

# NATIONAL Assessment Centre Services. [ver 1 Jan 2003] MUA 2000 70443

|                           |   |                       |         |
|---------------------------|---|-----------------------|---------|
| Date In: 18/08/2000 16:20 | Job description                           | Date & Time Completed | Done by |
| Ref No: NBA/MG20008637/4  | SAS e-filing                              |                       |         |
| Veh No: GBE 5866E         | E-mail (E-judge sheet, AIC sheet)         |                       |         |
| D.O.A: 17/08/2000 14:10   | I-Motor Claims Form                       |                       |         |
| OD / TP: Reporting Only   | I-Motor W/O (Within: OD 2hrs, TP 4hrs)    |                       |         |
| TP Insurer:               | I-Photo Uploaded                          |                       |         |
|                           | Assessment/Survey Report                  |                       |         |
|                           | Ass't Report by Fax / Hand to Owner/Whist |                       |         |

|  |  |                 |
|--|--|-----------------|
| Preferred Wreck / INC Assign Wreck / QW: (   | Tel:   | Fax:            |
| TP Particulars: Vch No: XE531Z   | 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 raparor. |  |                 |
| ( ) 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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

|                                 |   |             |
|---------------------------------|---|-------------|
| Driver/Owner:                   | 1) AIT: Accident Reporting (\$30)               |             |
| Contact No:                     | 2) DA: Damage Assessment (\$100)                | INC (\$10)  |
| Managed Portion:                | 3) TP: Towing Fee                               | \$40/\$45   |
| IC Checked by (Engr-In-Charge): | 4) PT: Follow-Through Survey                    | \$120       |
|                                 | 5) PT: Follow-Through Survey (Resurvey)         | \$10        |
|                                 | For claiming against INC Only (ver 10 Jan 2003) |             |
|                                 | 6) TR: Re-inspection                            | \$75        |
|                                 | 7) NI: Idea DA + SMRT Survey                    | \$160       |
|                                 | 8) NTUC Additional Services:                    |             |
|                                 | ON:   |             |
|                                 | *NS: Courtesy Car / Tpl Allowance               | \$5         |
|                                 | *NS: Repairs Co-ordination                      | \$10        |
|                                 | *NI: Post Repair Inspection                     | \$25        |
|                                 | *ND: DV / Collect Excess Co-ordination          | \$5         |
|                                 | TP (NI) / TP (INC) against INC                  | \$10        |
|                                 | 5) NI: Idea 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             | 18/08/2020 16:20                     |
| Date Of Accident           | 17/08/2020 14:10                     |
| Exact Location Of Accident | 30 CASHEW ROAD LOADING/UNLOADING BAY |
| Country/State of Loss      | SINGAPORE                            |

### DETAILS OF OWN VEHICLE

|                             |                        |
|-----------------------------|------------------------|
| Vehicle Registration Number | GBF5866E               |
| <b>Insured/Policyholder</b> |                        |
| Name Of Registered Owner    | HORME HARDWARE PTE LTD |
| Co Reg No                   | 2XXXXX640D             |
| Email Address               | NOEMAIL                |
| Mobile Phone No             | (LOCAL) +65-87486360   |
| Alternative Phone No        | OFFICE-87486360        |

### Vehicle Particulars

|  |                    |
|--|--------------------|
| Manufacturer   | TOYOTA             |
| Model  | DYNA 150D          |
| 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             | 2100496729-03                        |
| Cover Note Number         |                                      |

### Driver

|                      |                       |
|----------------------|-----------------------|
| Name of Driver       | ABU HASSAN BIN AHMAD  |
| NRIC No              | SXXXX966G             |
| Date Of Birth        | 30/05/1979            |
| Occupation           | OUTDOOR               |
| Date Of Driving Pass | 21/08/2015            |
| Driving Experience   | 4 YEARS AND 11 MONTHS |
| Gender               | MALE                  |
| Mobile Number        | (LOCAL) +65-87486360  |
| Fax Number           |                       |
| Contact Number       | OTHERS-87486360       |
| Email Address        | NOEMAIL               |



|   |  |
|---|--|
| Address   | BLK 313 JURONG EAST STREET 32<br>#03-215 |
| Postcode  | 600313                                   |
| 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   | HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED |
| Weather Conditions | AFTER RAIN                                      |
| Road Surface       | WET   |

#### 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         | XE531Z             |
| Vehicle Make/Model/Colour           |                    |
| Details Of Properties               |                    |
| Vehicle Category                    | COMMERCIAL VEHICLE |
| Name of Driver                      | LOW KEN HON        |
| NRIC/Passport Number                | SXXXX406E          |
| Contact Number                      | 84989742           |
| 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.:



Date of Accident : 17/08/2020 Accident Time: 2.10 PM (24-HR-FORMAT)  
Accident Place : 30 cashew Road loading/unloading (ASSUMPTION Pathway, School  
Vehicle Reg. No (Car plate No.) : GBF 5866E  
Vehicle Make/Model : Toyota Dyna  
Insurance Company : AIG Policy No. 2100496729-03  
Owner or Company Names /IC NO: Home Hardware Pte Ltd 201226660D  
Owner or Company Contact No. : \_\_\_\_\_ Owner's HP \_\_\_\_\_ Company Tel \_\_\_\_\_  
DRIVER'S Name & IC no. : Abu Hassan Bin Ahmad / 57914966G  
DRIVER'S Date of Birth : 30/05/1979 DRIVER'S License Pass Date \_\_\_\_\_  
Relationship bet. Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Employee  
DRIVER'S Address : 81K 313 Jorong East Street 32 #03-215 (S) 600713  
DRIVER'S Contact No / Alt No. : 1) 8748 6360 2) \_\_\_\_\_  
DRIVER'S Occupation : INDOOR OUTDOOR (eg. working inside or outside of an ofc) driver  
Email Address : \_\_\_\_\_  
Weather & Road Surface : CLEAR & DRY \ RAINING & WET AFTER RAIN & WET  
Reporting Type : Reporting Only Claim Other Party Claim Own Ins  
Number of Passengers (including Driver): 0  
Was there any video Captured by car camera: YES (NO)  
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: XE 531Z

Vehicle Reg No: \_\_\_\_\_

Vehicle Make/Model: \_\_\_\_\_

Vehicle Make/Model: \_\_\_\_\_

Name DRIVER: Low Ken Hon

Name DRIVER: \_\_\_\_\_

IC No. DRIVER: 56815406E

IC NO. DRIVER: \_\_\_\_\_

DRIVER'S Contact & add: 84989742

DRIVER'S Contact & add: \_\_\_\_\_



# CERTIFICATE OF INSURANCE

## COMMERCIAL AUTOPLUS COMMERCIAL VEHICLE

Name of Policyholder : Home Hardware Pte Ltd  
Period of Insurance : 06 Jan 2020 To 05 Jan 2021  
Engine No. : 1KD2675925  
Chassis No. : JTFAT35Y10K207360

Vehicle No. : GBF5866E  
Policy No. : 2100496729-03  
Endorsement No. :  
Issued Date : 30 Dec 2019

### ABOUT THE COVER

Make/Model : TOYOTA DYNA 150D 2 ton [Lorry]  
Engine Capacity/Tonnage : 2 Tonnage  
Driver Restriction : NA  
Sum Insured : Market Value  
Off Peak Car : No  
First Year of Registration : 2017  
Insuring with COE/PAFF : 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 imperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189), Section 86 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 Authorized 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 Authorized Repairers, please contact our 24-hour accident emergency hotline at +65 9338 8200. 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: 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).

0550532000

MULTI-LINES AGENCIES

AIG BUILDING 78 SHENTON WAY #07-15

SINGAPORE 079120 AYS-NNLIFE

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

Photo: La Toi