

NATIONAL Assessment Centre Services.

[wef 1 Jan'05]

SN 09214000J

Date In: 13/4/21 18:07	Job description	Date & Time Completed	Done by
Ref No: MAI AIG 21004698/h4	SAS e-filing		
Veh No: GBF 6489D	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 12/4/21 09:45	i-Motor Claim Form		
OD: (TP) 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 Assign Wksp / QW: () Tel: Fax: ()

TP Particulars: Veh No: FBE 8949K 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)

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: MA210 2582

Driver/Owner: _____

Contact No: _____

Damaged Portion: _____

QC Checked by (Engr-In-Charge): _____

Auditors' Comments: _____

At 1: _____

At 2/3: _____

Invoice Preparation Checklist	Am (\$)	Am (\$)
Inc Bill	Add Bill	
1) AR: Accident Reporting (\$30);	30	
2) DA: Damage Assessment (\$100); INC (\$30)		
3) TP: 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) N1: Idac 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		
• N11: TP (Non INC) against INC \$20		
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	13/04/2021 18:07 (SGT)
Date of Accident	12/04/2021 09:45 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF6489D
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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	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	3000

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
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	23/07/2014
Driving experience	6 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98516488
Alt. Phone Number	-
Email Address	BRYANBENG24@GMAIL.COM
Address	BLK 896 TAMPINES ST 81 #06-884
Address complement	-
Postcode	520896
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Other
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)	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

REFER TO STATEMENT.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	WITH DRIVER
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBE8949K
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	FBG2692D
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
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

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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

Policyholder's Signature / Date & Time

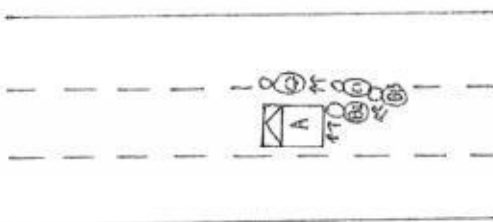
Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan

PIE TWDs Changi Before CTE

Vehicle A - G6F6489D
Vehicle B - FBE8949K
Vehicle C - FBG2672D



Describe Circumstances of the Accident


On the stated date and time, I, vehicle A (GBF6489D) was travelling straight along at the stated location on lane 2. Out of sudden, I felt an impact from my rear portion, I then alighted and realised that vehicle B (FBE8949K) collided onto vehicle C (FBG2692D), then collided onto the rear right portion of my vehicle causing damages


Declaration

We declare the foregoing particulars are true in every respect.

CRASHER SERVICES
REG NO. 53321767M

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 Sum Insured : Market Value First Year of Registration : 2017
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.

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 85 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 6336 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).

0502263000
SAFE HARBOUR ASSURANCE AGENCY

BLK 208 HOUGANG ST 21 #04-207
SINGAPORE 530208

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

Puay Khee Goh

Date of Accident : 12/04/2021 Accident Time: 0945hrs (24-HR-FORMAT)
Accident Place : PIE TWOS Changi Before CTE
Vehicle Reg. No (Car plate No.) : 6BF689D 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: 53D1767m Owner's NRIC No: -
Co Contact No: 98516488 Owner's Contact No: -

DRIVER'S Name : Gwee Yu Wee Cornelius DRIVER'S NRIC No: S60304156
(Wei You Wei)
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 : Blk 896 Tampines Street 81 #06-884 Singapore 520896
DRIVER'S Contact No / Alt No : 1) 98516488 2) -
DRIVER'S Occupation : INDOOR / OUTDOOR (eg. working inside or outside of an ofc)
Email Address : bryanbeng24@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): 01 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: FBE8944K	Vehicle Reg No: FBG2692D
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: