

NATIONAL Assessment Centre Services.

Print 1 Jan 2007

SA08216E0004

| | | | |
|---------------------------|--|-----------------------|---------|
| Date In: 14/06/2021 16:08 | Job description | Date & Time Completed | Done by |
| Ref No: X/A2103100666874 | SAS e-filing | | |
| Veh No: 03H 4009J | E-mail (Sjula 3hrs, AIC 2hrs) | | |
| D.O.A: 12/06/2021 09:20 | 1-Motor Claim Form | | |
| OD: TP Reporting Only | 1-Motor W/O (Within: OD 2hrs, TP 4hrs) | | |
| TP Insurer: | 1-Photo Uploaded | | |
| | Assessment/Survey Report | | |
| | Ass't Report by Fax / Hand to Owner/VK32 | | |

| | | |
|--|---|-----------------------|
| Preferred Wkep / INC Assign Wkep / QW: (| Tel: | Fax: |
| TP Particulars: | Veh No: Ym 91482 | 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 () | |

() 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: ()

| | | |
|---|--|--|
| 1) Apply for Transport Allowance () / Courtesy Car () | | |
| 2) QC Check / Post Repair Inspection () | | |
| 3) Upload Resurvey Photo [Repair Cost > \$3000] () | | |

Injury: _____

| Date/Time | Action |
|-----------|--------|
| | |
| | |
| | |
| | |

X/A2103114

| | | |
|------------------|---|------------|
| Driver/Owner: | 1) AR: Accident Reporting (\$30) | INC (\$10) |
| Contact No: | 2) DA: Damage Assessment (\$100) | \$40/\$45 |
| Damaged Portion: | 3) TP: Towing Fee | \$120 |
| | 4) PT: Follow-Through Survey | \$30 |
| | 5) PT: Follow-Through Survey (Resurvey) | \$30 |
| | For claiming against INC Only (var 10 Jan 2007) | \$75 |
| | 6) TR: Re-inspection | \$160 |
| | 7) NI: Idea DA + EMRT Survey | |
| | 8) NTUC Additional Services: | |

| | | |
|---------------------------------|--|------|
| QC Checked by (Engr-In-Charge): | ON: | |
| | • NS: Courtesy Car / Tpl Allowance | \$3 |
| | • NG: Repair Coordination | \$10 |
| | • NT: Post Repair Inspection | \$25 |
| | • ND: DV / Collect Excess Coordination | \$3 |
| | TE (NI): TP (Non INC) against INC | \$20 |
| | 9) NI: Idea Mobile | \$0 |

| | | |
|--------------------|---------------|-------------|
| Anchor's Comments: | 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 | 14/06/2021 16:08 (SGT) |
| Date of Accident | 13/06/2021 09:20 (SGT) |
| Exact Location of Accident | Loyang Ave, Singapore |
| Additional Location Information | T-JUNCTION OF PASIR RIS DRIVE 1 |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------|
| Vehicle Registration Number | GBH4009J |
|-----------------------------|----------|

INSURED/POLICYHOLDER

| | |
|--------------------------|--------------------------------|
| Is company? | Yes |
| Name Of Registered Owner | PROBUILD SOLUTIONS PTE. LTD. |
| Company Reg No | 2XXXXX552W |
| Email Address | teckchye@probuildsolutions.com |
| Mobile Phone No | (Phone) +65-98504680 |
| Alternative Phone No | (Office) +65-63161060 |

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 | 2982 |

INSURANCE COMPANY

| | |
|---------------------------|--------------------------------------|
| Name of Insurance Company | AIG Asia Pacific Insurance Pte. Ltd. |
| Type of Coverage | Comprehensive |
| Fleet Policy | No |
| Policy Number | 2070063339-01 |
| Cover Note Number | - |

DRIVER

| | |
|----------------|---------------|
| Name of Driver | LIM TECK CHYE |
| NRIC No | SXXXX100H |

| | |
|--|--------------------------------|
| Date Of Birth | 07/11/1969 |
| Occupation | Indoor |
| Date Of Driving Pass | 30/01/1990 |
| Driving experience | 31 YEARS AND 5 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-98504680 |
| Alt. Phone Number | - |
| Email Address | teckchye@probuildsolutions.com |
| Address | BLK 171 STIRLING ROAD #09-1115 |
| Address complement | - |
| Postcode | 140171 |
| 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? | Yes |
| Was any injured conveyed to hospital by ambulance? | No |
| 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

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 | YM9148J |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Commercial vehicle |
| Name of Driver | CHU PUI PING |
| Passport No/FIN | FXXXX483K |
| Contact Number | - |
| Address | - |

| | |
|---|---|
| - Address complement | - |
| Postcode | - |
| - Insurance Company Name | - |
| Nature Of Damage | - |
| Details of property damaged in accident | - |
| No. Of Passenger (Including Driver) | - |

INJURED PERSONS DETAILS

INJURED 1

| | |
|---|---------------|
| Name of injured person | LIM TECK CHYE |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | SLIGHT INJURY |
| Injured person in which vehicle? | GBH4009J |
| Were seat belts worn? | Yes |
| Was this injured conveyed to hospital by ambulance? | No |

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.

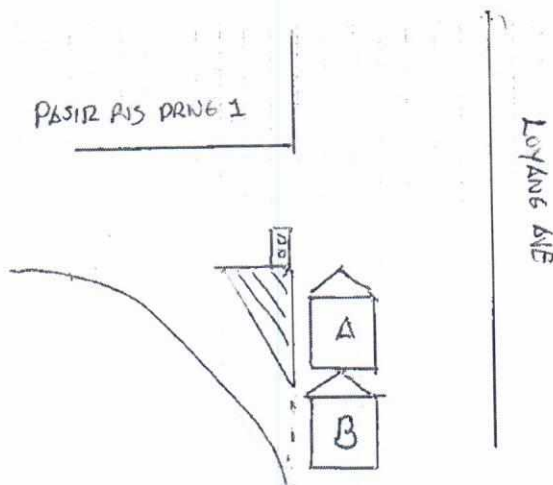


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



A) GBH 4009J


B) Ym 9148J

Describe Circumstances of the Accident


AS PER REPORTED TIME & DATE, I WAS TRAVELLING ALONG LOYANG
AVG APPROACHING THE TRAFFIC JUNCTION, MY VEHICLE HAS COME TO A
COMPLETE STOP WHEN THE TRAFFIC LIGHTS TURN RED. AFTER A FEW SECONDS
WHEN MY VEHICLE WAS STATIONARY POSITION, I SUDDENLY FELT AN IMPACT;
AS VEHICLE B FROM THE REAR HAD HIT ONTO MY VEHICLE A. THE IMPACT
THEN CAUSED DAMAGE TO THE REAR PORTION OF THE VEHICLE. WE BOTH THEN
ALIGHT FROM OUR VEHICLES AND ASSESS THE DAMAGES AND ALSO EXCHANGED OUR
PARTICULARS. DUE TO THE ACCIDENT, I HAVE SUFFER INJURIES AND
WAS SO GIVEN 2 DAYS MC FROM THE GP CLINIC.

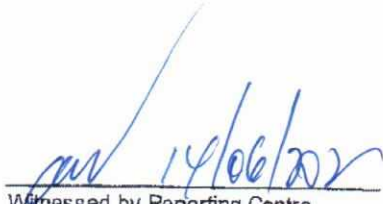
Declaration

We declare the foregoing particulars are true in every respect.


Policyholder's Signature / Date &
Time 1:15pm.




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


Witnessed by Reporting Centre
Personnel

14/6/21

ACCIDENT STATEMENT

Date of accident: 13/6/21 Time: 0920H
Location of accident: BLONG T JUNCTION OF LOYANG AVE AND PASIR RIS DR 1

Details of Own Vehicle

Vehicle Number: GBH 4009 J Make/Model: TOYOTA DYNA
Insurer: AIG Passenger (incl. Driver): 1
Policy No: 2070063339-01 Policy Type: C TPFT/ TPO

Policyholder

Name: PRO BUILD SOLUTIONS PTE LTD NRIC/FIN no.: 200918552W
Contact no.: 63161060

Driver

Name: LIM TECK CHYE NRIC/FIN no.: S6942100H
Contact no.: 9650 4680 D.O.B: 07/11/1969
Email: TECKCHYE@PROBUILDSOLUTIONS.COM Occupation: PRODUCT MANAGER
Address: 131C 171 STIRLING ROAD #09-1115
Driving pass date: 30/01/1990 Relationship with Policyholder: EM

General Information

Weather conditions: Clear Raining

Road surface: Dry Wet

Police report: Yes/ No

Video Footage: Yes/ No

Prosecution Letter: Yes/ No

If Yes against whom: _____

Injuries: Yes No

If Yes, provide injuries details:-

| Name | Veh No. | Seatbelt (Y/N) | Conveyed to hospital (Y/N) |
|----------------------|-----------------|----------------|----------------------------|
| <u>LIM TECK CHYE</u> | <u>GBH4009J</u> | <u>Y</u> | <u>N</u> |
| | | | |
| | | | |

Details of Third party

| | Vehicle B | Vehicle C |
|---|---------------------|-----------|
| Vehicle no.: | <u>YM 9148 J</u> | |
| Driver name: | <u>CHU PUI PING</u> | |
| NRIC/ FIN no.: | <u>F79064831C</u> | |
| Contact no.: | | |
| Insurance Co.: | | |
| Remarks: (Make/Model, Passenger, property Info & etc) | | |

Detail of Witness

| | Witness 1 | Witness 2 |
|--------------|-----------|-----------|
| Name: | | |
| Contact no.: | | |

Claim Type & Acknowledgement

Claim Type: Own Damage/ Third Party/ Reporting Only
Workshop: _____

Policyholder/
driver
Signature: [Signature]





CERTIFICATE OF INSURANCE

COMMERCIAL AUTOPLUS COMMERCIAL VEHICLE

Name of Policyholder : PROBUILD SOLUTIONS PTE. LTD.
Period of Insurance : 18 May 2021 To 17 May 2022
Engine No. : 1KD2796670
Chassis No. : JTFAT35Y20K210302

Vehicle No. : GBH4009J
Policy No. : 2070063339-01
Endorsement No. :
Issued Date : 22 Apr 2021

ABOUT THE COVER

Make/Model : TOYOTA DYNA 150 1.7 ton [Lorry]
Engine Capacity/Tonnage : 1.67 Tonnage
Driver Restriction : NA
Sum Insured : Market Value
Off Peak Car : No
First Year of Registration : 2018
Insuring with COE/PAFF : 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 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 - \$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 6336 8200. 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: Daimler Financial Services Africa & Asia Pacific Ltd

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).

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 Goh

> [Back to OneMotoring](#)

Enquire Vehicle Transfer Fee

Vehicle Details

Vehicle No.
GBH4009J

Make / Model
TOYOTA / DYNA 150 5MT

Vehicle Type :
B31 - Goods (Open) Lorry (Metal Body)/Pickup

Vehicle Attachment 1 :
With Hood

Vehicle Scheme :
Normal

Chassis No. :
JTFAT35Y20K210302

Propellant :
Diesel

Engine No. :
1KD2796670

Motor No. :
-

Engine Capacity :
2982 cc

Power Rating :
-

Maximum Power Output :
-