

NATIONAL Assessment Centre Services (Unit 1, 2nd Floor) **SUB 23/PO00A**

Date In: 25/01/2023 18:23	Job description	Date & Time Completed	Done by
Ref No: N423001604	SAS e-filing		
Veh No: 865 838D	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 20/01/2023 02:30	I-Motor Claim Form		
OD: TP / Reporting Only	I-Motor W/O (within 30 mins, TP 1hr)		
	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Whse		

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

TP Particulars: Vch No: **SLV 5249J** INC () / Non-INC ()

Owner / Driver: () Tel: ()

Policy No: () Period: () Cover Type: ()

Confirmed by: () Date: () Time: ()

Insured/Driver Liability: () % (Note: Bst Status (WO): N: 0-30%, P: 31-70%, 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 repair.

() Total Loss Case: to e-mail Insurer URGENTLY.

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

Remarks: **TP INC 16011610783-0010**

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo (Repair Cost > \$3000) ()

Injury:

Date of Injury: ()

Location: ()

Witness: ()

Police: ()

Insurance: ()

Medical: ()

Legal: ()

Other: ()

Invoice Preparation Checklist

1) AR: Accident Reporting (\$300)	INC (\$50)	
2) DA: Damage Assessment (\$1000)		
3) TP: Towing Fee	\$100/\$40	
4) PT: Follow-Through Survey	\$150	
5) PT: Follow-Through Survey (Resurvey)	\$50	
6) TR: Roadside Assistance	\$75	
7) NI: NIU DA, E-ARIT Survey	\$140	
8) NIUC: Additional Services		
9) NIUC: Courtesy Car / Tpt Allowance	\$5	
10) NIUC: Repair Coordination	\$10	
11) NIUC: Post Repair Inspection	\$10	
12) NIUC: DV / Collect Excess Coordination	\$1	
13) NIUC: TP (NIUC) / Repair INC	\$10	
14) NIUC: Mobile	10	

Checked by (Engr-In-Charge):

Signature:

Date:

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	25/01/2023 18:23 (SGT)
Reported by	Both
Date of Accident	20/01/2023 02:30 (SGT)
Exact Location of Accident	441A Pasir Ris Drive 6, Singapore 511441
Additional Location Information	OPEN CAR PARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGB8838D
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	ANNADURAI S/O AYYAVOO
NRIC No	SXXXX229I
Email Address	durai@caprioxtytrdsvc.com.sg
Mobile Phone No	(Phone) +65-90994210
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	BMW
Model	420i
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	1997

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	7220071960

DRIVER

Name of Driver	ANNADURAI S/O AYYAVOO
NRIC No	SXXXX229I
Date Of Birth	10/01/1974
Occupation	Indoor

Date Of Driving Pass	20/11/2002
Driving experience	20 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90994210
Alt. Phone Number	-
Email Address	durai@caprioxtytrdsvc.com.sg
Address	BLK 329 SEMBAWANG CLOSE #02-401
Address complement	-
Postcode	750329
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	Raining
Road Surface	Wet

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)	0
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/20230125/7008

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	SLV5249J
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)	-

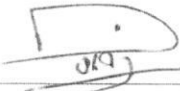
SKETCH PLAN

IMPORTANT NOTICE

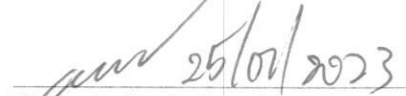
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Actual Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow 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. This report will be forwarded by the insurers to 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

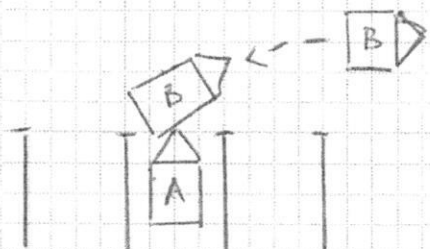
Driver's Signature (if driver is not the policyholder) / Date & Time


Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan

BLK 441A PASIR KIL
OPEN CARPARK

Ⓐ SC88838D
Ⓑ SLV5249J



Describe Circumstance of the Accident

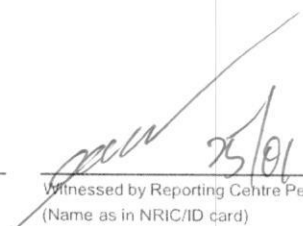
- REFER TO POLICE REPORT - T/20230125/7008

Declaration

I/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

 25/01/2023
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)



**SINGAPORE
POLICE FORCE**



T/20230125/7008

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

1 of 3

Report No. T/20230125/7008

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/01/2023 10:23		Vide Report No.:	Station Diary No.:
Informant's Particulars			
Name of Informant: ANNADURAI S/O AYYAVOO		Address: 329 SEMBAWANG CLOSE #02-401 SINGAPORE 750329	
ID Type / ID No.: NRIC NO / S7401229I		Contact No.: Home/Office: Mobile: 90994210	
Nationality: SINGAPORE CITIZEN		Email: durai@caprioxyttrdsvc.com.sg	
Sex: Male	Age: 49	Date of Birth: 10/01/1974	Type of Informant: Vehicle Owner
Race: Indian		Language: English	Institution / School Name:
Occupation: DIRECTOR		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: 20/01/2023 14:30	Type of Location: Car Park
Location: PASIR RIS DRIVE 6				
Weather: Raining		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Light	
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
SGB8838D	Car					0
SLV5249J	Car					0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20230125/7008

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

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Report No. T/20230125/7008

CONTINUATION OF REPORT

Vehicle Owner				
Name	ANNADURAI S/O AYYAVOO		ID No.	S7401229I
Related Vehicle	SGB8838D (Car)		Contact No.	90994210
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.

I parked my vehicle at Blk 441A Pasir Ris Drive 6 open carpark.
I realize there were damages to the front left portion of my vehicle only after I had left the carpark.
I checked my in-car camera and noticed that a blue Sienta bearing vehicle number SLV5249J had collided onto my vehicle while reversing into the lot next to mine.
The driver did take photos of my vehicle but did not leave any contact details.



**SINGAPORE
POLICE FORCE**



T/20230125/7008

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

3 of 3

Report No. T/20230125/7008

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 /
RASHIDAH BINTE AZMAN
Contact No.: 65476902

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

Date/Time:
25/01/2023 10:23

Classification Of Case:



ACCIDENT STATEMENT

Date of accident: 20/01/2023 Time: 02:30PM
Location of accident: 441A PASIR RIS OPEN CARPARK

DETAILS OF POLICYHOLDER

Vehicle Number: SGB8838D Make/Model: BMW 420i
Insurer: AIG Eng. cc & Transmission: _____
Policy No: 7220071960 Policy Type: C/TPFT/TPO
Name: ANNADURAI AYYAVOO NRIC/FIN no: S740129J
Email: PURAI@CAPRIIDXYTRDSVC.COM-3G Contact no: 90994210
Name: _____ NRIC/FIN no: S740129J
Email: _____ Contact no: 90994210
Occupation: Indoor / Outdoor D.O.B: 10-01-1974
Address: BLK 329 SEMBAWANG CLOSE #02-401 SINGAPORE 750329
Driving pass date: 20-11-2022 Relationship with Policyholder: OWNER

Weather conditions: Clear/ Raining Road surface: Dry/ Wet
Police report: Yes / No Video Footage: Yes / No
Prosecution Letter: Yes / No If Yes against whom: _____
Passenger (incl. Driver): 0 Please provide ALL passengers details:-

Passenger 1		Passenger 2	
Name:	_____	Name:	_____
Gender:	Male / Female	Gender:	Male / Female

Witness: Yes/ No		If Yes, provide injuries details:-	
		Witness 1	Witness 2
Name:	_____	Name:	_____
Contact no:	_____	Contact no:	_____

Injuries: Yes/ No		If Yes, provide injuries details:-	
Name	Veh No.	Seatbelt	Conveyed to hospital
_____	_____	Yes/ No	Yes/ No
_____	_____	Yes/ No	Yes/ No

DETAILS OF OTHER PARTY

Vehicle B		Vehicle C	
Vehicle no.:	<u>SLV5249J</u>	Vehicle no.:	_____
Driver name:	_____	Driver name:	_____
NRIC/ FIN no.:	_____	NRIC/ FIN no.:	_____
Contact no:	_____	Contact no:	_____
Insurance Co:	_____	Insurance Co:	_____
Remarks:	_____	Remarks:	_____
(Make/Model, Passenger, property info & etc)			

Claim Type: Own Damage/ Third Party/ Reporting Only Policyholder/ driver
Workshop: _____ Signature: _____



CERTIFICATE OF INSURANCE

AIG CAR INSURANCE COMPLETE

Name of Policyholder : ANNADURAI AYYAVOO
Period of Insurance : 27 Jun 2022 To 26 Jun 2023
Engine No. : H2503329B48B20A
Chassis No. : WBA4H32070BX79682

Vehicle No. : SGB8838D
Policy No. : 7220071960
Endorsement No. :
Issued Date : 21 Jun 2022 15:29

ABOUT THE COVER

Make/Model : BMW 420i Gran Coupe

Engine Capacity/Tonnage : 1,997.00 CC

Driver Restriction : NA

Sum Insured : Market Value

Off Peak Car : No

First Year of Registration : 2019

Insuring with COE/PARF : Yes

Person or Classes of Persons Entitled to Drive* :

a) The Policyholder

b) Any other person who is a member of the Policyholder's household and 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\$3,000 as "Young and/or Inexperienced Driver Excess" ("YIDER") 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 : 40 years old and above

Limitation as to use* :

Mileage Condition : Up to 10,000km Annually

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.

* 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 - \$600 Theft - \$0 Flood Cover - \$600

Section 2

Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

ANNADURAI AYYAVOO - \$600 (Own Damage), \$600 (Flood Cover)

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

Approved Reporting Centres/ AIG Authorised Repairers (For claims related repairs) Any accident repairs to the Vehicle must be carried out by one of our Authorised Repairers 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: TOKYO CENTURY LEASING (SINGAPORE) PTE 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).

0002466000

AIG

78 SHENTON WAY #09-16

SINGAPORE 079120

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

AIGSGMOBILEAPP