

# NATIONAL Assessment Centre Services

Date In: 07/10/21	Job description	Date & Time Completed	Done by
Ref No: NA/AIG21010324/13	SAs e-filing		
Veh No: GBK7327E	E-mail (w/det, 8hrs, A/C 2hrs)		
DOA: 26/09/21 1230	i-Motor Claim 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/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: SHA91443	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

NA2104149	<b>Invoice Preparation Checklist</b>	Ant (\$) 1st Bill	Ant (\$) Add Bill
<b>Claimant's Particulars:-</b>	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:-	For claiming against INC Only (wef 10 Jan 2005)		
Cat. 1:	6) TR: Re-inspection \$75		
Cat. 2/3:	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD:		
	*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 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 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. 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	07/10/2021 12:17 (SGT)
Date of Accident	26/09/2021 12:30 (SGT)
Exact Location of Accident	Serangoon Central, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBK7327E
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#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	CAUTHEN TRADING LLP
Company Reg No	TXXXXX913K
Email Address	cauthenllp@singnet.com.sg
Mobile Phone No	(Phone) +65-68443062
Alternative Phone No	(Office) +65-68443062

#### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Dyna
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
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	2070152618
Cover Note Number	-

#### DRIVER

Name of Driver	HOE POH YOON
NRIC No	SXXXX055G

Date Of Birth	24/02/1957
Occupation	Outdoor
Date Of Driving Pass	19/10/1977
Driving experience	43 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98256706
Alt. Phone Number	-
Email Address	cauthenlp@singnet.com.sg
Address	BLK 109 SERANGOON NORTH AVE 1
Address complement	#07-663
Postcode	550109
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

#### PASSENGER 1

Name	LIE ENG NOI
Gender	Female

#### 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	HAVEN'T RETRIEVE
Was there any audio recorded?	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHA9144J
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category	Taxi
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.



*WA* 08/10/21 *sym* 07/10/21

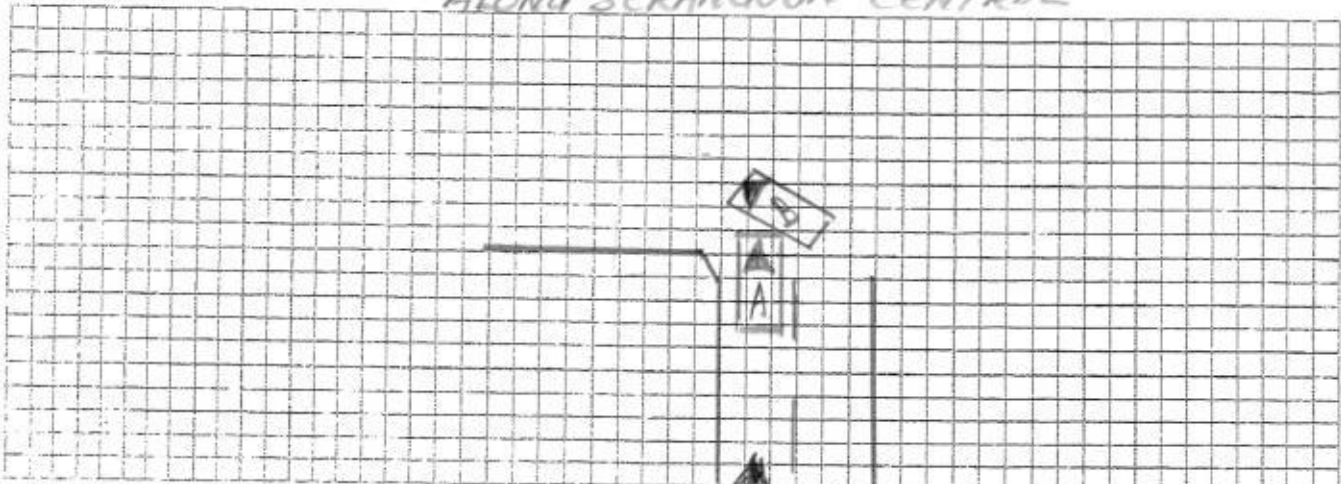
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

#### Sketch Plan

ALONG SERANGOON CENTRAL



A-GBK7327E

B-SHA9144J

Describe Circumstances of the Accident


I going home to Selangor North Ave 1,  
Suddenly the taxi no. SHA 9144 I cut  
into my lane. He hit my front right  
side portion of my vehicle.


Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date &  
Time

 06/10/21  
Driver's Signature (If driver is not the policyholder) / Date  
& Time

 07/10/21  
Witnessed by Reporting Centre  
Personnel



# ACCIDENT STATEMENT

ACCIDENT DATE: 26/09/21 (DD/MM/YYYY), TIME: 12:30 (HH:MM)

LOCATION: ALONG SERANGOON CENTRAL

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: QBK7327E  
 b) INSURANCE COMPANY: AIG  
 c) POLICY NUMBER: 2070152618-0144  
 d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT  
 e) MAKE & MODEL: \_\_\_\_\_  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: \_\_\_\_\_  
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)  
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

## 2. INSURED / POLICY HOLDER

- a) NAME: CAUTHER TRADING LLP (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 68443062  
 c) ADDRESS: \_\_\_\_\_

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

### DRIVER

- a) NAME: HOE POH YOON (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S1252055G CONTACT: 98256706  
 c) ADDRESS: BLK 109 SERANGOON NORTH AVE 1  
#07-663 (550109)

\*d) DATE OF BIRTH: 24/02/1977 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 19/10/1977

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: \_\_\_\_\_

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: \_\_\_\_\_

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SHA9144J MODEL: \_\_\_\_\_  
 b) DRIVER'S NAME: \_\_\_\_\_  
 c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

## 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_  
 e) DRIVER'S NAME: \_\_\_\_\_  
 f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

\* No of passengers  
 (including driver)  
(2)

\* LIE ENGLAND  
(1)

\* No of passenger  
 (including driver)  
( )

\* No of passenger  
 (including driver)  
( )

Email = cauthen11p@singnet.com.sg

Fax =

Video =



Auto  
Consultants  
Pte Ltd

51 UBI AVE 1, #01-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 62564315

Our Ref: CC4/AIG21010003/Gre3

30 September, 2021

**CAUTHEN TRADING LLP**  
65 LORONG 27 GEYLANG  
SINGAPORE 388188

Dear Sirs,

**ACCIDENT INVOLVING GBK 7327E AND SHA 9144J ON 27/09/2021 ALONG  
AT SERANGOON CENTRAL**

We, LKK Auto Consultants Pte Ltd has been appointed to act on the behalf of your insurer, AIG Asia Pacific Insurance Pte Ltd (AIG) to settle a THIRD PARTY claim against you for an accident which happened on the above-mentioned date and location.

Kindly proceed to lodge your GIA report within five (05) working days of receipt of this letter, giving the version of the accident amongst other things related to the accident. The GIA report can be lodged at any of AIG reporting centres. You may refer to your Certificate of Insurance for the list of the reporting centres.

If you have any information to add or any amendments to make, please contact the undersigned within five days from the date of this letter.

Please note that the standing of your insurance policy such as NCD, premium & etc would be affected.

Yours faithfully,

Jaslin Kok  
Claims  
Tel : 6841 2157  
Fax: 6741 4108  
Email : jaslinkok@lkkauto.com

c.c. *Claims Manager*  
*AIG Asia Pacific Insurance Pte Ltd*  
*(Motor Claims Dept)*



# ...CLAIM SUBFOLDER...(Pending for Survey Report)

Express

## CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'ed	Status
Main	27 Sep 2021 <a href="#">Edit Reg</a>		27 Sep 2021 00:00 <a href="#">Edit Adj Rpt</a>				<b>Pending for Survey Report</b> <a href="#">Cancel Case</a>

Main

Reference

Claim Details

Documents

[Show All](#)

## CLAIM SUBFOLDER DETAILS

[Created by adjuster]

Insured:	CAUTHEN TRADING LLP , Co. Reg. No. : T09LL1913K , Tel: +6599999999		
Main Claimant:	CITYCAB PTE LTD		
Vehicle Reg. No.:	SHA9144J	Date of Loss :	26/09/2021 00:00 - :59
Claim Type:	TP / 3991542226SG	Policy/Cover Note No.:	2070152618
Vehicle Reg. No. (Insured):	GBK7327E	Policy No. (Claimant):	
		Excess:	
Repairer:	ComfortDelGro Engineering Pte Ltd (Loyang) 59 Loyang Drive, 508969 Loyang - Tel: 6214 8300		
Handling Insurer:	AIG Asia Pacific Insurance Pte. Ltd. (Express) - Tel: 65-6419-3000 ... [Handled by Tan, Bennie-WZ - 6419 1718] Bennie-WZ.Tan@aig.com		
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Handled by XING GUO QIANG] ... [Final Rpt due 06/10/2021]		

## ASSOCIATED MAIL RECEIVED

[View All](#)[Compose Case Mail](#)

- AIG\_SG (28/09/2021): DOA confirmation
- AIG\_SG (28/09/2021): No OI GIA report

## ALL ASSOCIATED TASKS

[View All](#)[Search Tasks](#)[Create New Task](#)[Complete](#)

Due Date: Priority Type Task Group Subject Handler Assigned By Completed On Created On Done?

No results.

## ALL ASSOCIATED FILE NOTES

[Create New](#)

No. Status Type Viewer/Assigned To Note Created On Created By 1st Read By

No results.

## COMMERCIAL AUTOPLUS COMMERCIAL VEHICLE

Policy No. : 2070152618-01 V1  
 Vehicle Registration No. : GBK7327E  
 Next Period of Insurance : 29 Oct 2021 to 28 Oct 2022

Date : 31 Aug 2021

**Pay your premium in 0% Interest  
 Instalments with DBS/POSB/UOB credit  
 card**

CAUTHEN TRADING LLP  
 65 LORONG 27 GEYLANG  
 SINGAPORE 388188

### RENEWAL PREMIUM

After 10% No Claim Discount

**Premium Payable (incl. GST): \$1,449.60**

### ABOUT THE COVER

Sum Insured : Market Value  
 Insuring with COE/PARF : Yes Off Peak Car : No  
 Driver Restriction : NA  
 Age Condition : All Age Condition

#### Key Benefits

Loss Of Use (7 Days) Commercial Auto, Dealer (First 3 years from original registration) + AIG Authorised Workshops, Act of God, Key Replacement Cover- \$800, In-Car Camera Excess Waiver, Strike, Riots and Civil Commotions

### EXCESS

Section 1  
 Fire - \$0 Own Damage - \$600 Theft - \$0 Flood Cover - \$0  
 Section 2  
 Property Damage - \$0  
 Windscreen : \$100

### CHANGES TO POLICY

Please refer to your existing policy documents for full terms and conditions which will be unchanged unless otherwise stated.

### IMPORTANT NOTICE

- It is your duty to disclose in this Renewal Notice, fully and faithfully, all the facts which you know or ought to know in respect of this proposed insurance and to ensure that all information provided to AIG Asia Pacific Insurance Pte. Ltd. (AIG) is accurate and updated. Information that you should disclose to AIG would relate to the vehicle and to you or your authorised driver(s). Examples of such information include a change in occupation or nature of business, a change in claim experience, revocation/suspension of driver licence/ traffic related convictions, physical impairment(s) or illness(es) affecting driving ability, modification(s) done to the Vehicle or a change in the usage of the Vehicle. These information could result in additional premium being payable by you and different terms and conditions being applied to your policy. If such information is not disclosed to AIG, your policy may be void and you may not receive any benefits under the policy.
- All modifications made to the Vehicle must also be declared to AIG and is subject to AIG's acceptance. If accepted, additional terms and conditions may apply. If you fail to disclose such modifications to AIG, your policy may be void and you may not receive any benefits under the policy.
- In addition to the policy Excess, Young, and/or inexperienced Driver Excess (YIDR) of \$3000 (before GST) will apply to you or your authorized driver who is below the age of 23 (in the case of All Age Condition policies) and/or has less than 2 years' driving experience. The YIDR Excess is not applicable to (i) Named Driver policies and (ii) any other policies which expressly exclude the YIDR Excess.
- If your policy is subject to Driver's Age Condition, we will indemnify you or any authorised driver only if he/she meets the specified age condition. Please refer to the policy terms and conditions.
- If any accident occurs any time during this renewal notice and the expiry of your current policy resulting in a claim or if AIG increases its claims reserve on an existing claim on or before the expiry of your current policy, the renewal terms quoted on this notice may be revised or AIG may choose to withdraw this renewal offer.
- If you have a comprehensive policy, windscreen cover will be automatically reinstated after each windscreen claim at no additional premium. Excess applies unless otherwise stated in the policy terms and conditions.
- To avoid road tax late payment penalty, your renewal and payment instructions must reach AIG at least 14 working days prior to expiry of your current policy. Please do not send the original road tax disc via mail as AIG will not be responsible for the loss of the road tax disc or delay in the road tax renewal.
- Please be reminded that driving or permitting someone to drive an uninsured vehicle may result in suspension of driver's license, fine and/or imprisonment.
- This Policy is protected under the Policy Owners' Protection Scheme which is administered by the Singapore Deposit Insurance Corporation (SDIC). Coverage for your policy is automatic and no further action is required from you. For more information on the types of benefits that are covered under the scheme as well as the limits of coverage, where applicable, please contact AIG Asia Pacific Insurance Pte. Ltd. or visit the AIG, GIA or SDIC web-sites ([www.aig.sg](http://www.aig.sg) or [www.gia.org.sg](http://www.gia.org.sg) or [www.sdic.org.sg](http://www.sdic.org.sg))