

ATTENTION!! Assessment Centre Services **SN08222LE0002**

Date In: 21/02/2022 11:55	Job Description	Date & Time Completed	Done by
Ref No: NB01/AG/22001628/Y	SAS e-filing		
Veh No: SFR 9LT	E-mail (within 2hrs. After 2hrs.)		
DOA: 19/02/2022 12:10	i-Motor Claim Form		
DD: TP Reporting Only	i-Motor W/O (Within 04. 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: SMP 6150Y	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

NA2200481	Invoice Preparation Checklist		Am't (\$) 1st Bill	Am't (\$) Add Bill
Claimant's Particulars :-	1) AR : Accident Reporting (\$30),			
Driver/Owner:	2) DA : Damage Assessment (\$100); INC (\$50)			
Contact No:	3) TF : Towing Fee \$40/\$45			
Damaged Portion:	4) FT : Follow-Through Survey \$120			
QC Checked by (Engr-In-Charge):	5) FT : Follow-Through Survey (Resurvey) \$10			
Auditors' Comments :-	For claiming against INC Only (wef 10 Jan 2005)			
Cat 1:	6) FR : Re-inspection \$75			
Cat 2 / 3:	7) N1 : Idac DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
	Q1:			
	*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: Blue Mobile \$10			
	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	21/02/2022 11:55 (SGT)
Date of Accident	19/02/2022 12:10 (SGT)
Exact Location of Accident	KJE, Singapore
Additional Location Information	(BKE) BEFORE BKE EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFR92T
-----------------------------	--------

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	RICHARD RAJASEKARAN S/O VINIENT
NRIC No	SXXXX294H
Email Address	reporting@mycar.sg
Mobile Phone No	(Phone) +65-97416934
Alternative Phone No	+65-97416934

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Lancer
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	2100362868-08
Cover Note Number	-

DRIVER

Name of Driver	RICHARD RAJASEKARAN S/O VINIENT
NRIC No	SXXXX294H

Date Of Birth	04/08/1976
Occupation	Indoor
Date Of Driving Pass	27/09/2013
Driving experience	8 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97416934
Alt. Phone Number	+65-97416934
Email Address	reporting@mycar.sg
Address	23 CHO A CHU KANG NORTH 6 #12-06
Address complement	-
Postcode	689579
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	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	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)	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?	Yes
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMP6150Y
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	PEREIRA HAMISH MALVIN
NRIC No	SXXXX906A
Contact Number	(Phone) +65-91997696
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' law yers/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' law yers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

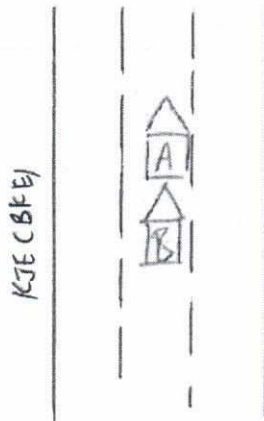
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



A - SFR921
B - SMP6150Y

On the stated time & date, I was travelling on Lane 2 of KJE towards BRE(SLE) EXIT 1, out of sudden I felt an huge impact on my rear portion of my vehicle. I alighted and realised vehicle bearing SMP6150Y has collided into the rear portion of my vehicle.

We declare the foregoing particulars are true in every respect.

Witnessed by Reporting Centre
Personnel

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 19 / 02 / 2022 (dd/mm/yy) Time of Accident: 12 : 10 (24-HR-FORMAT)
Vehicle No.: SFR92T Vehicle Make & Model: MITSUBISHI LANCER
*Transmission : ☐ Manual ☒ Auto *C.c : 1998
Exact location of Accident: KJE (BKE) BEFORE BKE EXIT
Policyholder's Name: RICHARD RAJASEKARAN S/O VINIENT NRIC/FIN/REG No.: S7627294H
*Policyholder's email address : REPORTING@MYCAR.SG
Driver's Name: RICHARD RAJASEKARAN S/O VINIENT NRIC/FIN/REG No.: S7627294H
*Driver's email address : REPORTING@MYCAR.SG
Driver's Contact No.: 97416934 Company Contact No (If any): _____
Date of birth: 04/08/1976 Driving Pass Date: 27/09/2013
Driver's Address: 23 CHOA CHU KANG NORTH 6, #12-06, SINGAPORE (689579)
Insurance Company: AIG
Policy No.: 2100362868-08 Type of Coverage: Comprehensive / Third Party / Third Party, Fire & Theft
Relationship between Owner & Driver: (Please CIRCLE one only)
Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify: _____
What do you wish to claim? (Please TICK one only)
☐ Own Insurance ☒ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)
Type of Accident
☐ Chain Collision ☒ Head To Rear ☐ Side Swipe ☐ Other _____
Occupation (nature job) ☒ Indoor / ☐ Outdoor *No. of Passengers / Including Driver): 1
*Passenger Name: _____ Gender: Male / Female
*Passenger Name: _____ Gender: Male / Female
Weather condition & Road conditions? (On the day of accident)
☒ Clear & Dry / ☐ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others: _____
Was there any video captured by your car Car camera? ☒ Yes / ☐ No
Any Injuries: ☐ Yes ☒ No (If YES) Injured Person' Name: _____
Injuries Sustain : _____ Injured Person in Which Vehicle: _____
Police Report filed: ☐ Yes ☒ No (If YES) Which Police Station: _____

The Other Party (S) Details:

1. Driver's Name / IC No: PEREIRA HAMISH MALVIN S9219906A Vehicle No: SMP6150Y
Driver's Contact No: 91997696 Insurance Company : _____
2. Driver's Name / IC No (If Any): _____ Vehicle No: _____
Driver's Contact No: _____ Insurance Company : _____
*Independent Witness (If Any): _____ Contact No: _____
Preferred Workshop Name: MY CAR CONSULTANT PTE LTD Contact No: 83447681



CERTIFICATE OF INSURANCE

AUTOPLUS PRIVATE VEHICLE

Name of Policyholder : Richard Rajasekaran S/O Vinient
Period of Insurance : 20 Jan 2022 To 19 Jan 2023
Engine No. : 4B11CD4709
Chassis No. : JMF5MCZ4A9U000478

Vehicle No. : SFR92T
Policy No. : 2100362868-08
Endorsement No. :
Issued Date : 08 Dec 2021

ABOUT THE COVER

Make/Model : MITSUBISHI LANCER EVOLUTION 10 2.0
Engine Capacity/Tonnage : 1,998.00 CC Sum Insured : Market Value First Year of Registration : 2010
Driver Restriction : Named Driver Basis Off Peak Car : No Insuring with COE/PARF : Yes
Person or Classes of Persons Entitled to Drive* :

a) The Policyholder
b) Any person who is named as a "named driver" under this Policy

Age Condition : Not Applicable 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 - \$3000 Theft - \$0 Flood Cover - \$3000

Section 2

Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

Richard Rajasekaran S/O Vinient - \$3000 (Own Damage), \$3000 (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 Authorised 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 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: NA

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).

0504443000

YONG SUET FUN ELIDA

632 VEERASAMY ROAD #03-104

SINGAPORE 200632

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

AIGSGMOBILEAPP