

NATIONAL Assessment Centre Services

[wef 1 Jan'05]

210821410001

Date In: 01/09/2021 09:48	Job description	Date & Time Completed	Done by
Ref No: N/A 2160419314	SAS e-filing		
Veh No: GBK 4374M	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 31/03/2021 09:45	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: SLF 8024E 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 (

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)

Remarks	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: _____

NA210244X

Claimant's Particulars:	Invoice Preparation Checklist		Am (\$)	Am (\$)
Driver/Owner:	1) AR: Accident Reporting (\$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			
	5) FT: Follow-Through Survey (Resurvey) \$30			
	For claiming against INC Only (wef 10 Jan 2005)			
	6) TR: Re-inspection \$75			
	7) N1: Idao DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
	ON*			
	*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 (Non INC) against INC \$20			
	9) N12: Idao 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	01/04/2021 09:48 (SGT)
Date of Accident	31/03/2021 09:45 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	TOWARDS CHANGI AIRPORT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBK4374M
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	KPK ENGINEERING PTE. LTD.
Company Reg No	2XXXXX615Z
Email Address	winson_tingwei@hotmail.com
Mobile Phone No	(Phone) +65-90210921
Alternative Phone No	+65-90210921

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 - Reporting only
Vehicle Category	Commercial vehicle
Transmission	Auto
CC	2982

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	2070108034
Cover Note Number	-

DRIVER

Name of Driver	RAMAN KAMARAJ
Passport No/FIN	GXXXX111L

Date Of Birth	01/07/1976
Occupation	Outdoor
Date Of Driving Pass	20/08/2019
Driving experience	1 YEAR AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90210921
Alt. Phone Number	-
Email Address	winson_tingwei@hotmail.com
Address	NO. 1 TUAS SOUTH STREET 12
Address complement	-
Postcode	636946
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	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	SELVAM
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

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	SLF8024E
Vehicle Manufacturer	Mitsubishi
Vehicle Model	Lancer
Vehicle Variant	-
Vehicle Colour	Red
Vehicle Category	Private car

Name of Driver	WILSON YEO BOON LONG (YANG WEN LONG)
NRIC No	SXXXX457B
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 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;

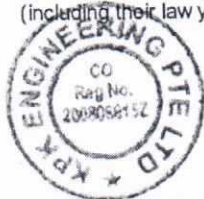
(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or

(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.



[Signature]

Policyholder's Signature / Date & Time

RA

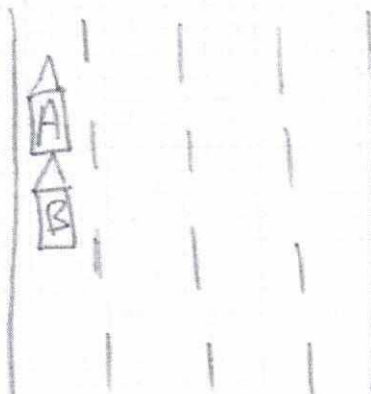
Driver's Signature (If driver is not the policyholder) / Date & Time

[Signature] 01/04/2021
Witnessed by Reporting Centre Personnel

Sketch Plan

PIE towards Airport

vehicle A GBK 4374M
vehicle B SLF 8024E

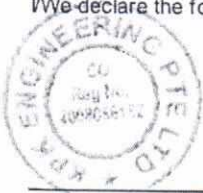


Describe Circumstances of the Accident

On 31/03/2021 about 09.45 Am morning. I was travelling along PIE Expressway towards Changi Airport, my lorry was at the most left lane. Traffic congestion was slow and I notice in front vehicle slow down and stop as I also slow down and stop. Suddenly vehicle B " SLF 8024E " collided onto my rear lorry portion and we came down took accident scene photos and vehicle B driver still told me that give me \$50 for settle this accident and I have rejected this way and call my boss, so my boss told me to settle by insurance claim.

Declaration

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

Witnessed by Reporting Centre Personnel

01/04/2021

ACCIDENT DATE & LOCATION

Date & Time of Accident * Date: 31/03/2021 Time: 09:45 AM (24 hr format)

Exact Location of Accident * PIE Expressway towards Changi Airport

INSURED / POLICY HOLDER / VEHICLE PARTICULARS / DETAILS OF OWN VEHICLE

Vehicle Registration Number * GBK 4374M Make & Type *: TOYOTA DYNA

Name of Registered Owner * KPK Engineering PTE. LTD.

NRIC / FIN / Passport / Co Regn No. * 2008066152

Contact Number * 9021 0921 Email/Fax No: Winsan_tingwei@hotmail.com

Exact Purpose for which vehicle was being used at Time of Accident ☐ Private Usage / ☒ Commercial or Company's Usage

Are you claiming under your own insurance policy for repair to your vehicle? * ☐ Yes / ☒ No If No, Please state action to be taken

☒ Third Party Claim (SYH / Other workshop?) / ☐ Reporting Only

INSURANCE COMPANY (OWN VEHICLE)

Name of Insurance Company * China / EQ / Etiqa / MSIG / Tokio Marine / Great American AIIC

Type of Policy * Comprehensive / Third Party / Third Party Fire & Theft

Policy No. (Certificate No.) / Cover Note No. 2070108034

DRIVER

Name of Driver * RAMAN KAMARAJ Gender: Male / Female

NRIC / FIN / Passport Number * G 2391111L

Date of Birth * 01/07/1976 (dd/mm/yyyy)

Occupation * ☐ Indoor / ☒ Outdoor

Date of Driving Pass (Pass Date) * 20/08/2019

Contact Number * 9021 0921

Address No. 1 Tuas South Street 12 S (636946)

Email Address / Fax Number * Email: Winsan_tingwei@hotmail.com Fax: —

Relationship of the Driver with the Insured * Owner / Employee / Spouse / Friend / Others:

Does Driver Own any Vehicle, if YES pls indicate Veh No: 1) _____ 2) _____ 3) _____

Vehicle Number & Insurance Company * Ins Co: 1) _____ 2) _____ 3) _____

GENERAL INFORMATION OF THE ACCIDENT

Type of Collision Chain Collision / Side-Swipe / Front to Rear / Others:

Weather Conditions * Clear / Raining / Others:

Road Surface * Wet / Dry / Others:

OTHER INFORMATION

Was anybody injured in the accident? * ☒ No / ☐ Yes (Police Report required)

Was any injured conveyed to hospital by ambulance? ☒ No / ☐ Yes

Was any foreign vehicle involved in this accident? * ☒ No / ☐ Yes Veh No: _____ Veh Category: _____

Number of vehicles involved in the accident (02)

Was there any witness? ☒ No / ☐ Yes

Was any other VEHICLE / Property involve / damage? * ☐ No / ☒ Yes

Was there any video captured by Car Camera? ☒ No / ☐ Yes

DETAILS OF POLICE ACTION

Was the Accident Reported to the Police? * ☒ No / ☐ Yes If Yes, Please state which Police Station _____

Was Notice of Intended Prosecution given? * ☒ No / ☐ Yes If Yes, against whom? _____

Number of Passengers (Including DRIVER)? (02)

Passengers Name: SELVAM Name: _____ Gender: Male / Female Gender: Male / Female

Have you been approached by unknown person(s) soliciting/offering accident claims assistance? Yes No

DETAILS OF OTHER VEHICLE(S) / PROPERTIES		
Vehicle Registration Number *	1) SLE 8024E 8024E	2)
Vehicle Make / Model / Colour	Mitsubishi LARKER EX	/ Red
Damage to Vehicle/Property?		
Vehicle Category *		
Name of Driver	Wilson Yeo Boon Hong	(YANG WEN LONG)
NRIC/Passport Number	S7218457B	
Contact Number		
Address		
Insurance Company Name		
DETAILS OF WITNESS		
Name		
Contact No. / Email Address		



CERTIFICATE OF INSURANCE

COMMERCIAL AUTOPLUS COMMERCIAL VEHICLE

Name of Policyholder : KPK ENGINEERING PTE. LTD.
Period of Insurance : 27 Jul 2020 To 26 Jul 2021
Engine No. : 1KDB037428
Chassis No. : JTFAT35Y00K215143

Vehicle No. : GBK4374M
Policy No. : 2070108034
Endorsement No. :
Issued Date : 28 Jul 2020

ABOUT THE COVER

Make/Model : TOYOTA DYNA LORRY 1.8 ton [Lorry]
Engine Capacity/Tonnage : 1.67 Tonnage Sum Insured : Market Value First Year of Registration : 2020
Driver Restriction : NA Off Peak Car : No 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 35 of the Road Transport Act, 1967 (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 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 or AIG SG Mobile App. Simply search and download "AIG SG" from iTunes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: Maybank Singapore Limited

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, 1967 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1952 (Malaysia).

0502368000

TH INSURANCE SPECIALIST AGENCY

71 BUKIT BATOK CRESCENT #11-07 PRESTIGE CENTRE
SINGAPORE 658071

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

Ying Ling Eileen Gan

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: SNE0821410001 Vehicle Registration No: GBK 4374M
Name(as shown in NRIC): KPK Engineering PTE. LTD. NRIC/FIN/Passport No: 2008066152
(*Vehicle Driver/ Vehicle Owner) (*) Please delete as appropriate
Address: No. 1 Tuas South Street 12 Singapore: 636946
Contact (Tel): _____ Mobile No.: 9621 0921
Email Address: Winson_tingwei@hotmail.com
Date of Accident: 31/03/2021 Time of Accident: 09.45 pm
Place of Accident: PIE Expressway towards Changi Airport
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:

I wish to Amendments to reporting only

Policyholder / Driver's Signature
Date:



Reporting Centre Personnel's Signature
Name: Rosa Lim
NRIC/FIN No.: 01104/2021
Date: