

# NATIONAL Assessment Centre Services. (part 1 Jan'05)

NA20076888

Date In: 07/09/2020 10:59	Job description	Date & Time Completed	Done by
Ref No: X/BA/AY20009496/Y	SAS e-filing		
Veh No: SJF 1938M	E-mail (by date time, A/C 2 hrs)		
D.O.A: 05/09/2020 11:05	I-Motor Claims Form		
QD TP: Reporting Only	I-Motor W/O (with: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Vic		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: SL8 6806L	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: Y/N ( ) / NO ( )	
Excess: (\$	Loading: \$1,000 ( ) / \$2,000 ( )	

( ) Walk-In Customer: Customer's Information strictly Confidential & Strictly NO refer of repair.
( ) Total Loss Case: to e-mail Insurer URGENTLY.
Drive-In ( ) / Towed-In ( ) : Invoice: Y/N ( ) / 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:	
Time:	
Location:	

NA20076888	Driver/Owner:	1) Alt: Accident Reporting (\$30)	
Contact No:		2) DA: Damage Assessment (\$100)	INC (\$10)
Damaged Portion:		3) TP: Towing Fee	\$100
QC Checked by (Engr-In-Charge):		4) PT: Follow-Through Survey	\$120
		5) PT: Follow-Through Survey (Resurvey)	\$30
		6) TR: Re-inspection	\$75
		7) NI: IDao DA + EMRT Survey	\$140
		8) NIUC Additional Services	
		9) NI: IDao Mobile	
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## 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	07/09/2020 10:59
Date Of Accident	05/09/2020 11:05
Exact Location Of Accident	ALONG HAIG ROAD OUTSIDE TKPS PRIMARY SCHOOL
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJF1938M
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SHAH GOPUL NAVNITLAL
NRIC No	SXXXX277H
Email Address	GOPUL@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-92766920
Alternative Phone No	OTHERS-92766920

### Vehicle Particulars

Manufacturer	HONDA
Model	STREAM-1.8 (A)
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	2100412425-05
Cover Note Number	

### Driver

Name of Driver	SHAH GOPUL NAVNITLAL
NRIC No	SXXXX277H
Date Of Birth	01/06/1967
Occupation	INDOOR
Date Of Driving Pass	22/10/2005
Driving Experience	14 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92766920
Fax Number	
Contact Number	OTHERS-92766920
Email Address	GOPUL@HOTMAIL.COM

Address	152 HAIG ROAD #05-01
Postcode	438791
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	COLLISION - HEAD TO REAR
Weather Conditions	RAINING
Road Surface	WET

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
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)	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

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	SLS6306L
Vehicle Make/Model/Colour	BMW
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	WAYNE
NRIC/Passport Number	
Contact Number	96259440
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 withhold 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 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 to 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.

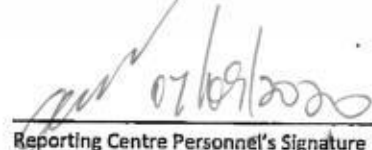


Policyholder's Signature  
Date & Time:

5 SEPT 2020



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

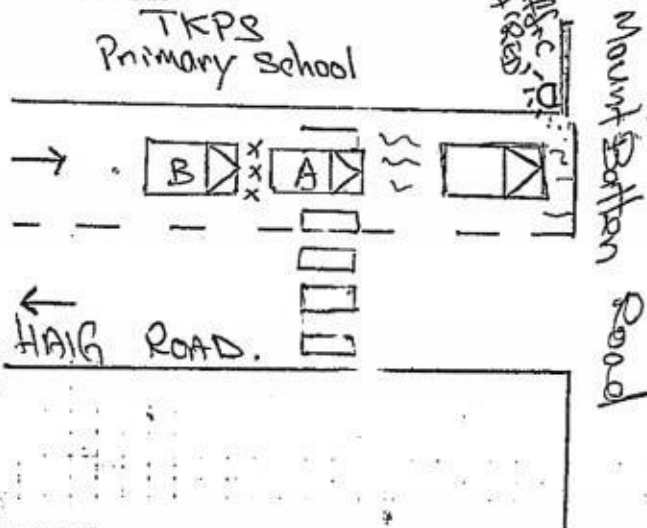


07/09/2020

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

Rohd. Lim

SKETCH PLAN



Veh A - SJF 1938M

Veh B - SIS 6306L

Date - 5.9.2020

Time - 11.05 am.

Road - Raining heavy  
+ wet.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the date & time, It was raining very heavy and the water is logging on the road. I was travelling straight Along Haig Road towards Mount Batten Road. I stopped because there was water logging in front of Mount Batten Road traffic light was red and congested.

Suddenly a veh B SIS 6306L came from my behind and bang onto the rear of my car.

I came down in check, take some photo & exchange phone no. Wayne 9625 9440.

Veh A

no passenger

Veh B

Don't know

You had been advised by workshop that in the event that you wish to claim against your own policy (OD claim), there is a **Fourteen (14) days clause** whereby the claim must be made within the stipulated timeframe from the day of occurrence.

Reporting Only

Claim OD

Claim TP

Claim OD / TP at other workshop

DECLARATION

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

*[Signature]*

Policyholder's Signature

Date & Time:

5 SEPT 2020

*[Signature]*

Driver's Signature

(If driver is not the policyholder)

Date & Time:

5 SEPT 2020

*[Signature]*  
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Resh Vithan  
076910020



# **MOTOR ACCIDENT REPORT FORM**

## **BASIC INFORMATION**

Date of Report:		Time:	
Date of Accident:	05-09-2020	Time:	1105 Hrs
Exact Location of Accident:	ALONG HAIG ROAD OUTSIDE TKPS		

## **DETAILS OF OWN VEHICLE**

Vehicles Registration Number:	5JF 1938 M	Contact No.:	9276 6920
Name of Registered Owner:	SHAH GOPUL NAVNIT LAL		
NRIC/Passport No./FIN:	32684277 H	Co. Reg. No. (for Co. Vehicle only):	NA
Owner Address:	152 HAIG ROAD #05-01 3C438791		
Owner Email Address:	gopul@hotmail.com		

<b>Vehicle Particulars</b>	
Manufacturer: Toyota <input type="checkbox"/> Lexus <input type="checkbox"/> BMW <input checked="" type="checkbox"/> Merc <input type="checkbox"/>	Model: HONDA STREAM 1.8 A
Exact purpose for which vehicle was being used at the time of accident Normal Usage <input checked="" type="checkbox"/> Others <input type="checkbox"/> (Please state)	
Are you claiming your own insurance policy for repair to your vehicle? Yes <input type="checkbox"/> No, Reporting Only <input type="checkbox"/> No, Third Party <input checked="" type="checkbox"/>	
Vehicle Category: Private Car <input checked="" type="checkbox"/> Commercial Vehicle <input type="checkbox"/> Motorcycle <input type="checkbox"/> Private Hire <input type="checkbox"/> Others <input type="checkbox"/>	

<b>Insurance Company</b>	
Name of Insurance Company: AIG	
Type of Coverage: Comprehensive <input type="checkbox"/> Third Party <input type="checkbox"/> Third Party Fire and/or Theft <input type="checkbox"/>	
Fleet Policy: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Policy/Cover Note Number:

<b>Driver</b>	
Name of Driver: AS ABOVE	NRIC/Passport No./FIN: 32684277 H
Date of Birth: 01-06-1967	Occupation: Indoor <input checked="" type="checkbox"/> Outdoor <input type="checkbox"/>
Date of Driving Pass: 22-10-2005	Gender: Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>
Mobile Phone No: 9276 6920 Fax No: NA	Alternative Phone No: NA
Address: 152 HAIG ROAD #05-01	(Postal Code: 438791)
Email Address:	No. of Passenger (Including Driver): 01

Was driver an employee of the Insured's Company? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	State relationship of driver with the insured: OWNER
Vehicle Registration Number of Driver's Own Vehicle (if applicable): NA	
Insurance Company of Driver's Own Vehicle (if applicable): NA	

## **Other Information of the Accident**

<b>Type of Accident:</b>	HEAD TO REAR
Weather Conditions:	Clear <input type="checkbox"/> Raining <input checked="" type="checkbox"/> Others <input type="checkbox"/> (Please state condition):
Road Surface	Wet <input checked="" type="checkbox"/> Dry <input type="checkbox"/> Others <input type="checkbox"/> (Please state condition):
Was any body injured in the accident?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
Was any other vehicle or property damaged?	No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>
Are accident photos available for attachment?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
Was there any video captured by Car Camera?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Audio <input type="checkbox"/>
Was the accident reported to the Police?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If Yes, which police station?:
Was notice of intended Prosecution given?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If Yes, against whom?:

## **DETAILS OF OTHER VEHICLE PROPERTY (Please fill Annex A if more vehicles involved)**

Vehicle Registration No: SLS 6306 L	Vehicle Make/Model/Colour: BMW
Foreign vehicle? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Vehicle Category: Private Car <input type="checkbox"/> Commercial <input type="checkbox"/> Others <input type="checkbox"/>
Details of Property Damaged in Accident: VEH - B	
Name of Driver: WAYNE	NRIC/Passport Number:
Contact Number: 9625 9440	
Address:	(Postal Code: )
Insurance Company Name:	No. of Passenger (Including Driver):

<b>Details of Witness - Name:</b>	
Details of Witness - Contact Number:	Details of Witness - Email Address:

## **DETAILS OF INJURED PERSON (Please fill Annex A if more person injured)**

Name:	Approximate Age:
Address:	(Postal Code: )
Injuries Sustained:	Injured person in which vehicle:
Were seat belts worn? No <input type="checkbox"/> Yes <input type="checkbox"/>	Were injured conveyed to the hospital by ambulance? No <input type="checkbox"/> Yes <input type="checkbox"/>

# Singapore Accident Statement

Accident Date & Time: 5.9.2020 - 11.05am.											
Accident Location: Along Haig Road outside TIPS Primary school											
Vehicle Number: SJF 1938 M	Make/Model:										
Policyholder Name: SHAH GOPUL NAYNITILAL											
NRIC: S26842TTH	Mobile: 9276 6920										
Email: GOPUL@HOTMAIL.COM											
Insurance Company: AIG											
Policy Number: 2100412425-05	Policy Period: 22 may 2020 to 21 may 2021										
Policy Coverage: Comprehensive(✓) Third Party( ) Third Party Fire & Theft( )											
State Action Taken: Claim Own Policy( ) Claim Third Party(✓) Reporting Only( )											
Driver Name: SHAH GOPUL NAYNITILAL											
NRIC: S26842TTH	Mobile: 9276 6920										
Date Of Birth: 01-06-1967	Driving Pass Date: 22 oct 2005										
Gender: Male(✓) Female( )	Occupation: Indoor(✓) Outdoor( )										
Address: 152 HAIG ROAD #05-01 S1438791											
Is 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( ) Hirer( )											
Weather Conditions: Clear( ) Raining(✓) Others( ) -											
Road Surface: Dry( ) Wet(✓) Others( ) -											
Was any <u>foreign vehicle</u> involved in this accident? Yes( ) No(✓)											
Was anybody injured in the Accident? Yes( ) No(✓)											
Was there any video captured by Car Camera? Yes( ) No(✓)											
Number of Passengers (Including Driver):											
<table border="0"> <tr> <td></td> <td>1.</td> </tr> <tr> <td></td> <td>2.</td> </tr> <tr> <td><u>Passenger Name</u></td> <td>3.</td> </tr> <tr> <td></td> <td>4.</td> </tr> <tr> <td></td> <td>5.</td> </tr> </table>			1.		2.	<u>Passenger Name</u>	3.		4.		5.
	1.										
	2.										
<u>Passenger Name</u>	3.										
	4.										
	5.										
Was the accident reported to the police? Yes( ) No(✓) Attach Police Report, if any											
3 <sup>rd</sup> Party Name: Wayne											
Vehicle Number: SLS 6306 L	Make & Model: BMW										
NRIC:	Mobile:										
Witness Details (If any):											



# CERTIFICATE OF INSURANCE

## AUTOVALUE PRIVATE VEHICLE

Name of Policyholder : SHAH GOPUL NAVNITLAL  
Period of Insurance : 22 May 2020 To 21 May 2021  
Engine No. : R18A1772845  
Chassis No. : RN61065574

Vehicle No. : SJF1938M  
Policy No. : 2100412425-05  
Endorsement No. :  
Issued Date : 19 May 2020

### ABOUT THE COVER

Make/Model : HONDA STREAM 1.8

Engine Capacity/Tonnage : 1,799.00 CC

Driver Restriction : NA

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.

Sum Insured : Market Value  
Off Peak Car : No

First Year of Registration : 2008  
Insuring with COE/PARF : Yes

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-leafing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with Motor Trade.

\* 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)

SHAH GOPUL NAVNITLAL - \$600 (Own Damage), \$600 (Flood Cover), FULVA GUNVANTRAY SHAH - \$600 (Own Damage), \$600 (Flood Cover)

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

Any accident repairs to the Vehicle must be carried out by one of our Authorised Repairers.

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: DBS BANK LTD

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).

0504196000

DALAL BHAVESH KAMLESH

371 ALEXANDRA ROAD #11-11 AIA ALEXANDRA  
SINGAPORE 159083 SP-BKD-TU

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

SSPJAN

78 Shenton Way #09-10 AIG Building 6070120 | Tel: 65 6319 8000 | [www.aig.sg](http://www.aig.sg)

AIG Asia Pacific Insurance Pte. Ltd.

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