

NATIONAL ASSOCIATION OF CERTIFIED SMOGERS SHEETS/BROODY

Date In: 17/11/2021 16:45	Job description: SAS e-thing	Date & Time Completed:	Done by:
Ref No: N/A/192101173619	Vehicle make/model/year, color:		
Val. No: 684 9152M	1-Meter Claim Xprin		
DOB: 16/11/2021 16:45	1-Meter W/O (W/Under 00 Shit, TP (U11))		
(1) <input checked="" type="radio"/> Reporting Only	1-Photos Uploaded		
TP Insured:	Assessment Survey Report		
Motorist Wksp/NO A#1011 Wksp/ QW1:	Assessment Report by Tax/Stand to Owner/Driver		

TP Insured/Driver: **SHEETS/BROODY** (NO) / Non-NO ()

Owner/Driver ()

Policy No () Period () Cover Type ()

Confirmed by () Date ()

Insured/Driver Liability () % (None-Use Slow (WO) N1 0-20% P1 21-70% P2 80-100%)

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

Deductible (\$) Loading \$1,000 () / \$2,000 ()

() Walk-in Customer: Customer information visibly confidential & strictly NO refer of reputation

() Total Loss Case: to e-mail insurer URGENTLY

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

- 1) Apply for Transport Allowance () / Courtesy Car ()
- 2) QC Check / Post Repair Inspection ()
- 3) Upload Repair Photo (Repair Costs \$9000) ()

Injury ()

11/21/2021	1) QC Check / Post Repair Inspection	11/21/2021
Driver/Owner	2) Upload Repair Photo (Repair Costs \$9000)	11/21/2021
Contract No	3) Apply for Transport Allowance / Courtesy Car	11/21/2021
Contract Portion	4) Total Loss Case	11/21/2021
QC Checked by (English-Chinese):	5) Walk-in Customer	11/21/2021
	6) Involves	11/21/2021
	7) Towed to	11/21/2021
	8) Driver-in / Towed-in	11/21/2021
	9) Liability	11/21/2021
	10) Warranty	11/21/2021
	11) Deductible	11/21/2021
	12) Loading	11/21/2021

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	17/11/2021 16:15 (SGT)
Date of Accident	16/11/2021 16:45 (SGT)
Exact Location of Accident	15 Leedon Heights, Singapore 267951
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH9752M
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	CHUAN GARDEN RESTAURANT PTE. LTD.
Company Reg No	2XXXXX528M
Email Address	scotchhere123@hotmail.com
Mobile Phone No	(Phone) +65-92282449
Alternative Phone No	+65-82322138

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	Auto
CC	2754

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	7210135685
Cover Note Number	-

DRIVER

Name of Driver	TAN KIAN THYE (CHEN JIANTAI)
NRIC No	SXXXX869H

Date Of Birth	02/03/1975
Occupation	Outdoor
Date Of Driving Pass	24/06/2010
Driving experience	11 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-82322138
Alt. Phone Number	-
Email Address	scotchhere123@hotmail.com
Address	BLK 609 YISHUN STREET 61 #11-247
Address complement	-
Postcode	760609
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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	SHC2057M
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) -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	TAN KIAN THYE (CHEN JIANTAI)
Gender	Male
Phone No	(Phone) +65-82322138
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	GBH9752M
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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.



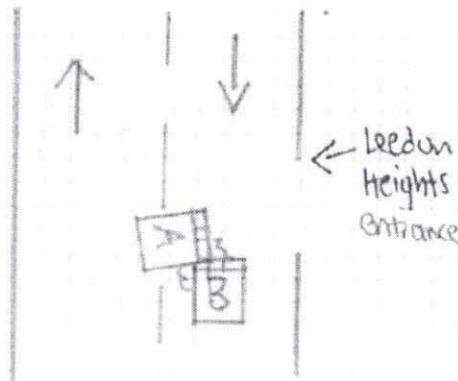
Policyholder's Signature / Date & Time

Sketch Plan

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

IS LEEDON HEIGHTS

17/11/2021
Witnessed by Reporting Centre Personnel



A: 6BH 9752M
B: SHC 12057M

Describe Circumstances of the Accident

I was turning in to Leedon Heights Condo. out of space vehicle B going opposite way of the road. And vehicle B collided onto my front portion of my vehicle.

Declaration

I/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

M

Date of Accident : 16/11/2021 Accident Time: 1645 (24-HR-FORMAT)
 Accident Place : 15 Leedon Heights
 Vehicle Reg. No (Car plate No.) : GBH9752M Vehicle Make/Model: Toyota Hiace km
 Insurance Company : AIG Policy No. 726135685
 Name of Registered Owner : Company / Individual Chuan Garden Restaurant Pte Ltd
 ID of Registered Owner : Co Reg No: 200800528M Owner's NRIC No: _____
 : Co Contact No: _____ Owner's Contact No: 92282449
 DRIVER'S Name : Tem Kiam Thye (CHEN JUAN JIA) DRIVER'S NRIC No: 57508869H
 DRIVER'S Date of Birth : 2/3/1975 DRIVER'S License Pass Date 24/6/2010
 Relationship bet. Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: _____
 DRIVER'S Address : Blk 609 Yishun St. 61 #11-247
 DRIVER'S Contact No./ Alt No. : 1) 8232 2138 2) _____
 DRIVER'S Occupation : INDOOR \ OUTDOOR (eg. working inside or outside of an ofc)
 Email Address : scotchhere123@HOTMAIL.COM
 Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
 Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance
 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) Driver

Other Party Driver's Particulars (if any)

Vehicle Reg No: SHC2057M	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 : CHUAN GARDEN RESTAURANT PTE. LTD.
 Period of Insurance : 14 Nov 2021 To 13 Nov 2022
 Engine No. : 1GD8333401
 Chassis No. : GDH2012002758

Vehicle No. : GBH9752M
 Policy No. : 7210135685
 Endorsement No. : 000000000420166
 Issued Date : 03 Nov 2021

ABOUT THE COVER

Make/Model : TOYOTA HIACE VAN 1.4 ton [Van]
 Engine Capacity/Tonnage : 1.4 Tonnage Sum Insured : Market Value First Year of Registration : 2018
 Driver Restriction : NA Off Peak Car : No 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; b) use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle; and 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: NA

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).