

NATIONAL Assessment Centre Services

[wef 1 Jan'05]

MAN 004983

Date In: 1/6/20-16-12	Job description	Date & Time Completed	Done by
Ref No: 119/11/20006196/24	SAS e-filing		
Veh No: 60508SC	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 4/6/20-15-20	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: Jmp107B

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

MAN 003159

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Pat. 1:

Pat. 2 / 3:

Invoice Preparation Checklist

Am't (\$)

Am't (\$)

Int Bill

Add Bill

- 1) AR: Accident Reporting (\$30);
- 2) DA: Damage Assessment (\$100); INC (\$80)
- 3) TF: Towing Fee \$40/\$45
- 4) FT: Follow-Through Survey \$120
- 5) FT: Follow-Through Survey (Resurvey) \$30
- 6) TR: Re-inspection \$75
- 7) N1: Idac DA + SMRT Survey \$160
- 8) NTUC Additional Services:-
- 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	05/06/2020 16:12
Date Of Accident	04/06/2020 13:30
Exact Location Of Accident	TAMPINES AVE 9 TWDS TAMPINES AVE 10
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBD5085C
Insured/Policyholder	
Name Of Registered Owner	INTEQ QUOTIENT PTE LTD
Co Reg No	2XXXXX471M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999

Vehicle Particulars

Manufacturer	TOYOTA
Model	TOYOTA HIACE VAN TURBO 5 DR MANUAL
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	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	2070066058
Cover Note Number	

Driver

Name of Driver	TAN THIAM LIONG
NRIC No	SXXXX411E
Date Of Birth	27/07/1970
Occupation	OUTDOOR
Date Of Driving Pass	22/06/1993
Driving Experience	26 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96932378
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	15 TAMPINES CENTRAL 7 #13-10
Postcode	528771
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	COLLISION - CHANGE/CROSS LANE
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?	YES
Remarks/ Reasons:	VIDEO FOOTAGE WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMP1207B
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)	

Accident Sketch Plan

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.

INTEQ QUOTIENT PTE LTD
(201113471M)

Oxley BizHub, 67 Ubi Road 1 #10-03
Singapore 408730

F [65] 6846 7162 F [65] 6846 7644

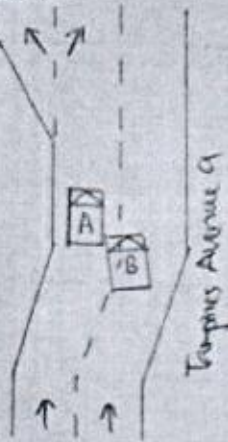
Policyholder's Signature
Date & Time:

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

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

Accident Sketch Plan

SKETCH PLAN



Veh A - EBD5085C
Veh B - SMP1207B

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On above date & time, I was driving my vehicle A (EBD5085C) traveling along Tampines Avenue 9 on left lane of a 2-lanes road. Somewhere before the junction of Tampines Avenue 6, I was driving in my lane suddenly vehicle B (SMP1207B) from my right fitted to my lane. As a result, the front left portion of vehicle B collided onto the right portion of my vehicle.

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:
NRC/PH No.:

Vehicle No.	GBD 5085C		Model / Make	Toyota Hrace
Date of Accident	4/6/2020			
Time of Accident	1330		HRS	
Location of Accident	Along Tampines Avenue 9 towards Tampines Avenue 10			
Exact purpose use during accident	Work			
Name of Owner	Inteq Quotient Pte Ltd			
Telephone No.	H/P :	Home :	Office :	
NRIC	201113471M			
Address	BLK 67 Ubi Road 1 #10-03 S(408730)			
Claim type	OD THIRD PARTY REPORTING ONLY			
Insurance Company	AIG			
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft	
Policy No.				
Name of Driver	As Above If No, Tan Thiam Liong			
NRIC	S7025411E		Any Passengers : -	
Date of birth	27/7/1970			
Occupation	Outdoor	/	Indoor	
Driving License Pass Date	22/6/1993			
Gender	Male / Female			
Contact No.	H/P :	9693 2378	Home :	Office :
Address	15 Tampines Central 7 #13-10 S(528771)			
Driver have any own vehicle	No, If yes, Reg No.			
Relationship	Employee, If no, state Owner			
Weather condition	Clear Raining Other			
Road Surface	Dry Wet Other			
Any Injuries	No, If Yes, Who?			
Name And Contact No.				
Name And Contact No.				
Police Report	No, If Yes, Where?			
Vehicle B No.	Any Passengers :			
Name of Driver	Contact No. :			
Vehicle C No.	Any Passengers :			
Vehicle D No.	Any Passengers :			
Vehicle E no.	CI Irene Any Passengers :			
Vehicle F No.	Any Passengers :			
Vehicle G No.	Any Passengers :			
Witness Name	Witness Contact :			
Accident Portion	Right portion			
Camera Recorder	Yes / No			
Email Address	THIAM.EMMY@GMAIL.COM			
PARTICULAR WORKSHOP	N-51 Automotive Pte Ltd			
CONTACT NO.	6842 0051 / 6744 0510			
CONTACT PERSON	Brandon			
FAX NO	6741 0510			
WORKSHOP Email ADDRESS	sales@n51.com.sg			



INTEQ QUOTIENT...



AIG

CERTIFICATE OF INSURANCE

COMMERCIAL AUTOPLUS COMMERCIAL VEHICLE

Name of Policyholder : INTEQ QUOTIENT PTE. LTD.
 Period of Insurance : 11 May 2020 To 10 May 2021
 Engine No. : 1KD2459088
 Chassis No. : JTFHT02P800153396

Vehicle No. : GBD5085C
 Policy No. : 2070066058
 Endorsement No. :
 Issued Date : 30 Apr 2020

ABOUT THE COVER

Make/Model : TOYOTA HIACE 1.1 ton [Van]
 Engine Capacity/Tonnage : 1.1 Tonnage Sum Insured : Market Value
 Driver Restriction : NA Off Peak Car : No First Year of Registration : 2014
 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 \$1,000 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 as use for hire or reward, driving tuition, driving test, racing, pace-making, reliability trial or speed-testing, and b) use whilst driving a motor 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 95 of the Road Transport Act, 1967 (Malaysia) and Road Transport (Amendment) Act 2018, 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 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: EFIZZIG CREDIT PTE 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 of the Road Transport Act, 1967 (Malaysia); Road Transport (Amendment) Act 2018 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0680464000
 NG SAY HANN

371 ALEXANDRA ROAD #12-31 AIA ALEXANDRA
 SINGAPORE 159963 SP-GOHBOCKSENG
 Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature

SAY HANN

78 Shenton Way #09-16 AIG Building 8079120 | T: +65 6819 2000 | www.aig.sg

AIG Asia Pacific Insurance Pte. Ltd.

24-HOUR AIG AUTO HOTLINE: +65 6338 6200

IMPORTANT: KEEP THIS DOCUMENT IN YOUR CAR AT ALL TIMES.