

NATIONAL Assessment Centre Services.

Ref: 1 Jan 2001

NA 20042735

Date In: 20/01/2000 12:30	Job description	Date & Time Completed	Done by
Ref No: 180/1142000 528/1	SAS e-filing		
Veh No: 65-35712	E-mail (2 jobs 2hrs, AIC 2hrs)		
P.O.A: 1802/2000 16:00	I-Motor Claim Form		
TP: Reporting Only	I-Motor W/O (withlet: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whse		

Preferred Wksp / INC Assign Wksp / QW: (Tels:	Fax:
TP Hardcopy: (Veh No: FBL 1170	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 ()	

() Walk-In Customer : Customer's Information strictly Confidential & Strictly NO refer of reporter.

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

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

1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: ()

Sub: ()

Driver/Owner: ()

Contact No: ()

Damaged Portion: ()

QC Checked by (Engr-In-Charge): ()

NA 2002712	1) All: Accident Reporting (\$30)	INC (\$10)
	2) DA: Damage Assessment (\$100)	\$40/\$40
	3) TP: Towing Fee	\$120
	4) PT: Follow-Through Survey	\$30
	5) PT: Follow-Through Survey (Resurvey)	\$30
	Workholding against INC Only (over 10 Jan 2000)	
	6) TR: Re-inspection	\$75
	7) NI: New DA + EMRT Survey	\$160
	8) NIUC Additional Services	
	QW:	
	• NI: Courtesy Car / Tpt Allowance	\$3
	• NI: Repair Coordination	\$25
	• NI: Post Repair Inspection	\$3
	• NI: DV / Collect Records Coordination	\$25
	• NI: (411) TP (55-114) against INC	\$30
	2) NI: New Mobile	
Invoice dated	Fax Charged	
Invoice dated	Fax 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	20/04/2020 12:13
Date Of Accident	18/04/2020 16:00
Exact Location Of Accident	CLEMENTI AVENUE 6 TOWARDS PIE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBJ3477L
Insured/Policyholder	
Name Of Registered Owner	AMK INTEGRATED SERVICES PTE LTD
Co Reg No	2XXXXX849W
Email Address	HANCARREPAIRS@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97509603
Alternative Phone No	OFFICE-97509603

Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA 150 1.7 TON
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	1900081771-01
Cover Note Number	

Driver

Name of Driver	YEO BENG CHUAN
NRIC No	SXXXX105D
Date Of Birth	14/05/1960
Occupation	OUTDOOR
Date Of Driving Pass	11/06/1979
Driving Experience	40 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97509603
Fax Number	
Contact Number	OTHERS-97509603
EMail Address	HANCARREPAIRS@GMAIL.COM

Address	BLK 355 KANG CHING ROAD #03-17
Postcode	610355
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?	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)	2
Passenger 1	NAME: PASSENGER GENDER: MALE

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

PLEASE REFER TO SKETCH PLAN

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	FBL1117D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	YEO YU SONG
NRIC/Passport Number	SXXXX395F
Contact Number	83385767
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

SKETCH PLAN

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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.:

① GBJ 3477L
② FBL 1117D



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along Clementi Ave 6 towards PZ.

I slowed down and came to a complete stop before the give-way line to give way to oncoming traffic.

However, vehicle ② could not stop in time and hit onto my vehicle ①.

We alighted and exchanged particulars.

DECLARATION

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



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

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

1 MALR FAX

PERSONAL PARTICULARS

Date of Accident: 18/08/2020

Time of Accident: 4:00 PM (24Hrs)

Vehicle No: GBJ 3477L

Vehicle Make/Model: Toyota Dyna 150 1.7tn

Exact Location of Accident: Clementi Ave 6 Towards PIE

Owner's Name/NRIC: Amk Integrated Services Pte Ltd / 200400849W

Driver's Name/NRIC: Yeo Beng Chuan / S1430105D

Driver's Contact: 97509603

Insurance Co & Policy No: AIG 1900081771-01

Driver's Email Address: hincarrepairs@gmail.com

Relationship between Owner & Driver: Spouse/Children/Friend/Parents/Others specify: Company

What do you wish to claim (Please circle one only)

1) Own Insurance. 2) Other Vehicle (The one you want to claim against) 3) Reporting (For Recording Purposes)

Exact Purpose for which the vehicle was being used at time of accident? (Please circle one only)

Private Use / Work Purpose

Weather Condition & Road Conditions?

Clear & Dry / Raining & Wet / After-Rain & Wet / Drizzling & Wet

Occupation

Indoor / Outdoor

Any Injuries? (MC of 3 Days or more, police report is required)

Yes / No

If Yes, which police station? _____

The Other Party (Vehicle B) Details

Driver's Name/IC: Yeo Yu Song / 58801395F

Vehicle No: FBL1117D

Insurance Company: _____

Driver's Contact: 83385767

(If more than 2 vehicles involved, please indicate the other party vehicle numbers below)

Other Vehicle (Vehicle C): _____

Independent Witness (If Any): _____

Contact: _____

Preferred Workshop (If Any): _____

Contact: _____

* If no proper document are produced, IDAC should not file the report.

* Information will be discarded after one week.

COMMERCIAL AUTOPLUS COMMERCIAL VEHICLE

Name of Policyholder : AMK INTEGRATED SERVICES PTE LTD
Period of Insurance : 27 Mar 2020 To 26 Mar 2021
Engine No. : 1KD2846034
Chassis No. : JTFAT35YX0K212721

Vehicle No. : GBJ3477L
Policy No. : 1900081771-01
Endorsement No. :
Issued Date : 11 Mar 2020

ABOUT THE COVER

Make/Model : TOYOTA DYNA 150 1.7 ton [Lorry]

Engine Capacity/Tonnage : 1.7 Tonnage

Sum Insured : Market Value

First Year of Registration : 2019

Driver Restriction : NA

Off Peak Car : No

Insuring with COE/PAF : 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 5 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189), Section 95 of the Road Transport Act, 1987 (Malaysia) and Road Transport (Amendment) Act 2019, are not to be included under these headings.

EXCESS

Section 1

Fire - \$0 Own Damage - \$800 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.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: United Overseas Bank Limited

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), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0504641000

ASSURE INSURANCE AGENCY

29 KELANTAN ROAD #01-111 KELANTAN COURT
 SINGAPORE 200029

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

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