

NATIONAL ASSURANCE CENTRE SERVICES, 1011111111, **NAEP21B90003**

Date In: **25/11/2021 14:45**
 Ref No: **NA2104513**
 Vch No: **SLA 4455A**
 P.O.A: **19/11/2021 19:20**

(1) TP / Reporting Only
 TP Insurer

Proposed Wksp / NO Affili / Wksp / AWI ()
 P1 Handled/By () Vch No: **SGV PRK** NO () / Non-NO ()
 Owner / Driver ()
 Policy No () Period () Cover Type ()
 Confirmed by () Date ()
 Insured/Driver Liability () % (Note Use Slws (WO) N10-20%, P1 21-70%, P1 80-100%)
 Year of Registration () Warranty YES () / NO ()
 Excess (\$) Load Limit \$1,000 () / \$2,000 ()

() Walk-In Customer / Customer Information clearly confidential & strictly NO report of repetition
 () Total Loss Case - to email Insurer URGENTLY
 Drive-In () / Towed-In () Involves VRS () / NO () Towing Cost ()

- 1) Apply for Transport Allowance () / Courtesy Car ()
- 2) QO Check / Post Repair Inspection ()
- 3) Upload Recovery Photo (Repair Cost > \$3000) ()

Injury ()

NA2104513			
Driver/Owner	1) All incident report (30)		
Company No	2) BA Survey (1000)		
Demerit Point	3) P1 Follow up		
QC Checked by (Engin-1) - CHUTY 01	4) P1 Follow up with survey		
	5) P1 Follow up with survey (Recovery)		
	6) P1 Follow up with survey (NO ONLY (Vch No))		
	7) P1 Follow up		
	8) P1 Follow up		
	9) P1 Follow up		
	10) P1 Follow up		
	11) P1 Follow up		
	12) P1 Follow up		
	13) P1 Follow up		
	14) P1 Follow up		
	15) P1 Follow up		
	16) P1 Follow up		
	17) P1 Follow up		
	18) P1 Follow up		
	19) P1 Follow up		
	20) P1 Follow up		

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	25/11/2021 14:45 (SGT)
Date of Accident	19/11/2021 19:20 (SGT)
Exact Location of Accident	Sembawang, Singapore
Additional Location Information	SEMBAWANG MRT TRAFFIC JUNCTION
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLJ4455A
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	SOWNTHIRAJAN TAMILARASAN
NRIC No	SXXXX483C
Email Address	wmgrjkh@gmail.com
Mobile Phone No	(Phone) +65-96864455
Alternative Phone No	+65-96864455

VEHICLE PARTICULARS

Manufacturer	Volvo
Model	Xc90
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 - Reporting only
Vehicle Category	Private car
Transmission	Auto
CC	2497

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	7210121314
Cover Note Number	-

DRIVER

Name of Driver	SOWNTHIRAJAN TAMILARASAN
NRIC No	SXXXX483C

Date Of Birth	25/10/1976
Occupation	Indoor
Date Of Driving Pass	23/06/2006
Driving experience	15 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96864455
Alt. Phone Number	+65-96864455
Email Address	wmgrjkh@gmail.com
Address	BLK 846 YISHUN RING ROAD #04-3615
Address complement	-
Postcode	760846
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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	No Collision
Weather Conditions	Raining
Road Surface	Wet

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 vehicle 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	SON
Gender	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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGV878K
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

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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.

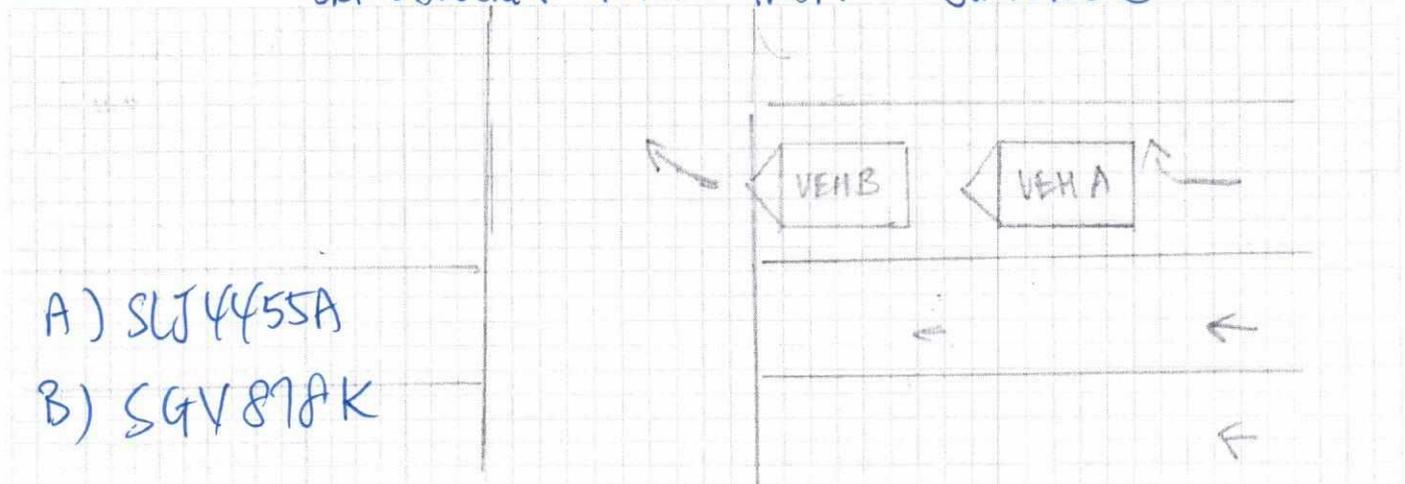
Tanishah Tanishah
Policyholder's Signature / Date & Time

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

[Signature] 25/11/2021
Witnessed by Reporting Centre Personnel

Sketch Plan

SEMBAWANG MRT TRAFFIC JUNCTION



Describe Circumstances of the Accident

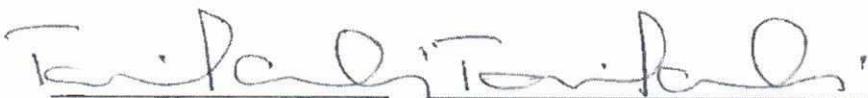
As stated dated and time, I was driving along Sembawang road around Sembawang MRT at a traffic junction. I was at the right lane turning right towards SUN PLAZA MALL. I waiting at the lane, suddenly in front of my vehicle A (SLJ4455A) was vehicle B (SGV878K) the driver came out of the vehicle and approach me, I alight and see what happen. the driver of vehicle B said I bump onto his rear portion. Where I didn't even know I had collided to his vehicle and I see my vehicle wasn't even touching at all and I took his vehicle to prove there no damage at all, the driver didn't even want to exchange particular as well and just took picture of my vehicle and drove off.

Vehicle A SLJ4455A.

Vehicle B SGV878K.

Declaration

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


25/11/2021

Witnessed by Reporting Centre Personnel

ACCIDENT STATEMENT

Date of accident: 19/10/2021 Time: 1920hrs
 Location of accident: SEMBAWANG MRT. TRAFFIC JUNCTION

Details of Own Vehicle

Vehicle Number: SJ4455A Make/Model: VOLVO XC90
 Insurer: AGU INSURANCE Passenger (incl. Driver): 1 + 1K10 (boy)
 Policy No: 7210121314 Policy Type: C/ TPFT/ TPO

Policyholder

Name: SOWNTHIRARAJAN TAMILARASAN NRIC/FIN no.: S7667483C
 Contact no.: 9686 4455

Driver

Name: SOWNTHIRARAJAN TAMILARASAN NRIC/FIN no.: S7667483C
 Contact no.: 9686 4455 D.O.B: 25/10/1976
 Email: director.mubest.com.sg Occupation: DIRECTOR
 Address: Blk 846 YISHUN Ring ROAD # 04-3615 (760846)
 Driving pass date: 23/06/2006 Relationship with Policyholder: OWNER

General Information

Weather conditions: Clear/ Raining Road surface: Dry/ Wet
 Police report: Yes/ No Video Footage: Yes/ No
 Prosecution Letter: Yes/ No If Yes against whom: _____
 Injuries: Yes/ No If Yes, provide injuries details: _____

Name	Veh No.	Seatbelt (Y/N)	Conveyed to hospital (Y/N)

Details of Third party

	Vehicle B	Vehicle C
Vehicle no.:	<u>SGV 878K</u>	
Driver name:		
NRIC/ FIN no.:		
Contact no.:		
Insurance Co.:		
Remarks: (Make/Model, Passenger, property Info & etc)		

Detail of Witness

	Witness 1	Witness 2
Name:		
Contact no.:		

Claim Type & Acknowledgement

Claim Type: Own Damage/ Third Party/ Reporting Only Policyholder: X
 Workshop: _____ driver: X
 Signature: X



CERTIFICATE OF INSURANCE

WEARNES AUTO PROTECTOR (VOLVO) PRIVATE VEHICLE

Name of Policyholder	: SOWNTHIRARAJAN TAMILARASAN	Vehicle No.	: SLJ4455A
Period of Insurance	: 12 Oct 2021 To 11 Oct 2022	Policy No.	: 7210121314
Engine No.	: B420T24226103	Endorsement No.	:
Chassis No.	: YV1LFL1TCN1791101	Issued Date	: 15 Oct 2021

ABOUT THE COVER

Make/Model	: VOLVO XC90 B5 R-Design	Sum Insured	: Market Value	First Year of Registration	: 2021
Engine Capacity/Tonnage	: 1,969.00 CC	Off Peak Car	: No	Insuring with COE/PARF	: Yes
Driver Restriction	: NA				

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
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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 2000cc

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189), Section 55 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)

SOWNTHIRARAJAN TAMILARASAN - \$800 (Own Damage), \$800 (Flood Cover)

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

1. Wearnes Automotive Pte Ltd Add: 249 Alexandra Road Singapore 159935 64304890 63789350

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 Singapore Limited

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).

0503485734

WEARNES AUTOMOTIVE - FAY (V)

45 LENG KEE ROAD
 SINGAPORE 159103

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

Oi Lai Agnes Loh