

NATIONAL Assessment Centre Services.

Part 1 Jan 2003

MA20009322

Date In: 10/4/2020 12:58	Job description	Date & Time Completed	Done by
Ref No: N/A/116200/2325/4	SAS e-illing		
Veh No: SCD 6910X	E-mail (by date time, A/C time)		
D.O.A: 09/11/2020 18:50	I-Motor Claims Form		
OD: TP Reporting Only	I-Motor W/O (Within: OD time, TP time)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whan		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: 41SN 40037	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 of Injury: _____

Time of Injury: _____

Location of Injury: _____

Weather: _____

Witness: _____

Police: _____

Insurance: _____

Driver: _____

Owner: _____

Contact No: _____

Damaged Portion: _____

QC Checked by (Engn-In-Charge): _____

Driver/Owner:	1) All Accident Reporting (\$30)	INC (\$30)
Contact No:	2) DA: Damage Assessment (\$100)	\$40/45
Damaged Portion:	3) TP: Towing Fee	\$120
QC Checked by (Engn-In-Charge):	4) PT: Follow-Through Survey	\$30
	5) PT: Follow-Through Survey (Resurvey)	\$30
	For claim against INC Only (over 10 Jan 2003)	\$75
	6) TR: Re-inspection	\$140
	7) NI: Idea DA + SMRT Survey	
	8) NTUC Additional Service	
	OR:	
	* NS: Courtesy Car / Tpl Allowance	\$3
	* NG: Repairs Coordination	\$10
	* NI: Post Repair Inspection	\$25
	* ND: DV / Collect Excess Coordination	\$3
	* NE: DV / Collect Excess Coordination	\$25
	TE (NI): TP (NI) INC against INC	\$0
	9) NI: Idea Mobile	
	Invoice dated	
	Invoice dated	
	Fee Charged	
	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	10/11/2020 12:58
Date Of Accident	09/11/2020 18:50
Exact Location Of Accident	LORNIE EXIT THOMSON
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLD6910X
Insured/Policyholder	
Name Of Registered Owner	KEVIN GREGORY RAJAN
NRIC No	SXXXX034C
Email Address	KGR3055@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97921227
Alternative Phone No	OTHERS-97921227

Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	SCIROCCO-1.4 TSI (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	2070089618
Cover Note Number	

Driver

Name of Driver	KEVIN GREGORY RAJAN
NRIC No	SXXXX034C
Date Of Birth	27/10/1972
Occupation	INDOOR
Date Of Driving Pass	29/01/1996
Driving Experience	24 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97921227
Fax Number	
Contact Number	OTHERS-97921227

Address	BLK 179 ANG MO KIO AVENUE 5 #13-2876
Postcode	560179
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	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	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?	YES
If Yes, Please state which Police Station	
Police Station Name	TANGLIN POLICE DIVISIONAL HQ ('E' DIVISION)
Police Station Address	ROAD: 21 KAMPONG JAVA ROAD , POSTCODE: 228892 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-3910000 - FAX NO: 63964900
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT E/20201109/7035

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	FBN4003T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	

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.:

A: SLD 6910X
B: FBN4003.T

LORNIIE EXIT ROOM!

A: SLD 6910X

B: FBN4003T

LORNIE EXIT THOMPSON

Refer to police report No.: E/20201109/7035

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

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

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

74000

SINGAPORE ACCIDENT STATEMENT

ACCIDENT DATE: 09-Nov-2020

ACCIDENT TIME: 1850hrs

LOCATION: LORINE EXIT THOMSON

VEHICLE NUMBER: SLD6910X

INSURED NAME: KEVIN GREGORY RAJAN

NRIC / FIN: S7274034C

CONTACT: 97921227

MAKE: VOLKSWAGEN

MODEL: SCIROCCO GP 1.4 TSI AT 1382G5

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: 2070089618

EXPIRY DATE: 26-Jun-2021

NAME DRIVER: KEVIN GREGORY RAJAN

NRIC / FIN: S7274034C

CONTACT: 97921227

DATE OF BIRTH: 27-Oct-1972

DRIVING PASS DATE: 29-Jan-1996

OCCUPATION: Indoor

GENDER: Male

EMAIL ADDRESS: KGR3055@GMAIL.COM

ADDRESS OF DRIVER: 179 ANG MO KIO AVENUE 5 #13-2876 KEBUN BARU LINK 2 SINGAPORE 560179

Relationship Of The Driver With The Insured: Employee

Number Of Passenger Include Driver: 1 Driver

NAME	NRIC/FIN/BC	GENDER	INJURED
KEVIN GREGORY RAJAN	S7274034C	Male	

INJURY DETAILS: 0 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? Yes Police Report Number: E/20201109/7035

Details Of 3rd Party	Name	NRIC	Contact	No.of Paxs(incl' driver)
Veh B FBN4003T				Not Sure



**SINGAPORE
POLICE FORCE**



E/20201109/7035

1 of 2

POLICE REPORT (NP299)

Report No. E/20201109/7035

Police Station Of Origin
Tanglin Division HQ
21 Kampong Java Road SINGAPORE
228892
Tel No:1800-3910000

Date/Time Report Made 09/11/2020 22:19	Vide Report No.	Station Diary No.
Name Of Informant KEVIN GREGORY RAJAN	Address	
ID Type / ID No. NRIC NO / S7274034C	Contact No. Home/Office:	Mobile: 97921227
Nationality MALAYSIAN	Email Address kgr3055@gmail.com	
Occupation F&B manager	Sex Male	Age 48
Institution/School Name	Date of Birth 27/10/1972	Race Indian
Date/Time Of Incident 09/11/2020 18:50 - 09/11/2020 18:55	Location Of Incident LORNIE ROAD	

Brief details.

On the mention date and time while I'm travelling at lornie exit thomson first lane near a bus stop SLD6910X sudden I heard a bang from my rear area when I turn back I saw a motor cyclist FBN4003T fell on the road therefore I stop and go down and check on the rider he hit my rear bumper and fell and he had abrasion injury on his hand and legs he was convey to hospital after bandaged.

I had no injury.

Subjects Involved	
Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 09/11/2020 22:19
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp



**SINGAPORE
POLICE FORCE**



E/20201109/7035

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. E/20201109/7035

Victim			
Person Name	KEVIN GREGORY RAJAN		
ID Type	NRIC NO	ID No	S7274034C
Gender	Male	Age	48
Race	Indian	Language	English
Occupation	F&B manager	Mobile No	97921227
Is Informant A Victim?	Yes		
Person Name	KEVIN GREGORY RAJAN (Informant)		

Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

Authentication Stamp

Signature Of Informant:

The identity of the person making this report has been authenticated by SingPass. No signature is required.

Date/Time:

09/11/2020 22:19

Classification Of Case:

AUTOPLUS PRIVATE VEHICLE

Name of Policyholder : KEVIN GREGORY RAJAN
 Period of Insurance : 27 Jun 2020 To 26 Jun 2021
 Engine No. : CMS044424
 Chassis No. : WVVZZZ13ZGV012160

Vehicle No. : SLD6910X
 Policy No. : 2070089618
 Endorsement No. :
 Issued Date : 11 Jun 2020

ABOUT THE COVER

Make/Model : VOLKSWAGEN SCIROCCO 1.4 TSI
 Engine Capacity/Tonnage : 1,390.00 CC Sum Insured : Market Value First Year of Registration : 2016
 Driver Restriction : NA Off Peak Car : No Insuring with COE/PAF : 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 Optional

* Limitations rendered inoperative by Section 6 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 - \$1000 Theft - \$0 Flood Cover - \$1000

Section 2

Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

KEVIN GREGORY RAJAN

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 8200. Alternatively, You may refer to AIG website 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: INDEX CREDIT PTE 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).

0500718000

JG MOTOR AGENCY

80 CHANGI ROAD #04-06 CENTROPOL @ CHANGI

SINGAPORE 419715

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

Soak Foong Joanne Goh