

# NATIONAL Assessment Centre Services

[Ref: 1 Jan 2005]

Date In: 03/09/2018 15:56	Job description	Date & Time Completed	Done by
Ref No: NA/AIG180160.88/24	SAS e-filing		
Veh No: YP3040J	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 01/09/2018 07:10	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: SHC8097H 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

NA1805640

## Invoice Preparation Checklist

Amr (\$) Add Bill

Claimant's Particulars: 1) AR: Accident Reporting (\$30);

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) RT: Follow-Through Survey (Resurvey) \$30

Auditors' Comments: For claiming against INC Only (wef 10 Jan 2005)

1) N1: Idau DA + SMRT Survey \$160

2) N2: Idau Mobile \$30

3) N3: Courtesy Car / Tpl Allowance \$5

4) N4: Repair Co-ordination \$10

5) N5: Post Repair Inspection \$25

6) N6: DV / Collect Excess Coordination \$5

7) N7: TP (N11): TP (N11) INC against INC \$20

Invoice dated

Fee Charged

11/08/2018



## 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 03/09/2018 15:56  
 Date Of Accident 01/09/2018 07:10  
 Exact Location Of Accident GEYLANG ROAD  
 Country/State of Loss SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number YP3040J  
**Insured/Policyholder**  
 Name Of Registered Owner HORME HARDWARE PTE LTD  
 Co Reg No -  
 Email Address NOEMAIL  
 Mobile Phone No (LOCAL) +65-86167427  
 Alternative Phone No OFFICE-86167427

### Vehicle Particulars

Manufacturer HINO  
 Model -  
 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 REPORTING ONLY  
 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 2100509990-01  
 Cover Note Number

### Driver

Name of Driver WU LIANJI  
 Passport No/FIN G6741523Q  
 Date Of Birth 05/01/1983  
 Occupation OUTDOOR  
 Date Of Driving Pass 16/09/2014  
 Driving Experience 3 YEARS AND 11 MONTHS  
 Gender MALE  
 Mobile Number (LOCAL) +65-86167427  
 Fax Number  
 Contact Number OTHERS-86167427  
 Email Address NOEMAIL

## SKETCH PLAN

### IMPORTANT NOTICE

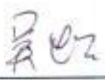
1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material 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.
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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)**

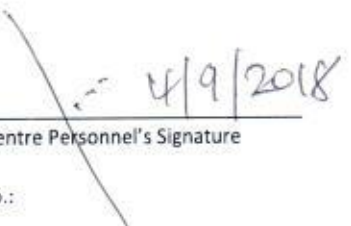
I understand, acknowledge, agree and consent that:

- (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:

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

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



# SKETCH PLAN

A - YP3040J  
B - SHC8097H



Geylang Road

Lor 23 Geylang Road

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Vehicle A was driving along Geylang Road, while  
Vehicle B came in and crash into his lorry.  
my vehicle was demant at the rear of his lorry.

## DECLARATION

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



Policyholder's Signature  
Date & Time:

*Deh*

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

*4/9/2018*

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

\*

Reported on 3/9/2018  
@ 1315 Hrs.

## ACCIDENT STATEMENT

ACCIDENT DATE: (06/09/2018) (DD/MM/YYYY), TIME: (07:10 AM) (HH:MM)

LOCATION: Geylang Road.

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: YP 3040 J  
b) INSURANCE COMPANY: \_\_\_\_\_  
c) POLICY NUMBER: \_\_\_\_\_  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: \_\_\_\_\_  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: \_\_\_\_\_  
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)  
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

### 2. INSURED / POLICY HOLDER

- A) NAME: \_\_\_\_\_ (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
c) ADDRESS: \_\_\_\_\_

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

#### DRIVER

- a) NAME: \_\_\_\_\_ (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 86167427  
c) ADDRESS: \_\_\_\_\_

\*d) DATE OF BIRTH: (\_\_\_\_/\_\_\_\_/\_\_\_\_) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: \_\_\_\_\_

### 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: \_\_\_\_\_

### 5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

### 6. WAS ANYBODY INJURED (YES / NO)

### 7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: \_\_\_\_\_

### 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SHC 8097H MODEL: \_\_\_\_\_  
b) DRIVER'S NAME: Tan Kim Hua  
c) NRIC/FIN/PASSPORT: S1585771 CONTACT: 96211886

### 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_  
e) DRIVER'S NAME: \_\_\_\_\_  
f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

\* No of passengers  
(including driver)  
(1)

\* No of passenger  
(including driver)  
( )

\* No of passenger  
(including driver)  
( )

\* Call Driver  
on 319/2018 @ 1800 Hrs  
but he will send  
certificate tomorrow  
on 4/9/2018.

Email =

fax = 6840 8811

VIDEO =

Waiting for certificate?



**S PASS**  
Employment of Foreign Manpower Act (Chapter 91A)  
Republic of Singapore

Employee  
**PN LOGISTICS PTE. LTD.**

Name  
**WU LIANJI**

S Pass No.  
**0 73990858**

Sector  
**SERVICE**

**K0384502**

**REPUBLIC OF SINGAPORE** **DRIVING LICENCE**

License Number **G 6741523Q**

Name  
**WU LIANJI**

Birth Date **05 Jan 1983**

Issue Date **16 Sep 2014**

Valid Till **15 Sep 2019**

**002345937D**

**VISIT PASS**  
Immigration Regulations

Name  
**WU LIANJI**

FIN  
**G6741523Q**

Date of Birth **05-01-1983** Sex **M**

Nationality  
**CHINESE**

**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.**

**Download SGWorkPass App to check status**

**10-05-2018**

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

**EFFECTIVE DATE**

Class	Description	Effective Date
Class 3	MOTOR CARS AND MOTOR TRACTORS THE WEIGHT OF WHICH UNLADEN DOES NOT EXCEED 2500 KILOGRAMS	16 Sep 2014
Class 4	HEAVY MOTOR CARS AND MOTOR TRACTORS THE WEIGHT OF WHICH UNLADEN EXCEEDS 2500 KILOGRAMS	13 Jul 2005

**S / No. 9000221780**

**G6741523Q**

**NP 428A**

**License No: G6741523Q**



# CERTIFICATE OF INSURANCE

## COMMERCIAL AUTOPLAN COMMERCIAL VEHICLE

Name of Policyholder : Horme Hardware Pte Ltd  
Period of Insurance : 15 Jun 2018 To 14 Jun 2019  
Engine No. : N04CUT17854  
Chassis No. : JHHUCT3H40K016036

Vehicle No. : YP3040J  
Policy No. : 2100509990-01  
Endorsement No. :  
Issued Date : 11 Jun 2018

### ABOUT THE COVER

Make/Model : HINO XZU710R 4 ton (Lorry)  
Engine Capacity/Tonnage : 4 Tonnage  
Driver Restriction : NA  
Sum Insured : Market Value  
Off Peak Car : No  
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.  
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 - \$1000 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 can be carried out at the repairer of Your choice (unless specifically excluded by Us).

For 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](http://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: Daimler Financial Services Africa & Asia Pacific Ltd

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) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0500522000

MULTI-LINES 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

SSPJSG