

NATIONAL Assessment Centre Services (Ref: 201001)

Date In: 09/06/20	Job description	Date & Time Completed	Done by
Ref No: NA/A1620006215/13	SAS e-filing		
Veh No: GBE89940	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 07/06/20 1040	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: 54X74 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

NA2003/09

Client's Particulars	Invoice Preparation Checklist	Amo (\$)	Amo (\$)
Driver/Owner:		Est. Bill	Add Bill
Contact No:	1) AR: Accident Reporting (\$30);		
Damaged Portion:	2) DA: Damage Assessment (\$100); INC (\$50)		
QC Checked by (Engr-In-Charge):	3) TF: Towing Fee \$40/\$45		
Auditors' Comments:	4) FT: Follow-Through Survey \$120		
Est. 1:	5) FT: Follow-Through Survey (Resurvey) \$30		
Est. 2/3:	6) TR: Re-inspection \$75		
	7) NI: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	ON:		
	*N5: Courtesy Car / Tpl Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: 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	09/06/2020 14:34
Date Of Accident	07/06/2020 10:40
Exact Location Of Accident	HAIG ROAD LOADING & UNLOADING BAY
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE8994D
<b>Insured/Policyholder</b>	
Name Of Registered Owner	HENG SOON HAK
NRIC No	SXXXX958C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97518305
Alternative Phone No	OTHERS-91272210

### Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA
Exact Purpose for which vehicle was being used at time of accident	LOADING & UNLOADING
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
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	2100462194-04
Cover Note Number	

### Driver

Name of Driver	HENG SOON CHUANG
NRIC No	SXXXX413Z
Date Of Birth	30/12/1960
Occupation	OUTDOOR
Date Of Driving Pass	14/03/1980
Driving Experience	40 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91272210
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 185B RIVERVALE CRESCENT #16-117
Postcode	542185
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SIBLING
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)	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

PLS REFER TO THE ATTACHED 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	SGX7Y
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)	

## 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:

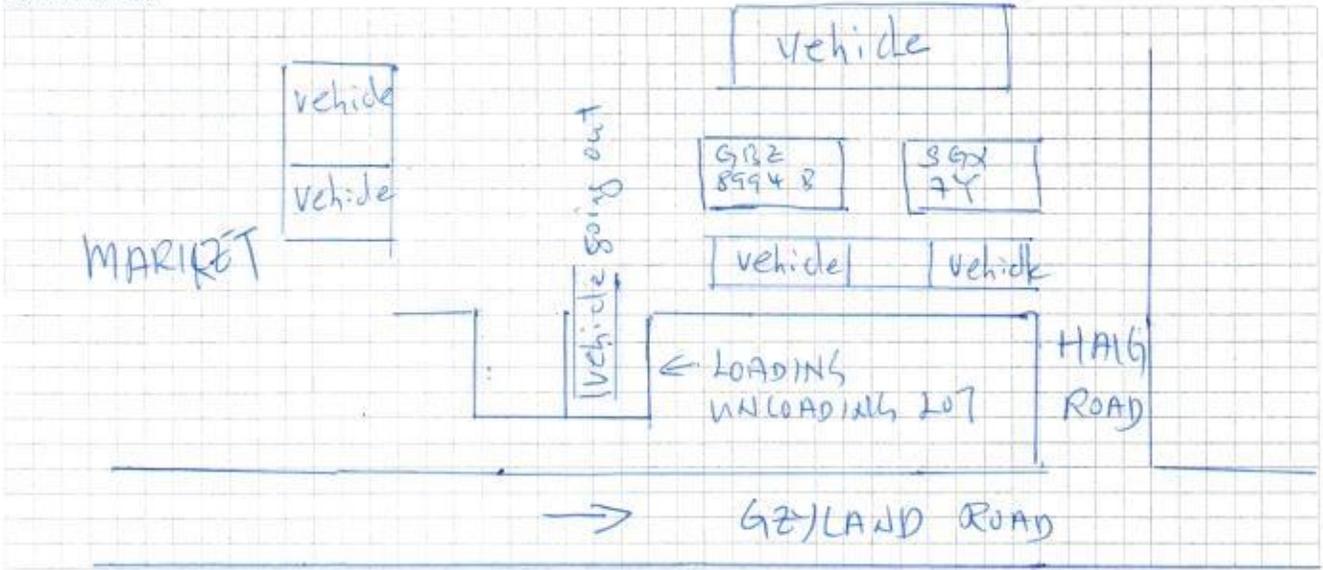
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.

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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

One 070620 Sunday I am going back to the markets to do the loading/unloading of Seaford. For two lots for loading/unloading was occupy and I have to wait for vehicle to going out. Both side was park numbers of vehicle. The driver of SGX 7Y vehicle is parking behind me waiting for some body. When the vehicle at the loading/unloading is going out and I had saw the vehicle SGX 7Y also moving. I had slowly let the torry more backward n suddenly I feel and stop. I saw the torry had touch the vehicle SGX 7Y and she was talking to some body. The damage of the vehicle is slightly but she claim to change to hold back cover. as such we had to make a insurance report.

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:

 09/06/20  
 Reporting Centre Personnel's Signature  
 Name:  
 NRIC/FIN No.:

Roslinda.

### ACCIDENT STATEMENT

ACCIDENT DATE: (07, 06, 20) (DD/MM/YYYY), TIME: (10:40) (HH:MM)

LOCATION: HALG ROAD ROAD/UNLOADING BAY

**1. DETAILS OF VEHICLE**

- a) VEHICLE NUMBER: GBZ 8994B
- b) INSURANCE COMPANY: ALG
- c) POLICY NUMBER: 2100462194-04
- d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
- e) MAKE & MODEL: TOYOTA DYNA 1500 2-TON
- f) TYPE: (SATON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
- g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
- h) PURPOSE OF USING AT ACCIDENT TIME: LOADING UNLOADING
- 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: HENG SOON HAIK (MALE / FEMALE)
- B) NRIC/FIN/PASSPORT: S1674958C CONTACT: 9778305
- C) ADDRESS: B1K 484 #06-369 PASIR RIS CRT SINGAPORE 510484

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

**DRIVER**

- a) NAME: HENG SOON CHUANH (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: S145341312 CONTACT: 91272210
- c) ADDRESS: B1K 185B #16-117 RIVERVALE CRESCENT SINGAPORE 542185

\*d) DATE OF BIRTH: (30/12/60) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 40 Year +

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: BROTHER

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS Clear)

b) ROAD SURFACE: (DRY / WET / OTHERS DRY)

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: S6X 7Y MODEL: \_\_\_\_\_
- b) DRIVER'S NAME: Ms Zwalyn TAY
- c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 96211175

**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) ( )

\*No of passenger (including driver) ( )

Email =

fax =

VIDEO = Na

**COMMERCIAL AUTOPLUS COMMERCIAL VEHICLE**

**Name of Policyholder** : Heng Soon Hak  
**Period of Insurance** : 21 Apr 2020 To 20 Apr 2021  
**Engine No.** : 1KD2592B41  
**Chassis No.** : JTFAT35Y80K206187

**Vehicle No.** : GBE8994D  
**Policy No.** : 2100462194-04  
**Endorsement No.** :  
**Issued Date** : 10 Mar 2020

**ABOUT THE COVER**

**Make/Model** : TOYOTA DYNA 1500 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/PARF** : 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" ("YIDER") 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 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)**

Heng Soon Hak - \$800 (Own Damage)

**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 See Aigert'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 50 Mobile App. Simply search and download "AIG 50" from iTunes or Google Play.

**IMPORTANT NOTES**

**Hire Purchase Company/Employer's Loan:** HONG LEONG FINANCE 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 IV of the Road Transport Act, 1987 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0502901000  
**NG AI KIANG VICTOR**  
44 MENARONG,  
SINGAPORE 577451 SP-HBL  
Underwritten by **AIG Asia Pacific Insurance Pte. Ltd.**

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

AI KIANG VICTOR NE

**24-HOUR AIG AUTO HOTLINE: +65 6338 6200**

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

**What can the 24-hour AIG Auto Emergency Hotline provide for you?**

- Immediate assistance after an accident
- Emergency breakdown service
- Towing service (accident or non-accident related)
- Advice on Motor Claims procedures
- Medical Referral Assistance

**If no one is injured in the accident:**

- You are not required to make any police report.
- Record vehicle number, name and address, insurance company and policy number of the other driver(s) and vehicle(s).
- Collect details (name, address and contact number) of witnesses and/or try to take photographs of the scene of the accident.
- Report the accident to us with your accident vehicle (whether damaged or not) via our approved reporting centres or authorised repairers within 24 hours or the next working day of the accident.

**If the accident involves injuries or damage to government property & vehicles, foreign registered vehicles or non-injury hit & run case:**

- Report the accident to the police, providing full details of the circumstances of the accident.
- Record vehicle number, name and address, insurance company and policy number of the other driver(s) and vehicle(s), if applicable.
- Collect details (name, address and contact number) of witnesses and/or try to take photographs of the scene of the accident.
- Report the accident to us with your accident vehicle (whether damaged or not) via our approved reporting centres or authorised repairers within 24 hours or the next working day of the accident.

**What should I do in the event of an accident?**

- Keep calm and move your car to a safe place.
- Do not admit or discuss fault or blame with the other party(ies).
- Report the accident to us with your accident vehicle (whether damaged or not) via our approved reporting centres or authorised repairers within 24 hours or the next working day of the accident.
- Submit Writ/Summons/Correspondences from third party(ies) to AIG immediately.