

NATIONAL Assessment Centre Services

Date In: 11/01/21	Job description	Date & Time Completed	Done by
Ref No. NA/AIG21000467/13	SAS e-filing		
Veh No: GBJ1025X	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 09/01/21 1705	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: EJ8689M	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

Claimant's Particulars:	Invoice Preparation Checklist		Am't (\$)	Am't (\$)
	1) AR: Accident Reporting (\$30);		Inc Bill	Add Bill
	2) DA: Damage Assessment (\$100); INC (\$30)			
	3) TF: Towing Fee \$40/\$45			
	4) FT: Follow-Through Survey \$120			
	5) FT: Follow-Through Survey (Resurvey) \$30			
	For claiming against INC Only (wef 10 Jan 2005)			
	6) TR: Re-inspection \$75			
	7) NI: Idap DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
Driver/Owner:	QC Checked by (Engr-In-Charge):	ON:		
Contact No:		*N5: Courtesy Car / Tp Allowance	\$5	
Damaged Portion:		*N6: Repair Co-ordination	\$10	
		*N7: Post Repair Inspection	\$25	
		*N8: DV / Collect Excess Coordination	\$5	
Auditors' Comments:		TP (N11): TP (Non INC) against INC	\$20	
Cal. 1:		9) N12: Idap Mobile	\$0	
Cal. 2 / 3:		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 Submission	11/01/2021 18:12 (SGT)
Date of Accident	09/01/2021 17:05 (SGT)
Exact Location of Accident	Upper Serangoon Rd, Singapore
Additional Location Information	SLIP RD INTO SERANGOON AVE 2
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBJ1025X
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	LIM YAN HWEE TRADING PTE LTD
Company Reg No	2XXXXX144R
Email Address	edmond065@gmail.com
Mobile Phone No	(Phone) +65-63820158
Alternative Phone No	+65-63820158

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Dyna
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle

INSURANCE COMPANY

Name of Insurance Company	AIG
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	2070178302
Cover Note Number	-

DRIVER

Name of Driver	YANG KOR KEE
NRIC No	SXXXX133C

Date Of Driving Pass	17/01/1980
Driving experience	41 YEARS
Gender	Male
Mobile Number	(Phone) +65-97812155
Alt. Phone Number	-
Email Address	edmond065@gmail.com
Address	BLK 130 KIM TIAN ROAD
Address complement	#04-149
Postcode	160130
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Head to Rear
Weather Conditions	AFT RAINING
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
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	EJ8889M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-

Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person YANG KOR KEE
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained NECK
Injured person in which vehicle? GBJ1025X
Were seat belts worn? Yes
Was this injured conveyed to hospital by ambulance? No

SKETCH PLAN


IMPORTANT NOTICE


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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:

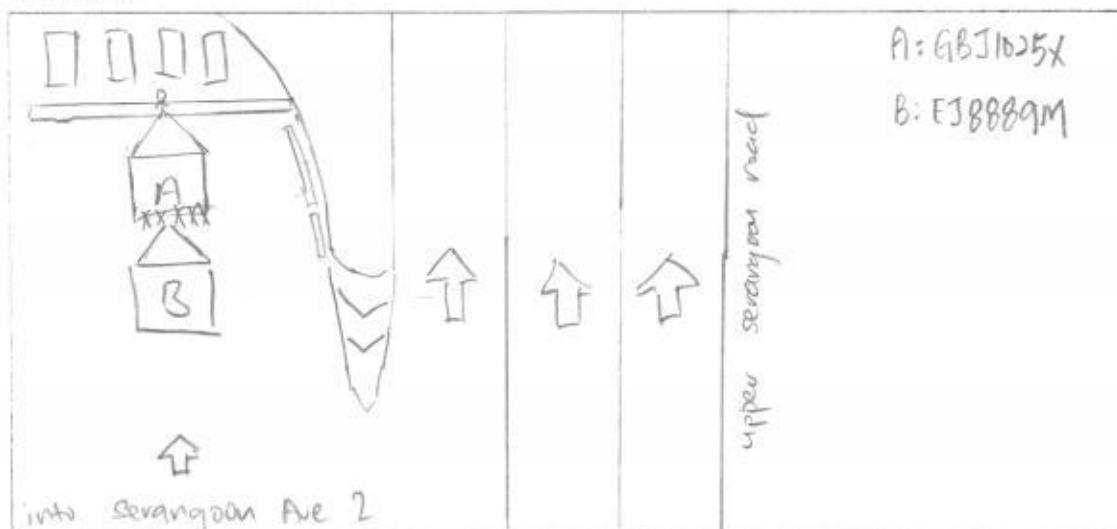
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

 11/01/21
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As I was approaching into the slip road
from Upper Serangoon Road into Serangoon Ave 2.
I stopped my vehicle to give way to the pedestrian.
Suddenly after stopping for about 20 seconds.
I felt a huge impact from the rear of
my car.
I then alighted my vehicle and the person
who bang my vehicle came and apologise to me
I felt extremely uncomfortable at my
neck area.

DECLARATION

I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature
Date & Time:

[Signature]

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

[Signature] 11/6/21

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

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : SNO92113000F Vehicle Registration No: GBJ1025X
Name(as shown in NRIC) : YANG KOR KEE NRIC/FIN/Passport No : SXXXX133C
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : 3CK 130 KIM TIAN RD #04-149 Singapore(160130)
Contact (Tel) : _____ Mobile No. : 97812155
Email Address : _____
Date of Accident : 09/01/21 Time of Accident : 17:05
Place of Accident : URP SERANJUN RD SCIA RD INFO SERANJUN AUG 2
Insurance Company: AIG

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

AMEND EMAIL ADDRESS

Policyholder / Driver's Signature
Date:

2/Jan 13/01/21
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date:

VEHICLE NO: <u>G1B51025X</u>		MAKE & MODEL: <u>Toyota Dyna</u>		AUTO / <u>MANUAL</u>	
DATE OF ACCIDENT		<u>09 / 01 / 2021</u>		C.C. <u>1982</u>	
TIME OF ACCIDENT		<u>17:05</u>		AM / <u>PM</u>	
LOCATION OF ACCIDENT		<u>Slip road off UPPER SERANGOON ROAD into Serangoon Ave 2</u>			
EXACT PURPOSE USED AT TIME OF ACCIDENT		<u>EMPLOYMENT</u> / PRIVATE USE / PRIVATE HIRE			
NAME OF OWNER		<u>Lim Yan Hwee Trading Pte Ltd</u>		Email: <u>edmond665@gmail.com</u>	
TELP NO		Mobile:		Office: <u>6382-0158</u> Home:	
NRIC		<u>201220144R</u>			
CLAIM TYPE		OD / <u>THIRD PARTY</u> / REPORTING ONLY			
FLEET POLICY		YES / <u>NO</u> ?			
INSURANCE CO.		<u>AG</u>			
TYPE OF COVERAGE		<u>Comprehensive</u> / Third Party / Third Party Fire & Theft			
POLICY NO.		<u>2020178302</u>			
NAME OF DRIVER		AS ABOVE / IF NO: <u>Yang Kor Kee</u>			
NRIC		<u>S1530133C</u>			
DATE OF BIRTH		<u>22 / 05 / 1962</u>			
ANY PASSENGER		YES / <u>NO</u> :			
NAME OF PASSENGER		<u>NIL</u>			
GENDER OF PASSENGER		MALE / FEMALE			
OCCUPATION		<u>Outdoor</u> / Indoor			
DATE OF DRIVING PASS		<u>17 / JAN / 1980</u>			
GENDER		<u>Male</u> / Female			
CONTACT NO		Mobile: <u>97812155</u>		Office: Home: <u>6962 0718</u>	
EMAIL		<u>edmond665@gmail.com</u>			
ADDRESS		<u>130 KIM TIAN ROAD #04-149 S(160130)</u>			
DOES DRIVER OWN OTHER VEHICLES?		NO / If yes: Reg No. <u>INSURER.</u>			
RELATIONSHIP		Employee / If No:			
WEATHER CONDITION		Clear / Raining / Other: <u>After raining</u>			
ROAD SURFACE		Dry / <u>Wet</u> / Other:			
ANY INJURIES		No / If yes: <u>Who? Yang Kor Kee</u>			
CONTACT NO.					
POLICE REPORT		No / If yes: Where?			
NOTICE OF INTENDED PROSECUTION GIVEN?		NO / IF YES, WHO?			
VEHICLE B NO.		<u>EJ8889M</u> Any Passenger: <u>NIL</u>			
NAME					
CONTACT NO.					
VEHICLE C NO.		Any Passenger:			
VEHICLE D NO.		Any Passenger:			
VEHICLE E NO.		Any Passenger:			
VEHICLE F NO.		Any Passenger:			
ANY WITNESS					
WITNESS CONTACT NO.					
WAS THERE ANY VIDEO CAPTURE?		YES / <u>NO</u>			
WAS THERE ANY AUDIO RECORDED?		YES / <u>NO</u>			
SCENE ACCIDENT PHOTOS TAKEN?		YES / <u>NO</u>			
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?		YES / <u>NO</u>			

I authorized Paya Ubi IDAC
to email the GIA Report to
New Hock Teck Motor Pte Ltd

NEW HOCK TECK MOTOR PTE LTD

Email: admin@nhtmotor.com / yunli@nhtmotor.com

Tel: 6747 9241

COMMERCIAL AUTOPLUS COMMERCIAL VEHICLE

Name of Policyholder : LIM YAN HWEE TRADING PTE LTD
Period of Insurance : 01 Jan 2021 To 31 Dec 2021
Engine No. : 1KD2837120
Chassis No. : JTFAT35Y70K212272

Vehicle No. : GBJ1025X
Policy No. : 2070178302
Endorsement No. :
Issued Date : 26 Dec 2020

ABOUT THE COVER

Make/Model : TOYOTA DYNA 150 1.7 ton (Lorry)
Engine Capacity/Tonnage : 1.7 Tonnage
Driver Restriction : NA
Sum Insured :
Market Value :
Off Peak Car : No
First Year of Registration : 2019
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 age condition.

You have to pay an additional sum of \$1,500 as "Young and/or Inexperienced Driver Excess" ("YOR") if you are our Authorized Driver (named or unnamed), 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 passengers (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 an use for hire or reward, driving battery, driving test, racing, public racing, reliability trial or speed testing, and by use when drawing a trailer except the towing of a mechanically propelled vehicle. 4. Use for any purpose in connection with Motor Trade.

Loss Of Use (7 Days) Commercial Auto

* Limitations rendered inoperative by Section 4 of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 189), Section 45 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 : \$0

Section 2

Property Damage : \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

Tang Rui Kee : \$600 (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 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/Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6 338 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 : ETHOZ Group 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).

0691045000

TAY SIOK CHOO

371 ALEXANDRA ROAD #09-23 AIA ALEXANDRA

SINGAPORE 159963 SP-TANYONGKWANG-WEAL THARKCREAT

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

NOR CHIOI TAY

78 Shenton Way #09-16 AIG Building 5079120 | T +65 6419 3000 | 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.