

NATIONAL Assessment Centre Services

[wef 1 Jan'05]

NA 120003840

Date In: 9/1/20 - 12:37	Job description	Date & Time Completed	Done by
Ref No: NA/120000082/2/24	SAS e-filing		
Veh No: 68F79114	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 8/1/20 - 20:15	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: 57K83M

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

NA 12000413	Invoice Preparation Checklist		Amt (\$) Int Bill	Amt (\$) 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) FT: Follow-Through Survey (Resurvey) \$30			
Auditors' Comments:-	For claiming against INC Only (wef 10 Jan 2005)			
Ref. 1:	6) TR: Re-inspection \$75			
Ref. 2/3:	7) N1: Idac DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
	Q1:			
	* N5: Courtesy Car / Tpt Allowance \$5			
	* N6: Repair Co-ordination \$10			
	* N7: Post Repair Inspection \$25			
	* N8: DV / Collect Excess Coordination \$5			
	TP (N11): TP (N-in INC) against INC \$20			
	9) N12: Idac Mobile 30			
	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	09/01/2020 12:37
Date Of Accident	08/01/2020 20:15
Exact Location Of Accident	BKE (SLE) BEFORE DAIRY FARM RD EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF7911U
Insured/Policyholder	
Name Of Registered Owner	LANTRO (S) PTE LTD
Co Reg No	2XXXXX982Z
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-67781668
Vehicle Particulars	
Manufacturer	NISSAN
Model	NV350 PANEL VAN 2.5 5MT 5DR EURO V
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	2100504019-02
Cover Note Number	
Driver	
Name of Driver	LIU CHUN TECK (LIU JUNDE)
NRIC No	SXXXX252A
Date Of Birth	24/04/1979
Occupation	OUTDOOR
Date Of Driving Pass	01/01/2002
Driving Experience	18 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90682877
Fax Number	
Contact Number	OFFICE-90682877
Email Address	NOEMAIL

Address	BLK 274 BANGKIT ROAD #05-66
Postcode	670274
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 - HEAD TO REAR
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	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	SJK8342J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	YEW YEE SIANG
NRIC/Passport Number	SXXXX164E
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

SKETCH PLAN

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5. **Any false reporting may be referred to the Police for investigation.**
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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

SKETCH PLAN

BICE (SUE)

A

B

A: GBF79114.
B: SJK8342J

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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.:

ON STATED DATE AND TIME, I WAS TRAVELLING ALONG THE STATED VENUE.
FRONT VEHICLE BRAKE, I BRAKE MY VEHICLE AS WELL. SUDDENLY I FELT AN
IMPACT OF MY VEHICLE AND REALIZED THAT VEHICLE B HIT ONTO MY VEHICLE
REAR PORTION.

ACCIDENT STATEMENT

ACCIDENT DATE: (8 / 1 / 20) (DD/MM/YYYY), TIME: (20:15) (HH:MM)

LOCATION: BLE (SLE) before Dairy Farm Rd & H.

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: CAF 79114
b) INSURANCE COMPANY: AIG
c) POLICY NUMBER: 200501019-02
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: private
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: Lantro (S) Pte Ltd. (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 67781668
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Lim Chun Teck (Lim Junde) (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S7912329 CONTACT: 9682877
c) ADDRESS: _____

*d) DATE OF BIRTH: (24 / 4 / 1979) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 11/1/2000

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: 5J1C83423 MODEL: _____
b) DRIVER'S NAME: Yew Yee Sang
c) NRIC/FIN/PASSPORT: S9511164E CONTACT: _____

9. THIRD PARTY VEHICLE

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

* No of passenger
(including driver)
(1)

* No of passenger
(including driver)
(1)

* No of passenger
(including driver)
()

email =

fax =

video =



CERTIFICATE OF INSURANCE

NISSAN COMMERCIAL AUTO PROTECTOR COMMERCIAL VEHICLE

Name of Policyholder : Lantro (S) Pte Ltd
Period of Insurance : 15 Mar 2019 To 14 Mar 2020
Engine No. : YD25406024A
Chassis No. : JN1MC2E26Z0007169

Vehicle No. : GBF7911U
Policy No. : 2100504019-02
Endorsement No. :
Issued Date : 27 Feb 2019

ABOUT THE COVER

Make/Model : NISSAN NV350 PANEL VAN

Engine Capacity/Tonnage : 1.5 Tonnage

Driver Restriction : NA

Sum Insured : Market Value

Off Peak Car : No

First Year of Registration : 2017

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.

Loss Of Use (7 Days) Commercial Auto

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189) and Section 65 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)

1. Tan Chong Motor Sales Add: 913 Bt Timah Road Singapore 589623 64894081 64894082 64894083
 2. TC AutoClinic Add: No.1, Sixth Lok Yang Road Singapore 628099 62622212
 3. Tan Chong Motor Sales Add: 17 Lor 8 Tea Payoh Singapore 319254 63570753 63570754
 4. Autolution Industrial Add: 19 Ubi Road 4 Singapore 408623 64909688
 5. TC AutoClinic Add: 25 Leng Kee Road Singapore 159097 67038511 67038512 67038513

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: NA

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).

0500610356

TAN CHONG CREDIT PTE LTD-LTP
 911 BUKIT TIMAH ROAD TAN CHONG MOTOR CENTRE
 SINGAPORE 589622 ANSP-MOTOR
 Underwritten by AIG Asia Pacific Insurance Pte. Ltd.


AIG Asia Pacific Insurance Pte. Ltd.
 AUTHORISED REPRESENTATIVE

88PHAW