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SN0820C7000E / National Assessment Centre Services [159721] ENTRY DATE & TIME: 07/12/2020 20:58 (SGT) SUBMITTED BY: Rosli Bin Abdul Wahab VERSION: 1 (07/12/2020 20:58 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Please report correctly the details of the accident to speed up the claims process.

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 witholding of material facts may allow insurance companies to repudiate

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.

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 Submission Date of Accident Exact Location of Accident Additional Location Information

07/12/2020 20:58 (SGT) 04/12/2020 10:50 (SGT) Tampines Rd, Singapore

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SGL4786T

INSURED/POLICYHOLDER

Country/State of Loss

Is company? Name Of Registered Owner NRIC No

Email Address Mobile Phone No Alternative Phone No

No

GURSEWAK SINGH S/O JEET SINGH SXXXX944G

manmitsingh1804@gmail.com (Phone) +65-98279515

+65-1804

VEHICLE PARTICULARS

Manufacturer Model

Variant

Exact purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to

your vehicle?

Vehicle Category

Nissan

Teana

Private use

No - Claiming third party Private car

INSURANCE COMPANY

Name of Insurance Company

Type of Coverage Fleet Policy Policy Number

Cover Note Number

AIG

Comprehensive

2100506437-03

DRIVER

Name of Driver NRIC No

RAJINDER KAUR SXXXX100G

Date Of Date o	
Date Of Driving Pass Driving experience	10/04/1996
Gender Gender	24 YEARS AND 8 MONTHS
Mobile Number	Female (P)
Alt. Phone Number	(Phone) +65-98279519
Email Address	manuficinal 1994@amail.am
Address	manmitsingh1804@gmail.com 21 PASIR RIS VIEW
Address complement	21 FASIK NIS VIEW
Postcode	518603
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	
Insurance Company of Other Vehicle Owned by Driver	
insurance Company of Other Venicle Owned by Driver	•
GENERAL INFORMATION OF THE ACCIDENT	
SECRETARION OF THE PRODUCT	
Type of Accident	Cide Coules
Weather Conditions	Side Swipe Clear
Road Surface	Dry
	Eng.
OTHER INFORMATION	
Was any foreign vehicle involved in the accident?	KI-2
Number of vehicles involved in the accident	No 2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s)	
soliciting/offering accident claims assistance?	No
PASSENGER 1	
Name	OUDSELLAND AND LESS A
Gender	GURSEWAK SINGH S/O JEET SINGH
	Male
DETAILS OF POLICE ACTION	
Was the accident reported to the police?	No
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
- N- 1- 1 () () - 1 () () () () () () () () () (III OUTA
DETAILS OF OTHER	VEHICLE PROPERTY 1
Vehicle Registration Number	GBD4125C
Vehicle Manufacturer	*
Vehicle Model	(*)
Vehicle Variant	30
Vehicle Colour	*
Vehicle Category	Commercial vehicle
VACUTURE OF A PACTORS	

Address	
Address complement	
Postcode	
Insurance Company Name	
Nature Of Damage	
Details of property damaged in accident	
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.
- 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.
- 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.
- 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.
- 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 :
 - 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:
 - 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 Pers

-Mame:

NRIC/FIN No.:

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		ART A		VA) SGL4786T V-B) GBP4125C
	4		E TIAN	npines Road.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the	stated data and time, I value Fi
was tran	uly on the stated viewe. I was
travelly	straight in my lane suddenly value
B' CH	into my lane are collided against
my repic	e right portion

DECLARATION

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

Policyholder's Signature Date & Time: Oriver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnol's

Name: NRIC/FIN No.::



Email: sm@idac.com.sg Tel no: 6555 6888 *If no proper documents are produced, IDAC shall not file the report. Information will be discarded after one week. Personal Particulars of Owner & Driver (Vehicle A) Date of Accident: 04/12/20 (dd/mm/yv) Time of Accident: 10 Vehicle No. : SGL 4786 T Vehicle Make & Model / Engine (cc): NISSAN TEANA 2488 CC Private Hire: (Y/N) Exact location of Accident: Tampines Road Policyholder's Name / IC No.: GIVRSEWAK SINGH S/0 SEET / S17309446 Driver's Name / IC No. : Rasinder kaur 1 Driver's Contact No. : 9827 9519 Company Contact No / Owner Contact No: Driver's Address: 21 Pasiv Ris View \$ 518603 Owner Email address: Wanmit singh 1804 Pgnail Com Insurance Company: A167 Driver Email address: Manut Singh 1804 agmail com Relationship between Owner & Driver: (Please CIRCLE one only) Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify: What do you wish to claim? (Please TICK one only) Own Insurance / Other Vehicle (The one you want to claim against) / Reporting (For Record Purpose) Exact purpose for which the vehicle Occupation (nature of job) Was being used at time of accident? Indoor/ Outdoor Private use / Work purpose *No. of Passengers (Including Driver): *Passanger Name: GUTSEWAK SINGH *Passanger Name: Weather condition & Road conditions? (On the day of accident) Clear & Dry / Raining & Wet / After-Rain & Wet / Drizzling & Wet / Others. Was there any video captured by your Car Camera? Yes / No Any Injuries: Yes / No (If YES) Injured Person' Name: Injuries Sustain: Injured Person in Which Vehicle: Yes / No (If YES) Which Police Station: Police Report filed: The Other Party(s) Details: Vehicle No: GBD 4125 C 1. Driver's Name / IC No: Insurance Company: Driver's Contact No: 2. Driver's Name / IC No (If Any): ____ Vehicle No: Insurance Company : Driver's Contact No: *Independent Witness (If Any): ______ Contact No:

Preferred Workshop Name:



EDING WELLED ENCYCLED

how the application to the property of the NISSAN AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder

: Gursewak Singh S/O Jeet Singh

Period of Insurance Engine No.

: 31 Mar 2020 To 30 Mar 2021 : QR25688994L

Chassis No.

: MNTBCAL33Z0003843

Vehicle No.

: SGL4786T

Policy No.

: 2100506437-03

Endorsement No.

Issued Date

: 09 Mar 2020

ABOUT THE COVER

Make/Model

NISSAN TEANA 2.5 PREMIUM (WITH SUNROOF)

Engine Capacity/Tonnage

2,488.00 CC

Sum Insured Market Value

First Year of Registration

2017

Driver Restriction

Off Peak Car : No

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Insuring with COEIPARF

Yes

Person or Classes of Persons Entitled to Drive*

to any other person who is driving on the Poscyhotter's order or with his her permission.

This Pistra will incommely the Purcyholder or any authorised driver only it has be made the specified age conduction.

You have to pay an appropriat sum of \$1,000 as "Young and or inexperienced Driver Excess" ("YIDR") if You are or Your Authorised Driver (numed or unnamed) is under the upp of \$1 and or has test

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 dises not cover use for his or remark dinting surion, driving last iracing, pack making reliability shallow speed-testing. The camage of goods other than samples in connection with any leads or business or use for any purpose in connection with Mutar Trade.

Loss of Use 1500cc - 1600cc

* Exmissions rendered inoperative by Section 8 of the Abjor Vulncius (This) Party Risss and Compensation) Act (Cap. 188). Section 95 of the Road Transport Act. 1567 (Malesser) and Road Transport (Act. 2019) are not to be included under three headings.

EXCESS

Section I Fire - \$0 Own Damage - \$600 TheR - \$0 Flood Cover - \$600

Section 2

Property Demage - 50

Windscreen: \$100

Named Driver and Excess (where applicable)

Gursewax Singh S O Jeel Singh - \$600 (Own Damage) \$600 (Finod Cover)

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

I TC AutoClinic Add 25 Leng Hee Root Singapore 159097 67036513 67036512 67036513 2 TC AutoClinic Add No 1 Suth Lick Yang Road Singapore 628099 62622212 3 AutoBen Indusmer Add 19 Utir Road 4 Singapore 808623 84509664 4 Tan Chong Moter Sales Add 913 Buss Timah Road Singapore 589623 64684081 84694092 64694093 5 Tan Chong Moter Sales Add 97 Lengt 8 Year Payon Singapore 319254 63570733 63570754

For other Accronsed Reporting Centres AID Authorised Reporters prease cented our Ze-hour accident emergency hollow at +65-6328-6200. Ademails by, you may refer to AID websits sew and 10 AID SO from Tunks or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: United Overseas Bank Limited

to Sgrahad Tress 6419 300

I'We nereby certly that the policy to which this Careficate of insurance relates is respect to escordance with the provisions of the Mistor Venicles(Third Party Risks and Compensation) Act (Cap., 189). Part IV of the Road Transport Act., 1957 (Waterysia).

TAN CHONG CREDIT PTE LTD-OSC

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

913 BUKIT TIMAH ROAD TAN CHONG MOTOR CENTRE

SINGAPORE 589823 ANSP-MOTOR

Underwritten by AJG Asia Pacific Insurance Pse. Ltd.

Can-W Fax