

# NATIONAL Assessment Centre Services SN 09216 5000 2

Date In: <b>28/6/2021</b> <span style="float: right;"><b>12:36</b></span>	Job description	Date & Time Completed	Done by
Ref No: <b>NA/AG 2100 7086/U</b>	SAS e-filing		
Veh No: <b>GBE 2310 S</b>	E-mail (within 2hrs. A/C 2hrs)		
D.O.A: <b>25/6/2021</b> <span style="float: right;"><b>10:40</b></span>	i-Motor Claim Form		
OD: <b>(TP)</b> Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by <u>Fax / Hand to Owner/Wksp</u>		

Preferred Wksp / INC Assign Wksp / QW: ( )		Tel: ( )	Fax: ( )
TP Particulars:	Veh No: <b>SHL 8184P</b>	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

NA2103202	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) Add Bill
<b>Claimant's Particulars :-</b>	1) AR : Accident Reporting (\$30);		
	2) DA : Damage Assessment (\$100); INC (\$80)		
	3) TF : Towing Fee \$40/\$45		
	4) FT : Follow-Through Survey \$120		
	5) RT : Follow-Through Survey (Resurvey) \$30		
<b>Driver/Owner:</b>	For claiming against INC Only (wef 10 Jan 2005)		
<b>Contact No:</b>	6) TR : Re-inspection \$75		
<b>Damaged Portion:</b>	7) N1 : Idac DA + SMRT Survey \$160		
<b>QC Checked by (Engr-In-Charge):</b>	8) NTUC Additional Services:-		
	ON*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
<b>Auditors' Comments :-</b>	*N8: DV / Collect Excess Coordination \$5		
	TP (N11) : TP (Non INC) against INC \$20		
	9) N12: Idac Mobile 30		
<b>Cat. 1:</b>	Invoice dated	Fee Charged	
<b>Cat. 2 / 3:</b>	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	28/06/2021 12:36 (SGT)
Date of Accident	25/06/2021 10:40 (SGT)
Exact Location of Accident	Tampines Street 81, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE2310S
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	CHAI HUA GLASS CONTRACTOR
Company Reg No	4XXXX800W
Email Address	CHAIHUAGLASS@GMAIL.COM
Mobile Phone No	(Phone) +65-64419769
Alternative Phone No	+65-64419769

### 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	1800

### INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	2070131843
Cover Note Number	-

### DRIVER

Name of Driver	WONG PAK CHOY
NRIC No	SXXXX027C



Date Of Birth	05/07/1964
Occupation	Outdoor
Date Of Driving Pass	27/04/1982
Driving experience	39 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97363518
Alt. Phone Number	-
Email Address	CHAIHUAGLASS@GMAIL.COM
Address	264 LOYANG RISE
Address complement	-
Postcode	507337
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	Side Swipe
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 vehicle 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	SHC8184P
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	SAMAD BIN JANTAN
NRIC No	SXXX020F
Contact Number	(Phone) +65-90293965

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.

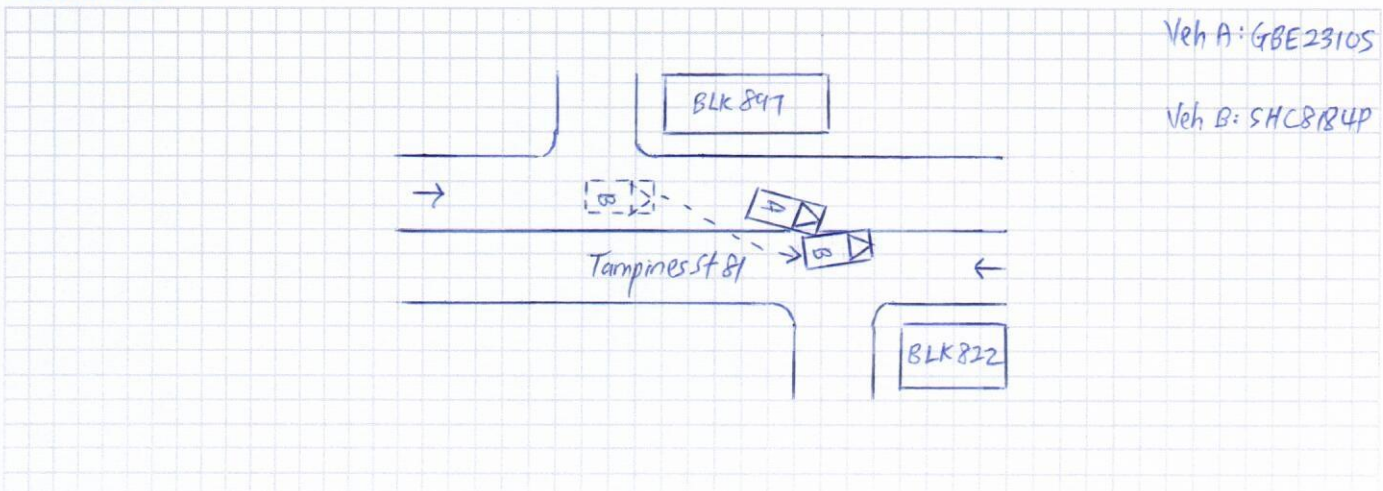


Policyholder's Signature / Date & Time

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 travelling along Tampines Street 81 on a single lane road. Somewhere near the entrance into Blk 822 carpark, Veh B (SHCB184P) overtake me from the right and collided onto my lorry front right portion while I was making the turn into the carpark.

**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





# CERTIFICATE OF INSURANCE

## COMMERCIAL AUTOPLUS COMMERCIAL VEHICLE

**Name of Policyholder** : CHAI HUA GLASS CONTRACTOR  
**Period of Insurance** : 01 Oct 2020 To 30 Sep 2021  
**Engine No.** : 1KD2557200  
**Chassis No.** : JTFAT35Y10K205060

**Vehicle No.** : GBE2310S  
**Policy No.** : 2070131843  
**Endorsement No.** :  
**Issued Date** : 08 Sep 2020

### ABOUT THE COVER

**Make/Model** : TOYOTA DYNA 150 1.8 ton [Lorry]  
**Engine Capacity/Tonnage** : 1.8 Tonnage  
**Driver Restriction** : NA  
**Sum Insured** : Market Value  
**Off Peak Car** : No  
**First Year of Registration** : 2015  
**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.

\* 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 - \$800 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](http://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:** HONG LEONG FINANCE LTD

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).

0500540021

ALLINK INSURANCE AGY-TOYOTA CV

BLK 153 BUKIT BATOK ST 11 #02-290

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.

Bee Khoon Jennifer Lim



<b>VEHICLE NO :</b> 4RE2305		<b>MAKE/MODEL :</b> TOYOTA DYNA		<b>CC :</b> 1800	
Date of Accident	25/01/2021	Time:	10:43	Foreign Veh Involved	YES / <u>NO</u>
Location of Accident	TAMPINES ST 81			Foreign Veh No	
Transmission	Auto / <u>Manual</u>				
Usage Purpose	Private / <u>Employment</u> / Private Hire			No. of Veh Involved :	2
Claim Type	<u>OD / TP</u> / REPORTING			Was There Any Witness	YES / <u>NO</u>
<b>INSURANCE CO</b>	<u>AIG</u>			Name of Witness :	
Coverage	Comprehensive/TPFT/Third Party Only			Contact No :	
Policy No	2070131843				
Fleet Policy	YES / <u>NO</u>				
				<b>OTHER VEHICLES</b>	
<b>OWNER / CO. NAME</b>	CHAI HUA GLASS CONTRACTOR			<b>VEHICLE B</b>	: SHC8184P
NRIC / Co's Reg No.	44412800W			Category	:
Address	3018 BEDOK NORTH ST 5 #06-50 EASTLINK S(486132)			Driver's Name	: SAMAN BIN JANTAN
Contact / Mobile No	6441 9769			NRIC No	: S1359020F
Email Address	chaihuaglass@gmail.com			Contact No	: 9029 3965
Date of Birth				No. of Passenger :	-
Gender	M / F			<b>VEHICLE C</b>	:
<b>DRIVER'S NAME</b>	WONG PAK CHOI			Category	:
NRIC No	S1668027C			Driver's Name	:
Address	264 LOYANG RISE S(507331)			NRIC No	:
Contact / Mobile No	9736 3518			Contact No	:
Email Address	chaihuaglass@gmail.com			No. of Passenger :	
Date of Birth	05/01/1964			<b>VEHICLE D</b>	:
Gender	<u>M</u> / F			Category	:
LICENSE PASSED DATE	27/04/1982			Driver's Name	:
Occupation	Indoor / <u>Outdoor</u>			NRIC No	:
Relation with Owner	<u>OWNER</u>			Contact No	:
				No. of Passenger :	
Does Driver Own Any Other Veh ?				YES / <u>NO</u>	
Vehicle Reg No					
Insurance Co					
Weather Condition				<u>Clear</u> / Raining / Others	
Road Surface				<u>Dry</u> / Wet / Others	
				Video Captured : <u>Yes</u> / No	
<b>INJURED</b> : YES / <u>NO</u>					
Name of Injured :				Police Report : YES / <u>NO</u>	
Convey To Hospital by Ambulance : YES / NO				If YES, Where :	
<b>NO. OF PASSENGERS</b> : -					
Name of Passenger :				M / F	INJURED? YES/NO
Name of Passenger :				M / F	INJURED? YES/NO
Name of Passenger :				M / F	INJURED? YES/NO
Name of Passenger :				M / F	INJURED? YES/NO
<b>REMARKS</b> :					
Name of Workshop :		<b>SUCCESS UNITED PTE LTD</b>		Contact No :	
Address :		2 Kaki Bukit AutoHub Kaki Bukit Ave 2, #01-33/#02-29 Singapore 417921 Tel: 6746 1515 Fax: 6748 5015		Email :	keong@successunited.com.sg