

# NATIONAL Assessment Centre Services.

(ver 1 Jan 200)

2/10/2020 11:42

Date In: 15/10/2020 11:42  
Ref No: NAB/ATG200/11817  
Veh No: SKA 2654A  
O.O.A: 14/10/2020 13:15

Job description

Date & Time Completed

Done by

OD: TP Reporting Only

TP Insurer:

Assessment/Survey Report

Ass'l Report by Fax/Hand to Owner/Witness

Preferred Wreck / INC Ass'n: Wreck / OW: (

Tel:

Fax:

TP Particulars:

Veh No:

GBG 9564.4

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 > \$3000) ( )

Injury:

NAB2005480

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

1) All Assessment Reporting (\$30)	INC (\$10)
2) DA1 Damage Assessment (\$100)	\$40/45
3) TP1 Towing Fee	\$120
4) PT1 Follow-Through Survey	\$30
5) PT1 Follow-Through Survey (Resurvey)	\$30
6) PT1 Follow-Through Survey (Resurvey) Parallel to DA1 INC Only (ver 10 Jan 200)	\$70
7) TR1 Re-inspection	\$100
8) NRUC Additional Services	
9) NRUC Additional Services	
10) NRUC Additional Services	
11) NRUC Additional Services	
12) NRUC Additional Services	
13) NRUC Additional Services	
14) NRUC Additional Services	
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25) NRUC Additional Services	
26) NRUC Additional Services	
27) NRUC Additional Services	
28) NRUC Additional Services	
29) NRUC Additional Services	
30) NRUC Additional Services	

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	15/10/2020 11:42
Date Of Accident	14/10/2020 13:15
Exact Location Of Accident	ALONG BUONA VISTA (AYE)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKA2654P
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SINGAPORE G&C OVERSEAS I&C PTE LTD
Co Reg No	2XXXXX252W
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-84683961
Alternative Phone No	OFFICE-84683961

### Vehicle Particulars

Manufacturer	TOYOTA
Model	ESTIMA-2.4 (A)
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	2100379313-06
Cover Note Number	

### Driver

Name of Driver	YOU HAO
NRIC No	SXXXX095Z
Date Of Birth	04/07/1985
Occupation	OUTDOOR
Date Of Driving Pass	31/12/2014
Driving Experience	5 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84683961
Fax Number	
Contact Number	OTHERS-84683961

Address 17 FERNVALE CLOSE  
#19-29  
Postcode 797478  
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 CHAIN COLLISION  
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 3  
Was any body injured in the Accident? YES  
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) 2  
Passenger 1  
NAME: LIU DUAN  
GENDER: MALE

#### 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 GBG9564U  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category COMMERCIAL VEHICLE  
Name of Driver MR. LEONG  
NRIC/Passport Number  
Contact Number 86848716  
Address  
Postcode  
Insurance Company Name

No. Of Passenger (Including Driver)

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SLT2412J  
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)

#### DETAILS OF INJURED PERSON 1

Name YOU HAO  
Approximate Age  
Injuries Sustain BODY PAIN  
Injured person in which vehicle? SKA2654P  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

#### DETAILS OF INJURED PERSON 2

Name LIU DUAN  
Approximate Age  
Injuries Sustain BODY PAIN  
Injured person in which vehicle? SKA2654P  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode



## SKETCH PLAN

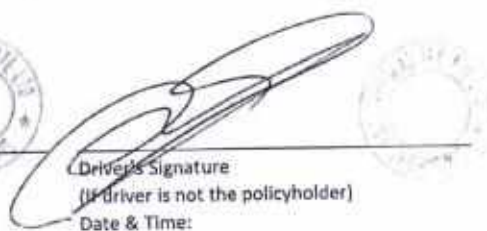
### IMPORTANT NOTICE

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.

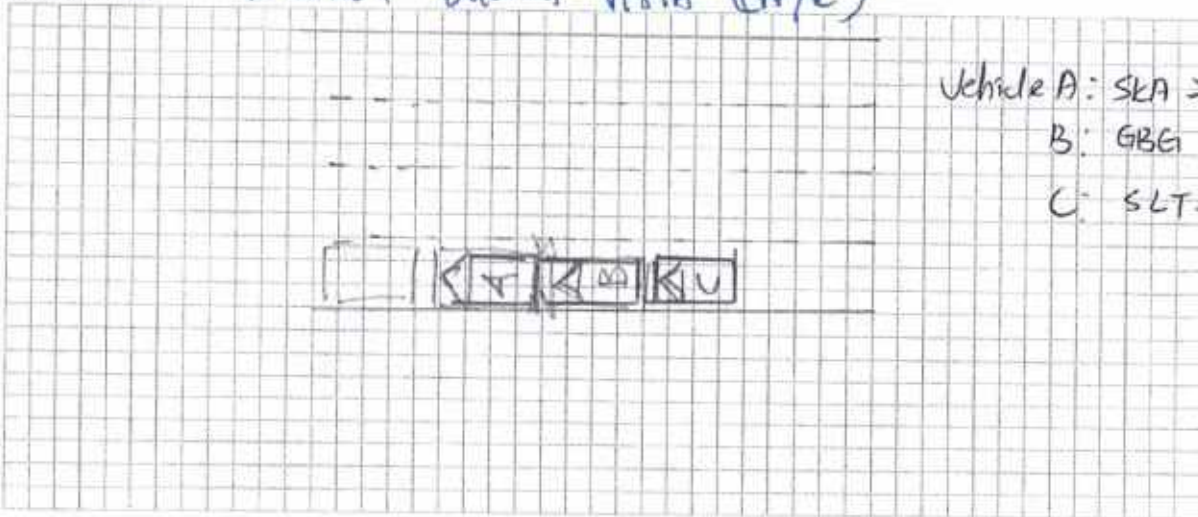
  
Policyholder's Signature  
Date & Time:

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

  
Reporting Centre Personnel's Signature  
Name: Ref 2  
NRIC/FIN No.:

SKETCH PLAN

Along Buena Vista (AYE)



Vehicle A: SKA 2654P  
B: GBE 9564 U  
C: SLT2412J

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along Buena Vista (AYE). Weather was clear, traffic was heavy. The vehicle in front slowed down and stopped. Noticing that, I also slowed down and came to a halt. Suddenly, I felt a great impact from the rear. I alighted and realized it was a chain collision involved 3 vehicle. I was the first 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:  
NRIC/FIN No.:



## SINGAPORE ACCIDENT STATEMENT

ACCIDENT DATE: 14 OCT 2020	TIME: 1315 HRS	(hh:mm) 24 hrs Format
LOCATION: BUONA VISTA CAYE		
VEHICLE NUMBER: SKA 2654P		
INSURED NAME: SINGAPORE G&C OVERSEAS I&C PTE LTD		
NRIC / FIN: 200917252 W	CONTACT: 84683961	
MAKE: TOYOTA	MODEL: ESTIMA	
Are you claiming under your own insurance policy for repair to your vehicle?		
( ) Yes, If No, Pls Select: ( <input checked="" type="checkbox"/> ) Third Party ( ) Reporting Only		
INSURANCE COMPANY: AIG		
TYPE OF POLICY ( <input checked="" type="checkbox"/> ) COMPREHENSIVE ( ) THIRD PARTY ( ) TPFT		
POLICY NUMBER: 2100379313-06		
NAME DRIVER: YOU HAO ( ) SAME AS INSURED		
NRIC / FIN: 58564095 Z	CONTACT: 84683961	
DATE OF BIRTH: 64.07.1985		
DRIVING PASS DATE: 31.12.2014		
OCCUPATION: ( ) INDOOR ( <input checked="" type="checkbox"/> ) OUTDOOR		
GENDER: ( <input checked="" type="checkbox"/> ) MALE ( ) FEMALE		
EMAIL ADDRESS:	( <input checked="" type="checkbox"/> ) NO EMAIL	
ADDRESS OF DRIVER: 17 FERNVALE CLOSE #19-39 SINGAPORE 797478		
Number Of Passenger Include Driver: DRIVER WITH ONE PASSENGER		
( LIV DUAN ) (CM)		
Was driver an employee of the Insured's Company? ( <input checked="" type="checkbox"/> ) YES ( ) NO		
If No, Relationship Of The Driver With The Insured		
( ) Owner ( ) Spouse ( ) Friend ( ) Relative ( ) Children ( ) Sibling ( ) Others		
Does The Driver Own Any Other Vehicle? : ( ) Yes ( <input checked="" type="checkbox"/> ) No		
If Yes, Vehicle Registration Number Of Driver's Own Vehicle:		
Insurance Company Of Driver's Own Vehicle		
Weather Conditions: ( <input checked="" type="checkbox"/> ) Clear ( ) Raining ( ) Drizzling ( ) Other		
Road Surface : ( <input checked="" type="checkbox"/> ) Dry ( ) Wet ( ) Other		
Was Any Foreign Vehicle Involved In This Accident? ( ) YES ( <input checked="" type="checkbox"/> ) NO		
Was Anybody Injured In The Accident? ( <input checked="" type="checkbox"/> ) YES ( ) NO		
If YES, Injured details: LIV DUAN (Body) (CM)		
YOU HAO (Body) (CM)		
Convey By Ambulance: ( ) YES ( <input checked="" type="checkbox"/> ) NO		
Was There Any Video Capture By Car Camera? ( ) YES ( <input checked="" type="checkbox"/> ) NO		
Was There Accident Reported To The Police? ( ) YES ( <input checked="" type="checkbox"/> ) NO If Yes Attach Police Report		
Police Report Number (if any)		
Details Of 3rd Party	Name/NRIC	No.of Paxs (incl'driver)
Veh B 6BG 9564 U	Mr. Leong	( ) / Not Sure ( <input checked="" type="checkbox"/> )
Veh C SLT 2412 J		( ) / Not Sure ( <input checked="" type="checkbox"/> )
Veh D		( ) / Not Sure ( )
Veh E		( ) / Not Sure ( )
Veh F		( ) / Not Sure ( )
		Contact 8684 5716



# CERTIFICATE OF INSURANCE

## AUTOPLUS PRIVATE VEHICLE

Name of Policyholder : Singapore G&C Overseas I&C Pte Ltd  
Period of Insurance : 08 Aug 2020 To 07 Aug 2021  
Engine No. : 2AZC486104  
Chassis No. : ACR500079850

Vehicle No. : SKA2654P  
Policy No. : 2100379313-06  
Endorsement No. :  
Issued Date : 06 Aug 2020

### ABOUT THE COVER

Make/Model : TOYOTA ESTIMA 2.4 G

Engine Capacity/Tonnage : 2,362.00 CC

Driver Restriction : NA

Sum Insured : Market Value

Off Peak Car : No

First Year of Registration : 2011

Insuring with COE/PAFF : Yes

Person or Classes of Persons Entitled to Drive\* :

Any person who is driving on the Policyholder's order or with their 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 "Inexperienced Driver Excess" ("IDR") if You are at Your Authorised Driver (named or unnamed) has less than 2 years' driving experience.

Age Condition : 30 years old and above

Mileage Condition : Unlimited Mileage

Limitation as to use\* :

Use only for social, domestic and pleasure purposes and for the Policyholder's business. This Policy does not cover use for hire or reward, driving tuition, driving test, racing, pace-making, reliability trial or speed testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with Motor Trade.

Loss of Use 1500cc - 1600cc Optional

\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 180), Section 55 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 - \$600 Theft - \$0 Flood Cover - \$600

Section 2

Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

Singapore G&C Overseas I&C PTE LTD - \$500 (Own Damage), \$600 (Flood Cover)

### APPROVED REPORTING CENTRES/AUTHORISED REPAIRERS (FOR CLAIMS RELATED REPAIRS)

Approved Reporting Centres/ AIG 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](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

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. 180), Part IV of the Road Transport Act, 1987 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0002935000

CHEN CHEOW KEONG JOHN

371 ALEXANDRA ROAD #06-14 AIA ALEXANDRA

SINGAPORE 159963 SP-JOHNCHEN CML

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

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