

Date In: 16/11/17 09:16	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NA/ AIG (7021874) h4	E-mail (within 3hrs, AIG 5hrs)		
Veh No: GBD 833T	i-Motor Claim Form		
DDA: 15/11/17 07:30	i-Motor W/O (within 24hrs TP 4hrs)		
OD <input checked="" type="checkbox"/> TP Reporting Only	i-Photo Uploaded		
TP Insurer:	Assessment Survey Report		
	Ass't Report by Fax/ Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel: (Fax: (
TP Particulars:	Veh No: GBC 3821M	INC () / Non-INC ()
Owner / Driver: (Tel: (
Policy No: (Period: (Cover Type: (
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 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

NA1707101	Invoice Preparation Checklist	Ant (\$)	Ant (\$)
Claimant's Particulars:-	1) AR: Accident Reporting (\$30)	30.00	
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (\$80)		
Contact No:	3) TF: Towing Fee \$40-\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:-	For claiming against INC Only (wef 10 Jan 2018)		
	6) TR: Re-inspection \$75		
	7) N1: Ideal DA - SMRT Survey \$150		
	8) NTUC Additional Services:-		
	OPC		
	*N5: Courtesy Car / Tpt Allowance \$50		
	*N6: Repair Coordination \$10		
	*N7: Post Repair Inspection \$20		
	*N8: DV - Collect Excess Coordination \$5		
	TP/N1: TP N1 - N1 INC against N40 \$20		
	9) N12: Ideal Month \$20		
	Invoice Advised	See Charges	
	Invoice Issued	See Charges	

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 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 ability.
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 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 Report	16/11/2017 09:16
Date Of Accident	15/11/2017 07:30
Exact Location Of Accident	HOUGANG AVE 4 TWDS BUANGKOK GREEN
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBD833T
Insured/Policyholder	
Name Of Registered Owner	BRIGHT NAUTICAL SERVICES PTE LTD
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-94878013

Vehicle Particulars

Manufacturer	NISSAN
Model	NV200
Exact Purpose for which vehicle was being used at time of accident	WORK
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2100376357-03000
Cover Note Number	-

Driver

Name of Driver	TEO YEONG CHIAH
NRIC No	S6830129G
Date Of Birth	26/07/1968
Occupation	OUTDOOR
Date Of Driving Pass	23/06/1997
Driving Experience	20 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94878013
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 686 HOUGANG ST 61 #07-184
Postcode	530686
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - DIRECTOR
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	YES
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBC3821M
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	ONG GUAN HENG
NRIC/Passport Number	S8036515B
Contact Number	92205340
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

DETAILS OF INJURED PERSON 1

Name	TEO YEONG CHIAH
Approximate Age	

Injuries Sustain	NECK AND BACK
Injured person in which vehicle?	GBD833T
Were seat belts worn?	YES
Was injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	SEAH EU LEE
Approximate Age	
Injuries Sustain	NECK AND BACK
Injured person in which vehicle?	GBD833T
Were seat belts worn?	YES
Was injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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 lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Personal Particulars

Date of Accident: 15/11/17 Time of Accident: 730am
Exact Location of Accident: Hougang Avenue 4 Towards Buangkok Green
Owner's Name: Bright Nautical Services Pte Ltd NRIC No: - HP No: -
Driver's Name: Teo Yeong Chiah NRIC No: S68301296 HP No: 94878013
Date of Birth: 26/7/1968 Driving Licence Passing Date: 23/6/1997 Occupation: Indoor / Outdoor
Address: Blk 686 Hougang Street 61 #07-184 (S) S
Relationship of Driver with Insured: Director Email Address: Jesson.bns@gmail.com
Vehicle No: GBO 833T Make & Model: Nissan NV200
Insurance Co: AIIG Coverage: Comprehensive Policy No: 2100376357

*Purpose of Reporting? ☒ Own Damage Claim / ☒ 3rd Party Claim / ☐ Not Claiming, Just Reporting Only

*Exact Purpose of The Vehicle Was Being Used At Time Of Accident: ☐ Private Use / ☒ Work

*Weather Condition? ☒ Clear / ☐ Raining / Others: - Wet / ☒ Dry / Others: -

*Any passenger inside vehicle involved? (Yes / No) If yes, Vehicle No & How many pax:

A: 1+1 B: 1+0 C: - D: -

*Was Anybody Injured? (Yes / No) If yes,

Name / NRIC / In Vehicle: Teo Yeong Chiah S68301296 Neck & Back
Seah Eu Lee S71289721 Neck & Back

*Was The Accident Reported To The Police?

☐ No ☐ Yes, Which Police Station? -

*Does the Driver Own Any Other Vehicle?

☒ No ☐ Yes, Vehicle Registration No: - Insurer: -

*Was any foreign vehicle involved? (Yes / No) If yes, Vehicle No & Category: -

*Was there any video captured by Car Camera? (Yes/No) ☒ No

Third Party Driver's Particulars

Vehicle B No: GBC 3821M Make & Model: Nissan
Driver's Name: Ony Guan Heng (Wong Yuanxing) NRIC No: S8036515B HP No: 92205340
Vehicle C No: - Make & Model: -
Driver's Name: - NRIC No: - HP No: -

Witness Particulars

Name: - NRIC No: - HP No: -

REPUBLIC OF SINGAPORE
DRIVING LICENCE

Licence Number: S6830129G
Name: TEO YEONG CHIAH
Birth Date: 26 Jul 1968
Issue Date: 27 Feb 2004



001141312E

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S6830129G

Name: TEO YEONG CHIAH
Race: CHINESE
Date of Birth: 26-07-1968
Country of Birth: SINGAPORE



张永正
Sex: M

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

PASS DATE
23 Jun 1997

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

NP 428A

Licence No: S6830129G

120993



NRIC No. S6830129G

Blood Group: AB+
Date of Issue: 17-07-1994

APT BLK 686 HUGANG STREET #07-184
SINGAPORE 530686
NRIC No: S6830129G
Date: 06-09-2000
No: 3866283



HOTLINE TEL (65) 6413-3000
FAX (65) 6413-1723

RENEWAL SCHEDULE

NISSAN COMMERCIAL AUTO PROTECTOR

THIS SCHEDULE IS NOT MEANT FOR ROAD TAX RENEWAL PURPOSES
PLEASE PRODUCE YOUR ORIGINAL CERTIFICATE OF INSURANCE

PERIOD OF INSURANCE (both dates inclusive)	From : 13 Jun 2017 To : 12 Jun 2018	POLICY NO. : 2100376357 ENDORSEMENT NO. : 03000
INSURED	: Bright Nautical Services Pte Ltd	PREMIUM CALCULATION : S\$
ADDRESS	: Blk 686 Hougang St 61 #07-184 Singapore 530686	After 20% No Claim Discount
BUSINESS/PROFESSION	: Administrative & Support Service Activities	PREMIUM \$1,362.78
REGISTRATION NO.	: GBD833T	GST @ 7.00% \$95.40
MAKE AND TYPE OF BODY	: NISSAN NV 200 Petrol	Total Due \$1,458.19
YEAR OF REGISTRATION	: 2014 CC/TONNAGE : 0.80	
SEATING CAPACITY	: 2	
CHASSIS NO.	: VM20055362	
ENGINE NO.	: HR16396365C	
SUM INSURED	: Market Value	
INSURING WITH COE/PARE	: Yes	
EXCESS	: S\$800.00 (1)	
NAMED DRIVERS	:	
HIRE PURCHASE OWNERS/EMPLOYER'S LOAN :	United Overseas Bank Limited	SUBJECT TO ENDORSEMENT(S) : 2(a), 15, 25, 57, 72(b), 82(i), 89, 131
		Issued in SINGAPORE on 12 May 2017

Person(s) Entitled To Drive :
Any person provided he is in the Insured's employ and is driving on their order or with their permission.
A Young and/or Inexperienced Driver Excess ("YIDR") of S\$3,000.00, in addition to the Policy Excess, applies to You and any Authorised Driver (named or unnamed) if You are or the said Authorised Driver is below the age of 23 and/or has less than 2 years' driving experience.

Limitation As To Use :

- 1) Use in connection with the Insured's business.
 - 2) Use for the carriage of passengers (other than for hire or reward) in connection with the Insured's business.
 - 3) Use for social, domestic or pleasure purposes.
- The Policy does not cover : a) Use for hire or reward or for racing, pace-making, reliability trial or speed-testing.
b) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

APPROVED REPORTING CENTRES / NISSAN AUTHORISED REPAIRERS

1. Tan Chong Mtr Sales - 913 Bt Timah Rd (Tel: 64694091/2/3)
2. Tan Chong Mtr Sales - 17 Lor 8 Toa Payoh (Tel: 63570753/4)
3. TC AutoClinic - No 1 Sixth Lok Yang Rd (Tel: 62622212)
4. Autolution Industrial - 19 Ubi Rd 4 (Tel: 64909656)
5. TC AutoClinic - 25 Leng Kee Rd (Tel: 67038511/2/3)

500610-424
TAN CHONG CREDIT PTE LTD-YKE
911 BUKIT TIMAH ROAD
TAN CHONG MOTOR CENTRE
SINGAPORE 589622
ANSP-MOTOR

AIG Asia Pacific Insurance Pte. Ltd.

AUTHORISED REPRESENTATIVE

ORIGINAL

TC0000