

NATIONAL Assessment Centre Services [wef 1 Jan 2005]

Date In: 15/06/22	Job description	Date & Time Completed	Done by
Ref No: NA NA/A1622005685/r3	SAS e-filing		
Veh No: SLD9393T	E-mail (within 8hrs, A/C 2hrs)		
D.O.A: 14/06/22	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: SKV579 B	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 (\$) Est. Bill	Amt (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$30)		
Damage Portion:	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 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON*		
	*N5: Courtesy Car / Tp 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: Idao Mobile	\$0	
	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 15/06/2022 16:03 (SGT)
Date of Accident 14/06/2022 13:00 (SGT)
Exact Location of Accident Near 80 Jln Lam Huat, Singapore 737869
Additional Location Information JALAN LAM HUAT (CARROS CENTRE MULTI STORY CAR
PARK LVL 1)
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLD9393T

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner TARINDER SINGH RIKHRAJ
NRIC No SXXXX563F
Email Address TERRYSSINGH09@GMAIL.COM
Mobile Phone No (Phone) +65-91870390
Alternative Phone No +65-91870390

VEHICLE PARTICULARS

Manufacturer Subaru
Model Impreza
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 1995

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 1900170805-02
Cover Note Number -

DRIVER

Name of Driver TARINDER SINGH RIKHRAJ

NRIC No	SXXXX563F
Date Of Birth	09/07/1988
Occupation	Indoor
Date Of Driving Pass	13/10/2008
Driving experience	13 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91870390
Alt. Phone Number	+65-91870390
Email Address	TERRYSINGH09@GMAIL.COM
Address	683D WOODLANDS DRIVE 62 #09-135
Address complement	-
Postcode	734683
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	Hit and run / Vandalism / Damaged whilst parked
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?	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 POLICE REPORT

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	WITH WORKSHOP
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKV579B
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

IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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3. Information provided must be as **truthful and accurate as possible**. Any willful 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.

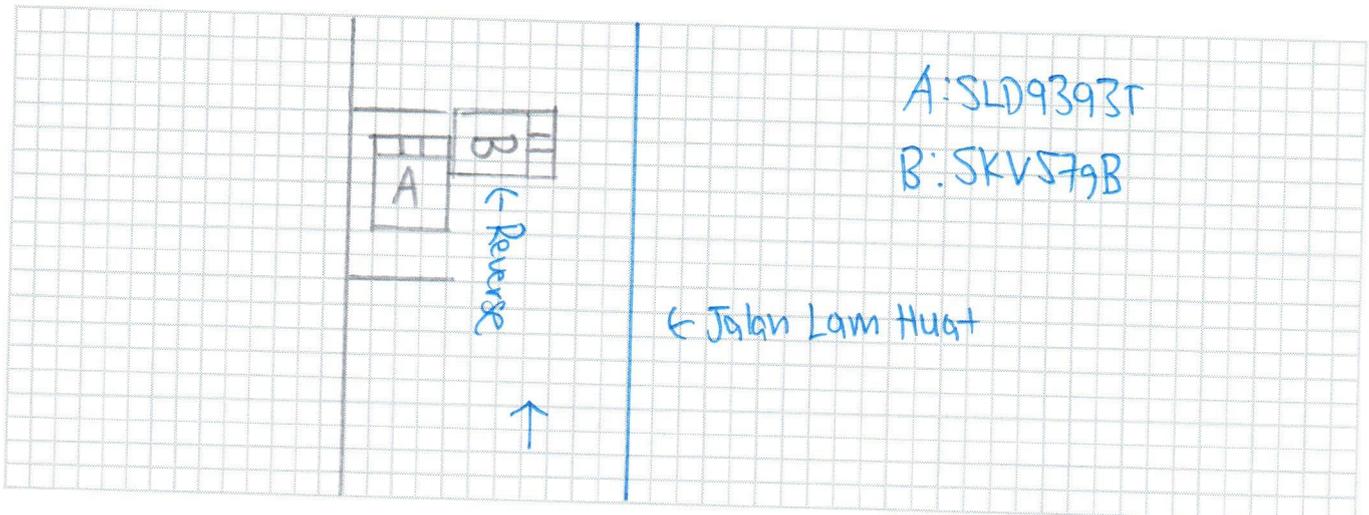


Policyholder's Signature / Date & Time

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

 15/06/22
Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

refer to police report
T/20220614/2041

Declaration

We declare the foregoing particulars are true in every respect.

Tenzor 15/06/22
Policyholder's Signature / Date & Time

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

[Signature] 15/06/22
Witnessed by Reporting Centre Personnel



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

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/06/2022 17:42	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: TARINDER SINGH RIKHRAJ		Address: 573B WOODLANDS DRIVE 16 #13-656 SINGAPORE 732573	
ID Type / ID No.: NRIC NO / S8824563F		Contact No.:	Mobile: 91870390
Nationality: SINGAPORE CITIZEN		Email: TERRYSINGH09@GMAIL.COM	
Sex: Male	Age: 33	Date of Birth: 09/07/1988	Type of Informant: Vehicle Owner
Race: Sikh		Language: English	Institution / School Name:
Occupation:		Driving Licence Information: Class:	Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 14/06/2022 13:00	Type of Location: Car Park
Location: JALAN LAM HUAT				
Weather: Clear	Road Surface: Dry	Road Speed Limit:		
Traffic Flow:	Traffic Control:	Traffic Volume:		
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SKV579B	Car	BMW	2 Series Active Tourer 218i	White		0
SLD9393T	Car	SUBARU	Impreza 5D 2.0i-S EyeSight (A)	Grey	Slightly Damaged	0



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

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLD9393T		1900170805-02	30/09/2021	29/09/2022

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Vehicle Owner			
Name	TARINDER SINGH RIKHRAJ	ID No.	S8824563F
Related Vehicle	NIL	Contact No.	91870390
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

My car, SLD9393T was parked at Level 1 of Carros Center's multi story car park. SKV579B reversed and hit onto my drivers side fender/door area. The driver then drove away without stopping. (Hit & Run)
Video available but unable to attach.



**SINGAPORE
POLICE FORCE**



T/20220614/7041

3 of 3

Report No. T/20220614/7041

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 /
SUFIYAN BIN KHAIRI
Contact No.: 65476148

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

Date/Time:
14/06/2022 17:42

Classification Of Case:

Date of Accident : 14/06/2022 Accident Time: 1300 (24-HR-FORMAT)

Accident Place : Jalan Lam Hagt

Vehicle Reg. No (Car plate No.) : SL09393T Vehicle Make/Model: Subaru Impreza

Insurance Company : AIG Policy No. 1900170805-02

Name of Registered Owner : Company / Individual Tarinder Singh Rikhrāj

ID of Registered Owner : Co Reg No: _____ Owner's NRIC No: S8824563F

: Co Contact No: _____ Owner's Contact No: 9187 0390

DRIVER'S Name : _____ DRIVER'S NRIC No: _____

DRIVER'S Date of Birth : 09/07/1988 DRIVER'S License Pass Date 13/10/2008

Relationship bet. Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: self

DRIVER'S Address : 683D woodlands Drive 62 #09-135 J(734683)

DRIVER'S Contact No./ Alt No. : 1) _____ 2) _____

DRIVER'S Occupation : INDOOR \ OUTDOOR (eg. working inside or outside of an ofc)

Email Address : TerrySingh09@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): 0 Name & Gender; _____

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

Any injuries, if yes(name of the injured person) _____

Other Party Driver's Particulars (if any)

Vehicle Reg No: SKV579B

Vehicle Reg No: _____

Vehicle Make/Model: _____

Vehicle Make/Model: _____

Name DRIVER: _____

Name DRIVER: _____

IC No. DRIVER: _____

IC No. DRIVER: _____

DRIVER'S Contact & add: _____

DRIVER'S Contact & add: _____



CERTIFICATE OF INSURANCE

SUBARU AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : Tarinder Singh Rikhraj
Period of Insurance : 30 Sep 2021 To 29 Sep 2022
Engine No. : FB20CE55875
Chassis No. : JF1GT7KL5KG065080

Vehicle No. : SLD9393T
Policy No. : 1900170805-02
Endorsement No. :
Issued Date : 20 Sep 2021

ABOUT THE COVER

Make/Model : SUBARU IMPREZA 2.0I-S EYESIGHT AWD CVT (4dr/5dr)
Engine Capacity/Tonnage : 1,995.00 CC
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.

Sum Insured : Market Value
Off Peak Car : No

First Year of Registration : 2019
Insuring with COE/PARF : Yes

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 : 30 years old and above

Limitation as to use* :

Mileage Condition : Unlimited Mileage

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)

Tarinder Singh Rikhraj - \$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).

0500619216
 TAN CHONG CREDIT SUBARU-HHK
 913 BUKIT TIMAH ROAD TAN CHONG MOTOR CENTRE
 SINGAPORE 589623

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

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

SSPCSI