

NATIONAL Assessment Centre Services.

June 1 2005

NA 400 71995

Date In: 2/08/2002 11:00	Job description	Date & Time Completed	Done by
Ref No: 1/2/1/400008853/4	SAS e-filing		
Veh No: SL 98489	E-mail (Vehicle Ins, AIC Ins)		
O.O.A: 2/08/2002 16:30	I-Motor Claims Form		
OD: TP: 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/Whse		

Preferred Wksp / INC Assign Wksp / QW: () Tolt () Fax: ()

TP Particulars: Vch No: CISA 7103L 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 ()

() Walk-In Customer: Customer's Information strictly Confidential & Strictly NO Refor of repair.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury: ()

Date: ()

NA 400 419

Driver/Owner:	1) AIC: Accident Reporting (\$30)	
Contact No:	2) DA: Damage Assessment (\$100) INC (\$10)	
Damaged Portion:	3) TP: Towing Fee \$40/\$45	
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey \$120	
	5) PT: Follow-Through Survey (Resurvey) \$30	
	For claiming against INC Only (over 10 Jan 2005)	
	6) Tilt Re-inspection \$75	
	7) NI: Idea DA + EMRT Survey \$160	
	8) NIUC Additional Services	
	OR:	
	• NI: Courtesy Car / Tpt Allowance \$3	
	• NI: Repair Coordination \$10	
	• NI: Post Repair Inspection \$25	
	• NI: DV / Collect Excess Coordination \$3	
	• TP (NI): TP (NI) INC against INC \$20	
	• NI: Idea Mobile \$6	
	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	24/08/2020 11:00
Date Of Accident	21/08/2020 16:30
Exact Location Of Accident	ALONG CTE TOWARDS CITY B/F BRADDELL ROAD EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLL9848G
Insured/Policyholder	
Name Of Registered Owner	CRESCENT DEVELOPMENTS PTE LTD
Co Reg No	-
Email Address	NAMDEVBAJAJ@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-96329953
Alternative Phone No	OFFICE-93884916

Vehicle Particulars

Manufacturer	BMW
Model	216D
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2070100072
Cover Note Number	

Driver

Name of Driver	BAJAJ NAMDEV SINGH
NRIC No	SXXXX701E
Date Of Birth	15/05/1987
Occupation	INDOOR
Date Of Driving Pass	10/04/2006
Driving Experience	14 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96329953
Fax Number	
Contact Number	OTHERS-93884916
EEmail Address	NAMDEVBAJAJ@HOTMAIL.COM

Address	11 JALAN MELATI
Postcode	368900
Was driver an employee of the Insured's Company	YES
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

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	4
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)	3
Passenger 1	NAME: : PASSENGER GENDER: : FEMALE
Passenger 2	NAME: : PASSENGER GENDER: : FEMALE

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

PLEASE REFER TO SKETCH PLAN

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	GBA7103L
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)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SJQ3356
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)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SHC1290J
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category TAXI
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

SKETCH PLAN

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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
Date & Time



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

Reporting Centre Personnel's Signature
Name:
NRIE/TIN No.:

SKETCH PLAN



CTE towards city

Veh A : SLL9848G
Veh B : ABA7103L
Veh C : STQ3356X
Veh D : SHC12913

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On above date & time, I was driving my vehicle A (SLL9848G) traveling along CTE towards city on 4th lane of a 6-lanes, expressway. Somewhere before Braddell Road exit, vehicle D (SHC12913) made a janned brake due to the heavy traffic ahead. As such, I applied brake and stopped. Unfortunately the front portion of my vehicle touched slightly onto the rear portion of vehicle D. Out of sudden, vehicle B (ABA7103L) came from rear and collided onto the rear portion of my vehicle. Due to the impact, my vehicle surged forward and collided onto the rear portion of vehicle D. After accident, I alighted and realised I was involved in a 4 car chain accident. The last vehicle C (STQ3356X).

DECLARATION

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

8

Policyholder's Signature
Date & Time:



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

Reporting Centre Person's Signature
Name:
NRIC/FIN No:

Vehicle No.	SLL9848G	Model / Make	BMW 216D
Date of Accident	21/8/2020		
Time of Accident	1630	HRS	
Location of Accident	Along CTE towards city before Brockhill Road Exit		
Exact purpose use during accident	Work		
Name of Owner	Crescent Developments Pte Ltd		
Telephone No.	H/P: 96324953	Home:	Office:
NRIC	197200886D		
Address	679 Angmond Road Hoi-It S(389838)		
Claim type	OD	THIRD PARTY	REPORTING ONLY
Insurance Company	AIG		
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft
Policy No.	207010072		
Name of Driver	As Above If No, <u>Barry Nankler Singh</u>		
NRIC	S8713701E	Any Passengers:	3
Date of birth	15/5/1987		2(F) 1(M)
Occupation	Outdoor / Indoor		
Driving License Pass Date	10/4/2006		
Gender	Male / Female		
Contact No.	H/P: 93984916	Home:	Office:
Address	11 Jalan Mickett S(363900)		
Driver have any own vehicle	No	If yes, Reg No.	
Relationship	Employee,	If no, state	
Weather condition	Clear	Raining Other	
Road Surface	Dry	Wet Other	
Any injuries	No	If Yes, Who?	
Name And Contact No.			
Name And Contact No.			
Police Report	No	If Yes, Where?	
Vehicle B No.	GBA7103L	Any Passengers:	
Name of Driver		Contact No.:	
Vehicle C No.	STQ3376X	Any Passengers:	
Vehicle D No.	SHC1291T	Any Passengers:	
Vehicle E no.		Any Passengers:	
Vehicle F No.		Any Passengers:	
Vehicle G No.		Any Passengers:	
Witness Name		Witness Contact:	
Accident Portion	Front & rear portion		
Camera Recorder	Yes / No		
Email Address	nankler.barry@gmail.com		
PARTICULAR WORKSHOP	N-S Automotive Pte Ltd		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	Brandon		
FAX NO	6741 0510		
WORKSHOP EMAIL ADDRESS	sales@nsl.com.sg		



CERTIFICATE OF INSURANCE

AUTOPLUS PRIVATE VEHICLE

Name of Policyholder : CRESCENT DEVELOPMENTS PTE LTD
 Period of Insurance : 30 Jun 2020 To 29 Jun 2021
 Engine No. : 31419867B37C15A
 Chassis No. : WBA2B32010V925744

Vehicle No. : SLL9848G
 Policy No. : 2079100072
 Endorsement No. :
 Issued Date : 30 Jun 2020

ABOUT THE COVER

Make/Model : BMW 216d Active Tourer
 Engine Capacity/Tonnage : 1,496.00 CC
 Driver Restriction : NA
 Person or Classes of Persons Entitled to Drive* :
 Any person who is driving on the Policyholder's order or with their 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" ("YID") if you are or Your Authorized Driver (named or unnamed) is under the age of 25 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 school, 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 150000 - 100000 Optional

* Limitations imposed by Section 2 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 - \$000; Theft - \$0; Flood Cover - \$000
 Section 2
 Property Damage - \$0
 Windscreen - \$100

Named Driver and Excess (where applicable)

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

Approved Reporting Centres/Authorised Repairers (For claims related to property damaged 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 Insurer's workshop. For other Approved Reporting Centres/Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 8338 8238. Alternatively, You may refer to AIG website www.aig.sg or AIG SG Mobile App. Simply search and download "AIG" from iTunes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: NA

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, 1998 (Malaysia).

CO-INSURED
 CHEN VASSAN VICTOR CLARENCE

BY: JALAN SENG
 SINGAPORE 418332 SPYTH BRUNTAU

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.
 This computer generated document does not require a signature.

CHEN VASSAN VICTOR CLARENCE