

NATIONAL Assessment Centre Services. [ver 1 Jan 05]

NA/2002900

Date In: 19/05/2020 09:39	Job description	Date & Time Completed	Done by
Ref No: NA/ATG 20005799/Y	SAS e-filing		
Veh No: GBS 1088P	E-mail (to John Blue, AIC 2hrs)		
DOA: 17/05/2020 04:30	I-Motor Claim Form		
OID: TP Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Whse		

Preferred Wkep / INC Assgn Wkep / QW: (Tel:	Fax:
TP Particulars:	Veh No: TRC 8166Z	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 repaler.		
() 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:	
Date/Time:	

NA/2002900	1) AR: Accident Reporting (\$30)	
Driver/Owner:	2) DA: Damage Assessment (\$100)	INC (\$10)
Contact No:	3) TP: Towing Fee	\$40/\$45
Damaged Portion:	4) PT: Follow-Through Survey	\$120
QC Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey)	\$30
	For claiming against INC Only (ver 10 Jan 2003)	
	6) TR: Re-inspection	\$75
	7) NI: Idas DA + SMRT Survey	\$160
	8) NTUC Additional Services:	
	ON:	
	• N5: Courtesy Car / Tpt Allowance	\$5
	• N6: Repairs Coordination	\$10
	• N7: Post Repair Inspection	\$25
	• N8: DV / Collect Excess Coordination	\$5
	TP (Nil) : TP (Non INC) against DRG	\$10
	9) N12: Idas Mobile	\$0
	Invoice dated	
	Invoice dated	
	Fee Charged	
	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	19/05/2020 09:39
Date Of Accident	17/05/2020 04:30
Exact Location Of Accident	PASIR PANJANG 11 WHOLESALE CENTRE B3
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBJ1088P
Insured/Policyholder	
Name Of Registered Owner	KEE KWEE HONG
NRIC No	SXXXX400H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90684519
Alternative Phone No	OTHERS-90684519

Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA 150
Exact Purpose for which vehicle was being used at time of accident	LORRY WAS PARKED
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	1900255608
Cover Note Number	

Driver

Name of Driver	KEE KWEE HONG
NRIC No	SXXXX400H
Date Of Birth	12/12/1961
Occupation	OUTDOOR
Date Of Driving Pass	08/01/1986
Driving Experience	34 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90684519
Fax Number	
Contact Number	OTHERS-90684519
EMail Address	NOEMAIL

Address	BLK 2 HOUGANG AVENUE 3 #03-284
Postcode	530002
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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)	0

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	TRC8166Z
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)	

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.

Kee
Policyholder's Signature
Date & Time:

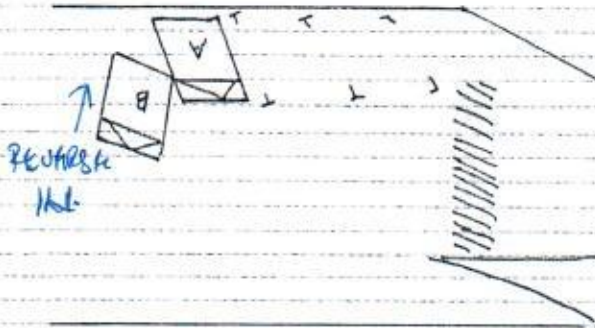
Kee
Driver's Signature
(If driver is not the policyholder)
Date & Time:

19/05/2020
Resat
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

Vehicle A - GBJ1088P

Vehicle B - TRC 8166Z



PAPIR PONTANGI WIDIA SAKA
CENTRA(B3)

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date and time, I, vehicle A (G8J1088P) was parked at the stated location. Suddenly, vehicle B (TRC 8166Z) reversed then collided onto the right portion of my vehicle causing damages.

DECLARATION

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

Kel
Policyholder's Signature
Date & Time:

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

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

NRIC/FIN No.:

Date of Accident : 17/05/2020 Accident Time: 0430hrs (24-HR-FORMAT)
 Accident Place : Pasir Panjang 11 Wholesale Centre B3
 Vehicle Reg. No (Car plate No.) : 4BJ1088P Vehicle Make/Model: Toyota Dyna 150
 Insurance Company : AIG Policy No. 1900255608
 Name of Registered Owner : Company / Individual Kee Kwee Hong
 ID of Registered Owner : Co Reg No: - Owner's NRIC No: S1512400H
 : Co Contact No: - Owner's Contact No: 9068 4519
 DRIVER'S Name : Kee Kwee Hong DRIVER'S NRIC No: S1512400H
 DRIVER'S Date of Birth : 12 Dec 1961 DRIVER'S License Pass Date 08 Jan 1986
 Relationship bet. Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Owner
 DRIVER'S Address : APT BLK 2 Hougang Avenue 3 #03-284 Singapore 530002
 DRIVER'S Contact No / Alt No. : 1) 9068 4519 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): 0 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: -
 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>TRC 8166Z</u>	Vehicle Reg No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name DRIVER: _____	Name DRIVER: _____
IC No. DRIVER: _____	IC No. DRIVER: _____
DRIVER'S Contact & add: _____	DRIVER'S Contact & add: _____

Other Party Driver's Particulars (if any)

Vehicle Reg No: _____	Vehicle Reg No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name DRIVER: _____	Name DRIVER: _____
IC No. DRIVER: _____	IC No. DRIVER: _____
DRIVER'S Contact & add: _____	DRIVER'S Contact & add: _____



CERTIFICATE OF INSURANCE

COMMERCIAL AUTOPLAN COMMERCIAL VEHICLE

Name of Policyholder : KEE KWEE HONG
Period of Insurance : 02 Jan 2020 To 01 Jan 2021
Engine No. : 1KD2836791
Chassis No. : JTFAT35Y90K212242

Vehicle No. : GBJ1088P
Policy No. : 1900255608
Endorsement No. :
Issued Date : 18 Dec 2019

ABOUT THE COVER

Make/Model : TOYOTA DYNA 150 1.8 ton [Lorry]
Engine Capacity/Tonnage : 1.8 Tonnage
Driver Restriction : NA
Sum Insured : Market Value
Off Peak Car : No
First Year of Registration : 2019
Insuring with COE/PAF : Yes

Person or Classes of Persons Entitled to Drive*

a) The Policyholder
b) Any other person who is driving on the Policyholder's order or with his/her permission.
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), Section 85 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)

KEE KWEE HONG - \$800 (Own Damage)

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

0504615000
COSMO INSURANCE AGENCY PTE LTD
210 TURF CLUB ROAD LOT A16, THE GRANDSTAND
SINGAPORE 287995
Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.
This computer generated document does not require a signature.

Cosmo Insurance Agency Pte Ltd