

|                           |  |                        |          |
|---------------------------|--|------------------------|----------|
| Date In: 11/10/19 10:55   | Job description: SAS e-filing            | Date & Time Completed: | Done by: |
| Ref No: MA1A1G19017946/h4 | E-mail (within this AIC 2hrs)            |                        |          |
| Year Mo: GBC 6194U        | I-Motor Claim Form                       |                        |          |
| Date Out: 11/10/19 08:10  | I-Motor W/O (Within: OD 2hrs, TP 4hrs)   |                        |          |
| TP: TP Rep Only           | I-Photo Uploaded                         |                        |          |
| TP Insurance:             | Assessment/Survey Report                 |                        |          |
|                           | Ass't Report by Fax / Hand to Owner/Wksp |                        |          |

|  |  |                       |
|--|--|-----------------------|
| Preferred Wksp / INC Assign Wksp / GW: ( | Tel:   | Fax:                  |
| TP Particulars:                          | Veh No: 5GV 5208L  | 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 repolier.

( ) Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co: ( )

|   |           |           |
|---|-----------|-----------|
| Remarks: (INC add-on: 6788/6616)                        | Date: ( ) | Time: ( ) |
| 1) Apply for Transport Allowance ( ) / Courtesy Car ( ) |           |           |
| 2) QC Check / Post Repair Inspection ( )                |           |           |
| 3) Upload Resurvey Photo [Repair Cost > \$3000] ( )     |           |           |

Injury: \_\_\_\_\_

| Date/Time | Actions |
|-----------|---------|
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |

|                                 |  |             |             |
|---------------------------------|--|-------------|-------------|
| Client's Particulars:           | Invoice Registration Checklist:                | Fee (\$)    | Amount (\$) |
| Driver/Owner:                   | 1) AR: Accident Reporting (\$30);              | 30.00       |             |
| Contact No:                     | 2) DA: Damage Assessment (\$100); INC (\$30)   |             |             |
| Damaged Portion:                | 3) TP: Towing Fee \$40/145                     |             |             |
| QC Checked by (Engr-In-Charge): | 4) FT: Follow-Through Survey \$120             |             |             |
| Auditors Comments:              | 5) PT: Follow-Through Survey (Resurvey) \$30   |             |             |
|                                 | For claiming status UNC Only (ver 10 Jan 2005) |             |             |
|                                 | 6) TR: Re-inspection \$75                      |             |             |
|                                 | 7) N1: Idao DA + SMRT Survey \$160             |             |             |
|                                 | 8) NTUC Additional Services:                   |             |             |
|                                 | OD:  |             |             |
|                                 | *N3: Courtesy Car / Tpt Allowance \$5          |             |             |
|                                 | *N6: Repairs Co-ordination \$10                |             |             |
|                                 | *N7: Post Repair Inspection \$25               |             |             |
|                                 | *N8: DV / Collect Excess Coordination \$5      |             |             |
|                                 | TP (N11): TP (Non-INC) against INC \$20        |             |             |
|                                 | 9) N12: Idao Mobile \$0                        |             |             |
|                                 | 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 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 Report             | 11/10/2019 10:55               |
| Date Of Accident           | 11/10/2019 08:10               |
| Exact Location Of Accident | UPPER SERANGOON TWDS BENDEMEER |
| Country/State of Loss      | SINGAPORE                      |

### DETAILS OF OWN VEHICLE

|                             |                        |
|-----------------------------|------------------------|
| Vehicle Registration Number | GBC6194U               |
| <b>Insured/Policyholder</b> |                        |
| Name Of Registered Owner    | NYL ELECTRICAL PTE LTD |
| Co Reg No                   | -                      |
| Email Address               | NOEMAIL                |
| Mobile Phone No             |                        |
| Alternative Phone No        | OFFICE-67485354        |

### Vehicle Particulars

|  |                    |
|--|--------------------|
| Manufacturer   | TOYOTA             |
| Model  | HIACE              |
| 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                                       | 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             | 1900083753                           |
| Cover Note Number         |                                      |

### Driver

|                      |                       |
|----------------------|-----------------------|
| Name of Driver       | LEE CHING EE          |
| NRIC No              | S1445832H             |
| Date Of Birth        | 06/09/1960            |
| Occupation           | INDOOR                |
| Date Of Driving Pass | 28/12/1983            |
| Driving Experience   | 35 YEARS AND 9 MONTHS |
| Gender               | MALE                  |
| Mobile Number        | (LOCAL) +65-94741499  |
| Fax Number           |                       |
| Contact Number       |                       |
| Email Address        | NOEMAIL               |

|   |                               |
|---|-------------------------------|
| Address   | BLK 699C HOUGANG ST 52 #14-35 |
| Postcode  | 533699                        |
| 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   | CHAIN COLLISION |
| Weather Conditions | CLEAR           |
| Road Surface       | DRY             |

#### Other Information

|   |     |
|---|-----|
| Was any foreign vehicle involved in this accident?  | NO  |
| Number of vehicles (including own vehicle) involved in the accident                         | 3   |
| 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

I WAS TRAVELLING ALONG UPPER SERANGOON TWDS BENDEMEER ON THE SECOND LANE, SUDDENLY VEH B WHICH WAS INFRONT OF ME JAMMED BRAKE, I MANAGE TO STOP BUT CANNOT STOP IN TIME. AS THE RESULT, MY VEH HIT ONTO VEH B REAR PORTION. AFTER THE INCIDENT, I ALIGHTED FROM MY VEH AND REALIZED I WAS INVOLVED IN A 3 CAR CHAIN COLLISION ACCIDENT. AFTER I VIEW MY CAR CAMERA, I REALIZED THAT WAS ANOTHER VEH X TRY TO CUT LANE AT THE CHEVRON MARKING AND HE STOP AT THE CHEVRON MARKING, CAUSING VEH C AND VEH B JAMMED BRAKE.

#### Attachment(s)

|   |                               |
|---|-------------------------------|
| Are accident photos available for attachment? | YES                           |
| Was there any video captured by Car Camera?   | YES                           |
| Remarks/ Reasons:                             | FILE TOO LARGE FAIL TO UPLOAD |
| Was there any audio recorded?                 | NO                            |

#### DETAILS OF OTHER VEHICLE PROPERTY 1

|                             |             |
|-----------------------------|-------------|
| Vehicle Registration Number | SGV5208L    |
| Vehicle Make/Model/Colour   |             |
| Details Of Properties       |             |
| Vehicle Category            | PRIVATE CAR |
| Name of Driver              |             |
| NRIC/Passport Number        |             |
| Contact Number              |             |
| Address                     |             |
| Postcode                    |             |
| Insurance Company Name      |             |

Nature Of Damage

No. Of Passenger (Including Driver)

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SLD9041J

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)



## 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.

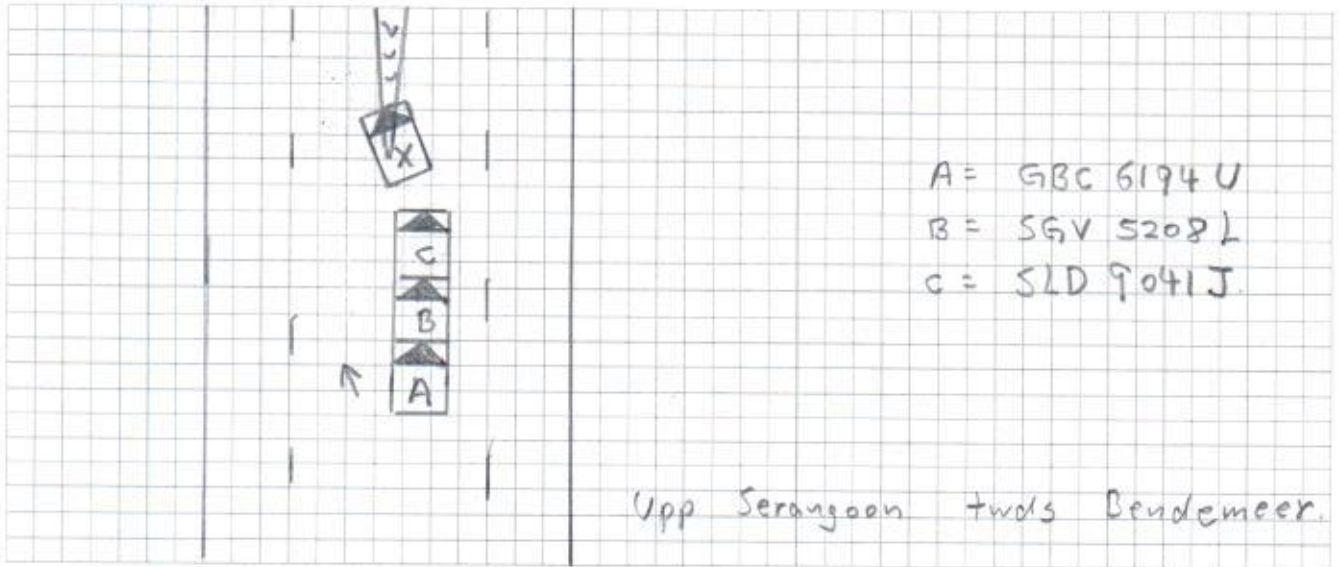


Policyholder's Signature  
Date & Time:

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

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

# SKETCH PLAN



A = GBC 6194 U  
B = SGV 5208 L  
C = SLD 9041 J.

Opp Serangoon twds Bendemeer.

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to statement

## 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.:





# CERTIFICATE OF INSURANCE

## COMMERCIAL AUTOPLAN COMMERCIAL VEHICLE

**Name of Policyholder** : NYL ELECTRICAL PTE LTD  
**Period of Insurance** : 26 Apr 2019 To 25 Apr 2020  
**Engine No.** : 1KD2288550  
**Chassis No.** : JTFHT02P300114005

**Vehicle No.** : GBC6194U  
**Policy No.** : 1900083753  
**Endorsement No.** :  
**Issued Date** : 09 Apr 2019

### ABOUT THE COVER

**Make/Model** : TOYOTA HIACE 1.2 ton [Van]  
**Engine Capacity/Tonnage** : 1.2 Tonnage  
**Driver Restriction** : NA  
**Sum Insured** : Market Value  
**Off Peak Car** : No  
**First Year of Registration** : 2013  
**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 - \$800 Theft - \$0 Flood Cover - \$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:** HONG LEONG 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).

0504469000

GRINWEIV PTE LTD  
3 TAMPINES GRANDE #02-01  
SINGAPORE 528799 SP-MO-GRINWEIVALLIANCE  
Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

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

SSCZSS