

NATIONAL Assessment Centre Services (Unit 1, 2nd Floor) **SR 0823190007**

Date In: 09/01/2023 16:24	Job description	Date & Time Completed	Done by
Ref No: X/A2300025794	SAS e-filing		
Veh No: GY 3774R	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 07/01/2023 18:15	I-Motor Claim Form		
00 TP / Reporting Only	I-Motor W/O (within: OD 2hrs, TP 1hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Whse		

Preferred Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars: Vch No: 81 8764J INC () / Non-INC () Tel: ()

Owner / Driver: () Cover Type: ()

Policy No: () Period: ()

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 Cost: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

Remarks: () (INC hotline: 678836615) 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: ()

X/A2300026

Invoice Preparation Checklist	Remarks	Ass't
1) AR: Accident Reporting (33%)		
2) DA: Damage Assessment (\$100)	INC (450)	
3) TP: Towing Fee	\$10/\$40	
4) PT: Follow-Through Survey	\$120	
5) FT: Follow-Through Survey (Repairer)	\$50	
Excluding repairer INC Only (w/ef 12 Jan 2023)		
6) TR: Re-inspection	\$75	
7) NI: H&V DA, SMART Survey	\$140	
8) NTUC Additional Services		
GR:		
*NB: Courtesy Car / Tot Allowance	\$5	
*NB: Repair Coordination	\$15	
*NT: Post Repair Inspection	\$25	
*NB: DV / Collect Excess Coordination	\$5	
*TP (NI): TP (Non-INC) against INC	\$20	
*NI: 12hr Mobile	\$10	
Invoice Total		
Fee Charged		
Use Allowed		

Checked by (Engr-In-Charge): ()

At: ()

Signature: ()

12/3:

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	09/01/2023 16:24 (SGT)
Reported by	Both
Date of Accident	07/01/2023 18:15 (SGT)
Exact Location of Accident	Kitchener Rd, Singapore
Additional Location Information	TOWARDS SERANGOON ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GY3774R
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	MOHAMED MUSTAFA AND SAMSUDDIN CO PTE LTD
Company Reg No	1XXXXX680Z
Email Address	shajen@mustafa.com.sg
Mobile Phone No	(Phone) +65-9006925
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Cabstar
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	3153

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	2100436078-07

DRIVER

Name of Driver	PARIVALLAL RANJITH KUMAR
Passport No/FIN	GXXXX615X
Date Of Birth	13/07/1991
Occupation	Outdoor

Date Of Driving Pass	29/01/2015
Driving experience	8 YEARS
Gender	Male
Mobile Number	(Phone) +65-82277550
Alt. Phone Number	-
Email Address	ranjith13.7.1991@gmail.com
Address	24 BENDEMEER ROAD #02-535
Address complement	-
Postcode	330024
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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 - Major/Minor Rd
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)	2
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	-

PASSENGER 1

Name	CHINNA CHETTIAR UPAYA KUMAR
Gender	Male

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	SH8764J
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Taxi
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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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.

[Signature]

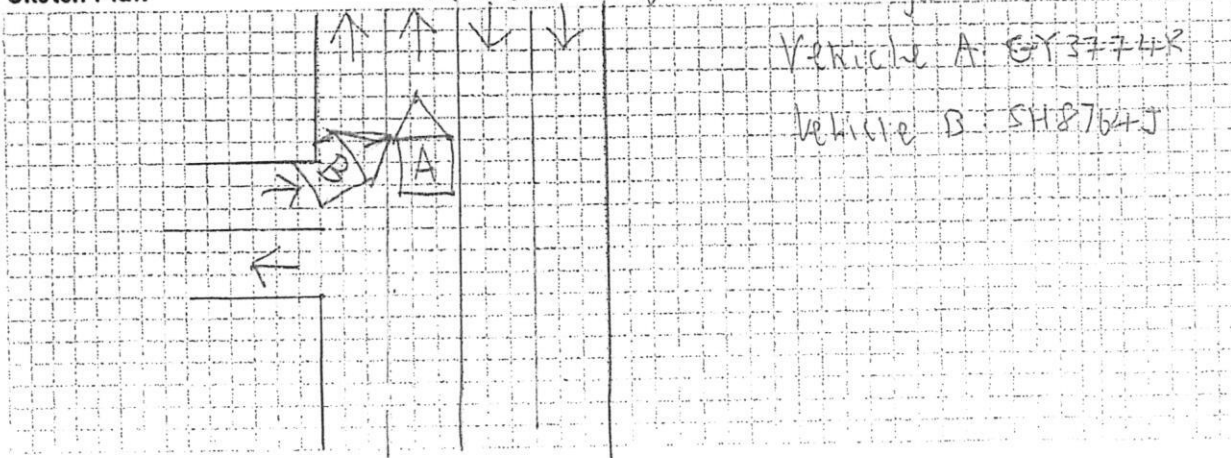
Policyholder's Signature / Date & Time

[Signature]

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

[Signature] 09/01/2023
Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

I was traveling along Kitchener road towards Serangoon road. I was traveling on my own lane, suddenly vehicle BLSH8764J tried to make a U-turn from the left side ^{Front} of my lane, without noticing me and hit onto the left portion of my vehicle.

Declaration

We declare the foregoing particulars are true in every respect.

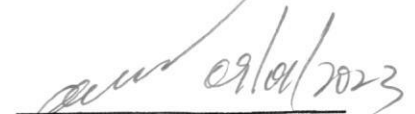


Policyholder's Signature / Date & Time





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

 09/01/2023

Witnessed by Reporting Centre Personnel

5

Date of Accident : 07/Jan 2023 Accident Time: 1815 (24-HR-FORMAT)
Accident Place : Kitchener Road towards Serangoon Road
Vehicle Reg. No (Car plate No.) : G4377412 CC : 2900 Vehicle Make/Model: Nissan Cabstar
Insurance Company : ALL Policy No. 2100436078-07
Name of Registered Owner : Company / Individual Mohamed Mustafa & Samsuddin Co Pte Ltd.
ID of Registered Owner : Co Reg No: _____ Owner's NRIC No: _____
OWNER EMAIL ADDRESS: shajen @ mustafa . com . sg : Co Contact No: 9006 9025 Owner's Contact No: _____
DRIVER'S Name : Rajivallal Rajith Kumar DRIVER'S NRIC No: G 2344615X
DRIVER'S Date of Birth : 13/07/91 DRIVER'S License Pass Date 29/01/15
Relationship bet. Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: _____
DRIVER'S Address : 24 Bendemeer Road #02-535
DRIVER'S Contact No./ Alt No. : 1) 8227 7550 2) _____
DRIVER'S Occupation : INDOOR \ OUTDOOR (eg. working inside or outside of an ofc)
Email Address : rajith13.7.1991@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): 2 Name & Gender: Chinniah Chettiar Upaya Kumar
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: <u>8H 8764J</u>	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: _____

REPORT FORM EXPLAINED IN : ENGLISH / CHINESE / MALAY / TAMIL OTHERS: _____

WHO REPORTED THE ACCIDENT : OWNER / DRIVER / BOTH



CERTIFICATE OF INSURANCE

COMMERCIAL AUTO THIRD PARTY ONLY COMMERCIAL VEHICLE

Name of Policyholder	: MOHAMED MUSTAFA & SAMSUDDIN CO PTE LTD	Vehicle No.	: GY3774R
Period of Insurance	: 18 Sep 2022 To 17 Sep 2023	Policy No.	: 2100436078-07
Engine No.	: QD32203813	Endorsement No.	:
Chassis No.	: JN1SF4F23Z0853805	Issued Date	: 04 Aug 2022 12:41

ABOUT THE COVER

Make/Model	: NISSAN CABSTAR 1.7 ton [Lorry]	First Year of Registration	: 2005
Engine Capacity/Tonnage	: 1.7 Tonnage	Sum Insured	: NA
Driver Restriction	: NA	Off Peak Car	: No
Insuring with COE/PAF	: NA		

Person or Classes of Persons Entitled to Drive*

- a) Any person who is driving on the Policyholder's order or with their permission.
b) This Policy will indemnify the Policyholder or any authorised driver only if he/she meets the specified age condition.

Age Condition : All Age Condition

Limitation as to use*

- 1) Use in connection with the Policyholder's business.
2) Use for the carriage of passenger (other than for hire or reward) in connection with the Policyholder's business.
3) Use for social, domestic or pleasure purposes. This Policy does not cover a) use for hire or reward, driving tuition, driving test, racing, pace-making, reliability trial or speed-testing; b) use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle; and c) use for any purpose in connection with Motor Trade.

* 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

Section 2

Property Damage - \$0

Windscreen : NA

Named Driver and Excess (where applicable)

MOHAMED MUSTAFA & SAMSUDDIN CO PTE LTD

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

For Approved Reporting Centres, 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

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).

0289003000

ASHADEVI JITENDRA KUMAR SHAH

BLK 498A TAMPINES ST 45 #09-350

SINGAPORE 520498

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

Nur Anisha Amran

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