

NATIONAL Assessment Centre Services: (wef 1 Jan'08)

Date In: 20/05/2022 17:20	Job description	Date & Time Completed	Done by
Ref No: N/BA/HIC/20047814	SAS e-filing		
Veh No: SLS 4455 A	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 19/05/2022 07:37	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: FRP 8552C	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	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

<p>NA 220/380</p> <p>Claimant's Particulars:-</p> <p>Driver/Owner:</p> <p>Contact No:</p> <p>Damaged Portion:</p> <p>C Checked by (Engr-In-Charge):</p> <p>Auditors Comments:-</p> <p>1.1:</p> <p>2/3:</p>	Invoice Preparation Checklist		Am (\$)	Am (\$)
	Inc Bill	Ass'd Bill		
	1) AR: Accident Reporting (\$30);			
	2) DA: Damage Assessment (\$100); INC (\$80)			
	3) TF: Towing Fee \$40/\$45			
	4) FT: Follow-Through Survey \$120			
	5) FT: Follow-Through Survey (Resurvey) \$30			
	For claiming against INC Only (wef 10 Jan 2009)			
	6) TR: Re-inspection \$75			
	7) N1: Idac 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: Idac 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	20/05/2022 17:20 (SGT)
Date of Accident	19/05/2022 07:37 (SGT)
Exact Location of Accident	Blk 846, Singapore
Additional Location Information	YISHUN RING ROAD (MAIN ROAD)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLJ4455A
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	SOWNTHIRARAJAN TAMILARASAN
NRIC No	SXXXX483C
Email Address	director@mubest.com.sg
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 - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1969

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	SOWNTHIRARAJAN TAMILARASAN
NRIC No	SXXXX483C

Date Of Birth	25/10/1976
Occupation	Indoor
Date Of Driving Pass	23/06/2006
Driving experience	15 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96864455
Alt. Phone Number	+65-96864455
Email Address	director@mubest.com.sg
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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?	No
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBR8552C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	MOHAMAD ZAMRI BIN OTHMAN
NRIC No	SXXXX603D
Contact Number	-
Address	-

Address complement	-
Postcode	-
Insurance Company Name	EQ Insurance Company Ltd
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SMB3123U
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Bus
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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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.

Tan Jiah

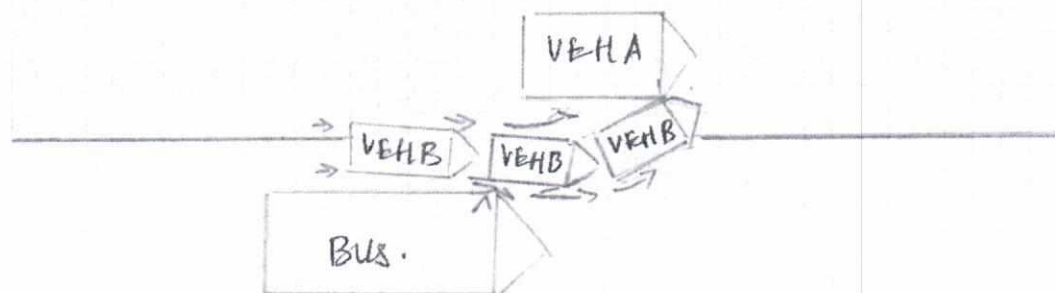
Policyholder's Signature / Date & Time

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

Jan 20/05/2022
Witnessed by Reporting Centre Personnel

Sketch Plan

YISHUN RING ROAD ALONG BIK 846



A) SLJ4455A

B) FBR P552C

C) SMB 31234

Describe Circumstances of the Accident

On the stated dated and timed, I was travelling along
YISHUN RING ROAD on the left lane, while driving suddenly
my vehicle A SLJ4455A had a strong impact from my driver
side and I turn to see from the right and saw a
motorcycle collided onto my front right side portion of my
vehicle A. I stop my vehicle at a safer area and
check the situation and saw there also a bus
involved with the motorcycle with collided with my vehicle
I have an camera inside my vehicle and it show the
jerking movement of my vehicle when got hit by the
motorcycle.

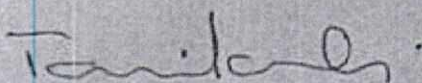
Vehicle A SLJ4455A

Vehicle B FBR8152C

Vehicle C SMB3123U.

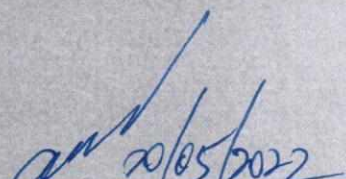
Declaration

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


20/05/2022
Witnessed by Reporting Centre
Personnel

Date of accident: 19.05.2022 Time: 0737hrs
Location of accident: MAIN ROAD OF BLK 846 YISHUN RING RD.

Details of Own Vehicle

Vehicle Number: 8LJ455A

Insurer: AIG INSURANCE

Policy No: T210121314

Make/Model: VOLVO

Passenger (incl. Driver): 1 + 2 (WIFE) SON

Policy Type: C/ TPFT/ TPO

Policyholder

Name: SOWNTHIRARAJAN TAMILARASAN

Contact no.: 9686 4455

NRIC/FIN no.: S7667483C

Driver

Name: SOWNTHIRARAJAN TAMILARASAN

Contact no.: 9686 4455

NRIC/FIN no.: S7667483C

Email: director@mhbert.com.sg

D.O.B: 25.10.1976

Address: BLK 846 YISHUN RING RD #04-3615 (760846)

Occupation: INDOOR

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.:	FOR 8552C	SNB31234
Driver name:	MOHAMAD ZAMRI BIN OTHMAN	
NRIC/ FIN no.:	S81046030	
Contact no.:		
Insurance Co.:	EQ INSURANCE	
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

Workshop:

Policyholder/

driver:

Signature:

Tamil



CERTIFICATE OF INSURANCE

WEARNES AUTO PROTECTOR (VOLVO) PRIVATE VEHICLE

Name of Policyholder : SOWNTHIRARAJAN TAMILARASAN
 Period of Insurance : 12 Oct 2021 To 11 Oct 2022
 Engine No. : B420T24226103
 Chassis No. : YV1FL1TCN1791101

Vehicle No. : SLJ4455A
 Policy No. : 7210121314
 Endorsement No. :
 Issued Date : 15 Oct 2021

ABOUT THE COVER

Make/Model : VOLVO XC90 B5 R-Design
 Engine Capacity/Tonnage : 1,969.00 CC Sum Insured : Market Value First Year of Registration : 2021
 Driver Restriction : NA Off Peak Car : No Insuring with COE/PARF : 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 2000cc

* 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)

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

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

1. Wearn's 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.

Qi Lai Agnes Loh