NATIONAL Assessment Centre Services (pte ltd) SA08232G0003

Date In: 16/02/2023 12:25	Job description	Date & Time Completed	Done by
Ref No: NBA/AG23001728/Y	SAS e-Filing		
Veh No: SKX 9157B	E-mail (within 5hrs, A/C 2hrs)		
D.O.A: 14/02/2023 18:25	i-Motor Claim Form		
OD / TP : Repairing Only	i-Motor W/O (within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / GW: (Tel: Fax:

TP Particulars: Veh No: SJU 5378G , INC ( )/ Non-INC ( )

Owner / Driver: (Tel:)

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

Confirmed by : (Date: Time:)

Insured/Driver Liability: (%) (Note-Ins. 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 Case : to e-mail Insurer URGENTLY.

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

Remarks: (INC hotline: 6788 6615)	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	

MA23049

Informant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Inspectors' Comments:

Invoice Preparation Checklist			
1) AR : Accident Reporting ($30)			
2) DA : Damage Assessment ($100)	INC ($55)		
3) TF : Towing Fee	$40/$45		
4) FT : Follow-Through Survey	$135		
5) FT : Follow-Through Survey (Resurvey)	$30		
Terminated/Cancelled (NO Daily Cost Of Hire 2023)			
6) TR : Re-inspection	$75		
7) N1 : Non DA, FSMPT Survey	$140		
8) NTUC Additional Services:			
OPT			
*N2: Courtesy Car / Tot Allowance	$5		
*N3: Repair Coordination	$10		
*N4: Post Repair Inspection	$25		
*N5: DV / Collect Excess Coordination	$5		
*N6(N11): TP (Non-INC) against INC	$20		
7) N12: Site Movo	10		
Inspite Called	Fee Charged		
	Fee Charged		

Your NCD will be affected due to late reporting

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 witholding 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	16/02/2023 12:25 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	14/02/2023 18:25 (SGT)
Exact Location of Accident	ECP, Singapore
Additional Location Information	TOWARDS FORT ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKV9157B

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	ROHIT CHATTERJI
NRIC No	SXXXX378B
Email Address	rohitchatterji@gmail.com
Mobile Phone No	(Phone) +65-88092275
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Lexus
Model	Nx200t
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	1998

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	2100432313-7

DRIVER

Name of Driver	NIKHIL CHATTERJI
NRIC No	TXXXX115B
Date Of Birth	28/08/2003
Occupation	Indoor

Date Of Driving Pass	07/10/2021
Driving experience	1 YEAR AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-88092275
Alt. Phone Number	-
Email Address	rohitchatterji@gmail.com
Address	9 RHU CROSS #13-10
Address complement	-
Postcode	437436
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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 - Head to Rear
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?	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 SKETCH AND POLICE REPORT T/20230216/7015

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	SJU5375G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	ASHWIN EVAN A SABNANI
Contact Number	(Phone) +65-90046962
Address	-
Address complement	-
Postcode	-
Insurance Company Name	Income Insurance Limited
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	NIKHIL CHATTERJI
Gender	Male
Phone No	(Phone) +65-88092275
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SKV9157B
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. 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.

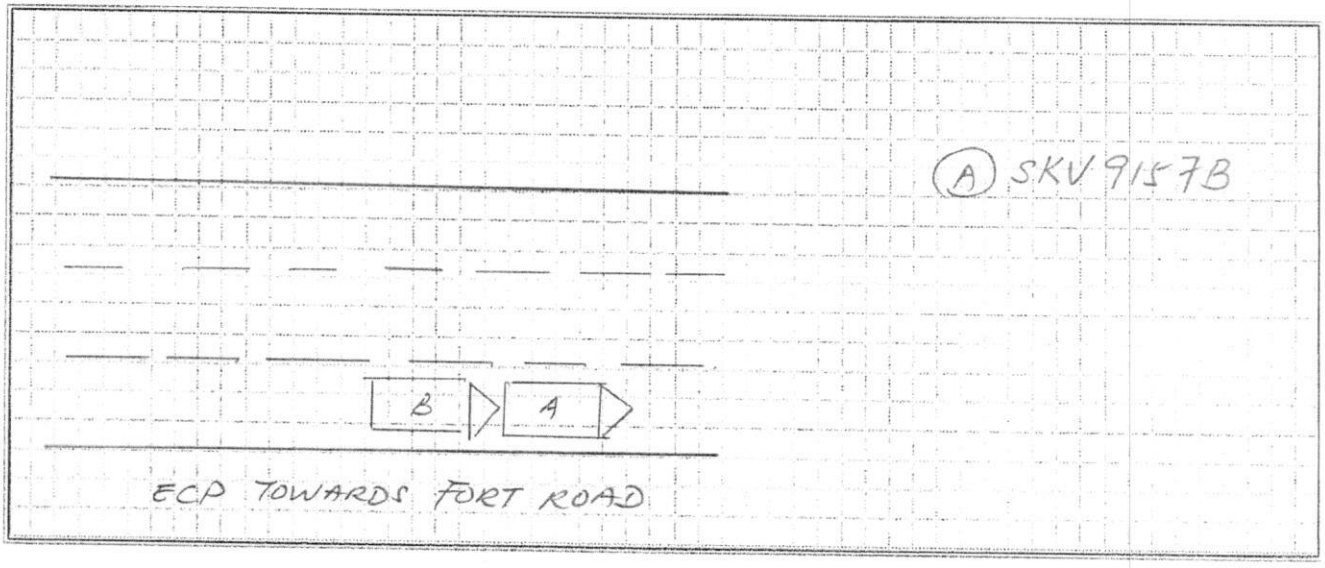
(collectively the "**Purposes**")

(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)
		16/08/2027

Sketch Plan



Describe Circumstance of the Accident

Conditions were heavy rain, quite a bit of traffic on the highway. There were two cars in front of me; the first one stopped suddenly, so the second car had to jam his brakes. In order to not crash into this car, I also had to step on my brakes entirely. None of us hit each other and both cars drove off. Then, I felt an impact from behind and saw smoke in my rear-view mirror. I got out of the vehicle and saw that I had been rear-ended by a Mazda (plate number SJU5375G).

POLICE REPORT T/20230216/7015

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

16/02/2023

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

SINGAPORE POLICE FORCE

T/20230216/7015

Report No. T/20230216/7015

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

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:	Vide Report No.:	Station Diary No.:
16/02/2023 10:50		

Informant's Particulars

Name of Informant: NIKHIL CHATTERJI			Address: 9 RHU CROSS #13-10 SINGAPORE 437436	
ID Type / ID No.: NRIC NO / T0377115B			Contact No.: Home/Office:	Mobile: 88092275
Nationality: SINGAPORE CITIZEN			Email: NIKCHATTERJI@GMAIL.COM	
Sex: Male	Age: 19	Date of Birth: 28/08/2003	Type of Informant: Driver	
Race: Indian			Language: English	Institution / School Name:
Occupation:			Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 14/02/2023 18:25	Type of Location: Straight Road

Location:

EAST COAST PARKWAY

Weather: Raining	Road Surface: Wet	Road Speed Limit: 90 Km/h
Traffic Flow: Dual Carriage Way	Traffic Control: Not Controlled	Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear		Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SJU5375G	Car	MAZDA	Mazda 3 Turbo	Grey	Seriously Damaged	3
SKV9157B	Car	LEXUS	Lexus NX200t	Black	Slightly Damaged	1

SINGAPORE POLICE FORCE

T/20230216/7015

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

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJU5375G	NTUC Income Insurance Co-Operative Limited			
SKV9157B	AIG ASIA PACIFIC INSURANCE PTE. LTD.			

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	ASHWIN EVAN A SABNANI	ID No.	S8823107D
Related Vehicle	SJU5375G (Car)	Contact No.	90046962
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
Driver			
Name	NIKHIL CHATTERJI	ID No.	T0377115B
Related Vehicle	SKV9157B (Car)	Contact No.	88092275
Hospital/Clinic	OUR FAMILY CLINIC & SURGERY PTE LTD	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	15/02/2023	Date	15/02/2023
No. of Days granted Medical Leave	03	Degree of	Slight

Brief Details.

There were two cars in front of me; the first one suddenly slowed down, so the second had to jam their brakes. In order to not collide with this vehicle, I had to step on my brakes as well. No one was hit, and these two cars drove off. Around 1.5 seconds later, I felt a strong impact from behind, and hit my head on the steering wheel. When I got out of my vehicle, I noticed I had been rear-ended by a Mazda 3 (plate # SJU5375G). I have pictures of the impact, but no dashcam footage. This accident took place on ECP along the makeshift airstrip. I was travelling on ECP towards the Fort Road exit. There was no pedestrian crossing nearby as this is a highway.

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

CONTINUATION OF REPORT

SINGAPORE
POLICE FORCE

T/20230216/7015

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

Report No. T/20230216/7015

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 16/02/2023 10:50
Officer In Charge Of Case: TP / TPIB / SYED MUHAMMAD ISA BIN OMAR ALHABSHEE Contact No.: 65476187	Classification Of Case:

NP168

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 14 / 2 / 2023 (dd/mm/yy) Time of Accident: 18 : 25 (24-HR-FORMAT)

Vehicle No.: SKV 9157B Vehicle Make & Model: Lexus NX200t

*Transmission : o Manual ✓ Auto *C.c : 2000 c.c

Exact location of Accident: ECP towards fort rd

Policyholder's Name: Rohit Chatterji NRIC/FIN/REG No.: S7064378B

*Policyholder's email address : nikchatterji@gmail.com

Driver's Name: NIKHIL CHATTERJI NRIC/FIN/REG No.: T0377115B

*Driver's email address : nikchatterji@gmail.com

Driver's Contact No.: 8809 2275 Company Contact No (If any): _____

Date of birth: 28 / 08 / 2003 Driving Pass Date: October 7, 2021

Driver's Address: #13-10, 9 Rhu Cross, SG 437436

Insurance Company: AIG

Policy No.: 2100432313-07 Type of Coverage: Comprehesive / Third Party /Third Party, Fire & Theft

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)

o Own Insurance / ✓ Other Vehicle (*The one you want to claim against*)/ o Reporting (*For Record Purpose*)

Tyce of Accident

o Chain Collision ✓ Head To Rear o Side Swipe o Other –

Occupation (nature job) o Indoor / o Outdoor *No. of Passengers / Including Driver): 1

*Passanger Name: – Gender: Male / Female

*Passanger Name: – Gender: Male / Female

Weather condition & Road conditions? (On the day of accident)

o Clear & Dry / ✓ Raining & Wet / o After-Rain & Wet / o Drizzling & Wet / Others: _____

Was there any video captured by your car Car camera? O Yes / o No

Any Injuries: o Yes / o No (If YES) Injured Person' Name: NIKHIL CHATTERJI

Injuries Sustain : BACK PAIN, SHOULDER PAIN Injured Person in Which Vehicle: SKV9157B

Police Report field: o Yes / o No (If YES) Which Police Station: 10 UBI AVENUE 3

The Other Party (S) Details:

1. Driver's Name / IC No: ASHWIN EVAN A SABNANI Vehicle No: SJU 5375G

   Driver's Contact No: 90046962 Insurance Company : NTUC

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

   Driver's Contact No: _____ Insurance Company : _____

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

Preferred Workshop Name: _____ Contact No: _____

AIG

CERTIFICATE OF INSURANCE

AUTOPLUS PRIVATE VEHICLE

Name of Policyholder : Rohit Chatterji
Period of Insurance : 08 Oct 2022 To 07 Oct 2023
Engine No. : 8ARW139243
Chassis No. : JTJBARBZ102045763

Vehicle No. : SKV9157B
Policy No. : 2100432313-07
Endorsement No. :
Issued Date : 24 Aug 2022 14:17

ABOUT THE COVER

Make/Model : LEXUS NX 200T
Engine Capacity/Tonnage : 1,998.00 CC
Driver Restriction : NA

Sum Insured : Market Value
Off Peak Car : No

First Year of Registration : 2015
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 S$$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

Mileage Condition : Unlimited Mileage

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.

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)

Rohit Chatterji - $800 (Own Damage), $800 (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. Within the first 3 years of the first registration of the Vehicle in Singapore, You have the option of having the accident repairs carried out at the Sole Agent's workshop.
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: NA

I/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).

0030211000
AIG ASIA PACIFIC INSURANCE PL

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

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

SSPTLA

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