

NATIONAL Assessment Centre Services SL0822240001

Date In: 15/02/2022 18:01	Job Description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NA2200488	E-mail (within 3hrs. Aft. 2hrs):		
Veh No: GBD 3184G	I-Motor Claim Form		
DDA: 14/02/2022 09:25	I-Motor W/O (Within 04. Hrs. 10-4hrs)		
OD: TP Reporting Only	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/VKSN		

Preferred Wksp / INC Assign Wksp / QW: ()		Tel: ()	Fax: ()
TP Particulars:	Veh No: SMU 1128U	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: 21-70%; 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 () / Towel-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

<p>NA2200488</p> <p>Claimant's Particulars:-</p> <p>Driver/Owner:</p> <p>Contact No:</p> <p>Damaged Portion:</p> <p>QC Checked by (Engr-In-Charge):</p> <p>Auditors' Comments:-</p> <p>Cat. 1:</p> <p>Cat. 2 / 3:</p>	<p>Invoice Preparation Checklist</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Am't (\$)</th> <th>Am't (\$)</th> </tr> <tr> <th></th> <th>1st Bill</th> <th>Add Bill</th> </tr> </thead> <tbody> <tr> <td>1) AR: Accident Reporting (\$30);</td> <td></td> <td></td> </tr> <tr> <td>2) DA: Damage Assessment (\$100); INC (\$30)</td> <td></td> <td></td> </tr> <tr> <td>3) TF: Towing Fee \$40/\$45</td> <td></td> <td></td> </tr> <tr> <td>4) FT: Follow-Through Survey \$120</td> <td></td> <td></td> </tr> <tr> <td>5) FT: Follow-Through Survey (Resurvey) \$30</td> <td></td> <td></td> </tr> <tr> <td colspan="3">For claiming against INC (only wsf 10 Jan 2005)</td> </tr> <tr> <td>6) TR: Re-inspection \$75</td> <td></td> <td></td> </tr> <tr> <td>7) NI: Idue DA + SMRT Survey \$160</td> <td></td> <td></td> </tr> <tr> <td>8) NTUC Additional Services:-</td> <td></td> <td></td> </tr> <tr> <td>ON:</td> <td></td> <td></td> </tr> <tr> <td>*N5: Courtesy Car / Tpt Allowance \$5</td> <td></td> <td></td> </tr> <tr> <td>*N6: Repair Coordination \$10</td> <td></td> <td></td> </tr> <tr> <td>*N7: Post Repair Inspection \$25</td> <td></td> <td></td> </tr> <tr> <td>*N8: DV / Collect Excess Coordination \$5</td> <td></td> <td></td> </tr> <tr> <td>TP (N11): TP (Non INC) against INC \$20</td> <td></td> <td></td> </tr> <tr> <td>9) N12: Idue Mobile \$10</td> <td></td> <td></td> </tr> <tr> <td>Invoice dated</td> <td>Fee Charged</td> <td></td> </tr> <tr> <td>Invoice dated</td> <td>Fee Charged</td> <td></td> </tr> </tbody> </table>		Am't (\$)	Am't (\$)		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 wsf 10 Jan 2005)			6) TR: Re-inspection \$75			7) NI: Idue DA + SMRT Survey \$160			8) NTUC Additional Services:-			ON:			*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: Idue Mobile \$10			Invoice dated	Fee Charged		Invoice dated	Fee Charged	
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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	15/02/2022 18:01 (SGT)
Date of Accident	14/02/2022 09:25 (SGT)
Exact Location of Accident	Yio Chu Kang Rd, Singapore
Additional Location Information	JUNCTION WITH LENTOR AVENUE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBD3784G
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	FASTEN ENTERPRISES (PTE) LTD
Company Reg No	1XXXXX740K
Email Address	kaseng_353@hotmail.com
Mobile Phone No	(Phone) +65-97586936
Alternative Phone No	+65-92737814

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Cabstar
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	2953

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	2100387067-07
Cover Note Number	-

DRIVER

Name of Driver	SIM THIAM HOCK @ TAN KENG MENG
NRIC No	SXXXX764I

Date Of Birth	03/11/1953
Occupation	Outdoor
Date Of Driving Pass	12/03/1976
Driving experience	45 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92737814
Alt. Phone Number	-
Email Address	kaseng_353@hotmail.com
Address	BLK 178 ANG MO KIO AVENUE 4 #05-955
Address complement	-
Postcode	560178
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 - Cross Junction
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	SMU1128U
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) -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	SIM THIAM HOCK @ TAN KENG MENG
Gender	Male
Phone No	(Phone) +65-92737814
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	GBD3784G
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' 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**")

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- (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.

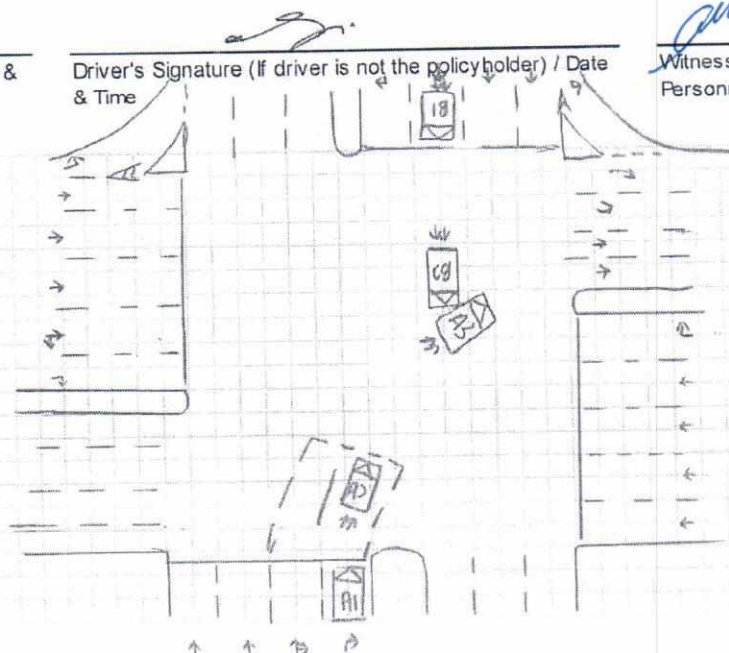


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre
Personnel

Sketch Plan



Vehicle A: ABD3784G
Vehicle B: SMU1728U

Yio Chu Kang Road
And Lenton Ave
Junction

Describe Circumstances of the Accident

On the stated date & time, I, vehicle A (G1BD37046) was stationary at the stated location on the extreme right lane as the turn right arrow turn to green. I slowly proceed to turn right towards Lorfor Ave. Out of sudden, vehicle B (SMU1128U) dashed out from the opposite direction from my left and collided onto the left portion of my vehicle causing damages.

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

15/02/2022

Date of Accident : 14/2/2022 Accident Time: 0725hrs (24-HR-FORMAT)
 Accident Place : Yio Chu kang Rd and Lentor Ave Junction
 Vehicle Reg. No (Car plate No.) : GBD 3784G Vehicle Make/Model: _____
 Insurance Company : AGU Policy No. 2100387067-07
 Name of Registered Owner : Company / Individual Fasten Enterprises (Pte) Ltd
 ID of Registered Owner : Co Reg No: 197902740K Owner's NRIC No: _____
 : Co Contact No: _____ Owner's Contact No: 9758 6936
 DRIVER'S Name : Sim Thiam Hock DRIVER'S NRIC No: S0910764I
 : @ Tan Keng Meng
 DRIVER'S Date of Birth : 03 Nov 1953 DRIVER'S License Pass Date 12 mar 1976
 Relationship bet. Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: _____
 DRIVER'S Address : MPT BIK 178 Ang mo Kio Ave 4 #05-955 S (56078)
 DRIVER'S Contact No / Alt No. : 1) 9273 7814 2) _____
 DRIVER'S Occupation : INDOOR / OUTDOOR (eg. working inside or outside of an ofc)
 Email Address : kaseng_353@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): 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: Sim Thiam Hock
 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>Smu1128U</u>	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: _____

Other Party Driver's Particulars (if any)

Vehicle Reg No: _____	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 : Fasten Enterprises (Pte) Ltd
Period of Insurance : 23 Sep 2021 To 22 Sep 2022
Engine No. : ZD30342018K
Chassis No. : JN1SC2F24Z0856462

Vehicle No. : GBD3784G
Policy No. : 2100387067-07
Endorsement No. :
Issued Date : 17 Aug 2021

ABOUT THE COVER

Make/Model : NISSAN NEW CABSTAR

Engine Capacity/Tonnage : 1.6 Tonnage

Driver Restriction : NA

Sum Insured : Market Value

Off Peak Car : No

First Year of Registration : 2014

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

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.
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: 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).

0503133000

CHEONG CHEE MENG JEFFREY

3 TAMPINES GRANDE #05-18 AIA TAMPINES

SINGAPORE 528799 SP-TLC-DYG

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

SSCZSS