

NATIONAL Assessment Centre Services

Date In: 25/03/21	Job description	Date & Time Completed	Done by
Ref No: NA/A1421003837/13	SAS e-filing		
Veh No: GBG1233C	E-mail (within 8hrs. AIC 2hrs)		
D.O.A: 24/02/21 0830	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: S459978L	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

NA2102481	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
		1st Bill	Add Bill
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);		
	2) DA : Damage Assessment (\$100); INC (\$80)		
Driver/Owner:	3) TF : Towing Fee \$40/\$45		
	4) FT : Follow-Through Survey \$120		
Contact No:	5) RT : Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
Damaged Portion:	6) TR : Re-inspection \$75		
	7) N1 : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
QC Checked by (Engr-In-Charge):	OD*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
Auditors' Comments :-	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
Cat. 1:	TP (N11) : TP (Non INC) against INC \$20		
	9) N12: Idac Mobile 30		
Cat. 2 / 3:	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

Date Of Birth	20/03/1987
Occupation	Indoor
Date Of Driving Pass	17/01/2020
Driving experience	1 YEAR AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97786495
Alt. Phone Number	-
Email Address	HIAPGIAP_18@SINGNET.COM.SG
Address	19 DEFU LANE 10
Address complement	#01-308 DEFU IND ESTATE
Postcode	539200
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 - Change/cross lane
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	TAN HOU NGUAN
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	SGS9978L
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.
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 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.

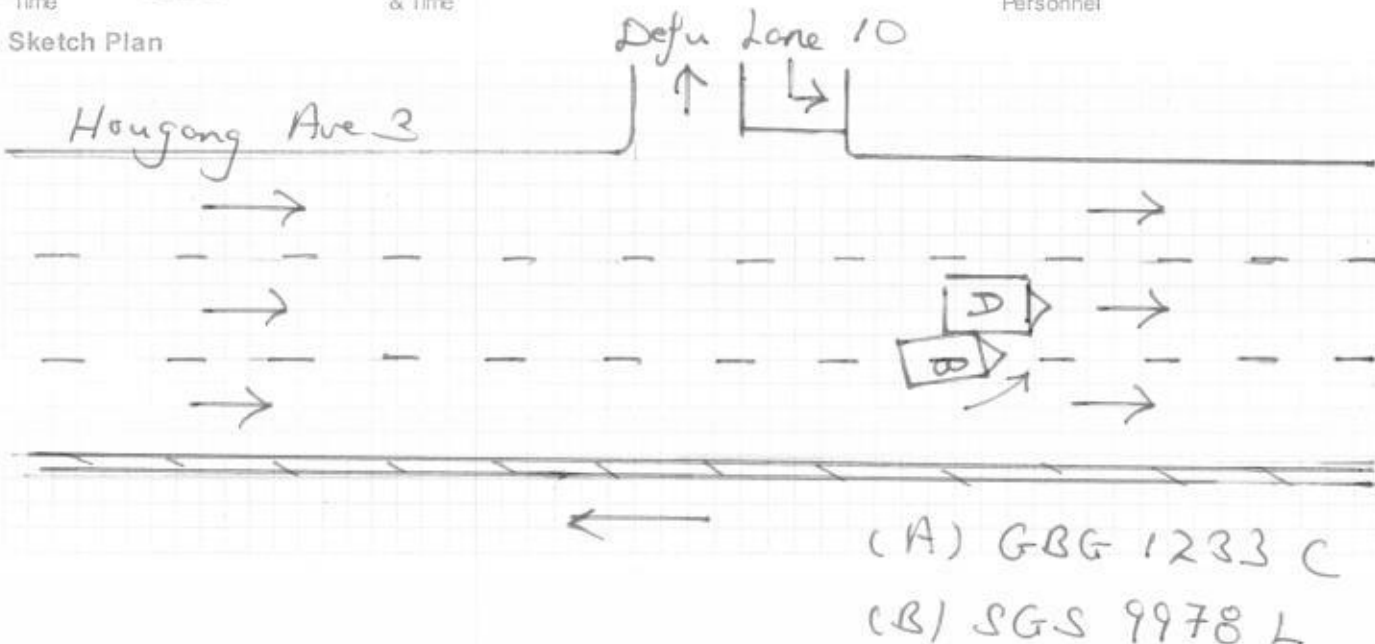


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

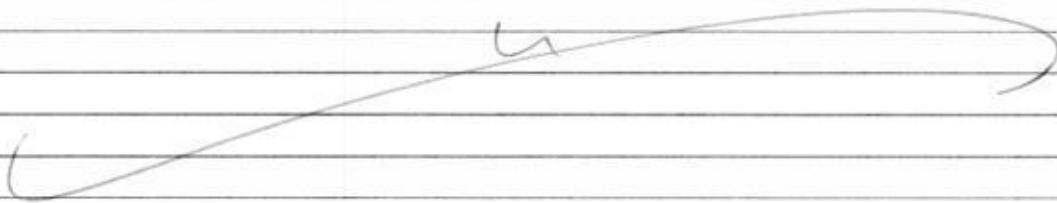


Describe Circumstances of the Accident

On 24/03/2021 at about 0822 hrs at along
Hougang Ave 3 after Defu Lane 10. I was travelling
on the centre lane and suddenly a vehicle (B)
on my Right veered out into my lane without
checking his blindspot and hence collided onto my
Right Rear Portion of my Vehicle (A) causing
damages to my vehicle. I have one passenger
inside my vehicle.

(A) GBG 1233 C

(B) SGS 9978 L




Note: Please note that your insurer may have 14 days time frame for you to submit an Own Damage Claim under your
your own comprehensive policy. Please check your policy for more information.

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

 25/03/21
Witnessed by Reporting Centre
Personnel

SINGAPORE ACCIDENT STATEMENT

Accident Date:	24/03/2021	Time:	0821 am	(hh:mm) 24 hr format
Location	Hougang Ave 3 after Defu Lane 10			
Vehicle Number	GBG1233C			
Insured Name	HIAP GIAP Food Manufacture Pte Ltd			
NRIC / FIN	200204716K	Contact Number	9784 9252	
Make	Toyota	Model	DYNA 150van	
Are you claiming under your own insurance policy for repair to your vehicle?				
() Yes If No, Pls select: (/) Third Party () Reporting				
Insurance Company	AIG			
Type of Policy (/) Comprehensive () Third Party Fire & Theft () TP Only				
Policy Number	1800054149-02			
Name of Driver	LIU YINIU	() Same as Insured		
NRIC / FIN	G8217432Q	Contact Number	9778 6495	
Date of Birth	20/03/1987			
Driving Pass Date	17/01/2020			
Occupation (/) Indoor () Outdoor				
Gender (/) Male () Female				
Email Address	hiapgiap-18@sngnet.com.sg	(/) NO EMAIL		
Address of Driver	19 Defu Lane 10 #01-308			
	Defu Industrial Estate S(539200)			
Was driver an employee of the Insured's Company? (/) Yes () No				
If No, Relationship of the Driver with the Insured Employee				
() Owner () Spouse () Friend () Relative () Children () Sibling				
Does the Driver Own Any Other Vehicle? () Yes (/) No				
If Yes, Vehicle Registration Number of Driver's Own Vehicle				
Insurance Company of Driver's Own Vehicle				
Weather Conditions (/) Clear () Raining () Others				
Road Surface (/) Dry () Wet () Others				
Was any foreign vehicle involved in this accident? () Yes (/) No				
Was anybody injured in the accident? () Yes (/) No				
If yes, injured detail				
Was there any video captured by Car Camera? () Yes (/) No				
Was the Accident reported to the Police? () Yes (/) No If yes attach police report				
DETAILS OF 3 rd party		Name / Nric		Contact
Veh B	SGS0978L			
Veh C				
Veh D				
Veh E				
Veh F				

2 person

(RM) TAN HOU NGUAN



CERTIFICATE OF INSURANCE

COMMERCIAL AUTOPLUS COMMERCIAL VEHICLE

Name of Policyholder : HIAP GIAP FOOD MANUFACTURE PTE LTD
Period of Insurance : 05 Jun 2020 To 04 Jun 2021
Engine No. : 1KD2702386
Chassis No. : JTFAT35Y40K208079

Vehicle No. : GBG1233C
Policy No. : 1800054149-02
Endorsement No. :
Issued Date : 27 May 2020

ABOUT THE COVER

Make/Model : TOYOTA DYNA 150 VAN
Engine Capacity/Tonnage : 1.8 Tonnage
Driver Restriction : NA
Sum Insured : Market Value
Off Peak Car : No
First Year of Registration : 2017
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 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 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 - \$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 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).

0504148000

BSC INSURANCE AGENCY PTE LTD

27 WEST COAST HIGHWAY #02-22

SINGAPORE 117867

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

BSC Insurance Agency Pte. Ltd.



LIU YINIU
HIAP GIAP FOOD MANUFACTURE PTE. LTD.
19 DEFU LANE 10
#01-308 DEFU INDUSTRIAL ESTATE
SINGAPORE 539200



072232100260221

For Immigration Use (To clear by FIN)



G8217432Q

09 Mar 2021

Your card will be delivered to you after we have verified your documents

Dear LIU YINIU

We have received a request to issue your work permit on 09 Mar 2021 and will be checking the documents submitted to us. Once this is completed, we will SMS / email the delivery details to your authorised recipient(s) at least 1 working day before the delivery.

This Notification Letter allows you to work and stay in Singapore until you get your new card. It is valid from 09 Mar 2021 till 08 Apr 2021.

Once you have received the new card, please cut the current one in half and discard it to prevent any misuse.

Yours sincerely

Mdm Chow Choon Yen
for Controller of Work Passes

YOUR NAME
LIU YINIU
FIN
G8217432Q
WORK PERMIT NO.
0 72232100
DATE OF APPLICATION
26 Feb 2021
DATE OF ISSUE
09 MAR 2021
WORK PERMIT EXPIRY DATE
04 Mar 2023
DATE OF BIRTH
20 Mar 1987
SEX
MALE
NATIONALITY/CITIZENSHIP
CHINESE
PLACE / STATE / PROVINCE OF BIRTH
SHANDONG
TRAVEL DOCUMENT NO.
EA9494289
TRAVEL DOCUMENT EXPIRY DATE
07 Nov 2027
YOUR EMPLOYER'S NAME
HIAP GIAP FOOD MANUFACTURE
PTE. LTD.
SECTOR
MANUFACTURING
OCCUPATION
DRIVER

▲ IMPORTANT

- If the documents submitted are incomplete / incorrect, we will SMS / email the contact person provided to re-submit the documents. The card will only be delivered to the authorised recipient(s) 4 working days after the successful verification of documents.
- You must keep this Notification Letter with you until you get your card. If you need to leave / enter Singapore, you will have to show this letter at the Immigration Checkpoints.