

# NATIONAL Assessment Centre Services

Ref: 1 Jan 2005 NA 2000830

Date In: 21/1/2005 - 15:01	Job description	Date & Time Completed	Done by
Ref No: NA 2000830 1256/24	SAS e-filing		
Veh No: 5X3844	E-mail (within 5hrs, A/C 2hrs)		
D.O.A: 21/1/2005 - 11:50	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/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: 56V 4013D	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 2000830	Invoice Preparation Checklist	Am't (\$) In Bill	Am't (\$) Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30)		
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		
	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:-		
	Q1:		
	*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 (N/n INC) against INC \$20		
	9) N12: Idac Mobile \$0		
QC Checked by (Engr-In-Charge):	Invoice dated	Fee Charged	
Auditors' Comments:-	Invoice dated	Fee Charged	
Est. 1:			
Est. 2/3:			

## 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	21/01/2020 15:01
Date Of Accident	21/01/2020 11:50
Exact Location Of Accident	ORCHARD RD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJX384Y
<b>Insured/Policyholder</b>	
Name Of Registered Owner	KINETIC AUTO PREMIER PTE LTD
Cc Reg No	2XXXXX184H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97849075
Alternative Phone No	OFFICE-97849075
<b>Vehicle Particulars</b>	
Manufacturer	HYUNDAI
Model	AVANTE 1.6 AUTO ABS AIRBAG 2WD 4DR
Exact Purpose for which vehicle was being used at time of accident	WORKING
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 HIRE
<b>Insurance Company</b>	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	999994102
Cover Note Number	
<b>Driver</b>	
Name of Driver	THIYAGARAJ S/O LOGANATHAN
NRIC No	SXXXX673G
Date Of Birth	01/01/1982
Occupation	OUTDOOR
Date Of Driving Pass	03/07/2002
Driving Experience	17 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81274999
Fax Number	
Contact Number	OFFICE-81274999
EMail Address	NOEMAIL

Address	BLK 707 HOUGANG AVENUE 2 #13-91
Postcode	530707
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-

#### General Information of the Accident

Type Of Accident	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	WET

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	3
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

REFER TO 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	SLV4013D
Vehicle Make/Model/Colour	JAGUAR
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	94555419
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SJL9096H
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Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

92327981

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**.
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.

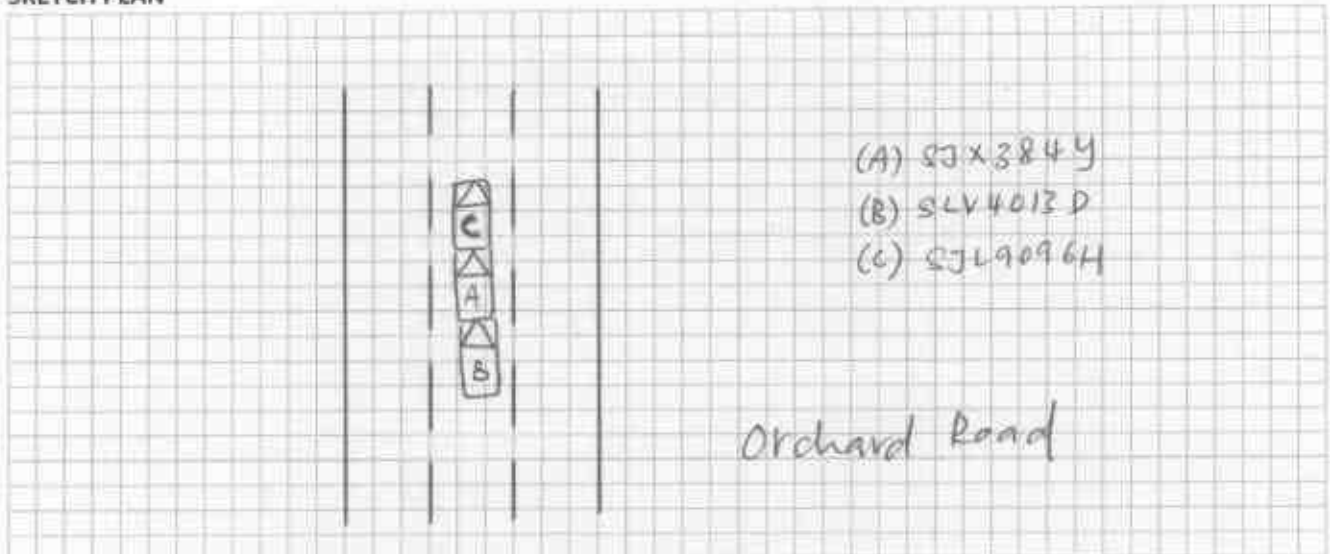


Policyholder's Signature  
Date & Time:

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

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

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 21/01/2020 At About 11:50AM, I WAS TRAVELLING ALONG ORCHARD ROAD FERRYING A PASSENGER.

THE CAR (C) SJL9096H JAMMED BRAKE DUE TO HIS FRONT CAR BEARED SUDDENLY CAUSING ME TO BRAKE AND I STOPPED ON TIME. UNFORTUNATELY, VEHICLE (B) SLV4013D HIT HARD ONTO MY REAR VEHICLE (A) SJX384Y THUS THE GREAT IMPACT CAUSED MY VEHICLE SURGE FORWARD AND HIT ONTO VEHICLE (C) SJL9096H REAR BUMPER AS ALSO THE ROAD WAS WET DUE TO THE RAIN. AFTER THE ACCIDENT ALL DRIVERS EXCHANGED PARTICULARS.

## 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.:



Particulars of Insured / Driver & Details of this Accident

(Pls circle where applicable)

Location Of Accident: ORCHARD ROAD

Date & Time Of Accident: 21/01/2020 @ 11:50

Purpose when vehicle was used at the time of accident: GRAB & Use  
(e.g Going home)

Details of Own Vehicle

Vehicle Registration number: 5JX384Y

Make / Model: HYUNDAI AVANTE

Vehicle Category: RENTAL

Claim Own Insurance: YES / NO

If No. Reporting only / Third Party Claim

Name of Preferred Workshop: OPTIMA WERKZ PTE LTD

Contact: 64811522

Insured / Policy Holder

Name of Registered Owner: KINETIC AUTO PREMIER PTE LTD

NRIC No.: 20700184M

Address: 9 TANGKIL JALAN S(783472)

Mobile No: 97849075

Other Contact: Home / Office no: \_\_\_\_\_

Email: \_\_\_\_\_

Driver

Name of Driver: THYAGARAJ S/O JOHANATHAN

NRIC / Fin No.: SP2006736

Driving Licence Pass Date: 03/09/2002

D.O.B: 01/01/1983

Address: BLK 707 HUNGRAS AVE 2 S(530702)

Occupation: INDOOR / OUTDOOR

Mobile No: 81274909

Gender: MALE / FEMALE

Other Contact: Home / Office no: \_\_\_\_\_

Email: \_\_\_\_\_

Driver an employee: YES / NO If no, what is the relationship with the policyholder: HIRE  
If Driver is a policyholder, please ignore this question

Insurance Company

Fleet Policy: YES / NO

Policy number: 99999103

Type Of Coverage: COMPREHENSIVE

General Information of Accident

Type of Accident: HEAD-REAR / SIDE SWIPE / OTHERS: \_\_\_\_\_

Weather Conditions: CLEAR / RAINING / DRIZZLING / OTHERS: \_\_\_\_\_

Road Surface: DRY / WET

Any video captured by car camera? YES / NO

\*Any witness?: YES / NO

Any police report made: YES / NO

\*Injured party: YES / NO (If yes, pls provide name & Tel)

No. of Passenger (including Driver): 1

Details of Passenger 1

Name: Grab Passenger

Gender: M

Details of Passenger 2

Name: \_\_\_\_\_

Gender: \_\_\_\_\_

Details of Passenger 3

Name: \_\_\_\_\_

Gender: \_\_\_\_\_

Details of Passenger 4

Name: \_\_\_\_\_

Gender: \_\_\_\_\_

Details of Other Vehicle Property 1

Vehicle Registration No: SLV 4013P

Vehicle Make/Model/Color: Jaguar

Name Of Driver: Yap Siang

No. of Passenger (including Driver): \_\_\_\_\_

NRIC: \_\_\_\_\_

Contact Number: 94555419

Nature of Damage: \_\_\_\_\_

Vehicle Category: \_\_\_\_\_

Details of Other Vehicle Property 2

Vehicle Registration No: SJL 9096H

Vehicle Make/Model/Color: Nissan AVANTE

Name Of Driver: Patrick Raj

No. of Passenger (including Driver): \_\_\_\_\_

NRIC: \_\_\_\_\_

Contact Number: 81274909 92327981

Nature of Damage: \_\_\_\_\_

Vehicle Category: \_\_\_\_\_

PATRICK - 48839 HOTMAIL.COM

## CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1988

ROAD TRANSPORT ACT, 1987 (MALAYSIA)

MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1989 (MALAYSIA)

M.Z.000

THIRD PARTY		COMMERCIAL MOTOR		(The below excess is subject to GST)	
CERTIFICATE NO.	SJX384V	POLICY EXCESS	SS1580.00 (Sect 8)		
POLICY NO.	999994102	WINDSCREEN EXCESS	NA		
1) VEHICLE REGISTRATION NO.		SUM INSURED	NA		
2) NAME OF INSURED		INSURING WITH COE/PART	YES		
3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE PURPOSES OF THE ACT		SJX384V			
4) DATE OF EXPIRY OF INSURANCE		Kredic Auto Premier Pte Ltd			
5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE*		26 June 2019			
Any person who is driving on the Insured's order or with their permission.		07 June 2020			
<p>SS1: 00.00 Section 8 Excess is applicable for driver who is between 22 years to 65 years old with minimum 2 years driving experience in Singapore.</p> <p>An additional section 8 excess of \$1,000.00 per accident is applicable in the event of an accident occurring outside Singapore.</p> <p>Accident repair has to be carried out at AIG approved list of workshop or Manufacturer workshop within 3 years warranty.</p>					
<p>Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so 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.</p>					
6) LIMITATION AS TO USE*					
<p>1) Use for model, domestic, pleasure purposes and business purposes of Insured.</p> <p>2) Use for model, domestic, pleasure purposes and business purposes of any person whom the vehicle is hired.</p> <p>3) Use for the carriage of passengers for hire or reward by any person in which the vehicle is hired.</p> <p>The Policy does not cover: 1) Use for tuition, driving test, racing, pace-making, reliability trial or speed-testing; 2) Use whilst towing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle; 3) Use for any purpose in connection with the Motor Trade.</p>					
LOSS OF USE		Not Included			
HIRE PURCHASE COMPANY		NA			

\*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.

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

Issued in Singapore 26 Jun 2019

AIG Asia Pacific Insurance Pte. Ltd.

501630-000  
SC Alliance Pte Ltd  
76 Sea Breeze Avenue  
Singapore 487582

*M. Varile*  
AUTHORIZED REPRESENTATIVE

ORIGINAL

15 DEC