

# NATIONAL Assessment Centre Services

Date In: 21/06/21	Job description	Date & Time Completed	Done by
Ref No: NA/A1621006973/13	SAS e-filing		
Veh No: SGT9202P	E-mail (within 8hrs, A/C 2hrs)		
D.O.A: 20/06/21 1300	i-Motor Claim Form		
OD: TP / Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: SGL7066T	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%, F: 80-100%]	
Year of Registration: (	Warranty: YES ( ) / NO ( )	
Excess: (\$	Loading: \$1,000 ( ) / \$2,000 ( )	

**General Remarks:-**

( ) Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer.

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

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

Remarks:- (INC hotline: 6788 6616)	Date & Time Completed	Done by
1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )		

**Injury:** \_\_\_\_\_

Date/Time	Actions

Claimant's Particulars :-	Invoice Preparation Checklist	Ant (\$) 1st Bill	Ant (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors' Comments :-	5) FT: Follow-Through Survey (Resurvey) \$30		
Cat. 1:	For claiming against INC Only (wef 10 Jan 2005)		
Cat. 2 / 3:	6) TR: Re-inspection \$75		
	7) NI: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idac Mobile \$0		
	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	24/06/2021 09:32 (SGT)
Date of Accident	20/06/2021 13:00 (SGT)
Exact Location of Accident	78 Sungei Tengah Rd, Singapore 699003
Additional Location Information	RAINBOW AQUARIUM
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGJ9202P
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	JAYAKODY S/O RAJAMANI
NRIC No	SXXXX795G
Email Address	GANESH0919713@GMAIL.COM
Mobile Phone No	(Phone) +65-98239593
Alternative Phone No	+65-98239593

### VEHICLE PARTICULARS

Manufacturer	Audi
Model	A4
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
Transmission	Auto
CC	1998

### INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	2100359499-07
Cover Note Number	-

### DRIVER

Name of Driver	SREEGANESH JAYAKODY
NRIC No	SXXXX482D

Date Of Birth	25/02/1992
Occupation	Indoor
Date Of Driving Pass	03/09/2010
Driving experience	10 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-94307488
Alt. Phone Number	-
Email Address	GANESH0919713@GMAIL.COM
Address	BLK 386 YISHUN RING RD
Address complement	#11-1707
Postcode	760386
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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	Collided into Parked Vehicle
Weather Conditions	Clear
Road Surface	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	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)	0
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?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE ATTACHED STATEMENT.

#### 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	SGL7066T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

Name of Driver	-
Contact Number	-
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.
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 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.
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

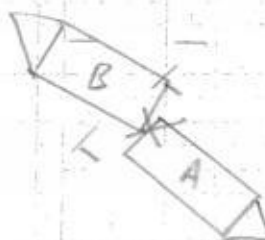
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

### Sketch Plan



A = SG5 9202P

B = SGL 7066T

RAINBOW AQUARIUM  
78 SUNGAI TENGAH ROAD


Describe Circumstances of the Accident


ON THE STATED TIME AND DATE, MY CAR WAS  
WAS PARKED AT RAINBOW AQUARIUM'S CARPARK AT ABOUT  
12.46PM, AND AT ABOUT 1.00PM THERE WAS AN ANNOUNCEMENT  
STATING MY CARPLATE AND ASK ME TO COME OUT TO MY CAR.  
THEN I REALISE, VEHICLE B HIT ONTO MY REAR PORTION  
AND TRIED TO DRIVE AWAY. WITNESS SAW AND INFORM ME  
ABOUT IT AS WELL.


Declaration

We declare the foregoing particulars are true in every respect.

If you wish to claim against your own policy, please be advised that your insurer may have a fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence. Kindly check with your insurer for more details.

  
Policyholder's Signature / Date &  
Time

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

 24/06/21  
Witnessed by Reporting Centre  
Personnel

11:35

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**SINGAPORE  
POLICE FORCE**



T/20210623/7004

1 of 3

Report No. T/20210623/7004

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408665  
Tel No: 65470000

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/06/2021 11:32	Vide Report No.: J/20210620/0087	Station Diary No.:
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## Informant's Particulars

Name of Informant: SREEGANESH JAYAKODY			Address: 386 YISHUN RING ROAD #11-1707 SINGAPORE 760386		
ID Type / ID No.: NRIC NO / S9206482D			Contact No / Home/Office: Mobile: 54307488		
Nationality: SINGAPORE CITIZEN			Email: ganeshjaya386@hotmail.com		
Sex: Male	Age: 29	Date of Birth: 25/02/1992	Type of Informant: Driver		
Race: Indian			Language: English		Institution / School Name:
Occupation: Computer engineer			Driving Licence Information: Class:		Date of Expiry:

## General Information of the Accident

Type of Accident: Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 20/06/2021 13:00	Type of Location: Car Park
Location: SUNGEI TENGAH ROAD			
Weather: Clear	Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way	Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Moving Vehicle Against - Parked Vehicle			Anyone conveyed by ambulance: No

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Convinto	No of
SGJ9202P	Car					0

## Details of Person Involved

Any Pedestrian Involved: No
No. of Pedestrians Injured: NIL
Use of Pedestrian Crossing: NA



**SINGAPORE  
POLICE FORCE**



T/20210623/7004

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Report No. T/20210623/7004

Police Station Of Origin:  
Traffic Police

11:35

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Any Pedestrian Involved: No  
 Use of Pedestrian Crossing: NA

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**SINGAPORE  
POLICE FORCE**



T:20210623/7004

2 of 3

Police Station Of Origin:  
 Traffic Police  
 10 Ubi Avenue 3 SINGAPORE 408655  
 Tel No: 65470000

Report No. T:20210623/7004

CONTINUATION OF REPORT

Driver Name	SREEGANESH JAYAKODY	ID No.	S9206482D
Related Vehicle	SGJ9202P (Car)	Contact No.	94307488
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

**Brief Details:**

I arrived at rainbow aquarium at 1247pm. I parked my car at the customer designated carpark lots. They are head in diagonal lots. At 1pm my carplate was paged over the system. When I went out to see what happen, I realised that I was involved in a hit and run. Luckily there was witness that saw it and inform me about the whole situation.



**SINGAPORE  
POLICE FORCE**



T:20210623/7004

3 of 3

Police Station Of Origin:  
 Traffic Police  
 10 Ubi Avenue 3 SINGAPORE 408655  
 Tel No: 65470000

Report No. T:20210623/7004

11:35

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SINGAPORE  
POLICE FORCE

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No. 65470000



T/00210623/004

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Report No. T/00210623/004

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TP/IR /  
SITI NORHAJIDAH BINTE HANAFI  
Contact No.: 65476202

Authentication Stamp  
N/A

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by Singpass. No signature is  
required.

Date/Time:  
23/06/2021 11:32

Classification Of Case:

Open in...

VEHICLE NO:	563 9202 P	MAKE & MODEL:	AUDI A4	REVO	23/06
DATE OF ACCIDENT	20 / 06 / 21	*CC:			
TIME OF ACCIDENT	13 00 HRS	AM / PM	PM		
LOCATION OF ACCIDENT	RAINBOW AQUARIUM, 78 SUNGEI TENGAH ROAD				
EXACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT / PRIVATE USE / PRIVATE HIRE				
NAME OF OWNER	JAYAKODY S/O RAJAMANI				
EMAIL:		Office:		MOBILE:	9823 9593
NRIC	S 1325795 6				
CLAIM TYPE	OD / THIRD PARTY / REPORTING ONLY				
FLEET POLICY:	YES / NO ?				
INSURANCE CO.	AIG				
TYPE OF COVERAGE	Comprehensive / Third Party / Third Party Fire & Theft				
POLICY NO.	2100359499-07				
NAME OF DRIVER	AS ABOVE / IF NO: SREEGANESH JAYAKODY				
NRIC	S92064828				
DATE OF BIRTH	25 / 02 / 1992				
ANY PASSENGER	YES / NO:				
NAME OF PASSENGER					
GENDER OF PASSENGER	MALE / FEMALE				
OCCUPATION	Outdoor / Indoor				
DATE OF DRIVING PASS	03 / 09 / 2010				
GENDER	Male / Female				
CONTACT NO.	Mobile: 94307488 Office: Home:				
EMAIL:	GANESH091943@GMAIL.COM				
ADDRESS	BLK 386 YISHUN RING ROAD, #11-1707				
DOES DRIVER OWN OTHER VEHICLES?	NO / If yes, Reg No. INSURER:				
RELATIONSHIP	Employee / If No: SON				
WEATHER CONDITION	Clear / Raining / Other:				
ROAD SURFACE	Dry / Wet / Other:				
ANY INJURIES	No / If yes: Who?				
CONTACT NO.					
POLICE REPORT	No / If yes, Where?				
NOTICE OF INTENDED PROSECUTION GIVEN?	NO/IF YES: WHO?				
VEHICLE B NO.	SGL 7066 T Any Passenger:				
NAME					
CONTACT NO.					
VEHICLE C NO.	Any Passenger:				
VEHICLE D NO.	Any Passenger:				
VEHICLE E NO.	Any Passenger:				
VEHICLE F NO.	Any Passenger:				
ANY WITNESS					
WITNESS CONTACT NO.					
WAS THERE ANY VIDEO CAPTURE?	YES / NO				
WAS THERE ANY AUDIO RECORDED?	YES / NO				
SCENE ACCIDENT PHOTOS TAKEN?	YES / NO				
**WORKSHOP:					
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?					
YES / NO					



# CERTIFICATE OF INSURANCE

## AUDI AUTO PROTECTOR PRIVATE VEHICLE

**Name of Policyholder** : JAYAKODY S/O RAJAMANI  
**Period of Insurance** : 19 Dec 2020 To 18 Dec 2021  
**Engine No.** : CJE066699  
**Chassis No.** : WAUZZZ8K6EA050021

**Vehicle No.** : SGJ9202P  
**Policy No.** : 2100359499-07  
**Endorsement No.** :  
**Issued Date** : 23 Nov 2020

### ABOUT THE COVER

**Make/Model** : AUDI A4 1.8 TFSI MU (LITE EDITION)  
**Engine Capacity/Tonnage** : 1,798.00 CC  
**Driver Restriction** : NA  
**Person or Classes of Persons Entitled to Drive\*** :  
**Sum Insured** : Market Value  
**Off Peak Car** : No  
**First Year of Registration** : 2013  
**Insuring with COE/PAF** : Yes

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  
**Mileage Condition** : Unlimited Mileage  
**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 1800cc - 2000cc 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 - \$800 Theft - \$0 Flood Cover - \$800

**Section 2**  
Property Damage - \$0

**Windscreen** : \$100

**Named Driver and Excess** (where applicable)

JAYAKODY S/O RAJAMANI - \$800 (Own Damage), \$800 (Flood Cover)

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

1. Audi Customer Service Center Add: 55 Ubi Road 1 Singapore 408699 63662323.

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

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).

0504125219

PREMIUM LEASING - KATL

281 ALEXANDRA ROAD AUDI CUSTOMER SERVICE CENTRE  
SINGAPORE 159938

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

**AIG Asia Pacific Insurance Pte. Ltd.**

This computer generated document does not require a signature.

SSPDAC

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