

NATIONAL Assessment Centre Services

SN0921720008

Date In: 21/7/21 1703	Job description	Date & Time Completed	Done by
Ref No: NAIAI621007821/V	SAS e-filing		
Veh No: SMD5640U	E-mail (within 2hrs. AD 2hrs)		
DOA: 19/7/21 18.10	i-Motor Claim Form		
OD: <input checked="" type="checkbox"/> TP Reporting Only	j-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: SMB35025	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	Amt (\$) 1st Bill	Amt (\$) 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) RT: 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) N1: (Inc DA + SMRT Survey) \$160		
	8) NTUC Additional Services:-		
	OD:		
	*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: Idnc Mobile 30		
	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	21/07/2021 17:03 (SGT)
Date of Accident	19/07/2021 18:10 (SGT)
Exact Location of Accident	Bukit Batok East Ave 3, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMD5640U
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	ANAND BHARGAV
NRIC No	SXXXX615D
Email Address	MANASI.BHARGAV@GMAIL.COM
Mobile Phone No	(Phone) +65-97845998
Alternative Phone No	+65-97845998

VEHICLE PARTICULARS

Manufacturer	Subaru
Model	Forester
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	2000

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	1800102594-02
Cover Note Number	-

DRIVER

Name of Driver	MANASI BHARGAV
NRIC No	SXXXX928F

Date Of Birth	06/11/1996
Occupation	Indoor
Date Of Driving Pass	15/08/2017
Driving experience	3 YEARS AND 11 MONTHS
Gender	Female
Mobile Number	(Phone) +65-97845998
Alt. Phone Number	-
Email Address	MANASI.BHARGAV@GMAIL.COM
Address	BLK 52 BUKIT BATOK STREET 31 #26-08
Address complement	-
Postcode	659443
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	Collision - Change/cross lane
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle 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?	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

REFER TO 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	SMB3502J
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)

INJURED PERSONS DETAILS

INJURED 1

Name of injured person

MANASI BHARGAV

Address

Address Complement

Post Code

Approximate Age Years Old

BODY

Injuries Sustained

SMD5640U

Injured person in which vehicle?

Yes

Were seat belts worn?

No

Was this injured conveyed to hospital by ambulance?

Date of Accident : 17/07/21 Accident Time: 6:15pm (24-HR-FORMAT)
 Accident Place : Bukit Batok East Ave 3
 Vehicle Reg. No (Car plate No.) : SMB 5840U Vehicle Make/Model: Subaru Forester
 Insurance Company : AIG Policy No. 180 0102594-02
 Name of Registered Owner : Company / Individual Anand Bhargav
 ID of Registered Owner : Co Reg No: — Owner's NRIC No: S2712615D
 : Co Contact No: 97845998 Owner's Contact No: —
 DRIVER'S Name : Manasi Bhargav DRIVER'S NRIC No: S9672928F
 DRIVER'S Date of Birth : 06/11/96 DRIVER'S License Pass Date 15/08/2017
 Relationship bet. Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: —
 DRIVER'S Address : Blk 52 Bukit Batok Street 31 #26-08 S659443
 DRIVER'S Contact No./ Alt No. : 1) 8444 2596 2) —
 DRIVER'S Occupation : INDOOR \ OUTDOOR (eg. working inside or outside of an ofc)
 Email Address : manasi.bhargav@gmail.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): 01
 Was the accident reported to the police? YES \ NO
 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

Other Party Driver's Particulars (if any)

Vehicle Reg No: <u>SMB 3502J</u>	Vehicle Reg No: <u>—</u>
Vehicle Make/Model: <u>—</u>	Vehicle Make/Model: <u>—</u>
Name DRIVER: <u>—</u>	Name DRIVER: <u>—</u>
IC No. DRIVER: <u>—</u>	IC No. DRIVER: <u>—</u>
DRIVER'S Contact & add: <u>—</u>	DRIVER'S Contact & add: <u>—</u>

61060

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

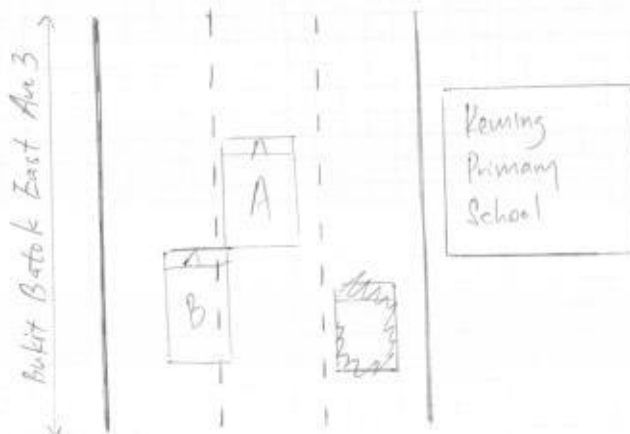
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.


Policyholder's Signature / Date & Time


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


Witnessed by Reporting Centre Personnel

Sketch Plan




Vehicle - SMD5640U
Vehicle B - SMB3502J

Describe Circumstances of the Accident

Refer to Police Report

Declaration

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



Policyholder's Signature / Date & Time



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



Witnessed by Reporting Centre Personnel



SINGAPORE POLICE FORCE



T/20210721/7014

1 of 3

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

Report No. T/20210721/7014

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/07/2021 12:59	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: MANASI BHARGAV			Address: 52 BUKIT BATOK STREET 31 #26-08 SINGAPORE 659443	
ID Type / ID No.: NRIC NO / S9672928F			Contact No.: Home/Office:	Mobile: 84442596
Nationality: SINGAPORE CITIZEN			Email: MANASI.BHARGAV@GMAIL.COM	
Sex: Female	Age: 24	Date of Birth: 06/11/1996	Type of Informant: Driver	
Race: Indian			Language: English	Institution / School Name:
Occupation: MARKETING			Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 17/07/2021 06:15	Type of Location: Straight Road
Location: BUKIT BATOK EAST AVENUE 3				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SMB3502J	Bus/Coach/Mi nibus					0
SMD5640U	Car					0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20210721/7014

2 of 3

Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

Report No. T/20210721/7014

CONTINUATION OF REPORT

Driver			
Name	MANASI BHARGAV	ID No.	S9672928F
Related Vehicle	SMD5640U (Car)	Contact No.	84442596
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	19/07/2021	Date	19/07/2021
No. of Days granted Medical Leave	03	Degree of	Slight

Brief Details.

ON THE STATED DATE AND TIME, I VEHICLE A (SMD 5640 U), HAS ALREADY CHANGED LANE FROM THE FIRST LANE TO SECOND LANE. SUDDENLY, I FELT A HUGE IMPACT ON THE LEFT REAR PORTION OF MY VEHICLE. I THEN CAME DOWN TO CHECK AND REALISED THAT IT WAS VEHICLE B (SMB 3502 J) WHO HAVE COLLIDED ONTO MY VEHICLE. I WISH TO STATE THAT MY VEHICLE WAS ALREADY COMPLETELY IN LANE BEFORE THE COLLISION.

AFTER THE ACCIDENT, I WENT TO CONSULT A DOCTOR AT UNIHEALTH 24-HR CLINIC (JURONG EAST) BECAUSE I FELT PAIN IN MY NECK AND PAIN.
I WAS GIVEN 3 DAYS MC .



**SINGAPORE
POLICE FORCE**



T/20210721/7014

3 of 3

Report No. T/20210721/7014

Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

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 / TPIB /
TAN JEOK LENG
Contact No.: 65476151

Authentication Stamp
NP168

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

Date/Time:
21/07/2021 12:59

Classification Of Case:



CERTIFICATE OF INSURANCE

SUBARU AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : Anand Bhargav
Period of Insurance : 27 Aug 2020 To 26 Aug 2021
Engine No. : FB20YE23951
Chassis No. : JF1SJ5KC5JG111804

Vehicle No. : SMD5640U
Policy No. : 1800102594-02
Endorsement No. : 000000000352722
Issued Date : 24 Aug 2020

ABOUT THE COVER

Make/Model : SUBARU Forester 2.0i-L
Engine Capacity/Tonnage : 1,995.00 CC
Driver Restriction : NA

Sum Insured : Market Value
Off Peak Car : No

First Year of Registration : 2018
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

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 1500cc - 1600cc

* 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)

Anand Bhargav - \$800 (Own Damage), \$800 (Flood Cover)

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

1. Motor Image Enterprises Pte Ltd. Add: 19 Lorong 8 Toa Payoh Singapore 319255 64170100

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 or AIG SG Mobile App. Simply search and download "AIG SG" from iTunes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: MayBank

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).

0500619227

TAN CHONG CREDIT SUBARU-CKL

911 BUKIT TIMAH ROAD TAN CHONG MOTOR CENTRE

SINGAPORE 589622

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

SSCNFY