

# NATIONAL Assessment Centre Services

Date In: 20/03/21	Job description	Date & Time Completed	Done by
Ref No: NA/AIG/1003637/13	SAS e-filing		
Veh No: GBC9197A	E-mail (within 8hrs, A/C 2hrs)		
D.O.A: 19/03/21 1500	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: SLM9408M	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

NA2103403	<b>Invoice Preparation Checklist</b>	Amt (\$) 1st Bill	Amt (\$) Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
	5) RT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
QC Checked by (Engr-In-Charge):	OP*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
Auditors' Comments:-	*N8: DV / Collect Excess Coordination \$5		
Cat. 1:	TP (N11): TP (Non INC) against INC \$20		
Cat. 2 / 3:	9) N12: Idac Mobile 30		
	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	20/03/2021 16:42 (SGT)
Date of Accident	19/03/2021 15:00 (SGT)
Exact Location of Accident	Grange Rd, Singapore
Additional Location Information	TWDS ORCHARD BLVD
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBK9197A
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#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SH PLUMBING & JETTING PTE LTD
Company Reg No	2XXXXXX153M
Email Address	SAMYSHECPL@GMAIL.COM
Mobile Phone No	(Phone) +65-67841024
Alternative Phone No	(Office) +65-67841024

#### 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
Transmission	Manual
CC	1800

#### INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	-
Cover Note Number	7210006888

#### DRIVER

Name of Driver	GANESAN SATHIYASUNDARAM
Passport No/FIN	GXXXX140M

Date Of Birth	09/07/1984
Occupation	Outdoor
Date Of Driving Pass	19/09/2019
Driving experience	1 YEAR AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90114312
Alt. Phone Number	-
Email Address	SAMYSHECPL@GMAIL.COM
Address	BLK 9012 TAMPINES ST 93
Address complement	#04-181
Postcode	528845
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	Side Swipe
Weather Conditions	Clear
Road Surface	Dry

#### 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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

#### PASSENGER 1

Name	RAJENDREN THARMASEELAN
Gender	Male

#### 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	SLM9408M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

Name of Driver .....	-
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
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.
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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 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.

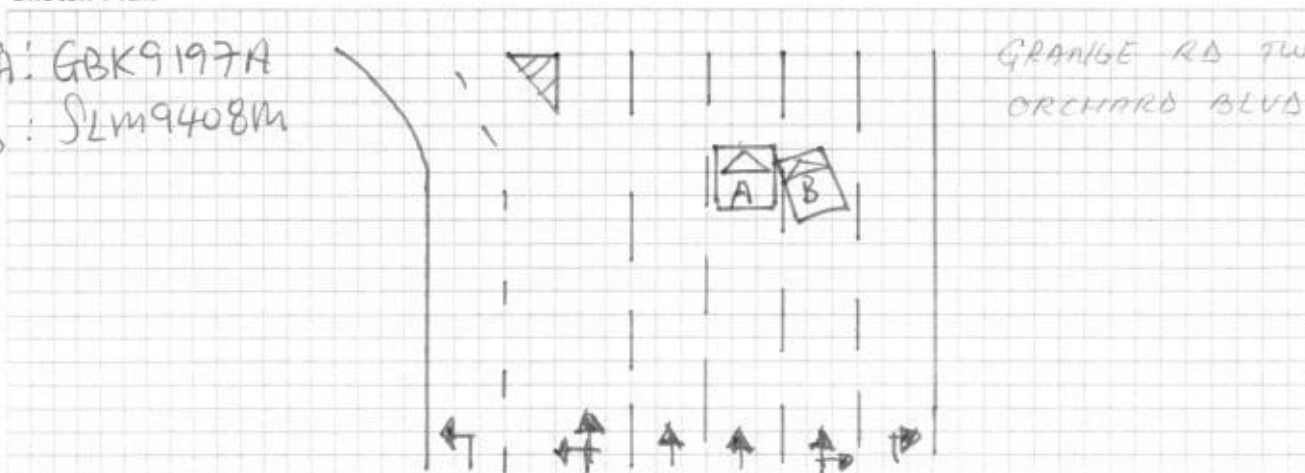
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

### Sketch Plan

Wh A: GBK9197A  
Wh B: SLM9408M



Describe Circumstances of the Accident

Handwritten notes in the accident description area:

1. Preface

10

Attached

Declaration

We declare the foregoing particulars are true in every respect.

★ Sunny 19/03/21

Policyholder's Signature / Date & Time



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

Sunny 20/03/21

Witnessed by Reporting Centre Personnel

ON THE STATED DATE AND TIME. I , VEHICLE A (GBK9197A) WAS TRAVELLING STRAIGHT ON THE STATED VENUE. SUDDENLY VEHICLE B (SLM9408M) CUT INTO MY LANE AND COLLIDED ONTO MY VEHICLE RIGHT PORTION. AFTER I ALIGHTED I REALISE THAT MY CAR WAS DAMAGE FROM THE FRONT RIGHT ALL THE WAY TO THE REAR RIGHT.

**VEHICLE A : GBK9197A**

**VEHICLE B : SLM9408M**



Date of Accident : 19/3/2021 Accident Time: 15:00hr (24-HR-Format)  
 Accident Place : Grange Rd towards Orchard Blvd  
 Vehicle No. (Car Plate No.) : GBK 9197A Make/Model: Toyota Dyna  
 Insurance Company : \_\_\_\_\_ Policy No: \_\_\_\_\_  
 Owner or Company Name /IC No. : \_\_\_\_\_  
 Owner or Company Contact No. : 9126 5164 Owner's Hp 6784 1024 Company Tel \_\_\_\_\_  
 DRIVER'S Name / IC No. : Ganesan Sathiyasundaram (G8398140m)  
 DRIVER'S Date Of Birth : 9 Jun 1984 DRIVER'S License Pass Date 19 Sep 2019  
 Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: \_\_\_\_\_  
 DRIVER'S Address : Blk 9012 Tampines St 93 #04-181 (S) 628845  
 DRIVER'S Contact No./ Alt No. : 1) 9011 4312 2) \_\_\_\_\_  
 DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)  
 Email Address : Samyshecp@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): 02  
 Was the accident reported to the police? YES \ NO  
 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  
 Any Injury (If YES, Pls state): \_\_\_\_\_

**Other Party Driver's Particular (if any)**

Vehicle No: <u>SLM 9408 m</u>	Vehicle No: _____
Vehicle Make\Model: _____	Vehicle Make\Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver/Contact: _____	IC No. Driver/Contact: _____

**\* NEW - Passenger's name & gender:**

1 Rajendren Tharmaseelan (M)



## COMMERCIAL AUTOPLUS COMMERCIAL VEHICLE

The following risk described on this Cover Note is hereby HELD COVERED on the terms and conditions of the policy issued to the Policyholder.

**Name of Policyholder** : SH PLUMBING & JETTING PTE LTD  
**Period of Insurance** : 21 Jan 2021 to 20 Jan 2022  
**Engine No.** : 1KDB068812  
**Chasis No.** : JTFAT35Y80K216265

**Vehicle No.** : 48K9197A  
**Cover Note No.** : 7210006888  
**Endorsement No.** :  
**Issued Date** : 21 Jan 2021

## ABOUT THE COVER

**Make/Model** : TOYOTA DYNA 150 1.8 ton [Lorry]  
**Engine Capacity/Tonnage** : 1.8 Tonnage **Sum Insured** : Market Value **First Year of Registration** : 2021  
**Driver Restriction** : NA **Off Peak Car** : No **Insuring with COE/PARF** : 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.

**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) and Section 95 of the Road Transport Act, 1987 (Malaysia). 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)

## 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](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

If you do not receive your Certificate of Insurance and policy documents within 30 days from the inception date stated on this cover note, please contact AIG immediately.  
 I/We hereby certify that this Cover Note 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) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia). For Corporate Policies, this Cover Note is valid for 60 days from the commencement date of the period of insurance.

0504641000

ASSURE INSURANCE AGENCY

29 KELANTAN ROAD #01-111 KELANTAN COURT

SINGAPORE 200029

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

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

This computer generated document does not require a signature.

Assure Insurance Agency Pte Ltd