

NATIONAL Assessment Centre Services. Part 1 Jobs

SM 0921210009

Date In: 11/2/21 17:20	Job description	Date & Time Completed	Done by
Ref No: NAI AIG 21091520/h4	SAS e-mailing		
Veh No: GBF 6489D	E-mail (within 3hrs, AIC 2hrs)		
ETA: 30/11/21 15:00	I-Motor Claims Form		
OT: <input checked="" type="checkbox"/> 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/Wksp		

Preferred Wksp / INC Assgn Wksp / QW: () Tel: () Fax: ()

TP Particulars: Veh No: **SGF 9660X** INC () / Non-INC () Tel: ()

Owner / Driver: () Cover Type: ()

Policy No: () Period: () Date: () Time: ()

Confirmed by: ()

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 ()

() Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repoler.

() 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: _____

Date of Survey: _____

NA 2101281

Driver/Owner:	1) AR: Accident Reporting (\$30)	30
Contact No:	2) DA: Damage Assessment (\$100)	INC (\$80)
Damaged Portion:	3) TP: Towing Fee	\$40/\$45
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey	\$120
Warrantors' Comments:	5) FT: Follow-Through Survey (Resurvey)	\$30
Date 1:	For claimant against INC Only (wa 10 Jan 2009)	
Date 2:	6) TR: Re-inspection	\$75
	7) NI: Idao DA + EMRT Survey	\$160
	8) NTUC Additional Services:	
	OD:	
	*N5: Courtesy Car / Tpt Allowance	\$5
	*N6: Repair Co-ordination	\$10
	*N7: Post Repair Inspection	\$25
	*N8: DV / Collect Excess Coordination	\$5
	TP (N11): TP (N/A 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 Submission 01/02/2021 17:20 (SGT)
Date of Accident 30/01/2021 15:00 (SGT)
Exact Location of Accident 896 Tampines Street 81, Block 896, Singapore 520896
Additional Location Information CARPARK LOT 17
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBF6489D

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner CRASHER SERVICES
Company Reg No 5XXXX767M
Email Address BRYANBENG24@GMAIL.COM
Mobile Phone No (Phone) +65-98516488
Alternative Phone No +65-98516488

VEHICLE PARTICULARS

Manufacturer Toyota
Model Hiace
Variant -
Exact purpose for which vehicle was being used at time of accident Private use
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 2070178099
Cover Note Number -

DRIVER

Name of Driver GWEE YU WEE CORNELIUS
NRIC No SXXXX415C
Date Of Birth 07/10/1980
Occupation Outdoor

Date Of Driving Pass
 Driving experience
 Gender
 Mobile Number
 Alt. Phone Number
 Email Address
 Address
 Address complement
 Postcode
 Is the driver the policyholder?
 If No, Relationship of the Driver with the Insured
 Does Driver Own Other Vehicles?
 Vehicle Registration Number of Other Vehicle Owned by Driver
 Insurance Company of Other Vehicle Owned by Driver

23/07/2014
 6 YEARS AND 6 MONTHS
 Male
 (Phone) +65-98516488
 -
 BRYANBENG24@GMAIL.COM
 BLK 896 TAMPINES ST 81 #06-884
 -
 520896
 No
 Other
 No
 -
 -

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident
 Weather Conditions
 Road Surface

Hit and run / Vandalism / Damaged whilst parked
 Clear
 Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?
 Number of vehicles involved in the accident
 Was anybody injured in the Accident?
 Was any injured conveyed to hospital by ambulance?
 Was any other material or property damaged?
 Number of Passengers (Including Driver)
 Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?

No
 2
 No
 -
 Yes
 0
 No

DETAILS OF POLICE ACTION

Was the accident reported to the police?
 Was notice of intended Prosecution given?
 If yes, against whom?

No
 No
 -

CIRCUMSTANCES OF ACCIDENT

REFER TO STATEMENT.

ATTACHMENT(S)

Are accident photos available for attachment?
 Was there any video captured by Car Camera?
 Was there any audio recorded?

Yes
 Yes
 No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number
 Vehicle Manufacturer
 Vehicle Model
 Vehicle Variant
 Vehicle Colour
 Vehicle Category
 Name of Driver
 Contact Number
 Address
 Address complement
 Postcode
 Insurance Company Name

SGF9660X
 -
 -
 -
 Private car
 -
 -
 -
 -
 -
 -

Nature Of Damage -
Details of property damaged in accident -
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 willful 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 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.
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.

CRASHER SERVICES
REG NO. 53321767M

June 30/01/2021

[Signature]

Policyholder's Signature / Date & Time

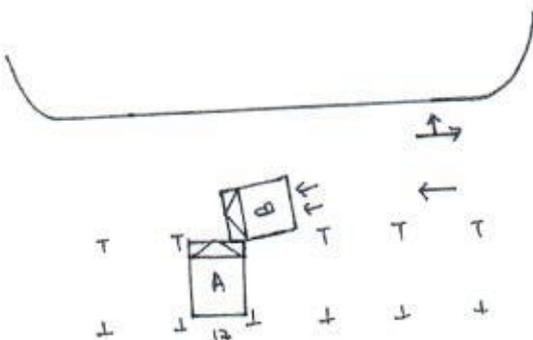
Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan

Blk 896 Tampines Street 81 Car Park Lot 17

Vehicle A - G8F6489D
Vehicle B - S6F9660X



Describe Circumstances of the Accident

On the stated date at around 1100hrs, I, vehicle A (GDF 64890) was parked at the stated location at Lot 17. At about 1500hrs, my neighbour saw vehicle B (SGF9660X) collided onto the front right portion of my vehicle. He then went to my house and told me ^{about} the accident. I went down to my vehicle to check the damages, the driver came to me and ^{we} changed the particular.

Declaration

We declare the foregoing particulars are true in every respect.

RASHER SERVICES
REG NO. 53321767M

[Signature] 30/01/2021

[Signature]

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel



CERTIFICATE OF INSURANCE

COMMERCIAL AUTOPLUS COMMERCIAL VEHICLE

Name of Policyholder : Crasher Services
 Period of Insurance : 24 Jan 2021 To 23 Jan 2022
 Engine No. : 1KD2610926
 Chassis No. : KDH2015022089

Vehicle No. : GBF6489D
 Policy No. : 2070178099
 Endorsement No. :
 Issued Date : 12 Jan 2021

ABOUT THE COVER

Make/Model : TOYOTA HIACE VAN 1.5 ton [Van]
 Engine Capacity/Tonnage : 1.5 Tonnage
 Driver Restriction : NA
 Person or Classes of Persons Entitled to Drive* :

Sum Insured : Market Value
 Off Peak Car : No
 First Year of Registration : 2017
 Insuring with COE/PARF : Yes

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.

Loss Of Use (7 Days) Commercial Auto

* 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 - \$600 Theft - \$0 Flood Cover - \$0

Section 2
 Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

Gwee Yu Wee Cornelius - \$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 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 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. 189), Part IV of the Road Transport Act, 1987 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

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

0502263000
 SAFE HARBOUR ASSURANCE AGENCY
 BLK 208 HOUGANG ST 21 #04-207
 SINGAPORE 530208
 Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

Puay Khoo Goh

AIG Asia Pacific Insurance Pte. Ltd.

Date of Accident : 30/01/2020 Accident Time: 1500hrs (24-HR-FORMAT)

Accident Place : Blk 896 Tampines Street #1 Car Park Lot 17

Vehicle Reg. No (Car plate No.) : GBF6489D Vehicle Make/Model: Toyota Hiace

Insurance Company : AIG Policy No. 2070178099

Name of Registered Owner : Company Individual Crasher Services

ID of Registered Owner : Co Reg No: 53321767M Owner's NRIC No: -

: Co Contact No: 9851 6488 Owner's Contact No: -

DRIVER'S Name : Annee Yu Wee Cornelius DRIVER'S NRIC No: S8030416C
(Wei Yu Wee)

DRIVER'S Date of Birth : 07 Oct 1980 DRIVER'S License Pass Date 23 Jul 2014

Relationship bet. Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Director

DRIVER'S Address : APT Blk 896 Tampines Street #1 #06-884 Singapore 520896

DRIVER'S Contact No./ Alt No. : 1) 9851 6488 2) -

DRIVER'S Occupation : INDOOR (OUTDOOR) (eg. working inside or outside of an ofc)

Email Address : bryanberg24@gmail.com

Weather & Road Surface : CLEAR & DRY, RAINING & WET \ AFTER RAIN & WET

Reporting Type : Reporting Only (Claim Other Party) Claim Own Insurance

Number of Passengers (including Driver): 0 Passenger Name: - Gender: M/F

Was the accident reported to the police? YES \ NO Passenger Name: - Gender: M/F

Was there any video Captured by car camera: YES \ NO Any Injuries: YES / NO Injured Name: -

Injured Name: -

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: <u>SGF 9660X</u>	Vehicle Reg No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name DRIVER: _____	Name DRIVER: _____
IC No. DRIVER: _____	IC No. DRIVER: _____
DRIVER'S Contact & add: _____	DRIVER'S Contact & add: _____

Other Party Driver's Particulars (if any)

Vehicle Reg No: _____	Vehicle Reg No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name DRIVER: _____	Name DRIVER: _____
IC No. DRIVER: _____	IC No. DRIVER: _____
DRIVER'S Contact & add: _____	DRIVER'S Contact & add: _____