

NATIONAL Assessment Centre Services (Part 1 of 2) **SN0822AB0003**

Date In: 11/10/2022 15:52	Job description	Date & Time Completed	Done by
Ref No: NBA/AG2201EC00Y	SAS e-filing		
Veh No: SN05961G	E-mail (within 24hrs, A/C 24hrs)		
D.O.A: 11/10/2022 10:05	I-Motor Claim Form		
CO: (TP) Reporting Only	I-Motor W/O (within 24hrs, A/C 24hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owners/Winn		

Preferred Wksp / INC Assign Wksp / GW: (Tel:	Fax:
TP Particulars: Vch No: SN0899194 INC () / Non-INC ()		
Owner / Driver: (Tel:	
Policy No: () Period: () Cover Type: ()		
Confirmed by: (Date:	Time:
Insured Driver Liability: () (Note: Hst Status (WO): 10-0-2011, P-21-799%, P-90-1101%)		
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 repair.

() 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) CO Check / Post Repair Inspection ()		
3) Upload Resurvey Photo (Repair Cost > \$3000) ()		

Injury: ()

Date: () Time: () Action: ()

NA2202823	Invoice Preparation Checklist	NAH12
1) AK: Accident Reporting (\$30)		
2) DA: Damage Assessment (\$100) INC (\$50)		
3) TP: Towing Fee (\$10/\$40)		
4) PT: Follow-Through Survey (\$120)		
5) PT: Follow-Through Survey (Resurvey) (\$20)		
6) TR: Resurvey (\$75)		
7) NI: New DA + SMRT Survey (\$140)		
8) NTUC Additional Part (\$10)		
9) NI: Courtesy Car / Transport Allowance (\$5)		
10) NI: Repair Coordination (\$10)		
11) NI: Post Repair Inspection (\$20)		
12) NI: DV / Collect Excess Coordination (\$1)		
13) NI: TP INC INC (repair INC) (\$30)		
14) NI: Additional Part (\$10)		
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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 Actual 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	11/10/2022 15:52 (SGT)
Reported by	Both
Date of Accident	11/10/2022 10:05 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	TOWARDS CHANGI BEFORE LORNIE EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SND5961G
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	VASUDEVAN S/O RAJU
NRIC No	SXXXX979F
Email Address	bensonseow91@gmail.com
Mobile Phone No	(Phone) +65-96204696
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mazda
Model	3
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	1496

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	7220003202

DRIVER

Name of Driver	VASUDEVAN S/O RAJU
NRIC No	SXXXX979F
Date Of Birth	08/12/1984
Occupation	Outdoor

Date Of Driving Pass	23/02/2008
Driving experience	14 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96204696
Alt. Phone Number	-
Email Address	bensonseow91@gmail.com
Address	BLK 201 JURONG EAST STREET 21 #18-101
Address complement	-
Postcode	600201
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	4
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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SNG8919U
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SKZ71C
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SMH24K
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	VASUDEVAN S/O RAJU
Gender	Male
Phone No	(Phone) +65-96204696
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SND5961G
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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' 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;

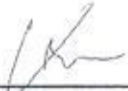
(iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;


(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

11/10/2022

Sketch Plan

A - SND5961G
B - SNG 8919U
C - SK2 71C
D - SMH 24K

Pie/Changi Lornie Exit



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Describe Circumstances of the Accident

On the stated date and time, I Veh A (SN05961G) was travelling straight along the stated location at lane (1).

As the vehicle in front of me slowed down and came to a stop, I followed suit. All of a sudden, a huge impact slammed onto the rear portion of my vehicle.

After the accident, I started feeling soreness over my body and will be consulting a doctor later on.

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

 11/10/2022
Witnessed by Reporting Centre Personnel

July

Date of Accident : 11/10/22 Accident Time: 1005 (24-HR-FORMAT)
Accident Place : PIE / LAMGI before Lorrie Exit
Vehicle Reg. No (Car plate No.) : SND5961G Vehicle Make/Model: Mazda 3
Insurance Company : AIG Policy No. 7220003202
Name of Registered Owner : Company Individual Vasudevan s/o Raju
ID of Registered Owner : Co Reg No: Owner's NRIC No: SB441979F
: Co Contact No: Owner's Contact No: 96204696
DRIVER'S Name : DRIVER'S NRIC No:
DRIVER'S Date of Birth : 08/12/1984 DRIVER'S License Pass Date 23/02/2008
Relationship bet. Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others:
DRIVER'S Address : B1K 201 Jurong East St 21 #18-101 S' (600201)
DRIVER'S Contact No./ Alt No. : 1) 2)
DRIVER'S Occupation : INDOOR/OUTDOOR (eg. working inside or outside of an ofc)
Email Address : Bensonseow91@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 Passenger Name: Gender: M/F
Was the accident reported to the police? YES \ NO Passenger Name: Gender: M/F
Was there any video Captured by car camera: YES \ NO Any Injuries YES / NO Injured Name: Vasudevan s/o Raju
Injured Name:
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Other Party Driver's Particulars (if any)

Vehicle Reg No: SNG 8914 U	Vehicle Reg No: SKZ 71C
Vehicle Make/Model:	Vehicle Make/Model:
Name DRIVER:	Name DRIVER:
IC No. DRIVER:	IC No. DRIVER:
DRIVER'S Contact & add:	DRIVER'S Contact & add:

Other Party Driver's Particulars (if any)

Vehicle Reg No: SMH 24K	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:



Name of Policyholder : VASUDEVAN S/O RAJU
Period of Insurance : 12 Jan 2022 To 11 Jan 2023
Engine No. : P520783853
Chassis No. : JM6BP2SAAN1150151

Vehicle No.	: SND5961G
Policy No.	: 7220003202
Endorsement No.	:
Issued Date	: 12 Jan 2022

Make/Model	: MAZDA 3 1.5 SKYACTIV
Engine Capacity/Tonnage	: 1,496.00 CC
Driver Restriction	: NA
Person or Classes of Persons Entitled to Drive*	

Sum Insured : Market Value
Off Peak Car : No

First Year of Registration : 2022
Insuring with COE/PARE : Yes

The Policy will indemnify the Policyholder or any authorized driver only if he/she meets the specified age condition

You have to pay an additional sum of \$113,000 as "Young and 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 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.

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)

VASUDEVAN S/O RAJU - \$600 (Own Damage), \$600 (Flood Cover)

1 Trans Furniture Pte Ltd. Add: 27A Tanjong Pagar, Singapore 069042 63310908

For other Approved Reporting Centres/AIG Authorised Repairs, please contact our 24-hour accident emergency helpline at +65 6338 6200. Alternatively, you may refer to AIG website www.aig.sg or AIG IG Mobile App. Simply search and download "AIG SG" from iTunes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: HONG LEONG FINANCE 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. 180), Part IV of the Road Transport Act, 1987 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1970 (Malaysia))

0504691218

TRANS EUROKARS PTE LTD. THE

23 LENG KEE RD

SINGAPORE 152065

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

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