

NATIONAL Assessment Centre Services.

Just 1 Jan 05

81082110004

Date In: 2/04/2001 16:54	Job description	Date & Time Completed	Done by
Ref No: 189/162/001031/V	SAS e-Milling		
Veh No: SLD 99657	E-mail (to John, Alice, etc)		
O.O.A. 20/01/2002 08:30	I-Motor Claim 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/Victim		

Preferred Wkup / INC Assign Wkup / QW: (Tel:	Fax:
TP Particulars:	Veh No: SKR 585TS	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 refer of reporter.

() 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: _____

Driver/Owner:	1) Allt Accident Reporting (\$30)	
Contact No:	2) DA: Damage Assessment (\$100) INC (\$10)	
Damage Portion:	3) TP: Towing Fee	\$120
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey	\$30
	5) PF: Follow-Through Survey (Resurvey)	\$75
	6) TR: TR-Insp/Qual	\$160
	7) NI: IDas DA + EMRT Survey	
	8) NTUC Additional Services	
	ON:	
	*NS: Courtesy Car / Tpl Allowance	\$3
	*NG: Repair Coordination	\$10
	*NT: Post Repair Inspection	\$23
	*ND: DV / Collect Excess Coordination	\$3
	TE (NI): TP (CA: INC) against DSG	\$20
	2) NI: IDas Mobile	
	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 Submission	21/01/2021 16:54 (SGT)
Date of Accident	20/01/2021 08:30 (SGT)
Exact Location of Accident	Jurong East Central, Singapore
Additional Location Information	TOWARDS BUKIT BATOK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLD9965T
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	RAGOTHAMAN RAGHAVENDRAN
NRIC No	SXXXX120G
Email Address	ragoth@rocketmail.com
Mobile Phone No	(Phone) +65-94563051
Alternative Phone No	+65-94245660

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Wish
Variant	-
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 - Claiming third party
Vehicle Category	Private car

INSURANCE COMPANY

Name of Insurance Company	AIG
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	2100473935-003
Cover Note Number	-

DRIVER

Name of Driver	VENKATA RAMANA RAO MANJULA
NRIC No	SXXXX495F

Date Of Driving Pass	06/09/2010
Driving experience	10 YEARS AND 4 MONTHS
Gender	Female
Mobile Number	(Phone) +65-94245660
Alt. Phone Number	-
Email Address	ragoth@rocketmail.com
Address	BLK 193 BUKIT BATOK WEST AVENUE 6 #05-71
Address complement	-
Postcode	650193
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	-

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 the accident?	No
Number of vehicles involved in the accident	1
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)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKR5855S
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	(Phone) +65-92776603
Address	-
Address complement	-
Postcode	-

Nature Of Damage		
Details of property damaged in accident		
No. Of Passenger (Including Driver)		

SKETCH PLAN

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5. Any false reporting may be referred to the Police for investigation.
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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.

Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan

Handwritten notes above sketch plan:
Jalan First Mile towards Bukit Batok

Handwritten notes to the right of the sketch plan:
A - SKP 9965 T
B - SKR 5855 S

Describe Circumstances of the Accident

I was driving Veh A on the above mention date & time
The traffic light was red & my car was stationary. A few
seconds later I felt an impact when I slight I notice
Veh B hit the rear of my Veh A

Declaration

We declare the foregoing particulars are true in every respect.

R Raghavan
Policyholder's Signature / Date &
Time

V. Nijh
Driver's Signature (If driver is not the policyholder) / Date
& Time

21/01/2024
Witnessed by Reporting Centre
Personnel

Date of Accident : 20/1/2021 Accident Time: 8.30am (24-HR-Format)
 Accident Place : Jurong East Central towards Bukit Batok
 Vehicle No. (Car Plate No.) : SLD99651 Make/Model: Toyota Wish
 Insurance Company : AIG Policy No: 2100473935-02
 Owner or Company Name / IC No. : Ragothaman Raghavendran (872791206)
 Owner or Company Contact No. : _____ Owner's Hp 94563051 Company Tel _____
 DRIVER'S Name / IC No. : Venkata Ramana Rao Manjula (67481495F)
 DRIVER'S Date Of Birth : 26.10.1974 DRIVER'S License Pass Date 06.09.2010
 Relationship of Owner & Driver : ☒ Spouse ☐ Parents ☐ Children ☐ Sibling ☐ Employee ☐ Others: _____
 DRIVER'S Address : 193 Bukit Batok Wld & Pkwn: 6, 405-71 S (650193)
 DRIVER'S Contact No. / Alt No. : 1) 94245660 2) _____
 DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
 Email Address : Ragoth@Rocketmail.com
 Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
 Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance
 Number of Passengers (Including Driver): Driver only
 Was there any video Captured by car camera: YES ☒ NO ☐
 Exact purpose for which vehicle was being used at the time of accident: ☒ Private use ☐ Work purpose
 Any Injury (If YES, Pls state): No

Other Party Driver's Particular (if any)

Vehicle No: <u>SKA 5855 (NTUC)</u>	Vehicle No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver/Contact: <u>92776603</u>	IC No. Driver/Contact: _____

* NEW - Passenger's name & gender:



CERTIFICATE OF INSURANCE

AUTOPLUS PRIVATE VEHICLE

Name of Policyholder : Ragothaman Raghavendran
Period of Insurance : 04 Jul 2020 To 03 Jul 2021
Engine No. : 2ZR1790344
Chassis No. : JTDGG20W70J004521

Vehicle No. : SLD9965T
Policy No. : 2100473935-03
Endorsement No. :
Issued Date : 01 Jun 2020

ABOUT THE COVER

Make/Model : TOYOTA NEW WISH

Engine Capacity/Tonnage : 1,798.00 CC

Driver Restriction : NA

Sum Insured : Market Value

Off Peak Car : No

First Year of Registration : 2016

Insuring with COE/PARF : 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 - 1800cc 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)

Ragothaman Raghavendran - \$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 Authorized 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 6336 6200. 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: HONG LEONG FINANCE LTD

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).

0502135000

KHO CHIN KOK JEFF

80 ANSON ROAD #12-02 FUJI XEROX TOWERS

SINGAPORE 079907

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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