () Yes () No If yes attach police report
DETAILS OF 3 rd party Name / Nric Contact Veh B S F 5 6 4 1 7
Veh B SLE 5641Z.
Veh D
Veh E
Veh F
1.744 4

IDENTITY CARD NO. \$8365012E





RAJ KUMAR SOCKLINGAM

ராஜ் குமார்

Race INDIAN

31-03-1983

Country/Place of birth. MALAYSIA

380050125

SKB3071J

Driver

9346361

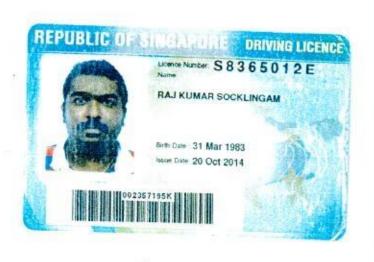


MALAYSIAN

03-10-2014

APT BLK 4980 TAMPINES STREET 45 #10-398 SINGAPORE 522498 NRIC No: SR3660126 Date: 28/12/201

Date: 29/12/2019 (8)



SKB3071J Driver.

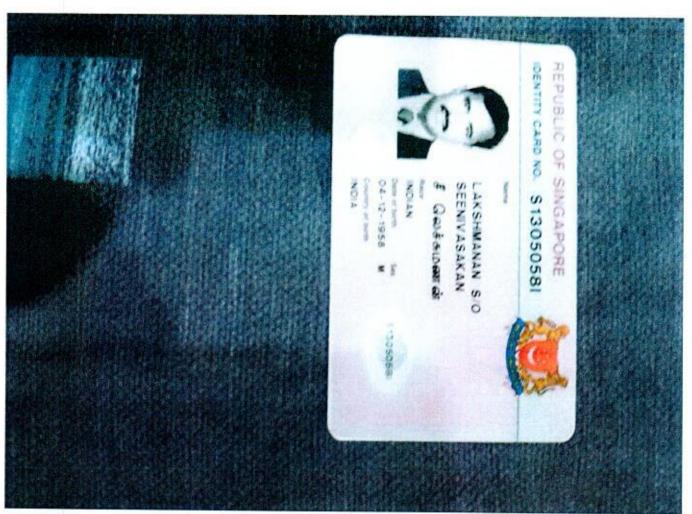
YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 3 Motor Cars =< 3000kg with =<7 passengers, exclusive 20 Oct 2014 of the driver; and other motor vehicles =< 2500kg

NP 428A

Licence No: S8365012E





(mm) C1+04475



CERTIFICATE OF INSURANCE

NISSAN AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder Period of Insurance

: Lakshmanan S/O Seenivasakan : 09 May 2018 To 08 May 2019

Engine No.

: QR25944055Q

Chassis No.

: JN1TBAE52Z0800016

Vehicle No.

: SKB3071J

Policy No. Endorsement No.

Issued Date

: 18 Apr 2018

2100299888-06

ABOUT THE COVER

Make/Model

: NISSAN ELGRAND 2.5

Engine Capacity/Tonnage: 2,496,00 CC

Sum Insured : Market Value

First Year of Registration : 2012

Driver Restriction

: NA

Off Peak Car : No

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 his/her permission.
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*

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.

Loss of Use 1500cc - 1600cc

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

EXCESS

Section 1

Fire - S0 Own Damage - \$600 Theft - \$0 Flood Cover - \$0

Section 2

Property Damage - S0

Windscreen: \$100

Named Driver and Excess (where applicable)

Lakshmanan S/O Seenivasakan - \$600 (Own Damage)

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

1,TC AutoClinic Add: No.1, Sixth Lok Yang Road Singapore 628099 62622212

2, Autolution Industrial Add: 19 Ubi Road 4 Singapore 408623 64909686

TC AutoClinic Add; 25 Lang Kee Road Singapore 159097 67038511 67038512 67038513
 Tan Chang Motor Sales Add; 913 Bukit Timah Road Singapore 589623 64694091 64694092 64694093

5. Tan Chong Motor Sales Add: 17 Lorong 8 Toa Payoh Singapore 319254 63570753 63570754

For other Approved Reporting Centres/AlG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6338 6200. Alternatively, you may refer to AlG website www.aig.com.sg or AlG SG Mobile App. Simply search and download "AlG SG" from iTunes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: DBS BANK 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, 1959 (Malaysia).

0500610353

TAN CHONG CREDIT PTE LTD-LSL 911 BUKIT TIMAH ROAD TAN CHONG MOTOR CENTRE SINGAPORE 589622 ANSP-MOTOR

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

prile

AIG Asia Pacific Insurance Pte. Ltd. AUTHORISED REPRESENTATIVE Gail Chai Sylva Lim