

# NATIONAL Assessment Centre Services

SN0822150003

Date In: 05/01/2022 15:57	Job description	Date & Time Completed	Done by
Ref No: NAB/81520000491	SAS e-illing		
Veh No: SKF 5844L	E-mail (within 4hrs. At 2hrs)		
DDA: 04/01/2022 15:20	I-Motor Claim Form		
OD: TP Reporting Only	I-Motor W/O (within 14. 2hrs. 10. 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: SGT 8906x	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 ( ) / Towel-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co. ( )

Remarks:-	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 (\$)	Amt (\$)
Driver/Owner:	1) AR: Accident Reporting (\$10);		Int Bill	Add Bill
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:-			
	9) NI12: Idac Mobile			
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## 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	05/01/2022 15:57 (SGT)
Date of Accident	04/01/2022 15:20 (SGT)
Exact Location of Accident	Bukit Batok West Ave. 5, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKF5844L
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	INDERJIT KAUR D/O AMAR SINGH
NRIC No	SXXXX087H
Email Address	yourarm@gmail.com
Mobile Phone No	(Phone) +65-90069104
Alternative Phone No	+65-91160515

### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Corolla
Variant	ALTIS
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	1598

### INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	2100304118-09
Cover Note Number	-

### DRIVER

Name of Driver	KARANDEEP SINGH DHOT S/O DILDAR SINGH
NRIC No	SXXXX981B

Date Of Birth	23/02/1978
Occupation	Outdoor
Date Of Driving Pass	06/01/2004
Driving experience	18 YEARS
Gender	Male
Mobile Number	(Phone) +65-91160515
Alt. Phone Number	-
Email Address	yourarm@gmail.com
Address	77 CHU LIN ROAD
Address complement	-
Postcode	669963
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 - Major/Minor Rd
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?	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?	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?	Yes

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGT8906X
Vehicle Manufacturer	Hyundai
Vehicle Model	Elantra
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	KOH LYE CHWEE
NRIC No	SXXXX520H
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	KARANDEEP SINGH DHOT S/O DILDAR SINGH
Gender	Male
Phone No	(Phone) +65-91160515
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SKF5844L
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No





## SKETCH PLAN

### IMPORTANT NOTICE

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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

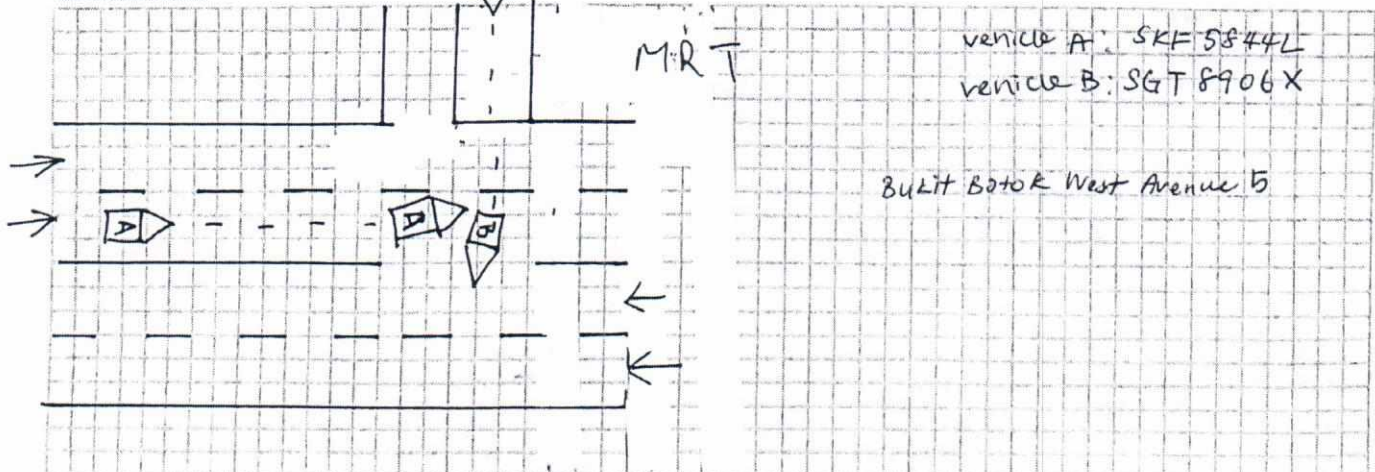
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan





### Describe Circumstances of the Accident


On 4/1/2022, 1520hrs I was driving straight along Bukit Batok West Avenue 5 on the right lane in my vehicle (SKF 5844L) suddenly a vehicle (SGT 8906X) emerged from the left carpark entrance entering into main road and came straight into my lane. I jammed brake, however the collision could not be avoided. My vehicle suffered damages on the front right portion. No one is injured. I wish to state that there is a stop line but vehicle B did not adhere to it and dashes out onto the main road. After the accident I felt pain and discomfort and consulted a GP and was given 2 days MC.

### 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

  
Witnessed by Reporting Centre Personnel



Date of Accident : 4/1/2022 Accident Time: 1520 (24-HR-Format)  
Accident Place : Bukit Batok West Avenue 5  
Vehicle. No. (Car Plate No.) : SKF 5844 L Make/Model: TOYOTA ALTIS  
Insurance Company : AIG Policy No: 2100304118-09  
Owner or Company Name /IC No. : INDERJIT KAUF P/o AMAR SINGH S2001087H  
Owner or Company Contact No. : 9006 9104 Owner's Hp \_\_\_\_\_ Company Tel \_\_\_\_\_  
DRIVER'S Name / IC No. : KARANDEEP SINGH DHOT S/O DILDAR SINGH (S7804981B)  
DRIVER'S Date Of Birth : 23/02/1978 DRIVER'S License Pass Date : 06/01/2004  
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: \_\_\_\_\_  
DRIVER'S Address : 77 CHU LIN ROAD SINGAPORE 669963  
DRIVER'S Contact No./ Alt No. : 1) 91160515 2) \_\_\_\_\_  
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)  
Email Address : yourarm@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 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): YES Driver

**Other Party Driver's Particular (if any)**

Vehicle. No: SGT 8906X  
Vehicle Make/Model: HYUNDAI ELANTRA  
Name Driver: KOH LYE CHWEE  
IC No. Driver/Contact: S1565520H

Vehicle. No: \_\_\_\_\_  
Vehicle Make/Model: \_\_\_\_\_  
Name Driver: \_\_\_\_\_  
IC No. Driver/Contact: \_\_\_\_\_

\* NEW - Passenger's name & gender:





# CERTIFICATE OF INSURANCE

## AUTOPLAN PRIVATE VEHICLE

Name of Policyholder : Inderjit Kaur D/O Amar Singh  
Period of Insurance : 15 Jun 2021 To 14 Jun 2022  
Engine No. : 1ZR200818  
Chassis No. : MR053REE104139043

Vehicle No. : SKF5844L  
Policy No. : 2100304118-09  
Endorsement No. :  
Issued Date : 17 May 2021

### ABOUT THE COVER

Make/Model : TOYOTA COROLLA ALTIS 1.6 DUAL  
Engine Capacity/Tonnage : 1,598.00 CC  
Driver Restriction : NA  
Person or Classes of Persons Entitled to Drive\* :  
Sum Insured : Market Value  
Off Peak Car : No  
First Year of Registration : 2012  
Insuring with COE/PARF : 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 "Inexperienced Driver Excess" ("IDR") if You are or Your Authorised Driver (named or unnamed) has less than 2 years' driving experience.

Age Condition : 35 years old and above  
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 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)

Inderjit Kaur D/O Amar Singh - \$600 (Own Damage), \$600 (Flood Cover), Karandeep Singh Dhot - \$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 can be carried out at the repairer of Your choice (unless specifically excluded by Us).  
For 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

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).

0030210048  
AIG - AUTO DIRECT

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

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

SSCNMD