	tre Services. [met 1 Jan'05] M	111111111111111111111111111111111111111			
Date In: 1) 7/18-16:72	Jeb description	Date & Time Completed	Done by		
Ref No: NA   4   6   80   779   W	SAS e-filing				
Veh No: hotyozon	E-mail (within Shrs, AIC 2hrs)		*		
D.O.A: 0/7/18-09:00	i-Motor Claim Form				
	i-Motor W/O (Within: OD 2h	rs, TP 4hrs)			
OD TP Reporting Only	i-Photo Uploaded				
This	Assessment/Survey Report				
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp				
Preferred Wksp / INC Assign Wksp / QW: (		Tel: Fax	C:		
TP Particulars: Veh No: UN	AGRICE INC	)/Non-INC()			
Owner / Driver: (	1000-10	Tel:	)		
Policy No: ( ) P	Period: (	Cover Type: (	)		
Confirmed by : (	Date:	Time:	)		
	[Note-Est. Status (WO): N: 0-2	20%; P: 21-79%. P: 80-100	0%]		
Year of Registration: ( )	Warranty: YES ( )/NO (	)			
	,000 ( )/\$2,000 ( )				
General Remarks:					
( ) Walk-In Customer: Customer's inf	formation strictly Confidential & S	trictly NO refer of repairer.			
( ) Total Loss Case : to e-mail Insu	rer URGENTLY.	N			
Drive-In ( )/ Towed-In ( ); Invoid	ce: YES( ) / NO( );7	Towing Co: (	, )		
Remarks: (INC hotline: 6788 6616)		Date& Time Completed	7.59.58.0 Sec.		
		Dates time Completed	2 VISORO DY		
1) Apply for Transport Allowance ( )/	Courteen Cor ( )				
	Courtesy Car ( )				
2) QC Check / Post Repair Inspection	( )				
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#### 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,
- Information provided must be as <u>truthful and accurate</u> as possible, Any wilful misrepresentation or witholding 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 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.
- 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.

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Date Of Report 12/07/2018 16:32
Date Of Accident 12/07/2018 09:00

Exact Location Of Accident UPPER SERANGOON RD TWDS BRADDELL RD

Country/State of Loss SINGAPORE

# **DETAILS OF OWN VEHICLE**

Vehicle Registration Number GBF4030G

Insured/Policyholder

Name Of Registered Owner HORME HARDWARE PTE LTD

Co Reg No 201226640D Email Address NOEMAIL

Mobile Phone No

Alternative Phone No OFFICE-68408899

Vehicle Particulars

Manufacturer TOYOTA

Model TOYOTA HIACE VAN TURBO 5 DR MANUAL

Exact Purpose for which vehicle was being used at

time of accident

WORKING

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

2100485905-01

Cover Note Number

Driver

Name of Driver IRWAN ISKANDAR BIN SUMADI

 NRIC No
 \$8108492J

 Date Of Birth
 16/03/1981

 Occupation
 OUTDOOR

 Date Of Driving Pass
 26/07/2001

Driving Experience 16 YEARS AND 11 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-94242873

Fax Number

Contact Number OFFICE-94242873

EMail Address NOEMAIL

BLK 235 TAMPINES STREET 21 Address

#06-503 521235

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Postcode

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 Number of vehicles involved in the accident 2 Was any body injured in the Accident? YES Was any injured conveyed to hospital by NO ambulance? Was any other material or property damaged? YES

I have been approached by unknown person(s) NO soliciting/offering accident claims assistance.

Number of Passengers (Including Driver) 1

## **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

ON STATED DATE AND TIME, I WAS TRAVELLING ALONG UPPER SERANGOON RD TWDS BRADDELL RD. SUDDENLY VEHICLE IN FRONT OF MINE SUDDENLY BRAKE, I BRAKE MY VEHICLE ACCORDINGLY, SUDDENLY VEHICLE B HIT ONTO MY VEHICLE REAR PORTION.

#### 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

2

Vehicle Registration Number SJM6682E

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number 92260114

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Page 2 of 20

Passenger 1

NAME:

GENDER: :

**DETAILS OF INJURED PERSON 1** 

Name

IRWAN ISKANDAR BIN SUMADI

Approximate Age

Injuries Sustain

**NECK & BACK** GBF4030G

Injured person in which vehicle?

Were seat belts worn?

YES

Was this 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.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.
- 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 :
  - 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.

Policybolder's Signature

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

Name: NRIC/FIN No.:

Reporting Centre Personnel's Signature

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SKETCH PLAN		
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DESCRIBE CIRCUMSTANCES OF		
Refer to Hortement		
	A1	
DECLARATION  I/We declare the foregoing particular	s are true in every respect.	

Policyholder's Signature Date & Time:

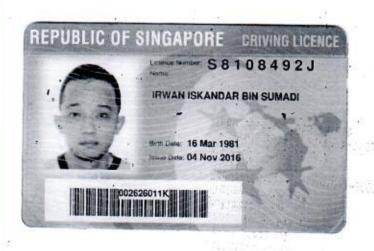
Driver's Signature (If driver is not the policyholder)

Date & Time:

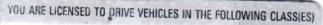
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:







EFFECTIVE DATE

Class 2A Class 2 Class 2 Class 3

Matercycles we 200 CC
Matercycles between 201 CC and 400 CC
Matercycles > 300 Cc
Matercycles > 200 Cc
Matercycles

S / No.9000272283,

S8103492J

NP 428A

5680461

28-11-2016

APT BLK 235 TAMPINES STREET 21 #06-503 SINGAPORE 521235



# **CERTIFICATE OF INSURANCE**

# COMMERCIAL AUTOPLUS COMMERCIAL VEHICLE

Name of Policyholder Period of Insurance

: Horme Hardware Pte Ltd

Engine No.

: 12 Oct 2017 To 11 Oct 2018 : 1KD2644923

Chassis No.

: JTFHT02P700204340

Vehicle No. Policy No.

: GBF4030G : 2100485905-01

Endorsement No.

**Issued Date** 

: 27 Sep 2017

## ABOUT THE COVER

Driver Restriction

Make/Model

TOYOTA HIACE 1 ton [Van]

Engine Capacity/Tonnage : 1 Tonnage

NA

Sum Insured : Market Value

First Year of Registration : 2016

Insuring with COE/PARF : Yes

# Person or Classes of Persons Entitled to Drive\*

a) Any person who is driving on the Policyholder's order or with their permission.

p) This Policy will indemnify the Policyholder or any authorised driver only if he/she meets the specified age condition.

Trou have to pay an additional sum of \$3,000 as "Young order Inexpenenced Driver Excess" ("YIDR") If You are or Your Authorised Driver inemed or unriamed) is under the age of 23 and/or has less than 2 years, driving expenence.

Off Peak Car : No

Age Condition

: All Age Condition

#### Limitation as to use\*

Use in connection with the Policyholder's business:

2) Use for the carriage of passenger (other than for hire or reward) in connection with the Policyholder's business.

37 Use for social, domestic or pleasants from the social consecution of the social consecution o

\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189) and Section 95 of the Road Transport Act. 1987 (Malaysia), are not to be included under these headings.

#### EXCESS

Section 1

Fire - \$0 Own Damage - \$800 Theft - \$0

Section 2

Properly Damage - \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

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

Any additions 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 Proorting Centres/AlG Authorised Repairers, please contact our 24-hour applient emergency holline at +65 6338 6200. Alternatively, You may refer to AlG website www.aig.com.sq or AlG SG Mobile App. Simply search and download "AlG SG from iT unes or Google Play.

# IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: United Overseas Bank Limited

Title hereby centry that the policy to which this Cartricate of Insurance relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Cop. 189), Part IV of the Provi

0500522000

MULTILLINES AGENCIES AIG BUILDING 78 SHENTON WAY #07-16

SINGAPORE 079120 AYSP-NONLIFE

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd. **AUTHORISED REPRESENTATIVE**