

NATIONAL Assessment Centre Services

SN092/53006

Date In: 19/5/21 17:16	Job description	Date & Time Completed	Done by
Ref No: NA/AT 621005985/V	SAS e-filing		
Veh No: GBE 6610A	E-mail (within 8hrs. AP: 2hrs)		
D.O.A: 18/5/21 07:15	i-Motor Claim Form		
OD: <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 Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars: Veh No: SSA 33816 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

Claimant's Particulars :-	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
		1st Bill	Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors' Comments :-	5) RT: Follow-Through Survey (Resurvey) \$30		
Cat. 1:	For claiming against INC Only (wef 10 Jan 2005)		
Cat. 2/3:	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT 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 (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	19/05/2021 17:16 (SGT)
Date of Accident	18/05/2021 07:15 (SGT)
Exact Location of Accident	Loyang Ave, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE6610A
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	RYA IMPEX PTE LTD
Company Reg No	-
Email Address	XINGCHENXINGCHEN@HOTMAIL.COM
Mobile Phone No	(Phone) +65-98811884
Alternative Phone No	+65-98811884

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	7210012971
Cover Note Number	-

DRIVER

Name of Driver	MARIMUTHUSERVAI MUTHUPALANI
NRIC No	SXXXX701A

Date Of Birth	11/03/1977
Occupation	Outdoor
Date Of Driving Pass	10/07/2008
Driving experience	12 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98811884
Alt. Phone Number	-
Email Address	XINGCHENXINGCHEN@HOTMAIL.COM
Address	BLK 458 TAMPINES STREET 42 #08-290
Address complement	-
Postcode	520458
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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?	No
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJA3381G
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SJQ6866X
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)	-

Date of Accident : 18/05/2021 Accident Time: 0715 HRS. (24-HR-Format)
 Accident Place : Loyang Avenue
 Vehicle No. (Car Plate No.) : GBE6610A Make/Model: Toyota Hiace.
 Insurance Company : AIG Policy No: 7210012971
 Owner or Company Name /IC No. : RYA IMPEX Pte Ltd (202034151W)
 Owner or Company Contact No. : 98811884. Owner's Hp _____ Company Tel _____
 DRIVER'S Name / IC No. : Manmuthyservai Muthupalani (S7756701A)
 DRIVER'S Date Of Birth : 11-03-1977 DRIVER'S License Pass Date 10 Jul 2008.
 Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: -
 DRIVER'S Address : 458 Tampines St 42, #08-290. S(520458)
 DRIVER'S Contact No. / Alt No. : 1) As above. 2) _____
 DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
 Email Address : xingchenxingchen@hotmail.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): 1
 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): NO

Other Party Driver's Particular (if any)

Vehicle No: <u>SJA 3381G</u>	Vehicle No: <u>SJA 6866Z</u>
Vehicle Make/Model: <u>Toyota Harrier</u>	Vehicle Make/Model: <u>Lancer Mitsubishi</u>
Name Driver: _____	Name Driver: _____
IC No. Driver/Contact: _____	IC No. Driver/Contact: _____

* NEW - Passenger's name & gender:

11060

wait INS
already do draft



CERTIFICATE OF INSURANCE

COMMERCIAL AUTOPLUS COMMERCIAL VEHICLE

Name of Policyholder : RYA IMPEX PTE LTD
 Period of Insurance : 03 Feb 2021 To 02 Feb 2022
 Engine No. : 1KD2501594
 Chassis No. : JTFHT02P400150445

Vehicle No. : GBE5510A
 Policy No. : 7210012971
 Endorsement No. :
 Issued Date : 02 Feb 2021

ABOUT THE COVER

Make/Model : TOYOTA HIACE 1.1 ton [Van]
 Engine Capacity/Tonnage : 1.1 Tonnage
 Driver Restriction : NA
 Sum Insured : Market Value
 Off Peak Car : No
 First Year of Registration : 2016
 Insuring with COE/FARF : 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 authorized cover driver if he/she meets the specified age condition

You have to pay an additional sum of \$3,000 as "Young and/or less experienced Driver Excess" ("Y-DR") if You are or Your Authorized Driver (as mentioned) is under the age of 25 and/or has less than 3 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 passengers (either motor 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, prize racing, mobility use, inquest testing, and (b) use while driving a trailer except the towing of a motor vehicle using a mechanically propelled vehicle or use for any purpose in connection with Motor Trade.

Limit On Use (7 Days) Commercial Auto

* Limitation applies in accordance with Section 2 of the Motor Vehicles (Third Party Risks with Co-insurance) Act (Cap. 109), Section 95 of the Road Transport Act, 1997 (Malaysia) and Road Transport (Amendment) Act 2010, and not to be included under those headings.

EXCESS

Section 1
 Fire - \$0, Car Theft - \$400, Theft - \$0, Road Cover - \$0

Section 2
 Property Damage - \$0

Windscreen : \$ 70

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 Authorized Repairers. Within the first 3 years of the first registration of the Vehicle in Singapore. You have the option of having the accident repairs done at our Sole Agency Workshop.
 For other Approved Reporting Centres/Authorised Repairers, please contact our 24-hour roadside emergency hotline at +65 6356 6208. Alternatively, You may refer to the website www.aig.sg or the AIG Mobile App. Always wear your seatbelt. SAFETY WITH BUSINESS GAINS.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan : United Overseas Bank 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. 156), Part IV of the Road Transport Act, 1997 (Malaysia), Road Transport (Amendment) Act 2010 and Motor Vehicles (Third Party Risks) Rules, 1990 (Malaysia).

D500540021
 ALLINK INSURANCE AGY-TOYOTA CV

BLK 153 BLUKIT BATOK ST 11 #02-260
 SINGAPORE 650153

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

Doc # 1007-2021-01-01

SKETCH PLAN

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 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.



[Handwritten signature]

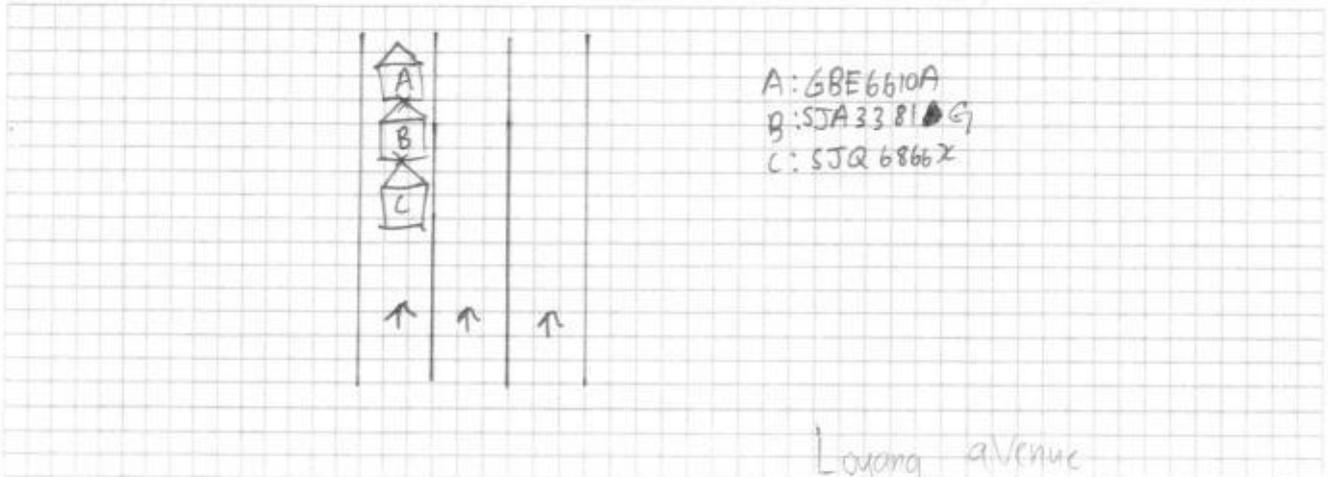
[Handwritten signature]

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

I was stationary along lane 3 of Loyang Avenue when I felt an impact from behind. I alighted & exchanged particulars with the drivers & left the scene. That is all.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

M. R.

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

A.

Witnessed by Reporting Centre Personnel