

# NATIONAL Assessment Centre Services.

(wef 1 Jan'05)

82082160002

Date In: 21/06/2021 12:30	Job description	Date & Time Completed	Done by
Ref No: 138/A192000656/4	SAS e-filing		
Veh No: GRK 7446K	E-mail (within 3hrs, A/C 2hrs)		
D.O.A: 17/06/2021 14:30	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: GRK 89310

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) 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

<p>Claimant's Particulars:</p> <p>Driver/Owner:</p> <p>Contact No:</p> <p>Damaged Portion:</p> <p>QC Checked by (Engr-In-Charge):</p> <p>Auditors' Comments:</p> <p>Pat. 1:</p> <p>Pat. 2/3:</p>	<p>Invoice Preparation Checklist:</p> <p>1) AR: Accident Reporting (\$30);</p> <p>2) DA: Damage Assessment (\$100); INC (\$80)</p> <p>3) TF: Towing Fee \$40/\$45</p> <p>4) FT: Follow-Through Survey \$120</p> <p>5) FT: Follow-Through Survey (Resurvey) \$30</p> <p>For claiming against INC Only (wef 10 Jan 2005)</p> <p>6) TR: Re-inspection \$75</p> <p>7) N1: Idao DA + SMRT Survey \$160</p> <p>8) NTUC Additional Services:-</p> <p>ON*</p> <p>*N5: Courtesy Car / Tpl Allowance \$5</p> <p>*N6: Repair Co-ordination \$10</p> <p>*N7: Post Repair Inspection \$25</p> <p>*N8: DV / Collect Excess Coordination \$5</p> <p>TP (N11): TP (N-in INC) against INC \$20</p> <p>9) N12: Idao Mobile \$0</p>		<p>Amc (\$)</p> <p>Inc Bill</p>	<p>Amc (\$)</p> <p>Add Bill</p>
	<p>Invoice dated</p> <p>Fee Charged</p>			
	<p>Invoice dated</p> <p>Fee Charged</p>			



## 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	21/06/2021 12:32 (SGT)
Date of Accident	17/06/2021 14:30 (SGT)
Exact Location of Accident	421 Northshore Dr, Singapore 822421
Additional Location Information	LOADING BAY
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH7446K
-----------------------------	----------

#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	LIAN HIN PTE LTD
Company Reg No	2XXXXX186N
Email Address	wangzifeng0518@gmail.com
Mobile Phone No	(Phone) +65-97219765
Alternative Phone No	(Office) +65-62698068

#### 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	999993615/100877662-00000
Cover Note Number	-

#### DRIVER

Name of Driver	WANG ZIFENG
NRIC No	SXXXX519G

Date Of Birth	18/05/1988
Occupation	Outdoor
Date Of Driving Pass	18/04/2012
Driving experience	9 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97219765
Alt. Phone Number	-
Email Address	wangzifeng0518@gmail.com
Address	BLK 110 TAMPINES STREET 11 #02-257
Address complement	-
Postcode	521110
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

#### PASSENGER 1

Name	CHEN CHEW JIANN
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	GBK8931D
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

### 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. 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 :

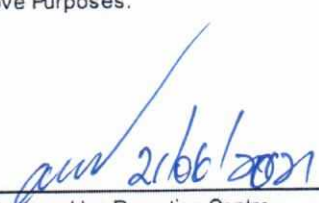
(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.

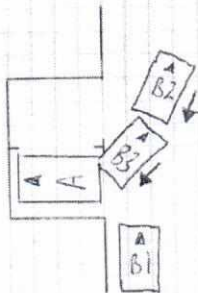
  
Policyholder's Signature / Date & Time



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

  
Witnessed by Reporting Centre Personnel

### Sketch Plan



Vehicle 'A': GBH 7446 K

Vehicle 'B': GBK 8931 D

Location: 421A Northshore Drive

Describe Circumstances of the Accident

On the stated date and time, my vehicle (Vehicle A) was parked at the stated Venue. My colleague and I were inside the vehicle. Suddenly Vehicle B came in to the loading bay, reversing and collided to the rear of my vehicle. I wish to state that my vehicle was stationary when the collision occurred.

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

 21/06/2021  
Witnessed by Reporting Centre Personnel



Email: sm@idac.com.sg Tel no: 6555 6888

\*If no proper documents are produced, IDAC shall not file the report. Information will be discarded after one week.

**Personal Particulars of Owner & Driver (Vehicle A)**

Date of Accident: 17/06/2021 (dd/mm/yy) Time of Accident: 14 : 30 (24-HR-FORMAT)  
Vehicle No.: GBH 7446 K Vehicle Make & Model / Engine (cc): Toyota Dyna 2982 cc Private Hire: ( Y / N )  
Exact location of Accident: Loading Bay of Blk 421A Northshore Drive  
Policyholder's Name / IC No.: Lian Hin Pte Ltd 201306186N  
Driver's Name / IC No.: Wang Zifeng (As Above) ☐  
Driver's Contact No.: 9721 9765 Company Contact No / Owner Contact No: 6269 8068  
Driver's Address: Blk 110 Tampines Street 11 #02-257 S(521110)  
Owner Email address: wangzifeng0518@gmail.com Insurance Company: AIG  
Driver Email address: wangzifeng0518@gmail.com

**Relationship between Owner & Driver:** (Please **CIRCLE** one only)

Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify: Employee

**What do you wish to claim? (Please **TICK** one only)**

☐ Own Insurance / ☒ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)

**Exact purpose for which the vehicle  
Was being used at time of accident?**

**Occupation (nature of job)** ☐ Indoor/ ☒ Outdoor

☐ Private use / ☒ Work purpose

**\*No. of Passengers (Including Driver):** 2

\*Passanger Name: Chen Chew Jiann

Gender: Male

\*Passanger Name: \_\_\_\_\_

Gender: \_\_\_\_\_

**Weather condition & Road conditions? (On the day of accident)**

☒ Clear & Dry / ☐ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others: \_\_\_\_\_

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

**Any Injuries:** ☐ Yes / ☒ No (If YES) Injured Person' Name: \_\_\_\_\_

Injuries Sustain: \_\_\_\_\_ Injured Person in Which Vehicle: \_\_\_\_\_

**Police Report filed:** ☐ Yes / ☒ No (If YES) Which Police Station: \_\_\_\_\_

**The Other Party(s) Details:**

1. Driver's Name / IC No: \_\_\_\_\_ Vehicle No: GBK 8931 D

Driver's Contact No: \_\_\_\_\_ Insurance Company: \_\_\_\_\_

2. Driver's Name / IC No (If Any): \_\_\_\_\_ Vehicle No: \_\_\_\_\_

Driver's Contact No: \_\_\_\_\_ Insurance Company: \_\_\_\_\_

\*Independent Witness (If Any): \_\_\_\_\_ Contact No: \_\_\_\_\_

Preferred Workshop Name: \_\_\_\_\_ Contact No: \_\_\_\_\_



HOTLINE TEL (65) 6419-3000

**CERTIFICATE OF INSURANCE**

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)  
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960  
ROAD TRANSPORT ACT, 1987 (MALAYSIA)  
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

M 2 300

COMMERCIAL AUTOPLUS COMPREHENSIVE  
CERTIFICATE NO. 999993615/100877662-00000

OWN DAMAGE EXCESS \$800.00 (1)  
WINDSCREEN EXCESS \$100.00  
(for policies with effect from 1st November 2002)  
SUM INSURED \$1.00  
INSURING WITH COE/PARF YES

- 1) VEHICLE REGISTRATION NO. GBH7446K  
2) NAME OF INSURED Lian Hin Pte Ltd  
3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE PURPOSES OF THE ACT 2 Apr 2021  
4) DATE OF EXPIRY OF INSURANCE 1 Apr 2022  
5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE \*

Any person who is driving on the Insured's order or with their permission.  
An additional Young and Inexperienced Driver (YIDR) Excess of S\$3,000 (unless otherwise stated) applies to any drivers (named and unnamed) who is below age 23 or has less than 2 years driving experience.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

**6) LIMITATION AS TO USE \***

- 1) Use in connection with the Insured's business.  
2) Use for the carriage of passenger (other than for hire or reward) in connection with the Insured's business.  
3) Use for social, domestic or pleasure purposes.  
The Policy does not cover: a) Use for hire or reward or for racing, pace-making, reliability trial or speed-testing.  
b) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.  
SOLE AGENT'S WORKSHOP: For new vehicles less than 3 years from initial registration, you have the option for claims-related repairs to be done at Sole Agent's workshop.

**AIG AUTHORISED REPAIRERS (FOR CLAIMS-RELATED REPAIRS)**

1. Star Automotive Ctr - 5 Portsdown Rd [Tel: 65620000] 4. Sin Yew Hup Welding - 4 Woodlands Rd [Tel: 67600819]  
2. Lai Huat Meng Kee Motor - 21, Sin Ming Ind [Tel: 64538110] 5. Delgro Engrg P L - 205 Braddell Rd [Tel: 63837118]  
3. Kan Fook Sing Motor - 1069, Eunos Ave 5 [Tel: 67479560] 6. Progressive Automotive - 3022A Ubi Rd 1 [Tel: 67415336]

LOSS OF USE NOT INCLUDED

\* NAMED DRIVER N/A

HIRE PURCHASE COMPANY HONG LEONG FINANCE LTD

\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

I / We hereby Certify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Issued At Singapore 5 Apr 2021

**AIG ASIA PACIFIC INSURANCE PTE. LTD.**

693232-000  
NG YEOW HIONG MARCUS  
371 ALEXANDRA ROAD  
#11-33 AIA ALEXANDRA  
SINGAPORE 159963  
SP-ELITE

  
Authorised Representative

ORIGINAL

SSCNFY