

# NATIONAL Assessment Centre Services.

Part 1 J2005

NA20053837

Date In: 23/06/2020 17:26	Job description	Date & Time Completed	Done by
Ref No: NPA/NG/20006602/4	SAS e-filing		
Veh No: GPH 2411	E-mail (Update status, AIO this)		
O.O.A: 22/06/2020 12:30	I-Motor Claim Form		
OID: TP Reporting Only	I-Motor W/O (Within OD this, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Whse		

Preferred Whse / INC Assign Whse / QW: (	Tel:	Fax:
TP Particulars:	Veh No: SMQ 741B	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 repair.

( ) 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 > \$9000) ( )		

Injury: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

NA20053838	1) AIT: Accident Reporting (\$30)	INC (\$10)
Driver/Owner:	2) DA: Damage Assessment (\$100)	\$40/\$5
Contact No:	3) TP: Towing Fee	\$120
Damage Portion:	4) PT: Follow-Through Survey	\$30
QC Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey)	\$30
	Paralel parking assist INC Duty (over 10 km 2005)	\$75
	6) TR: Re-inspection	\$160
	7) NI: IDAD + SMPT Survey	
	8) IFUG: Additional Services	
	OID:	\$3
	*NS: Courtesy Car / Tpt Allowance	\$10
	*NS: Mobile Coordination	\$25
	*NS: Post Repair Inspection	\$3
	*NS: DV / Collect Excess Coordination	\$25
	TP (NU) / TP (NS) INC against INC	\$0
	2) NI: IDAD Mobile	
	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	23/06/2020 17:26
Date Of Accident	22/06/2020 12:30
Exact Location Of Accident	TAMPINES MALL BASEMENT 2 CARPARK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH2411T
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ELTEAN AGENCIES PTE LTD
Co Reg No	-
Email Address	ENQUIRIES@ELTEAN-SG.COM
Mobile Phone No	(LOCAL) +65-91034721
Alternative Phone No	OFFICE-62730816

### Vehicle Particulars

Manufacturer	NISSAN
Model	NV200
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	1800032701-02
Cover Note Number	

### Driver

Name of Driver	ABDUL RASHID BIN BABA
NRIC No	SXXXX372C
Date Of Birth	01/12/1961
Occupation	OUTDOOR
Date Of Driving Pass	21/06/2004
Driving Experience	16 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91034721
Fax Number	
Contact Number	OFFICE-62730816
Email Address	ENQUIRIES@ELTEAN-SG.COM



Address	BLK 76 TELOK BLANGAH DRIVE #04-252
Postcode	100076
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	SIDE SWIPE
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

PLEASE REFER TO SKETCH PLAN (TYPE OF COLLISION IS TP REVERSE AND HIT INSURED)

#### 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	SMQ741B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHEW HWEE CHENG
NRIC/Passport Number	SXXXXX360A
Contact Number	91540022
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

## SKETCH PLAN

### IMPORTANT NOTICE

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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.

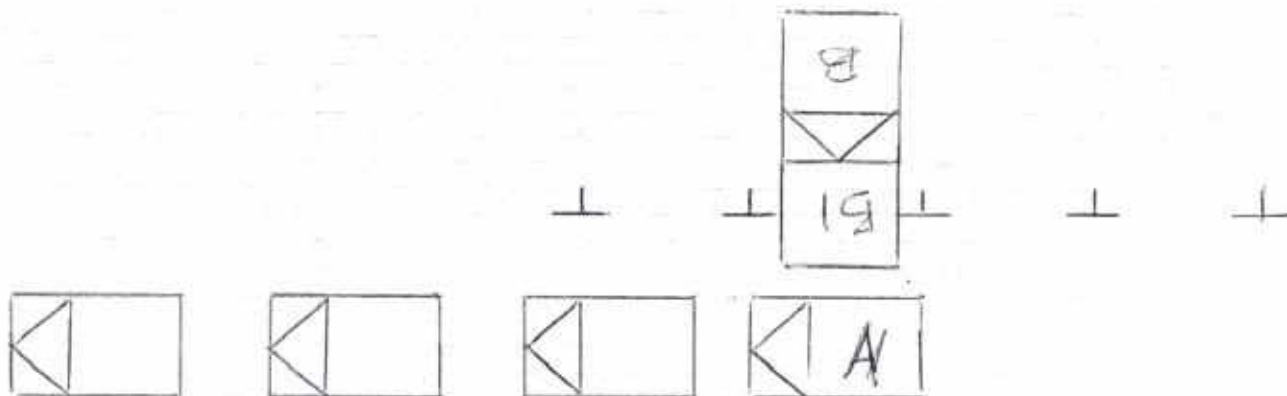


Policyholder's Signature  
Date & Time:

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

23/06/2020  
Reporting Centre Personnel's Signature  
Name: Rosé Lim  
NRIC/FIN No.:

SKETCH PLAN



A) GBH 2411T

B) SMQ 741B

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was queing to exit the mall car park. Traffic was heavy. Suddenly a car which was parked in a lot suddenly speed out from the lot and bang onto the side of my van.

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:  
NRIC/FIN No.:

23/06/2020

Res. 11/11/2020



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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 22/6/2020  
Date Of Accident 22/6/2020 12-30am  
Exact Location Of Accident Tampines Mall Basement 2  
Country/State of Loss

### DETAILS OF OWN VEHICLE

Vehicle Registration Number 6134 2411T  
Insured/Policyholder  
Name Of Registered Owner ELTEAM AGENCIES P/L  
Co Reg No  
Email Address enquires @ elteam-sg.com  
Mobile Phone No 62730816  
Alternative Phone No  
Vehicle Particulars  
Manufacturer NS  
Model NV200  
Exact Purpose for which vehicle was being used at time of accident delivery  
Are you claiming under your own insurance policy for repair to your vehicle? TP  
If No, Please state action to be taken  
Vehicle Category  
Insurance Company  
Name of Insurance Company AIG  
Type Of Coverage  
Fleet Policy  
Policy Number 180032701-02  
Cover Note Number  
Driver ABDEL RAHMAN Bin BABA  
Name of Driver  
NRIC No S1463372C  
Date Of Birth 1/12/1961  
Occupation Driver  
Date Of Driving Pass 21/6/2014  
Driving Experience  
Gender  
Mobile Number 91034721  
Fax Number  
Contact Number  
Email Address

Address

Postcode

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

TP Reverse x bang

Weather Conditions

Road Surface

Other Information

Was any foreign vehicle involved in this accident?

Was any body injured in the Accident?

Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN

Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

NO

Remarks/ Reasons:

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SMQ 7413

Vehicle Make/Model/Colour

Details Of Properties

Name of Driver

CHEW HUI CHENG

NRIC/Passport Number

S 7116360A

Contact Number

91540022

Address

Postcode

604 Carnoustie Drive Greenville  
North Carolina USA

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

3 per (mother/son) Daughter.

Details of Witness

Name

Phone Number

Email Address

# CERTIFICATE OF INSURANCE

**NAME OF POLICYHOLDER :** ELTEAN AGENCIES PTE LTD  
**Period of Insurance :** 29 Mar 2020 To 28 Mar 2021  
**Engine No. :** K9KE628D410289  
**Chassis No. :** VSKYBAM20Z0156300

**Vehicle No. :** GBH2411T  
**Policy No. :** 1800032701-02  
**Endorsement No. :**  
**Issued Date :** 19 Mar 2020

## ABOUT THE COVER

**Make/Model :** NISSAN NV 200

**Engine Capacity/Tonnage :** 0.6 Tonnage

**Driver Restriction :** NA

**Sum Insured :** Market Value

**Off Peak Car :** No

**First Year of Registration :** 2018

**Insuring with COE/PARE :** Yes

**Person or Classes of Persons Entitled to Drive\* :**

as any person who is driving on the Policyholder's order or with their permission.

as the 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" ("VIDR") if You are or Your Authorised Driver (named or unnamed) is under the age of 21 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 if use whilst driving a trailer except the towing of any one disabled using a mechanically propelled vehicle, c) use for any purpose in connection with Motor Trade.

**Losses (1 Use (7 Days) Commercial Auto**

\* Limitations imposed (inspired by Section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 183), Section 95 of the Road Transport Act, 1967 (Malaysia) and Road Transport (Amendment) Act 2019, are not to be included under these headings.

## EXCESS

**Section 1**

**Fire - \$0; Own Damage - \$350; 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)

1. Tan Chong Motor Sales Add: 913 B, Timah Road Singapore 599623 64694091 64694092 64694093

2. Accusafe Insurance Add: 18 Ubi Road 4 Singapore 408633 64609966

3. TC AutoCare Add: 25 Ling Kee Road Singapore 139097 67036511 67036512 67036513

4. TC AutoCare Add: No 1, Sengkang Road Singapore 628595 62822312

5. Tan Chong Motor Sales Add: 17 Lor 8 Tan Pagar Singapore 318264 63570753 63570754

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](http://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:** NA

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. 183), Part 12 of the Road Transport Act, 1967 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

CS00810156

TAN CHONG CREDIT PTE LTD-LTP

913 BUKIT TIMAH ROAD TAN CHONG MOTOR CENTRE

SINGAPORE 599623 ANSR-MOTOR

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

**AIG Asia Pacific Insurance Pte. Ltd.**

This computer generated document does not require a signature.

349-004-0001 (m)