

# NATIONAL Assessment Centre Services

SN08222E0005

Date In: 14/2/22 18:03	Job description	Date & Time Completed	Done by
Ref No: N/A 116 22001413/T	SAS e-filing		
Veh No: GBD 6370Y	E-mail (within 24hrs. Ab. 2hrs)		
DOA: 12/2/22 19:03	I-Motor Claim Form		
OD: GP Reporting Only	I-Motor W/O (Within 101: 2hrs. 10: 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner (Vesp)		

Preferred Wksp / INC Assign Wksp / QW:	Tel:	Fax:
TP Particulars:	Veh No: SDW 8308S	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:-	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

## Invoice Preparation Checklist

	Ant (\$)	Ant (\$)
1st Bill		Add Bill
1) AR: Accident Reporting (\$30):		
2) DA: Damage Assessment (\$100): INC (\$30)		
3) TF: Towing Fee \$40/\$45		
4) FT: Follow-Through Survey \$120		
5) FT: Follow-Through Survey (Resurvey) \$30		
For claiming against INC Only (wef 10 Jan 2015)		
6) TR: Re-Inspection \$75		
7) NI: Idue DA + SMRT Survey \$160		
8) NTUC Additional Services:-		
Q11:		
*N5: Courtesy Car / Tpt Allowance \$5		
*N6: Repair Coordination \$10		
*N7: Post Repair Inspection \$25		
*N8: DV / Collect Excess Coordination \$5		
TP (N11): TP (Non INC) against INC \$20		
9) N12: Mile Mobile \$10		
Invoice dated	Fee Charged	
Invoice dated	Fee Charged	

NA2200393

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Call:

Cal. 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	14/02/2022 18:03 (SGT)
Date of Accident	12/02/2022 19:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ANG MO KIO ST 52 TOWARDS ANG MO KIO ST 51
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBD6370Y
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#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	HLC ENTERPRISES PTE LTD
Company Reg No	1XXXXX652G
Email Address	LAWRENCELIM745@GMAIL.COM
Mobile Phone No	(Phone) +65-62982424
Alternative Phone No	(Office) +65-62982424

#### VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Nv350
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	2488

#### INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	2100401454-07
Cover Note Number	-

#### DRIVER

Name of Driver	LIM AH HOCK@LIM YONG CHANG, LAWRENCE
NRIC No	SXXXX325H

Date Of Birth	29/06/1958
Occupation	Outdoor
Date Of Driving Pass	02/06/1992
Driving experience	29 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-94715029
Alt. Phone Number	-
Email Address	LAWRENCELIM745@GMAIL.COM
Address	BLK 456 ANG MO KIO AVE 10
Address complement	#06-1546
Postcode	560456
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	AFTER RAIN
Road Surface	Wet

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	4
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 CIRCUMSTANCES OF ACCIDENT.

#### 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	SDW8308S
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	SJP6102Y
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 3

Vehicle Registration Number	SMR3730H
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.
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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



*[Handwritten signature]*

*[Handwritten signature]*

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

### Sketch Plan

Vehicle A: 01BD6376Y  
Vehicle B: SDNB308S  
Vehicle C: SJP6105Y  
Vehicle D: SMR3730H

Ang mo kio St 52 towards Ang mo kio St 51

**Describe Circumstances of the Accident**

On the stated date & time, I, vehicle A (G1BD6370Y) was stationary at the stated location as the front vehicle was came to a stop. Out of sudden, I felt a huge impact from the rear portion of my vehicle. I alighted & realised vehicle B (SDW93085) collided onto the rear portion of my vehicle causing my vehicle to surge forward and collided onto vehicle C (SJP6102Y) and I was involved in a chain collision consisting of 4 vehicle.

**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 : 12/2/2022 Accident Time: 1930hrs (24-HR-FORMAT)

Accident Place : Ang mo kio St 52 towards Ang mo kio St 51

Vehicle Reg. No (Car plate No.) : G1BD63704 Vehicle Make/Model: Nissan NV350

Insurance Company : AIG Policy No. 2100401454-07

Name of Registered Owner : Company / Individual HLC Enterprises Pte Ltd

ID of Registered Owner : Co Reg No: 1992006529 Owner's NRIC No: -

: Co Contact No: 62982424 Owner's Contact No: -

DRIVER'S Name : Lim Ah Hock @ Lim Yong <sup>Chang, Lawrence</sup> DRIVER'S NRIC No: S1308325H

DRIVER'S Date of Birth : 29 June 1958 DRIVER'S License Pass Date : 03 Jun 1992

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

DRIVER'S Address : APT B1K 45b Ang mo kio Ave 10 #06-154b S(560456)

DRIVER'S Contact No./ Alt No. : 1) 9471 5029 2) -

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

Email Address : Lawrencelim745@gmail.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): 01 Passenger Name: - Gender: M/F

Was the accident reported to the police? YES \ NO Passenger Name: - Gender: M/F

Was there any video Captured by car camera: YES \ NO Any Injuries: YES \ NO Injured Name: -

Injured Name: -

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

Other Party Driver's Particulars (if any)

Vehicle Reg No: <u>SDW83085</u>	Vehicle Reg No: <u>SJP 61024</u>
Vehicle Make/Model: <u>-</u>	Vehicle Make/Model: <u>-</u>
Name DRIVER: <u>-</u>	Name DRIVER: <u>-</u>
IC No. DRIVER: <u>-</u>	IC No. DRIVER: <u>-</u>
DRIVER'S Contact & add: <u>-</u>	DRIVER'S Contact & add: <u>-</u>

Other Party Driver's Particulars (if any)

Vehicle Reg No: <u>SMR3730H</u>	Vehicle Reg No: <u>-</u>
Vehicle Make/Model: <u>-</u>	Vehicle Make/Model: <u>-</u>
Name DRIVER: <u>-</u>	Name DRIVER: <u>-</u>
IC No. DRIVER: <u>-</u>	IC No. DRIVER: <u>-</u>
DRIVER'S Contact & add: <u>-</u>	DRIVER'S Contact & add: <u>-</u>



# CERTIFICATE OF INSURANCE

## COMMERCIAL AUTOPLUS COMMERCIAL VEHICLE

Name of Policyholder : HLC Enterprises Pte Ltd  
Period of Insurance : 30 Jan 2022 To 29 Jan 2023  
Engine No. : YD25357387A  
Chassis No. : JN1MC2E26Z0003415

Vehicle No. : GBD6370Y  
Policy No. : 2100401454-07  
Endorsement No. :  
Issued Date : 14 Jan 2022

### ABOUT THE COVER

Make/Model : NISSAN NV350 PANEL VAN

Engine Capacity/Tonnage : 1.5 Tonnage

Sum Insured : Market Value

First Year of Registration : 2015

Driver Restriction : NA

Off Peak Car : No

Insuring with COE/PAFF : 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 S\$53,000 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

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: MayBank

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).

0501676000

PANG WEI TIN JENNY

371 ALEXANDRA ROAD #07-05 AIA ALEXANDRA

SINGAPORE 159963 SP-RP

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

WEI TIN JENNY PANG