

# NATIONAL Assessment Centre Services

Date In 25/08/21

Ref No NA/AIG21008913/13

Veh No GBE3429C

DOA 24/08/21 0830

OD (P) Reporting Only

TP Insurer:

Job description

Date & Time Completed

Done by

SAs e-filing

E-mail (Within 2hrs. After 2hrs)

i-Motor Claim Form

i-Motor W/O (Within 2hrs. TP 4hrs)

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:

5mm1817G

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 or repairer.

( ) Total Loss Case : to e-mail Insurer URGENTLY.

Drive-In ( ) / Towel-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

NA2103772

## Invoice Preparation Checklist

Ant (\$)

Ant (\$)

1st Bill

Add Bill

Claimant's Particulars :-

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

For claiming against INC Only (wef 10 Jan 2005)

6) TR : Re-inspection \$75

7) N1 : Idac DA + SMRT Survey \$160

8) NTUC Additional Services:-

ON\*

\*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 date:

Fee Charged

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments :-

Cat 1:

Cat 2 / 3:

## 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              | 25/08/2021 09:47 (SGT)                |
| Date of Accident                | 24/08/2021 08:20 (SGT)                |
| Exact Location of Accident      | SLE, Singapore                        |
| Additional Location Information | TOWARDS CTE AFT WOODLANDS AVE 12 EXIT |
| Country/State of Loss           | Singapore                             |

### DETAILS OF OWN VEHICLE

|                             |          |
|-----------------------------|----------|
| Vehicle Registration Number | GBE3429C |
|-----------------------------|----------|

#### INSURED/POLICYHOLDER

|                          |                      |
|--------------------------|----------------------|
| Is company?              | Yes                  |
| Name Of Registered Owner | WINTER AIR PTE LTD   |
| Company Reg No           | 2XXXXX009H           |
| Email Address            | winter.air@gmail.com |
| Mobile Phone No          | (Phone) +65-90046608 |
| Alternative Phone No     | +65-90046608         |

#### 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   | 2494                      |

#### INSURANCE COMPANY

|                           |                                      |
|---------------------------|--------------------------------------|
| Name of Insurance Company | AIG Asia Pacific Insurance Pte. Ltd. |
| Type of Coverage          | Comprehensive                        |
| Fleet Policy              | No                                   |
| Policy Number             | 2070148783                           |
| Cover Note Number         | -                                    |

#### DRIVER

|                 |           |
|-----------------|-----------|
| Name of Driver  | MOTALEB   |
| Passport No/FIN | GXXXX759U |

|  |                          |
|--|--------------------------|
| Date Of Birth  | 17/08/1985               |
| Occupation   | Outdoor                  |
| Date Of Driving Pass   | 29/03/2015               |
| Driving experience   | 6 YEARS AND 5 MONTHS     |
| Gender   | Male                     |
| Mobile Number  | (Phone) +65-89056159     |
| Alt. Phone Number  | -                        |
| Email Address  | mdmotaleb715@gmail.com   |
| Address  | 7 MANDAI LINK            |
| Address complement   | #07-39 MANDAI CONNECTION |
| Postcode   | 728653                   |
| 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 | Raining         |
| Road Surface       | Wet             |

#### 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?  | Yes |
| Was any injured conveyed to hospital by ambulance?  | No  |
| Was any other vehicle 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   | HASAN MAHEDI |
| 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

PLS REFER TO THE ATTACHED 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 WORKSHOP |
| Was there any audio recorded?                     | No            |

#### DETAILS OF OTHER VEHICLE PROPERTY 1

|                             |          |
|-----------------------------|----------|
| Vehicle Registration Number | SMM1817G |
| 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             | GBB6856Z           |
| 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)     | -                  |

## INJURED PERSONS DETAILS

### INJURED 1

|   |          |
|---|----------|
| Name of injured person                              | MOTALEB  |
| Gender  | Male     |
| Phone No  | -        |
| Address   | -        |
| Address Complement                                  | -        |
| Post Code   | -        |
| Approximate Age Years Old                           | -        |
| Injuries Sustained                                  | SLIGHT   |
| Injured person in which vehicle?                    | GBE3429C |
| Were seat belts worn?                               | Yes      |
| Was this injured conveyed to hospital by ambulance? | No       |

### INJURED 2

|   |              |
|---|--------------|
| Name of injured person                              | HASAN MAHEDI |
| Gender  | Male         |
| Phone No  | -            |
| Address   | -            |
| Address Complement                                  | -            |
| Post Code   | -            |
| Approximate Age Years Old                           | -            |
| Injuries Sustained                                  | SLIGHT       |
| Injured person in which vehicle?                    | GBE3429C     |
| 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 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

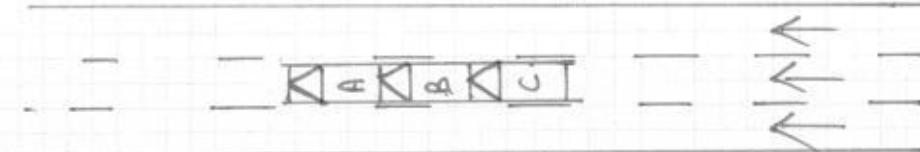
### Sketch Plan

(A) GBE 3429C.

(B)

(C) GBB 68562.

SLE towards CTE after Woodlands Ave 12 exit.



Describe Circumstances of the Accident

On 24/08/2021 at @ 0820 hrs, I was travelling in my vehicle (GBE 3429C) along SLE towards CTE after Woodlands Ave 12 exit on the centre lane. It was raining heavily. I slowed down and stopped due to traffic jam ahead. Suddenly, a car (SMM 1817G) from behind collided into the rear portion of my vehicle. After the collision, another lorry (G8B 6856Z) then collided onto the said car.

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



|  |  |  |                      |                |  |               |
|--|--|--|----------------------|----------------|--|---------------|
| VEHICLE NO:  | GBE 3429 C   |  | MAKE & MODEL:        | Toyota Hiace   |  | AUTO / MANUAL |
| DATE OF ACCIDENT:  | 24 / 08 / 2021   |  | CC:                  | -              |  |               |
| TIME OF ACCIDENT:  | 0820 HRS   |  |                      |                |  |               |
| LOCATION OF ACCIDENT:  | SLE towards CTE after Woodland Ave 12 exit.  |  |                      |                |  |               |
| EXACT PURPOSE USE DURING ACCIDENT:   | <input checked="" type="checkbox"/> EMPLOYMENT / <input type="checkbox"/> PRIVATE USE / <input type="checkbox"/> PRIVATE HIRE                |  |                      |                |  |               |
| NAME OF OWNER:   | Winter Air Pte Ltd.  |  |                      |                |  |               |
| TEL NO:  | H/P: 9004 6608   |  | OFFICE:              | HOME:          |  |               |
| NRIC:  | 2015030094   |  |                      |                |  |               |
| ADDRESS:   | 7, Mandai Link #07-39, Mandai Connection (S) 728653  |  |                      |                |  |               |
| EMAIL:   | winter.air@gmail.com   |  |                      |                |  |               |
| CLAIM TYPE:  | OD <input checked="" type="checkbox"/> THIRD PARTY / <input type="checkbox"/> REPORTING ONLY   |  |                      |                |  |               |
| FLEET POLICY:  | YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>  |  |                      |                |  |               |
| INSURANCE COMPANY:   | AIG.   |  |                      |                |  |               |
| TYPE OF COVERAGE:  | <input checked="" type="checkbox"/> Comprehensive / <input type="checkbox"/> Third Party / <input type="checkbox"/> Third Party Fire & Theft |  |                      |                |  |               |
| POLICY NO:   | 2070148783   |  |                      |                |  |               |
| NAME OF DRIVER:  | AS ABOVE / IF NO: MOTALEB  |  |                      |                |  |               |
| NRIC:  | G 68207594   |  | ANY PASSENGER:       | 01 (M).        |  |               |
| DATE OF BIRTH:   | 17 / 08 / 1985   |  | LICENCE PASSED DATE: | 29 / 03 / 2015 |  |               |
| OCCUPATION:  | <input checked="" type="checkbox"/> OUTDOOR / <input type="checkbox"/> INDOOR  |  |                      |                |  |               |
| GENDER:  | <input checked="" type="checkbox"/> MALE / <input type="checkbox"/> FEMALE   |  |                      |                |  |               |
| CONTACT NO:  | H/P: 8905 6159   |  | OFFICE:              | HOME:          |  |               |
| ADDRESS:   | 7, Mandai Link #07-39, Mandai Connection (S) 728653  |  |                      |                |  |               |
| EMAIL:   | mcmotaleb15@gmail.com  |  |                      |                |  |               |
| DOES DRIVER OWNED ANY VEHICLE:   | <input checked="" type="checkbox"/> NO / IF YES, REG NO:   |  | INSURER:             |                |  |               |
| RELATIONSHIP:  | Employee   |  |                      |                |  |               |
| WEATHER CONDITION:   | <input checked="" type="checkbox"/> CLEAR / <input type="checkbox"/> RAINING / <input type="checkbox"/> OTHERS:                              |  |                      |                |  |               |
| ROAD SURFACE:  | DRY <input checked="" type="checkbox"/> WET / <input type="checkbox"/> OTHER:  |  |                      |                |  |               |
| ANY INJURIES:  | NO <input checked="" type="checkbox"/> IF YES, WHO?  |  |                      |                |  |               |
| NAME & CONTACT:  | MOTALEB (H/P: 8905 6159)   |  |                      |                |  |               |
| NAME & CONTACT:  | HASAN MATEO (H/P: 8371 9774)   |  |                      |                |  |               |
| POLICE REPORT:   | NO / IF YES, WHERE?  |  |                      |                |  |               |
| NOTICE OF INTENDED PROSECUTION GIVEN?  | NO / IF YES, WHO?  |  |                      |                |  |               |
| VEHICLE B REG NO:  | Smm 1817 G   |  | ANY PASSENGERS:      | N-A            |  |               |
| NAME OF DRIVER:  |  |  |                      |                |  |               |
| CONTACT NO:  |  |  |                      |                |  |               |
| VEHICLE C REG NO:  | GBB 6856 Z   |  | ANY PASSENGERS:      |                |  |               |
| VEHICLE D REG NO:  |  |  |                      |                |  |               |
| ANY PASSENGERS:  |  |  |                      |                |  |               |
| VEHICLE E REG NO:  |  |  |                      |                |  |               |
| ANY PASSENGERS:  |  |  |                      |                |  |               |
| VEHICLE F REG NO:  |  |  |                      |                |  |               |
| ANY PASSENGERS:  |  |  |                      |                |  |               |
| VEHICLE G REG NO:  |  |  |                      |                |  |               |
| ANY PASSENGERS:  |  |  |                      |                |  |               |
| ANY WITNESS? IF YES, NAME:   | N-A  |  | WITNESS CONTACT:     | N-A            |  |               |
| WAS THERE ANY VIDEO CAPTURE?   | <input checked="" type="checkbox"/> YES / <input type="checkbox"/> NO  |  |                      |                |  |               |
| WAS THERE ANY AUDIO RECORDED?  | <input checked="" type="checkbox"/> YES / <input type="checkbox"/> NO  |  |                      |                |  |               |
| ACCIDENT SCENE PHOTOS TAKEN?   | <input checked="" type="checkbox"/> YES / <input type="checkbox"/> NO  |  |                      |                |  |               |
| ACCIDENT PORTION:  | Rear Portion   |  |                      |                |  |               |
| Have you been approach by unknown person soliciting (s) / offering accident claims assistance? | <input checked="" type="checkbox"/> YES / <input type="checkbox"/> NO  |  |                      |                |  |               |
| WORKSHOP PARTICULAR:   | Twencar Automotive Pte Ltd.  |  |                      |                |  |               |
| CONTACT NO:  | 68420051 / 67440510  |  |                      |                |  |               |
| CONTACT PERSON:  | JOSEPH TAN   |  |                      |                |  |               |
| FAX NO:  | 67410510   |  |                      |                |  |               |
| WORKSHOP EMAIL:  | sales@n51.com.sg   |  |                      |                |  |               |



# CERTIFICATE OF INSURANCE

## COMMERCIAL AUTOPLUS COMMERCIAL VEHICLE

**Name of Policyholder** : WINTER AIR PTE LTD  
**Period of Insurance** : 25 Nov 2020 To 24 Nov 2021  
**Engine No.** : 1KD2546479  
**Chassis No.** : JTFHT02P500181186

**Vehicle No.** : GBE3429C  
**Policy No.** : 2070148783  
**Endorsement No.** :  
**Issued Date** : 27 Oct 2020

### 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** : 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**: 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).

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.

See Khuan Jennifer Lim