

NATIONAL Assessment Centre Services

(Ref: 1/20/22)

210822A10006

Date In: 17/10/2022 17:49	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NNA/AG220288/4			
Vol No: SLG 3287P	L-incl (w/ide thrt, A/C thrt)		
D.O.A: K/10/2022 -21,00	I-Motor Claim Form		
QC: (TP) Repairing Only	I-Motor W/O (w/ide thrt, A/C thrt)		
	I-Photo Uploaded		
TP Incur:	Assessment/Survey Report		
	Ass't Report by Fax: Hand to Owner/Whse		

Preferred Wksp / INC Assign Wksp / OW: (Tel:	Fax:
TP Particulars: Vch No: SLG 4786L	INC () / Non-INC ()	
Owner / Driver: (Tel:	
Policy No: ()	Period: ()	Cover Type: ()
Confirmed by: (Date:	Time:
Insured Driver Liability: ((1) (Note-List Status (WO): 10-0-2011, 2-21-79%, 3-30-100%)	
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 repeler.
() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towel-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: ()

Post-Turn Actions: ()

NA220288/9	Invoice Preparation Checklist	Amount
1) AR: Accident Reporting (330)		
2) DA: Damage Assessment (510)	INC (55)	
3) TP: Towing Fee	\$10/\$45	
4) PT: Follow-Through Survey	\$120	
5) PT: Follow-Through Survey (Estimate)	\$20	
6) TR: Re-survey	\$10	
7) NI: New DA / SMFT Survey	\$140	
8) NIUC: Additional Towing		
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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	17/10/2022 17:40 (SGT)
Reported by	Both
Date of Accident	15/10/2022 21:00 (SGT)
Exact Location of Accident	Pasir Ris Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLL3287P
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	PARAG RATNAKAR SALKADE
NRIC No	SXXXX402D
Email Address	paragsalkade@mail.com
Mobile Phone No	(Phone) +65-97273717
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	C180
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	1595

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	2100500977-05

DRIVER

Name of Driver	PARAG RATNAKAR SALKADE
NRIC No	SXXXX402D
Date Of Birth	23/10/1970
Occupation	Indoor

Date Of Driving Pass	28/06/2013
Driving experience	9 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97273717
Alt. Phone Number	-
Email Address	paragrsalkade@mail.com
Address	149 PASIR RIS GROVE #04-78
Address complement	-
Postcode	518139
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	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
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?	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

PLEASE REFER TO POLICE REPORT T/20221017/7041

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLG4136L
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	-
Name of Driver	Private car
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	SMX9307B
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	PARAG RATNAKAR SALKADE
Gender	Male
Phone No	(Phone) +65-97273717
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SLL3287P
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 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 Traffic Police Department 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 (POPA)

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.

PRAMOLE

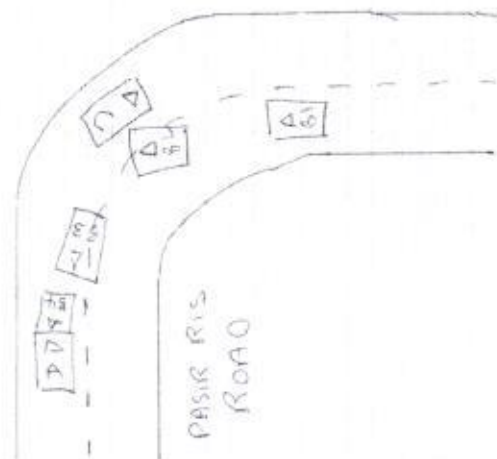
Policyholder's Signature / Date & Time

PRAMOLE

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

17/10/2022
Witnessed by Reporting Centre Personnel
(Name as in Nric/ID card)

Sketch Plan



A - SLL 3287 P

B - SLG 436 L

C - SMX 9307 B

Describe Circumstances of the Accident

REFER TO POLICE REPORT

T/ 2022 10 17 / 7041

Declaration

We declare the foregoing particulars are true in every respect.

P. Alkhalifa

Policyholder's Signature / Date &
Time



P. Alkhalifa

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

[Signature] 17/10/2022
Witnessed by Reporting Centre
Personnel



SINGAPORE POLICE FORCE



T/20221017/7041

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

1 of 3

Report No. T/20221017/7041

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/10/2022 15:14		Vide Report No.: G/20221015/0232		Station Diary No.:	
Informant's Particulars					
Name of Informant: PARAG RATNAKAR SALKADE			Address: 149 PASIR RIS GROVE #04-78 SINGAPORE 518139		
ID Type / ID No.: NRIC NO / S7087402D			Contact No.: Home/Office:		Mobile: 97273717
Nationality: SINGAPORE CITIZEN			Email: PARAGRSALKADE@GMAIL.COM		
Sex: Male	Age: 51	Date of Birth: 23/10/1970	Type of Informant: Driver		
Race: Indian			Language: English		Institution / School Name:
Occupation: Doctor			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 15/10/2022 21:00	Type of Location: Bend
Location: PASIR RIS ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head On				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SLG4136L	Car					0
SLL3287P	Car	MERCEDES BENZ	C180 AVANTGAR DE (R17 LED)	Grey		0
SMX9307B	Car					0



**SINGAPORE
POLICE FORCE**



T/20221017/7041

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

2 of 3

Report No. T/20221017/7041

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLL3287P	AIG ASIA PACIFIC INSURANCE PTE. LTD.	2100500977-05	22/02/2022	21/02/2023

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	PARAG RATNAKAR SALKADE		ID No. S7087402D
Related Vehicle	SLL3287P (Car)		Contact No. 97273717
Hospital/Clinic	CHANGI GENERAL HOSPITAL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	15/10/2022		Date 16/10/2022
No. of Days granted Medical Leave	02	Degree of	Slight

Brief Details.

On 15/10/2022, at around 2100hrs i was travelling along Pasir Ris Road before the junction of Elias Road, i saw an accident between 2 cars happened in front of my vehicle SLL3287P, I applied brake and came to a complete stop but unfortunately vehicle bearing plate number SLG4136L continued moving forward and collided onto my stationary vehicle, the whole incident was captured by my in car camera. that all

I am lodging this report again to add in another vehicle invoicing in the accident and some amendment on my previous report number:T/20221017/2037



**SINGAPORE
POLICE FORCE**



T/20221017/7041

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

3 of 3

Report No. T/20221017/7041

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 /
INTAN WULANDARI BUDDY SANTOSO
Contact No.: 65476415

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

Date/Time:
17/10/2022 15:14

Classification Of Case:

Email: sm@idac.com.sg Tel no: 6555 6888

*If no proper documents are produced, IDAC shall not file the report. Information will be discarded after one week.

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 15/10/22 (dd/mm/yy) Time of Accident: 21:00 (24-HR-FORMAT)
Vehicle No.: SLL 3287 P Vehicle Make & Model / Engine (cc): Mercedes-Benz C180 Private Hire: (Y/N)
Exact location of Accident: Pasir Ris Road before Elias Road
Policyholder's Name / IC No.: PARAG RATNAKAR SALKADE S7087402D
Driver's Name / IC No.: (As Above) ☒
Driver's Contact No.: 97273717 Company Contact No / Owner Contact No: 97273717
Driver's Address: 149 Pasir Ris Grove #04-78 S 518139
Owner Email address: Paragsalkade@gmail.com Insurance Company: AIG ☐
Driver Email address: Paragsalkade@gmail.com

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)

**Exact purpose for which the vehicle
Was being used at time of accident?**

Occupation (nature of job) ☒ Indoor / ☐ Outdoor

☒ Private use / ☐ Work purpose

***No. of Passengers (Including Driver):** 01

*Passanger Name: _____

Gender: _____

*Passanger Name: _____

Gender: _____

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 Camera? ☒ Yes / ☐ No

Any Injuries: ☒ Yes / ☐ No (If YES) Injured Person's Name: PARAG RATNAKAR SALKADE

Injuries Sustain: Both leg Injured Person in Which Vehicle: SLL 3287 P

Police Report filed: ☒ Yes / ☐ No (If YES) Which Police Station: Online

The Other Party(s) Details:

1. Driver's Name / IC No: _____ Vehicle No: SLG 4136 L

Driver's Contact No: _____ Insurance Company: _____

2. Driver's Name / IC No (If Any): _____ Vehicle No: SMX 9307 B

Driver's Contact No: _____ Insurance Company: _____

*Independent Witness (If Any): _____ Contact No: _____

Preferred Workshop Name: _____ Contact No: _____

CERTIFICATE OF INSURANCE

MODEL BENZ MOTOR INSURANCE PRIVATE VEHICLE

Name of Policyholder : Parag Ratnakar Salkade
 Period of Insurance : 22 Feb 2022 To 21 Feb 2023
 Engine No. : 27491030828269
 Chassis No. : WDD2050402R240017

Vehicle No. : SLL3287P
 Policy No. : 2100500977-05
 Endorsement No. :
 Issued Date : 17 Jan 2022

ABOUT THE COVER

Make/Model : MERCEDES BENZ C180 SEDAN AVANTGARDE / EXCLUSIVE
 Engine Capacity/Tonnage : 1,595.00 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.
 You have to pay an additional sum of S\$53,000 as "Young and/or Inexperienced Driver Excess" ("YIDK") if you are or Your Authorized Driver (named or unnamed) is under the age of 25 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, pastime 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, 1967 (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)
 Parag Ratnakar Salkade: \$600 (Own Damage): \$600 (Flood Cover)

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

1 Cycle & Carriage Euro Service Center (For accident reporting only): Add: 330 Ubi Road 3 Singapore 408650 62061818
 2 Cycle & Carriage Pandan Loop Service Center - Body Care & Repair: Add: 188 Pandan Loop Singapore 128378 62061808
 For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident/emergency hotline at +65 6738 8200. 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: 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, 1967 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1969 (Malaysia).

0504360222
 CYCLE & CARRIAGE - EUGENE
 239 ALEXANDRA ROAD
 SINGAPORE 159930
 Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

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