

NATIONAL Assessment Centre Services SMA21A80004

Date In: 28/10/2021 16:57 Job Description: SAS e-thing Date & Time Completed: Done by:

Ref No: X1681A1402101055/4 E-mail: (by the time, A/S) Done by:

Veh No: 27/10/2021 07:40 I-Motor Claim Form Done by:

TP Insured: I-Motor W/O (Winder OD sheet, TP 4011) Done by:

I-Photo Uploaded Done by:

Assessment Survey Report Done by:

Asst Report by Fax/Hand to Owner/Visit

Preferred Wksp / HO Affiliat Wksp / OWI () Toll Fax ()

TP Incident Type () Veh No: SKM 9950A INC () / Non-INC () Toll ()

Owner / Driver () Cover Type ()

Policy No () Period ()

Continued by () Date ()

Insured/Driver Liability () % (Now Est Slows (WO) N1 0-20% P1 21-79% P1 80-100%)

Year of Registration () Warranty YES () / NO ()

Accessories () Loading: \$1,000 () / \$2,000 ()

() Will-call Customer & Customer's information strictly confidential & strictly NO for of report

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

Driver-in () / Towed-in () ; Involves VRS () / NO () ; Towed to ()

- 1) Apply for Transport Allowance () / Courtesy Car ()
- 2) QC Check / Post Repair Inspection ()
- 3) Upload Recovery Photo (Repair Costs > \$3000) ()

Injury: ()

NA 2104261

Driver/Owner	1) All Accident Insurance (QO)	
Contract No	2) PAI Survey (Initial) (\$100)	NO PAI
Damaged Portion	3) PAI Follow up	\$100
QC Checked by (Engr-in-Charge)	4) PAI Follow up with Survey	\$100
	5) PAI Follow up with Survey (Recovery)	\$100
	6) PAI Follow up with Survey (W/O) (Initial)	\$100
	7) PAI Follow up with Survey	\$100
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	100) PAI Follow up with Survey	\$100

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 28/10/2021 16:07 (SGT)
Date of Accident 27/10/2021 07:40 (SGT)
Exact Location of Accident Tampines Ave 2, Singapore
Additional Location Information TOWARDS TAMPINES AVENUE 1
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBE2912E

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner BITIL ENGINEERING PTE LTD
Company Reg No 2XXXXX897M
Email Address info@bitilengg.com
Mobile Phone No (Phone) +65-96784332
Alternative Phone No +65-96784332

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 7210018908
Cover Note Number -

DRIVER

Name of Driver BALUSAMY ANANDAN
Passport No/FIN FXXXX750N

Date Of Birth	01/06/1974
Occupation	Outdoor
Date Of Driving Pass	11/11/2003
Driving experience	17 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96784332
Alt. Phone Number	-
Email Address	info@bitilengg.com
Address	BLK 160 BUKIT BATOK STREET 11 #04-66
Address complement	-
Postcode	650160
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	Raining
Road Surface	Wet

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

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	SKM9950A
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

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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. 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 :

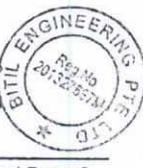
(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

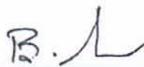
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
- (ii) investigating the accident and/or my claims;
- (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
- (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

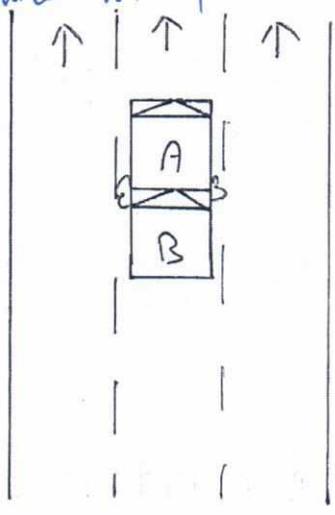



Driver's Signature (If driver is not the policyholder) / Date & Time


Witnessed by Reporting Centre Personnel

Sketch Plan *Tampines AVE2 Towards Tampines AVE1*

A: GBE 2912 E
B: SKM 9950 A

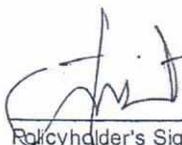


Describe Circumstances of the Accident

I was stationary along Tampines Ave 2 towards Tampines Ave 1 after Tampines St 11. Suddenly I felt a huge impact coming from the front of my vehicle A. I got down and realise vehicle B knock onto me.

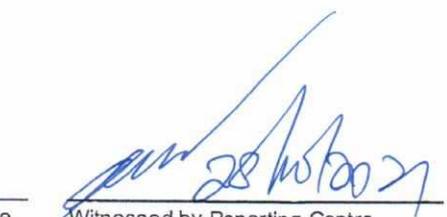
Declaration

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

Date of Accident : 27/10/2021 Accident Time: 07:40 (24-HR-FORMAT)

Accident Place : Tampines Ave 2 towards Tampines Ave 1 after Tampines st

Vehicle Reg. No (Car plate No.) : GBE 2912 E Vehicle Make/Model: TOYOTA DYNA 150 1.8

Insurance Company : AIG Policy No. 7210018908

Name of Registered Owner : Company / Individual BITIL ENGINEERING PTE LTD

ID of Registered Owner : Co Reg No: 201327897M Owner's NRIC No: _____
 Co Contact No: _____ Owner's Contact No: _____

DRIVER'S Name : BALUSAMY ANANDAN DRIVER'S NRIC No: F8211750N

DRIVER'S Date of Birth : 01 JUN 1974 DRIVER'S License Pass Date 11 NOV 2003

Relationship bet. Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Employee

DRIVER'S Address : BIK 160, Bukit Bekok st 11 #04-66, 650160

DRIVER'S Contact No./ Alt No. : 1) 9678 4332 2) _____

DRIVER'S Occupation : INDOOR \ OUTDOOR (eg. working inside or outside of an ofc) INDOOR

Email Address : info@bitileng.com

Weather & Road Surface : CLEAR & DRY \ RAINING \ WET \ AFTER RAIN & WET RAINING

Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance Claim Other Party

Number of Passengers (including Driver): 1 Name & Gender; _____

Was the accident reported to the police? YES NO

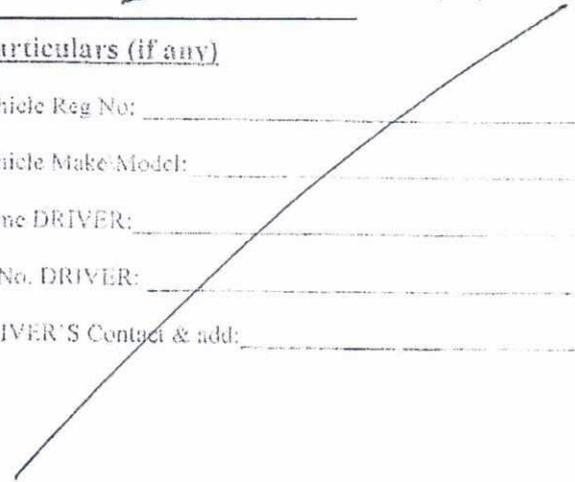
Was there any video Captured by car camera: YES NO

Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Any injuries, if yes (name of the injured person) _____

Other Party Driver's Particulars (if any)

Vehicle Reg No: SKM 9950 A	Vehicle Reg No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name DRIVER: _____	Name DRIVER: _____
IC No. DRIVER: _____	IC No. DRIVER: _____
DRIVER'S Contact & add: _____	DRIVER'S Contact & add: _____





CERTIFICATE OF INSURANCE

COMMERCIAL AUTOPLUS COMMERCIAL VEHICLE

Name of Policyholder : BITIL ENGINEERING PTE. LTD.
 Period of Insurance : 24 Feb 2021 To 22 Apr 2022
 Engine No. : 1KD2559917
 Chassis No. : JTFAT35YX0K205171

Vehicle No. : GBE2912E
 Policy No. : 7210018908
 Endorsement No. :
 Issued Date : 23 Feb 2021

ABOUT THE COVER

Make/Model : TOYOTA DYNA 150 1.8 ton [Lorry]
 Engine Capacity/Tonnage : 1.8 Tonnage
 Driver Restriction : NA
 Person or Classes of Persons Entitled to Drive* :
 Sum Insured : Market Value
 Off Peak Car : No
 First Year of Registration : 2015
 Insuring with COE/PARF : Yes

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.

Loss Of Use (7 Days) Commercial Auto

* 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 - \$600 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 or AIG SG Mobile App. Simply search and download "AIG SG" from iTunes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: Hitachi Capital Asia Pacific Pte 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).

0500656000

COWELL INSURANCE (AGENCY) P L

8 BURN ROAD #09-09 TRIVEX

SINGAPORE 369977 ANSP-NONLIFE

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

Tai Joo Lim

1004193700/ACT