

NATIONAL Assessment Centre Services.

[ver 1 Jan'03]

NA 120032037

Date In: 13/13/20 13:49	Job description	Date & Time Completed	Done by
Ref No: NA1 AIG 20003964/44	SAS e-filing		
Veh No: GBE 5794J	E-mail (within 3hrs, AIC 2hrs)		
ICIA: 12/13/20 15:50	I-Motor Claim Form		
OT: <input checked="" type="radio"/> Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass'l Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel: (Fax: (
TP Particulars:	Veh No: YN 7 332B	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 rep/ler.

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

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

Remarks: (INC 2000 0670 4010)	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	Action

NA 2002005	Invoice Details	Amount (\$)	PAID (\$)
Driver/Owner:	1) All: Accident Reporting - (\$30);	20.00	
Contact No:	2) DA: Damage Assessment (\$100); INC (\$30)		
Damaged Portion:	3) TP: Towing Fee \$40/\$45		
C Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey \$120		
Additional Comments:	5) PT: Follow-Through Survey (Resurvey) \$30		
LI:	For claiming against INC Only (wef 10 Jan 2005)		
2/2/3	6) TR: Re-Inspection \$75		
	7) NI: Idao 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 (NI): TP (Non INC) against INC \$20		
	9) NI2: 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	13/03/2020 13:49
Date Of Accident	12/03/2020 15:50
Exact Location Of Accident	AMK AVE 5 INFRT NANYANG POLYTECHNIC
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE5794J
Insured/Policyholder	
Name Of Registered Owner	CARPENTRY HENG
Co Reg No	5XXXX947M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-93216161

Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA
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	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	1800006281-02
Cover Note Number	

Driver

Name of Driver	LIU XUEDONG
NRIC No	GXXXX234L
Date Of Birth	02/09/1980
Occupation	OUTDOOR
Date Of Driving Pass	24/10/2017
Driving Experience	2 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86182248
Fax Number	
Contact Number	
EMAIL Address	NOEMAIL

Address 29 JLN SHAER
 Postcode 769375
 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? YES
 Was any injured conveyed to hospital by ambulance? NO
 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 YN7332B
 Vehicle Make/Model/Colour
 Details Of Properties
 Vehicle Category COMMERCIAL VEHICLE
 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 SCX97J

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 INJURED PERSON 1

Name

LIU XUEDONG

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

GBE5794J

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

SKETCH PLAN

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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.

CARPENTERS' WORKS
10 ADMIRALTY STREET
#06-56 NORTH LINK BUILDING
SINGAPORE (757695)
Reg: 53325947M

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.:

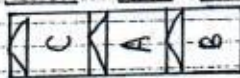
SKETCH PLAN

Ang Mo Kio Ave 5 Infront of
Nanyang Polytechnic

Vehicle A - GBE5794J

Vehicle B - YN7332B

Vehicle C - SCX97J



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date and time, I, vehicle A (GBE5794J) was travelling straight along at the stated location on lane 2. As the vehicle in front of me E-brake, I followed suit. Suddenly, I felt a huge impact from my rear portion of my vehicle, vehicle B (YN7332B) collided onto the rear portion of my vehicle causing me to surge forward and collide onto vehicle C (SCX97J)

DECLARATION

CARPENTRY HENG
10 ADMIRALTY STREET

#06-56 NORTH LINK BUILDING
SINGAPORE (757695)

Reg: 53325947M
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 : 12/02/2020 Accident Time: 1550hrs (24-HR-FORMAT)
 Accident Place : Ang Mo Kio Ave 5 In front of Nanyang Polytechnic
 Vehicle Reg. No (Car plate No.) : G8E5794J Vehicle Make/Model: Toyota Dyna
 Insurance Company : AIG Policy No. 1800006281-02
 Name of Registered Owner : Company / Individual Carpentry Heng
 ID of Registered Owner : Co Reg No: 53325947M Owner's NRIC No: -
 : Co Contact No: 9331 6161 Owner's Contact No: -
 DRIVER'S Name : LIU XUEDONG DRIVER'S NRIC No: G2861234L
 DRIVER'S Date of Birth : 02 Sep 1980 DRIVER'S License Pass Date 24 Oct 2017
 Relationship bet. Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: -
 DRIVER'S Address : 29 Jalan Shaer Singapore 769375
 DRIVER'S Contact No / Alt No. : 1) 8618 2248 2) -
 DRIVER'S Occupation : INDOOR \ OUTDOOR (eg. working inside or outside of an ofc)
 Email Address : -
 Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
 Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance
 Number of Passengers (including Driver): 01 Passenger Name: - Gender: M/F
 Was the accident reported to the police? YES \ NO Passenger Name: - Gender: M/F
 Was there any video Captured by car camera: YES \ NO Any Injuries: YES \ NO Injured Name: LIU XUEDONG
 Injured Name: -
 Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Other Party Driver's Particulars (if any)

Vehicle Reg No: <u>YN 7332 B</u>	Vehicle Reg No: <u>SC X 97J</u>
Vehicle Make/Model: <u>-</u>	Vehicle Make/Model: <u>-</u>
Name DRIVER: <u>-</u>	Name DRIVER: <u>-</u>
IC No. DRIVER: <u>-</u>	IC No. DRIVER: <u>-</u>
DRIVER'S Contact & add: <u>-</u>	DRIVER'S Contact & add: <u>-</u>

Other Party Driver's Particulars (if any)

Vehicle Reg No: <u>-</u>	Vehicle Reg No: <u>-</u>
Vehicle Make/Model: <u>-</u>	Vehicle Make/Model: <u>-</u>
Name DRIVER: <u>-</u>	Name DRIVER: <u>-</u>
IC No. DRIVER: <u>-</u>	IC No. DRIVER: <u>-</u>
DRIVER'S Contact & add: <u>-</u>	DRIVER'S Contact & add: <u>-</u>



CERTIFICATE OF INSURANCE

COMMERCIAL AUTOPLUS COMMERCIAL VEHICLE

Name of Policyholder : Carpentry Heng
 Period of Insurance : 18 Jan 2020 To 17 Jan 2021
 Engine No. : 1KD2575645
 Chassis No. : JTFAT35Y40K205649

Vehicle No. : G8E5794J
 Policy No. : 1800006281-02
 Endorsement No. :
 Issued Date : 26 Dec 2019

ABOUT THE COVER

Make/Model : TOYOTA DYNA 150 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/PAIF : Yes

Person or Classes of Persons Entitled to Drive*

or Any person who is driving on the Policyholder's order or with their permission.
 *This Policy will indemnify the Policyholder or any authorized driver only if he/she meets the specified age condition.

You have to pay an additional rate of \$3,200 for "Young and/or inexperienced Driver Excess" ("YED") if You are or Your Authorized Driver (named or unnamed) is under the age of 23 and/or has less than 3 years driving experience.

Age Condition : All Age Condition

Limitation as to use*

To use in connection with the Policyholder's business.

To limit for the carriage of passengers other than for hire or reward in connection with the Policyholder's business.

To limit 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 to use while driving a motor except the driving of anyone directed using a mechanically propelled vehicle, a use for any purpose or connection with Motor Trade.

* Limitation not subject to Section 4 of the Motor Vehicle (Third Party Rule and Compensation) Act (Cap. 188), Section 85 of the Road Transport Act, 1987 (Malaysia) and Road Transport (Amendment) Act 2018, which shall be included under these headings.

EXCESS

Section 1
 Fire - \$0; Own Damage - \$500; 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 the Authorized 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/A.G. Authorized Repairers, please contact our 24-hour roadside emergency hotline at 180 0348 8200. Alternatively, You may refer to AIG website www.aig.sg or AIG 50 Minute App. Sorry search and download "AIG 50 Minute App" on Google Play.

IMPORTANT NOTES

Has Purchase Company/Employer's Loan: HONG LEONG FINANCE LTD

We hereby certify that the policy is subject to the Certificate of Insurance related to Road Transport (Amendment) Act 2018 and Motor Vehicle (Third Party Rule and Compensation) Act (Cap. 188), Part IV of the Road Transport Act, 1987 (Malaysia), Road Transport (Amendment) Act 2018 and Motor Vehicle (Third Party Rule and Compensation) Act (Cap. 188), Part IV of the Road Transport Act, 1987 (Malaysia).

豐華保險專業公司

SUN HWA INSURANCE AGENCY

BLK 256 JURONG EAST ST 24

#01-383 SINGAPORE 600258

H/P: 9763 9933 TEL: 6560 6933

AIG Asia Pacific Insurance Pte. Ltd.

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010506003

SUN HWA INSURANCE AGENCY

BLK 256 JURONG EAST ST 24 #01-383

SINGAPORE 600258 SP-MARGARETONG

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

Wen Hong, Jason Tan

Revised Sun HWA 18/01/2020 (SUNHWA) (This 2418 20002) and H/L

AIG Asia Pacific Insurance Pte. Ltd.