

# NATIONAL Assessment Centre Services

Date In 20/01/2023

Ref No NM/AIG23000693/Ad4

Veh No SGA7373H

DOA 19/01/2023 16:16

OD/TP Reporting Only

TP Insurer:

Job description

Date & Time Completed

Done by

SAS e-filing

E-mail (within 2hrs. Aft 2hrs)

i-Motor Claim Form

i-Motor W/O (Within: OD 2hrs. TP 4hrs)

i-Photo Uploaded

Assessment/Survey Report

Ass't Report by Fax / Hand to Owner/Wksp

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:

Veh No:

GB42064S

INC ( ) / Non-INC ( )

Owner / Driver: (

Tel: ( )

Policy No: (

Period: (

Cover Type: ( )

Confirmed by: (

Date:

Time:

Insured/Driver Liability: (

%) [Note-Bst. Status (WO): N: 0-20%; P: 21-79%. F: 80-100%]

Year of Registration: (

Warranty: YBS ( ) / 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

NA2300215 / NA2300216

Invoice Preparation Checklist

Am't (\$)

Am't (\$)

1st Bill

Add Bill

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

Checked by (Engr-In-Charge):

Editors' Comments:-

1) AR: Accident Reporting (\$30);

2) DA: Damage Assessment (\$100); INC (\$80)

3) TP: 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: Idac DA + SMRT Survey \$160

8) NTUC Additional Services:-

ON\*

\*N5: Courtesy Car / Tpt Allowance \$5

\*N6: Repair Co-ordination \$10

\*N7: Post Repair Inspection \$25

\*N8: DV / Collect Excess Coordination \$5

\*N9: DV / Collect Excess Coordination \$20

# 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	20/01/2023 14:11 (SGT)
Reported by	Both
Date of Accident	19/01/2023 16:16 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PIE GOING BKE TOWARDS WOODLANDS
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGG7373H
-----------------------------	----------

### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	KALIDASAN S/O RAJAGOPAL
NRIC No	SXXXX227I
Email Address	das@trekkers.com.sg
Mobile Phone No	(Phone) +65-96194042
Alternative Phone No	-

### VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	Gla180
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	2100454163-05

### DRIVER

Name of Driver	KALIDASAN S/O RAJAGOPAL
NRIC No	SXXXX227I

Date Of Driving Pass .....	12/07/1995
Driving experience .....	27 YEARS AND 6 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-96194042
Alt. Phone Number .....	-
Email Address .....	das@trekkers.com.sg
Address .....	APT BLK 82B CIRCUIT ROAD
Address complement .....	# 09-46
Postcode .....	372082
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 .....	Side Swipe
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) .....	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 .....	KYLYN KALIDASAN
Gender .....	Female

#### 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 THE ATTACHED STATEMENT

#### 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 OWNER

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	GBG2064S
-----------------------------------	----------

Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
Name of Driver .....	FOO DA YAO
Contact Number .....	(Phone) +65-96385296
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 .....	KALIDASAN S/O RAJAGOPAL
Gender .....	Male
Phone No .....	(Phone) +65-96194042
Address .....	APT BLK 82B CIRCUIT ROAD
Address Complement .....	# 09-46
Post Code .....	372082
Approximate Age Years Old .....	-
Injuries Sustained .....	SHOULDER AND NECK MUSCLE ACHE. SEEING DOCTOR FOR FURTHER CHECK-UP
Injured person in which vehicle? .....	SGG7373H
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

##### INJURED 2

Name of injured person .....	KYLYN KALIDASAN
Gender .....	Female
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	FEVER AND SEEING DOCTOR FOR FURTHER CHECK-UP
Injured person in which vehicle? .....	SGG7373H
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' law yers/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;

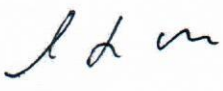
(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or

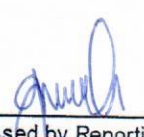
(v) complying with applicable law in administering, processing, handling and/or dealing with my claims.  
(collectively the "Purposes")

(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' law yers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

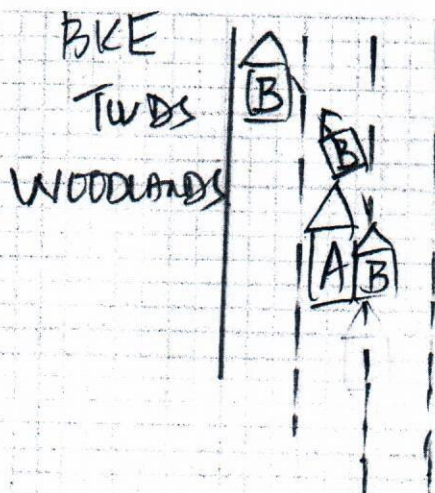
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

  
Policyholder's Signature / Date & Time

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

 20/1/2023  
Witnessed by Reporting Centre Personnel

### Sketch Plan



[A] SGG 7373H


[B] GBG 2064S

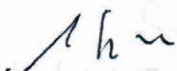
Describe Circumstances of the Accident

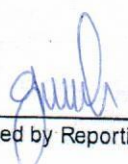
I WAS DRIVING ALONG PIE ENTERING BKE TOWARDS  
WOODLANDS ON LANE 2. MY GIRL WAS SEATED  
BEHIND PASSENGER SEAT LEFT. SUDDENLY A VAN  
PLATE NO. GBG 2064S LOST HIS CONTROL VEHICLE &  
HIT TO MY DRIVER SIDE VERY BADLY. THE VEHICLE  
OF THE DRIVER HAS APOLOGISED TO ME THAT HE  
WAS LOST THE CONTROL OF THE VAN ON LANE 1.  
IN THE FIRST THING I CHECK MY DAUGHTER  
CONDITION IF SHE GOT HURT. SHE WAS VERY SCARED  
& FRIGHTEN & FEEL UNCOMFORTABLE. SO BOTH OF  
US WILL GO TO SEE DOCTOR FOR FURTHER CHECK  
UP.

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

 20/1/2023  
Witnessed by Reporting Centre

VEHICLE NO: <u>SGG7373H</u>		MAKE & MODEL: <u>MERCEDES BENZ GLA180</u>		<u>AUTO</u> / MANUAL	
DATE OF ACCIDENT		<u>19/01/2023</u>		C.C. <u>1595</u>	
TIME OF ACCIDENT		<u>1616</u> <del>AM</del> / PM			
LOCATION OF ACCIDENT		<u>PIE GOING BKE TWDS WOODLANDS</u>			
EXACT PURPOSE USED AT TIME OF ACCIDENT		EMPLOYMENT / <u>(PRIVATE USE)</u> / PRIVATE HIRE			
NAME OF OWNER		<u>KALIDASAN S/O RAJAGOPAL</u>			
EMAIL: <u>dase@trekkers.com.sg</u>		Office:		MOBILE: <u>96194042</u>	
NRIC		<u>S7301227I</u>			
CLAIM TYPE		OD / <u>(THIRD PARTY)</u> / REPORTING ONLY			
FLEET POLICY:		<u>YES</u> / <del>(NO)</del>			
INSURANCE CO.		<u>AIG</u>			
TYPE OF COVERAGE		<u>(Comprehensive)</u> / Third Party / Third Party Fire & Theft			
POLICY NO.		<u>2100454163-05</u>			
NAME OF DRIVER		<u>(AS ABOVE)</u> / IF NO:			
NRIC		<u>S7301227I</u>			
DATE OF BIRTH		<u>11/01/1973</u>			
ANY PASSENGER		<u>YES</u> / NO:			
NAME OF PASSENGER		<u>KYIN KALIDASAN (FEMALE 5 YEARS)</u>			
GENDER OF PASSENGER		<u>MALE</u> / FEMALE BIRTH CERT. <u>T1803911C</u> OLD			
OCCUPATION		<u>Outdoor</u> / Indoor			
DATE OF DRIVING PASS		<u>12 JUL 1995</u>			
GENDER		<u>Male</u> / <del>Female</del>			
CONTACT NO.		Mobile: <u>96194042</u>		Office: Home:	
EMAIL		<u>dase@trekkers.com.sg</u>			
ADDRESS		<u>BIK 82B CIRCUIT ROAD #09-46 S372082</u>			
DOES DRIVER OWN OTHER VEHICLES?		<u>NO</u> / If yes, Reg No.		INSURER: OWNER	
RELATIONSHIP		<u>Employee</u> / If Not <u>OWNER</u>			
WEATHER CONDITION		<u>Clear</u> / Raining / Other:			
ROAD SURFACE		<u>Dry</u> / Wet / Other:			
ANY INJURIES		<u>No</u> / If yes, Who? <u>DRIVER &amp; PASSENGER</u>			
CONVEYED BY AMBULANCE		<u>No</u> / If yes, Who?			
POLICE REPORT		<u>No</u> / If yes, Where?			
NOTICE OF INTENDED PROSECUTION GIVEN?		NO/IF YES, WHO?			
VEHICLE B NO.		<u>GBG2064S</u> Any Passenger: <u>0</u>			
NAME		<u>FOO DA YAO</u>			
CONTACT NO.		<u>96385296</u>			
VEHICLE C NO.		Any Passenger:			
VEHICLE D NO.		Any Passenger:			
VEHICLE E NO.		Any Passenger:			
VEHICLE F NO.		Any Passenger:			
ANY WITNESS					
WITNESS CONTACT NO.					
WAS THERE ANY VIDEO CAPTURE?		<u>YES</u> / NO			
WAS THERE ANY AUDIO RECORDED?		<u>YES</u> / <u>NO</u>			
SCENE ACCIDENT PHOTOS TAKEN?		<u>YES</u> / NO			
**WORKSHOP:		<u>YSK AUTO WORKSHOP</u>			



# CERTIFICATE OF INSURANCE

## MERCEDES-BENZ MOTOR INSURANCE PRIVATE VEHICLE

Name of Policyholder : Kalidasan S/O Rajagopal  
Period of Insurance : 07 Mar 2021 To 06 Mar 2022  
Engine No. : 27091030787353  
Chassis No. : WDC1569422J181665

Vehicle No. : SGG7373H  
Policy No. : 2100454163-05  
Endorsement No. :  
Issued Date : 18 Feb 2021

### ABOUT THE COVER

Make/Model : MERCEDES Benz GLA180

Engine Capacity/Tonnage : 1,595.00 CC

Driver Restriction : NA

Sum Insured : Market Value

Off Peak Car : No

First Year of Registration : 2016

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

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 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)

Kalidasan S/O Rajagopal - \$800 (Own Damage), \$800 (Flood Cover)

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

1. Cycle & Carriage Eunus 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 62061818

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](http://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: Daimler Financial Services Africa & Asia Pacific 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, 1987 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0504380228

CYCLE & CARRIAGE - YEOAL

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.