

NATIONAL Assessment Centre Services (Call 117441) **Sum 23511000/** Done by

Date: 17/05/2023 10:28
 Job description: SAS e-Billing
 E-mail (within 24hrs, AIC 2013)
 1-Motor Claim Form
 1-Motor W/O (Within 24hrs, AIC 2013)
 1-Photo Uploaded
 Assessment/Survey Report
 Ass't Report by Fax / Hand in Owner/Whom

Vehicle: Particulars: Veli No: **SDF 6819R** INC () / Non-INC ()
 Make/Driver: Cover Type:
 Policy No: Period: Date: Times:
 Confirmed by: Insured/Driver Liability: () (Note: Inc Status (WO): N: 0-30%, H: 21-70%, M: 30-140%)
 Year of Registration: () Warranty: YES () / NO ()
 Excess: (\$) Loading: \$1,000 () / \$2,000 ()

Walk-In Customer / Customer's Information strictly Confidential & Strictly NO later of repair.
 Total Loss Case + to e-mail Insurer URGENTLY.
 Drive-In () / Towed-In () / Invoice: YES () / NO () / Towing Cost:
 Apply for Transport Allowance () / Courtesy Car ()
 QC Check / Post Repair Inspection ()
 Upload Recovery Photo (Repair Cost > \$5000) ()

Injury: ()
 ()
 ()

NIA 2801454

Item	Amount
1) All Accident Research (2800)	INC (2800)
2) DA - Damage Assessment (\$1600)	\$1600
3) Towing Fee	\$120
4) P1 Follow-Up Survey	\$50
5) P2 Follow-Up Survey (Survey)	\$50
6) P3 Follow-Up Survey (Survey)	\$50
7) TR - Disbursement	\$110
8) N1 New DA - Survey	\$140
9) R100 Additional Services	\$5
10) Courtesy Car / Tel Allowance	\$15
11) N1 Post-Inspection	\$11
12) Post-Repair Inspection	\$1
13) N1/EY / Collect Extra Coordination	\$20
14) (N1) / TP (N1) / N1 / Invoice INC	\$10
15) (N1) / TP (N1) / N1 / Invoice INC	\$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 willful 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	17/05/2023 10:28 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	14/05/2023 10:50 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	TOWARDS CHANGI BEFORE EUNOS
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLA8773C
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	GOPI SANKURATRI
Passport No/FIN	GXXXX223M
Email Address	gopisankuratri@gmail.com
Mobile Phone No	(Phone) +65-91992856
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Qashqai
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	1197

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	7220017634-01

DRIVER

Name of Driver	GOPI SANKURATRI
Passport No/FIN	GXXXX223M
Date Of Birth	05/05/1980
Occupation	Indoor

Date Of Driving Pass	09/10/2021
Driving experience	1 YEAR AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91992856
Alt. Phone Number	-
Email Address	gopisankuratri@gmail.com
Address	37 BANGKIT ROAD #14-04
Address complement	CHESTERVALE CONDO
Postcode	679976
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	4
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)	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?	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	SJF6819R
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) 1

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SMH7439B
 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) 1

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number GBL1693G
 Vehicle Manufacturer -
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Commercial vehicle
 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) 5

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.

GoPi. SanCurt

Policyholder's Signature / Date & Time

GoPi. SanCurt

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

[Signature]
17/05/2023

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

Sketch Plan

<p>Vehicle A: SLA8773C</p> <p>Vehicle B: SJF6819R</p> <p>Vehicle C: SMH743AB</p> <p>Vehicle D: GBL 1693G</p>	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 5px auto; display: flex; align-items: center; justify-content: center;">△</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 5px auto; display: flex; align-items: center; justify-content: center;">A</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 5px auto; display: flex; align-items: center; justify-content: center;">△</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 5px auto; display: flex; align-items: center; justify-content: center;">B</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 5px auto; display: flex; align-items: center; justify-content: center;">△</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 5px auto; display: flex; align-items: center; justify-content: center;">C</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 5px auto; display: flex; align-items: center; justify-content: center;">△</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 5px auto; display: flex; align-items: center; justify-content: center;">D</div>	<p style="writing-mode: vertical-rl; transform: rotate(180deg);">PIE (Changai), before Ennoy</p>
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Describe Circumstance of the Accident

on the stated date and time, I, vehicle 'A', was travelling along the stated venue. As the vehicles in front came to a stop, I stopped my vehicle as well. Moments later, I felt an impact on my vehicle's rear portion. When I alighted, I then realised I was involved in a chain collision of 4 vehicles. I wish to state that I noticed vehicle 'B' had come to a complete stop from my rear-view mirror prior to the impact.

Declaration

I/We declare the foregoing particulars are true in every respect.

Gopi Sankar

Policyholder's Signature / Date & Time

Gopi Sankar

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

17/05/2023
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

SINGAPORE ACCIDENT STATEMENT

Accident Details

Who reported the accident? Owner / Driver / Both

Date of Accident: 14/05/2023

Time of Accident: 10:50 (AM / PM)

Location of Accident: PIE (changj) before Eunos

Country/State of Loss: SG

Type of Accident: chain collision

Weather Condition: Clear / Raining Road Surface: Dry / Wet

If Not in List, please specify _____

Are you claiming under your own insurance policy for repair to your vehicle? Yes / No

If No, please state action to be taken Third Party / Reporting Only

Was any foreign vehicle involved in accident? Yes / No

If yes, please state Vehicle No & Vehicle Type: _____

No. of vehicles Involved in the accident (include own vehicle) 04

Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Yes / No

Was the accident reported to the police? Yes / No

If yes, police station name: _____

Was notice of Prosecution given? Yes / No

If yes, against whom? _____

Files

Are accident photos available for attachment? Yes / No

Was there any video captured? Yes / No

Was there any audio captured? Yes / No

Details of Own Vehicle

Vehicle Registration No: SLA 8773C

Vehicle Category: Private

Vehicle Manufacturer: NISSAN Vehicle Model: Rashnai

Transmission: Manual / Auto Cc: _____

Exact purpose for which vehicle was being used at the time of accident:

Private Car / Private Use / Employment

No. of passengers (including driver) 01

Passenger Name: _____

Gender: Male / Female

Passenger Name: _____

Gender: Male / Female

Own Vehicle Policy

Handling Insurer: Alta

Coverage Type: ACT / Comprehensive / Third Party / Third Party, Fire & Theft

Fleet Policy: Yes / No

Registered Owner Name: Sankuratri Gopi

ID Type: UEN / NRIC / Passport or FIN / Work Permit

Registered Owner ID: 96207223M

Email: gopisankuratri@gmail.com

Mobile No: 9199 2856

Alt. No Type: Home / Office / Not in List

If Not in List, please specify _____

Owner Alt Phone No: _____

Driver's Information

Is the driver the policy holder? Yes / No

Name of Driver: AS above.

Gender: Male / Female

ID Type: NRIC / Passport or FIN / Work Permit

Driver's ID: AS above

Date of Birth: 05/05/1980

Driving Pass Date: 09/10/2021

Mobile No: AS above.

Email: AS above.

Address 1: 37 Chestervale Condo, Bangkit Road

Address 2: #14-04 Postal Code: 679976

Occupation: Indoor / Outdoor

Driver Owner Relationship: _____

Does Driver own other vehicles? Yes / No

If yes, please provide Vehicle Registration No: _____

Handling Insurer: _____

TP Vehicle or Property

Was there any other vehicle or property damaged? Yes / No

If yes, please provide:

- (i) Vehicle Registration No: SJF6819R^(B) → 01 male
- (ii) Vehicle Category: SMH7439B^(C) → 01 female.
- (iii) No. of passengers (including driver) GBL16136^(D) → 05.

Passenger Name: _____

Gender: Male / Female

Translation

Was the Sketch Plan Statement translated from another language?

Yes / No

Name of Translator: _____

ID Type: NRIC / Passport or FIN / Work Permit

Phone No: _____

Email: _____

What is the original language used in the statement?

English / Mandarin / Malay / Tamil / Others: _____

Please attach the following documents:

- **Original report in original language**
- **Translated report to English**

Injured Person's Details

Was anyone injured in the accident? Yes / No

Any injured conveyed to hospital by Ambulance? Yes / No

If yes, please provide:

(i) Name: _____

(ii) Gender: Male / Female

(iii) Injured Person in which Vehicle? _____

(iv) Full Address: _____

Witness Details

Was there any witnesses? Yes / No

If yes, please provide:

Witness Name: _____

Witness Contact: _____



CERTIFICATE OF INSURANCE

AUTOPLUS PRIVATE VEHICLE

Name of Policyholder : SANKURATRI GOPI
Period of Insurance : 19 Mar 2023 To 18 Mar 2024
Engine No. : HRA2249642A
Chassis No. : SJNFEAJ11U1605911

Vehicle No. : SLA8773C
Policy No. : 7220017634-01
Endorsement No. :
Issued Date : 01 Mar 2023 17:34

ABOUT THE COVER

Make/Model : NISSAN Qashqai 1.2 DIG-Turbo
Engine Capacity/Tonnage : 1,197.00 CC
Driver Restriction : NA
Person or Classes of Persons Entitled to Drive* :
Sum Insured : Market Value
Off Peak Car : No
First Year of Registration : 2016
Insuring with COE/PARF : Yes

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 1960, 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)

SANKURATRI GOPI - \$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. 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 Apple App Store or Google Play Store.

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 1960, Part IV of the Road Transport Act, 1987 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0504650000
ALL INS AGENCY PTE LTD

22 SIN MING LANE #05-78 MIDVIEW CITY
SINGAPORE 573969

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

S3CSAN