

NATIONAL Assessment Centre Services

Date In: 07/02/20	Job description	Date & Time Completed	Done by
Ref No: NA/A1420002157/13	SAS e-filing		
Veh No: SJ69X	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 06/02/20 1140	i-Motor Claim Form		
OD: <input checked="" type="radio"/> Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner / Wksp		

Preferred Wksp / INC Assign Wksp / QW: ( SK Tel: Fax: )

TP Particulars: Veh No: GX269E 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:	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

Claimant's Particulars:	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
		Int Bill	Add Bill
NA2001372	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$30)		
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)		
Dat. 1:	6) TR: Re-inspection \$75		
Dat. 2/3:	7) NI: Idaho DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON*		
	*N3: Courtesy Car / Tp 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: Idaho Mobile 30		
	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	07/02/2020 11:57
Date Of Accident	06/02/2020 11:40
Exact Location Of Accident	PAYA LEBAR SLIP RD TWDS CHANGI
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJG9X
<b>Insured/Policyholder</b>	
Name Of Registered Owner	THANGASAMY FRANCIS PRINCE ANAND
NRIC No	SXXXX392I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90212689
Alternative Phone No	OTHERS-90212689

### Vehicle Particulars

Manufacturer	BMW
Model	X3
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	2100439112-04
Cover Note Number	

### Driver

Name of Driver	THANGASAMY FRANCIS PRINCE ANAND
NRIC No	SXXXX392I
Date Of Birth	05/08/1977
Occupation	INDOOR
Date Of Driving Pass	07/01/1997
Driving Experience	23 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90212689
Fax Number	
Contact Number	OTHERS-90212689
EEmail Address	NOEMAIL

Address 10 SELETAR CRESCENT  
 Postcode 807162  
 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 CHAIN COLLISION  
 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 3  
 Was any body injured in the Accident? YES  
 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) 2  
 Passenger 1 NAME: : DEREK LOK  
 GENDER: : MALE

**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**

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 GX2692E  
 Vehicle Make/Model/Colour  
 Details Of Properties  
 Vehicle Category COMMERCIAL VEHICLE  
 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**.
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:

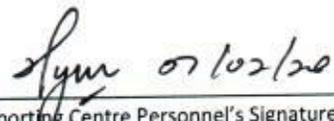
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

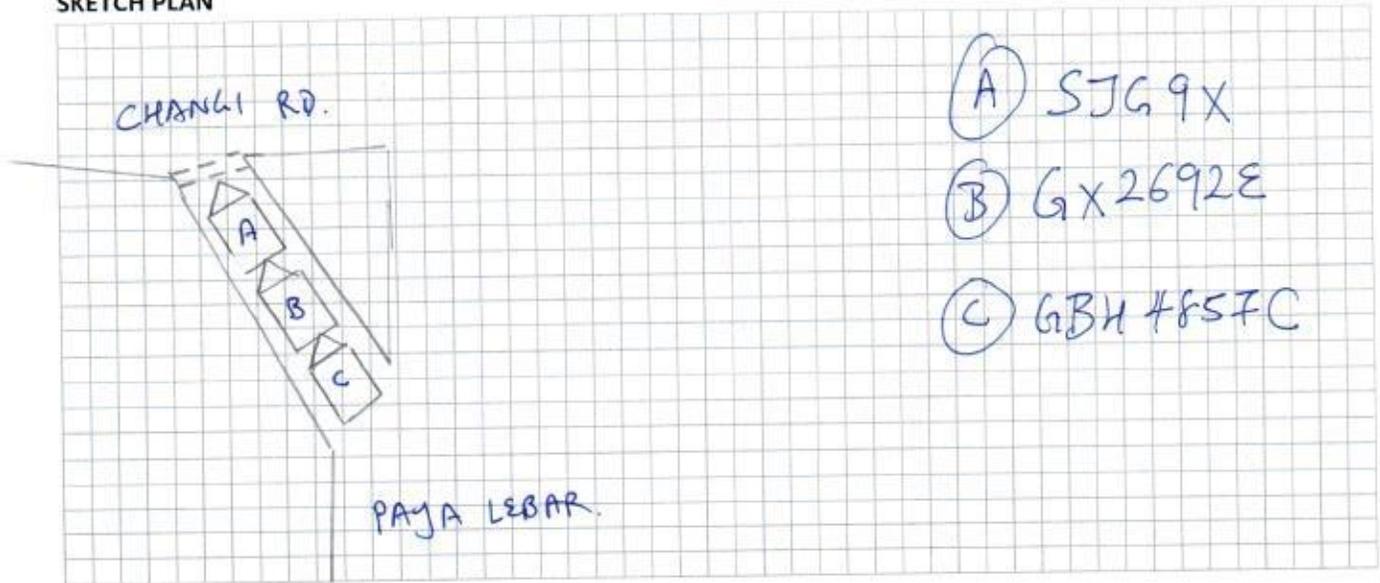


Driver's Signature  
(If driver is not the policyholder)  
Date & Time:



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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 06 FEB 2020, I WAS DRIVING FROM PAYA LEBAR SLIP ROAD TOWARDS CHANGI. AS I STOPPED AND WAITING TRAFFIC TO CLEAR, SUDDENLY I FELT AN IMPACT FROM THE BACK. I ALIGHTED AND FOUND MYSELF INVOLVED IN A CHAIN COLLISION.

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.:

# SINGAPORE ACCIDENT STATEMENT

ACCIDENT DATE: 06 FEB 2020		TIME: 1140 HRS.		(hh:mm) 24 hrs Format			
LOCATION: PAYA LEBAR SLIP ROAD TWDS CHANGI.							
VEHICLE NUMBER: SJG 9X							
INSURED NAME: THANGASAMY FRANCIS PRINCE ANAND							
NRIC / FIN: S7721392I			CONTACT:				
MAKE: BMW		MODEL: X3 3.0A.					
Are you claiming under your own insurance policy for repair to your vehicle?							
( ) Yes, If No, Pls Select : ( / ) Third Party ( ) Reporting Only							
INSURANCE COMPANY: AIG							
TYPE OF POLICY: ( / ) COMPREHENSIVE ( ) THIRD PARTY ( ) TPFT							
POLICY NUMBER: 2100439112-04							
NAME DRIVER:					( / ) SAME AS INSURED		
NRIC / FIN:			CONTACT: 90212689				
DATE OF BIRTH: 05/08/1977							
DRIVING PASS DATE: 07/01/1997							
OCCUPATION: ( / ) INDOOR ( ) OUTDOOR							
GENDER: ( / ) MALE ( ) FEMALE							
EMAIL ADDRESS:					( ) NO EMAIL		
ADDRESS OF DRIVER: 10 SLESTAR CRESCENT S(507162)							
Number Of Passenger Include Driver: 1 DRIVER + 1 PASSENGER (1) DEREK LOK. (M)							
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 ( ) Others							
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: ( / ) Clear ( ) Raining ( ) Drizzling ( ) 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 details : DRIVER							
Convey By Ambulance: ( ) YES ( / ) NO							
Was There Any Video Capture By Car Camera? ( ) YES ( / ) NO							
Was There Accident Reported To The Police? ( ) YES ( / ) NO If Yes Attach Police Report							
Police Report Number (if any) NIL							
Details Of 3rd Party		Name / NRIC		No. of Paxs (incl' driver)		Contact	
Veh B GX 2692E		BEN		( ) / Not Sure ( )		90251171	
Veh C GBH 4857C				( ) / Not Sure ( )		97536360	
Veh D				( ) / Not Sure ( )			
Veh E				( ) / Not Sure ( )			
Veh F				( ) / Not Sure ( )			
Veh G				( ) / Not Sure ( )			

# SINGAPORE ACCIDENT STATEMENT

ACCIDENT DATE: 06-Feb-2020 ACCIDENT TIME: 1140

LOCATION: PAYA LEBAR SLIP ROAD TWDS CHANGI

VEHICLE NUMBER: SJG9X

INSURED NAME: THANGASAMY FRANCIS PRINCE ANAND

NRIC / FIN: S7721392I CONTACT: 90212689

MAKE: BMW MODEL: X3 3.0 A

Are you claiming under your own insurance policy for repair to your vehicle?  
 ( ) Yes, If No, Pls Select: (  ) Third Party ( ) Reporting Only

INSURANCE COMPANY: AIG

TYPE OF POLICY: Comprehensive

POLICY NUMBER: 2100439112-04 EXPIRY DATE: 23-Nov-2020

NAME DRIVER: THANGASAMY FRANCIS PRINCE ANAND

NRIC / FIN: S7721392I CONTACT: 90212689

DATE OF BIRTH: 05-Aug-1977 DRIVING PASS DATE: null

OCCUPATION: Indoor GENDER: Male

EMAIL ADDRESS:

ADDRESS OF DRIVER: 10 SELETAR CRESCENT SINGAPORE 807162

Relationship Of The Driver With The Insured: Employee

Number Of Passenger Include Driver: 1 Driver + 1 Passenger(s)

NAME	NRIC/FIN/BC	GENDER	INJURED
THANGASAMY FRANCIS PRINCE ANAND	S7721392I	Male	<input checked="" type="checkbox"/>
DEREK LOH		Male	<input checked="" type="checkbox"/>

INJURY DETAILS: 1 Driver, 1 Passenger(s)

Insurance Company Of Driver's Own Vehicle:

Weather Conditions: Clear Road Surface: Dry

Was Any Foreign Vehicle Involved In This Accident? No

Convey By Ambulance: No

Was There Any Video Capture By Car Camera? No

Was There Accident Reported To The Police? No Police Report Number:

Details Of 3rd Party	Name	NRIC	No.of Paxs(incl' driver)
Veh B GX2692E	BEN		Not Sure
Veh C GBH4857C			Not Sure



# CERTIFICATE OF INSURANCE

## AUTOPLUS PRIVATE VEHICLE

Name of Policyholder : Thangasamy Francis Prince Anand  
 Period of Insurance : 24 Nov 2019 To 23 Nov 2020  
 Engine No. : 05617840N55B30A  
 Chassis No. : WBAWX72070LK69622

Vehicle No. : SJG9X  
 Policy No. : 2100439112-04  
 Endorsement No. :  
 Issued Date : 19 Nov 2019

### ABOUT THE COVER

Make/Model : BMW X3 3.0  
 Engine Capacity/Tonnage : 2,979.00 CC  
 Driver Restriction : NA  
 Person or Classes of Persons Entitled to Drive\* :  
 Sum Insured : Market Value  
 Off Peak Car : No  
 First Year of Registration : 2011  
 Insuring with COE/PARF : Yes

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 Optional

\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189), Section 95 of the Road Transport Act, 1987 (Malaysia) and Road Transport (Amendment) Act 2019, are not to be included under these headings

### EXCESS

Section 1  
 Fire - \$0 Own Damage - \$600 Theft - \$0 Flood Cover - \$600

Section 2  
 Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

Thangasamy Francis Prince Anand - \$600 (Own Damage), \$600 (Flood Cover)

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

Approved Reporting Centres/ AIG Authorised Repairers (For claims related repairs)  
 Any accident repairs to the Vehicle must be carried out by one of our Authorised Repairers. Within the first 3 years of the first registration of the Vehicle in Singapore, You have the option of having the accident repairs carried out at the Sole Agent's workshop.  
 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.sg](http://www.aig.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: United Overseas Bank Limited

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), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0283000000

MICHAEL AD MOWE

BLK 6 BEACH ROAD #03-4861

SINGAPORE 190006 SP-AS

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

**AIG Asia Pacific Insurance Pte. Ltd.**

This computer generated document does not require a signature.

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