

# NATIONAL Assessment Centre Services

Date In: 12/10/21	Job description	Date & Time Completed	Done by
Ref No: NA/A1621010423/13	SAS e-filing		
Veh No: GBE4400C	E-mail (within 2hrs. A/C 2hrs)		
DOA: 11/10/21 1500	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: SJR9223B	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

1192104181

Claimant's Particulars :-	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
	4) FT: Follow-Through Survey \$120		
	5) iT: 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:-		
	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		
QC Checked by (Engr-In-Charge):	Invoice dated	Fee Charged	
Auditors' Comments :-	Invoice dated	Fee Charged	
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	12/10/2021 12:47 (SGT)
Date of Accident	11/10/2021 15:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	SIMEI ST 3 SLIP RD INTO SIMEI AVE
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE4400C
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	HELIOS DISTRIBUTION PTE LTD
Company Reg No	2XXXXX725K
Email Address	nveeramani1s@gmail.com
Mobile Phone No	(Phone) +65-91895883
Alternative Phone No	+65-91895883

### 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	1900247247-01
Cover Note Number	-

### DRIVER

Name of Driver	NEHRU VEERAMANI
Passport No/FIN	GXXXX511T

Date Of Birth	05/07/1993
Occupation	Outdoor
Date Of Driving Pass	18/12/2020
Driving experience	10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87109383
Alt. Phone Number	-
Email Address	nveeramani1s@gmail.com
Address	BLK 108A CANBERRA WALK
Address complement	#09-17
Postcode	751108
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	Collision - Head to Rear
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

PLS REFER TO THE ATTACHED STATEMENT.

#### 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	SJR9223B
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)	-

## SKETCH PLAN

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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;

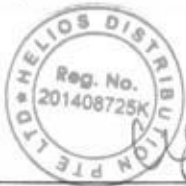
(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or

(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.



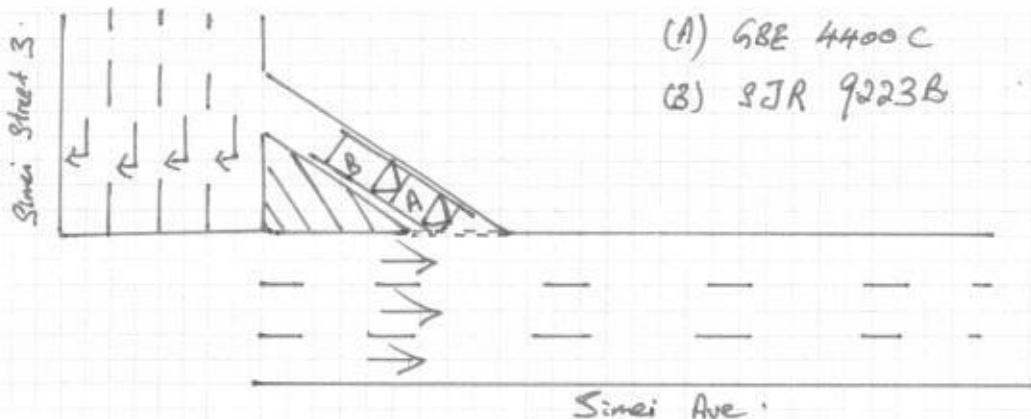
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

12/10/21

### Sketch Plan



Describe Circumstances of the Accident

On 11/10/2021 at @ 1500 hrs, I stopped my vehicle (GBE 4400C) along Simei Street 3 slip road off to Simei Ave to give way to the traffic on the main road. Suddenly, a car (SJR 9223B) from behind collided onto the rear portion of my vehicle.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

*[Signature]*

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

*[Signature]* 12/10/21

Witnessed by Reporting Centre Personnel



VEHICLE NO:	GBE 4400 C		MAKE & MODEL:	Toyota Dyna		AUTO (MANUAL)
DATE OF ACCIDENT:	11 / 10 / 2021		CC:			
TIME OF ACCIDENT:	1500 - HRS					
LOCATION OF ACCIDENT:	Simei Street 3 slip road into Simei Ave.					
EXACT PURPOSE USE DURING ACCIDENT:	<input checked="" type="checkbox"/> EMPLOYMENT <input type="checkbox"/> PRIVATE USE <input type="checkbox"/> PRIVATE HIRE					
NAME OF OWNER:	Helios Distribu					
TEL NO:	H/P: 9189 5883		OFFICE:	HOME:		
NRIC:	201408725 K.					
ADDRESS:	2, Yeshun Industrial St 1 #07-27 (S) 768 159					
EMAIL:	nveeramani15@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:	1900247247-01					
NAME OF DRIVER:	AS ABOVE / IF NO: Nehru Veeramani					
NRIC:	G 6981511 T		ANY PASSENGER:	N.A.		
DATE OF BIRTH:	05 / 07 / 1993		LICENCE PASSED DATE:	18 / 12 / 2020		
OCCUPATION:	<input checked="" type="checkbox"/> OUTDOOR <input type="checkbox"/> INDOOR					
GENDER:	<input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE					
CONTACT NO:	H/P: 8710 9383		OFFICE:	HOME:		
ADDRESS:	BLK 108A Canberra Walk #09-17 (S) 751108					
EMAIL:	nveeramani15@gmail.com					
DOES DRIVER OWNED ANY VEHICLE:	<input checked="" type="checkbox"/> NO <input type="checkbox"/> IF YES, REG NO:		INSURER:			
RELATIONSHIP:	Employee					
WEATHER CONDITION:	<input checked="" type="checkbox"/> CLEAR <input type="checkbox"/> RAINING <input type="checkbox"/> OTHERS:					
ROAD SURFACE:	<input checked="" type="checkbox"/> DRY <input type="checkbox"/> WET <input type="checkbox"/> OTHER:					
ANY INJURIES:	<input checked="" type="checkbox"/> NO <input type="checkbox"/> IF YES, WHO?					
NAME & CONTACT:						
NAME & CONTACT:						
POLICE REPORT:	<input checked="" type="checkbox"/> NO <input type="checkbox"/> IF YES, WHERE?					
NOTICE OF INTENDED PROSECUTION GIVEN?	<input checked="" type="checkbox"/> NO <input type="checkbox"/> IF YES, WHO?					
VEHICLE B REG NO:	SJR 9023B		ANY PASSENGERS:	N.A.		
NAME OF DRIVER:			CONTACT NO:			
VEHICLE C REG NO:			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?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>					
WAS THERE ANY AUDIO RECORDED?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>					
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? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>						
WORKSHOP PARTICULAR:	Twincar 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** : HELIOS DISTRIBUTION PTE. LTD.  
**Period of Insurance** : 08 Dec 2020 To 07 Dec 2021  
**Engine No.** : 1KD2569736  
**Chassis No.** : JTFAT35Y80K205461

**Vehicle No.** : GBE4400C  
**Policy No.** : 1900247247-01  
**Endorsement No.** :  
**Issued Date** : 01 Dec 2020

### ABOUT THE COVER

**Make/Model** : TOYOTA DYNA 150 1.7 ton [Lorry]  
**Engine Capacity/Tonnage** : 1.74 Tonnage  
**Driver Restriction** : NA  
**Sum Insured** : Market Value  
**Off Peak Car** : No  
**First Year of Registration** : 2015  
**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.

\* 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

#### 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).

0504641000  
ASSURE INSURANCE AGENCY

29 KELANTAN ROAD #01-111 KELANTAN COURT  
SINGAPORE 200029

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

**AIG Asia Pacific Insurance Pte. Ltd.**

This computer generated document does not require a signature.

Assure Insurance Agency Pte. Ltd.