

NATIONAL Assessment Centre Services.

Print & Sign

SN2016E0006

Date In: 14/06/2021 18:13	Job description	Date & Time Completed	Done by
Ref No: X/A2103112	SAS e-filing		
Veh No: GBK 2354J	E-mail (Adjuster, AIC 2hrs)		
D.O.A: 14/06/2021 09:15	I-Motor Claims 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 / Wksn		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: X20 665L	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 repair.
() 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	Location	Notes

X/A2103112	1) AR: Accident Reporting (\$30)	
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (\$40)	
Contact No:	3) TP: Towing Fee \$40/\$45	
Damaged Portion:	4) PT: Follow-Through Survey \$120	
QC Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey) \$30	
For claiming against INC Only (over 10 Jan 2005)	6) TR: Re-inspection \$75	
7) NI: Idas DA + SMRT Survey \$160	8) NTUC Additional Services	
9) NI2: Idas Mobile	ON:	
Invoice dated	• NI: Courtesy Car / Tpl Allowance \$3	
Invoice dated	• NI: Repair Coordination \$10	
	• NI: Post Repair Inspection \$25	
	• NI: DV / Collect Documents Coordination \$3	
	• NI: TP (NI) / TP (Non INC) against INC \$20	
	• NI: TP (NI) / TP (Non INC) against INC \$0	
	Fee Charged	
	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 18:13 (SGT)
Date of Accident	14/06/2021 09:15 (SGT)
Exact Location of Accident	442 Orchard Rd, Singapore 238879
Additional Location Information	LOADING AND UNLOADING BAY
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBK2354J
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	LYRECO (SINGAPORE) PTE. LTD.
Company Reg No	2XXXXX663H
Email Address	118port@gmail.com
Mobile Phone No	(Phone) +65-90092912
Alternative Phone No	+65-90092912

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	2982

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	7210017927
Cover Note Number	-

DRIVER

Name of Driver	KAIRUDEN BIN MARKEY
NRIC No	SXXXX507J

Date Of Birth	14/05/1970
Occupation	Indoor
Date Of Driving Pass	06/11/2008
Driving experience	12 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90092912
Alt. Phone Number	-
Email Address	118port@gmail.com
Address	BLK 206 ANG MO KIO AVENUE 1 #03-1045
Address complement	-
Postcode	560206
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	Hit and run / Vandalism / Damaged whilst parked
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

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	YN665L
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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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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
14/06/2021

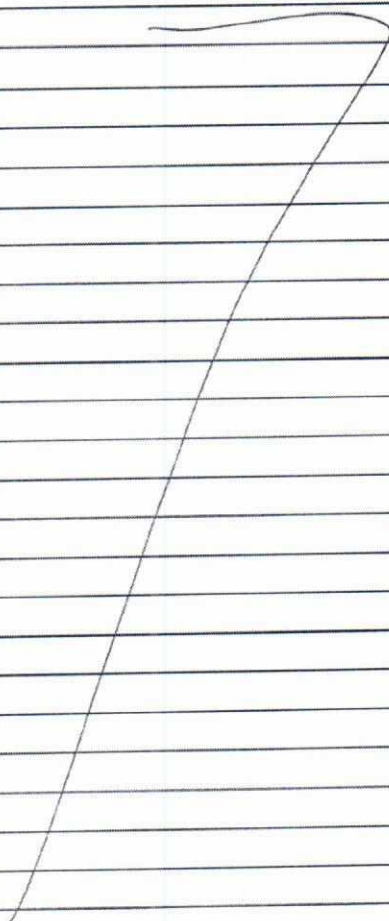
Sketch Plan

(A) GBK 23450

(B) YN 6652

Describe Circumstances of the Accident

I PARKED MY VEHICLE AT THE LOADING AND UNLOADING BAY AT ORCHARD HOTEL. VEHICLE B WAS REVERSING AND HIT MY REAR.



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

14/06/2017

SINGAPORE ACCIDENT STATEMENT

ACCIDENT DATE: 14-Jun-2021

ACCIDENT TIME: 0915hrs

LOCATION: ORCHARD HOTEL LOADING BAY

VEHICLE NUMBER: GBK2354J

INSURED NAME: LYRECO (SINGAPORE) PTE. LTD.

NRIC / FIN: 200501663h

CONTACT: 90992912

MAKE: TOYOTA

MODEL: HIACE VAN TURBO 5DR MT

Are you claiming under your own insurance policy for repair to your vehicle?

() Yes, If No, Pls Select: (☒) Third Party () Reporting Only

INSURANCE COMPANY: AIG

TYPE OF POLICY: Comprehensive

POLICY NUMBER: 7210017927

EXPIRY DATE: 01-Mar-2022

NAME DRIVER: KAIRUDEN BIN MARKEY

NRIC / FIN: S7008507J

CONTACT: 90092912

DATE OF BIRTH: 14-Mar-1970

DRIVING PASS DATE: 06-Nov-2008

OCCUPATION: Indoor

GENDER: Male

EMAIL ADDRESS: 118port@gmail.com

ADDRESS OF DRIVER: 206 ANG MO KIO AVENUE 1 #03-1045 SINGAPORE 560206

Relationship Of The Driver With The Insured: Employee

Number Of Passenger Include Driver: 1 Driver

NAME	NRIC/FIN/BC	GENDER	INJURED
KAIRUDEN BIN MARKEY	S7008507J	Male	

INJURY DETAILS: 0 Passenger(s)

Insurance Company Of Driver's Own Vehicle:

Weather Conditions: Clear

Road Surface: Dry

Was Any Foreign Vehicle Involved In This Accident? No

Convey By Ambulance: No

Was There Any Video Capture By Car Camera? No

Was There Accident Reported To The Police? No Police Report Number:

Details Of 3rd Party	Name	NRIC	Contact	No.of Paxs(incl' driver)
Veh B YN665L				Not Sure



CERTIFICATE OF INSURANCE

COMMERCIAL AUTOPLUS COMMERCIAL VEHICLE

Name of Policyholder : LYRECO (SINGAPORE) PTE. LTD.
Period of Insurance : 02 Mar 2021 To 01 Mar 2022
Engine No. : 1KDB022563
Chassis No. : JTFHT02P800250100

Vehicle No. : GBK2354J
Policy No. : 7210017927
Endorsement No. :
Issued Date : 19 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 : 2020
Insuring with COE/PARF : 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 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).

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