

NATIONAL Assessment Centre Services

[ver 1 Jan'05]

MA18100527

Date In: 3/18-17:00	Job description	Date & Time Completed	Done by
Ref No: NA/18100527/24	SAS e-filing		
Veh No: ADE847D	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 3/18-16:10	i-Motor Claim Form		
OD / TP Reporting 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 / QW: (Tel:	Fax:
TP Particulars:	Veh No: JX8333E	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% P: 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

NA1804878	Invoice Preparation Checklist	Amt (\$) Inc Bill	Amt (\$) Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
QC Checked by (Engr-In-Charge):	OD*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
Auditors' Comments:-	TP (N11): TP (Non INC) against INC \$20		
Dat. 1:	9) N12: Idac Mobile 30		
Dat. 2 / 3:	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

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 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	03/08/2018 17:00
Date Of Accident	02/08/2018 16:10
Exact Location Of Accident	ALONG PAYA LEBAR RD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GBE8417D
Insured/Policyholder	
Name Of Registered Owner	KATRIN BJ PTE LTD
Co Reg No	200206727G
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-67475845
Vehicle Particulars	
Manufacturer	TOYOTA
Model	TOYOTA DYNA 150 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	2100460663-02
Cover Note Number	
Driver	
Name of Driver	ZHOU YONG
Passport No/FIN	G6509027P
Date Of Birth	04/10/1978
Occupation	OUTDOOR
Date Of Driving Pass	19/06/2009
Driving Experience	9 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-93376838
Fax Number	
Contact Number	OFFICE-93376838
EMail Address	NOEMAIL

Address	69 UBI CRESCENT #05-01 CES BUILDING
Postcode	408561
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 Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
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?	NO
Was any injured conveyed to hospital by ambulance?	
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)	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

REFER TO 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	SKX8333E
Vehicle Make/Model/Colour	BMW/WHITE
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHEN WEI MING DAMIEN
NRIC/Passport Number	S8717107H
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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:

Zhou Yong

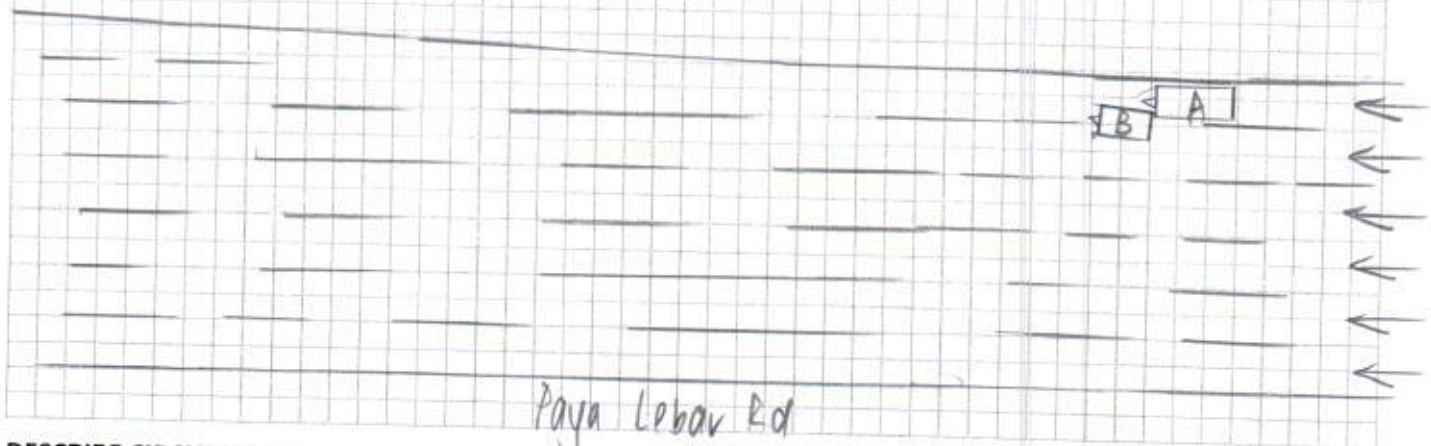
Driver's Signature
(If driver is not the policyholder)
Date & Time:

[Signature]

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

SKETCH PLAN

A: GBE8417D
B: SKX8333E



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Vehicle No: GBE8417D (A16)

Date & Time: 02/08/2018 @ 1610 (clear/dry)

Front vehicles start to move off and i follow too. Out of a sudden, felt an impact and realised motor car SKX8333E had abruptly steered into my lane and his vehicle rear RM portion had grazed onto my vehicle front LH portion. No one was injured.

* Third party claim by Cheng Hoe Motor Pte Ltd (amk)
(email: chmamk@singnet.com)

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:

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

DATE OF ACCIDENT : 02/08/2018 TIME : 1610
LOCATION : Paya Lebar Rd

INFORMANT'S PARTICULARS

- 1) VEHICLE NO.: GBE 8417D MODEL: Toyota DYNA 150D
2) INSURANCE CO.: AIG POLICY NO.: 2100460663-02
3) CLAIM TYPE : **OWN DAMAGE / THIRD PARTY / REPORTING ONLY (PLS CIRCLE)**
4) OWNER NAME : KATRIN B.T PTE LTD I/C 2002067279 TEL: 67475845
5) OWNER EMAIL : sales@katrinbj.com.sg ALTERNATIVE PHONE NO.:
6) DRIVER NAME : ZHOU YONG I/C 96509027P TEL: 93376838
7) DRIVER OCCUPATION : Driver EMAIL :
8) RELATIONSHIP WITH OWNER : Employer
9) DOES DRIVER OWN ANY CAR? **YES / NO** (QN 9 & 10 APPLY FOR NON OWNER ONLY)
10) DRIVER'S OWN VEHICLE REG NO.: INS CO.:
11) WEATHER CONDITION : CLEAR / RAINING / OTHERS
12) ROAD SURFACE : DRY / WET / OTHERS
13) ANY SCENE PHOTOS : YES / NO
14) ANY VIDEO CAPTURED BY CAR CAMERA : YES / NO
15) EXACT PURPOSE OF VEHICLE BEING USED AT TIME OF ACCIDENT : on delivery
16) I HAVE BEEN APPROACHED BY UNKNOWN PERSON(S) SOLICITING/OFFERING
ACCIDENT CLAIMS ASSISTANCE : YES / NO
17) NO. OF PASSENGERS (INCLUDING DRIVER) : 1 A) PASSENGER NAME: MALE / FEMALE
B) PASSENGER NAME: MALE / FEMALE

THIRD PARTY (OTHER VEHICLE) PARTICULARS

- VEHICLE 1** 1) VEHICLE NO.: JRX 8333E MODEL: BMW, white
2) DRIVER NAME : Chen Weiming Damien I/C 58717107H
3) ADDRESS :
4) CONTACT NO.: INS CO.:

- VEHICLE 2** 1) VEHICLE NO.: MODEL:
2) DRIVER NAME : I/C
3) ADDRESS :
4) CONTACT NO.: INS CO.:

* ANY FOREIGN VEHICLE INVOLVED IN THE ACCIDENT : (YES / NO)

IF YES, FOREIGN VEHICLE NO.:
FOREIGN VEHICLE CATEGORY :

WITNESS PARTICULARS

- 1) ANY WITNESS (YES / NO) - IF YES, PLS PROVIDE AS BELOW :-
2) NAME & NRIC : TEL:
3) RELATIONSHIP WITH INVOLVED PARTIES :

OTHERS

- 1) ANY INJURIES (YES / NO) IF YES, STATE INJURY SUSTAIN :
2) WAS ACCIDENT REPORTED TO POLICE (YES/NO) - IF YES, PLEASE PROVIDE A COPY OF POLICE REPORT.
3) WAS NOTICE OF INTENDED PROSECUTION GIVEN (YES/NO) - IF YES, PLS PROVIDE A COPY OF THE NOTICE.
4) WAS ANY INVOLVED DRIVER TESTED / CHARGED FOR DRINK DRIVING DUE TO THE ABOVE ACCIDENT (YES/NO).

Zhou Yong
DRIVER'S SIGNATURE & DATE

WORK PERMIT
Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore

Employer
KATRIN BJ PTE. LTD.

Sector: **SERVICE**

Name
ZHOU YONG

Occupation
DRIVER

Work Permit No.
0 73307643

Date of Application
21-04-2017

Date of Issue
08-05-2017

Date of Expiry
24-04-2019





L7928596

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **G6509027P**

Name:
ZHOU YONG

Birth Date: **04 Oct 1978**

Issue Date: **23 May 2014**

Valid Till: **18 Jun 2019**





0021075638

VISIT PASS
Immigration Regulations

Name
ZHOU YONG



Date of Birth: **04-10-1978** Sex: **M** Nationality: **CHINESE**

File: **G6509027P** Date of Issue: **08-05-2017** Date of Expiry: **24-04-2019**

MULTIPLE JOURNEY VISA ISSUED

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.




YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

	EFFECTIVE DATE
Class 2B Motorcycles <= 200 cc	19 Jun 2009
Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver, and other motor vehicles <= 2500kg	19 Jun 2009
Class 4A Omnibuses	27 Jul 2009

NP 428A

Licence No: **G6509027P**





CERTIFICATE OF INSURANCE

COMMERCIAL AUTOPLUS COMMERCIAL VEHICLE

Name of Policyholder : Katrin BJ Pte. Ltd.
Period of Insurance : 13 Apr 2018 To 12 Apr 2019
Engine No. : 1KD2582308
Chassis No. : JTFAT35Y90K205856

Vehicle No. : GBE8417D
Policy No. : 2100460663-02
Endorsement No. :
Issued Date : 03 Apr 2018

ABOUT THE COVER

Make/Model : TOYOTA DYNA 150D 2 ton [Lorry]
Engine Capacity/Tonnage : 2 Tonnage
Driver Restriction : NA
Sum Insured : Market Value
Off Peak Car : No
First Year of Registration : 2016
Insuring with COE/PAFF : Yes

Person or Classes of Persons Entitled to Drive* :

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

Limitation as to use* :

- 1) 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.
3) Use for social, domestic or pleasure purposes. This Policy does not cover a) use for hire or reward, driving tuition, driving test, racing, pace-making, reliability trial or speed-testing; and b) use whilst drawing a trailer except the towing of anyone disabled using a mechanically propelled vehicle. c) 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) 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 - \$1600 Theft - \$0

Section 2
Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

APPROVED REPORTING CENTRES/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.com.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: SING INVESTMENTS & FINANCE 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) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0030210463

AIG - AUTO DIRECT
78 SHENTON WAY #07-16 AIG BUILDING
SINGAPORE 079120
Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.
AUTHORISED REPRESENTATIVE

SSCNFY