

NATIONAL Assessment Centre Services SAC 222 60005

Date In: 16/01/2022 16:57	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NPA/114220015204	E-mail (within 3hrs. Ab. 2hrs):		
Veh No: GBK 9671Y	I-Motor Claim Form		
DDA: 15/01/2022 12:30	I-Motor W/O (within 10. 2hrs. 10. 2hrs)		
OD: TP Reporting Only	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Work		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: XD 1878M	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

<p>NA2200447</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 style="width: 10%;">Amt (\$)</th> <th style="width: 10%;">1st Bill</th> <th style="width: 10%;">Add Bill</th> </tr> </thead> <tbody> <tr><td>1) AR: Accident Reporting (\$30);</td><td></td><td></td><td></td></tr> <tr><td>2) DA: Damage Assessment (\$100); INC (\$30)</td><td></td><td></td><td></td></tr> <tr><td>3) TF: Towing Fee \$40/\$45</td><td></td><td></td><td></td></tr> <tr><td>4) FT: Follow-Through Survey \$120</td><td></td><td></td><td></td></tr> <tr><td>5) FT: Follow-Through Survey (Resurvey) \$30</td><td></td><td></td><td></td></tr> <tr><td colspan="4">For claiming against INC Only (wef 10 Jan 2015)</td></tr> <tr><td>6) TR: Re-inspection \$75</td><td></td><td></td><td></td></tr> <tr><td>7) NI: Idac DA + SMRT Survey \$160</td><td></td><td></td><td></td></tr> <tr><td>8) NTUC Additional Services:-</td><td></td><td></td><td></td></tr> <tr><td colspan="4">Q11:</td></tr> <tr><td>*N3: Courtesy Car / Tpt Allowance</td><td>\$5</td><td></td><td></td></tr> <tr><td>*N6: Repair Coordination</td><td>\$10</td><td></td><td></td></tr> <tr><td>*N7: Post Repair Inspection</td><td>\$25</td><td></td><td></td></tr> <tr><td>*N8: DV / Collect Excess Coordination</td><td>\$5</td><td></td><td></td></tr> <tr><td>TP (N11): TP (N-11 INC) against INC</td><td>\$20</td><td></td><td></td></tr> <tr><td>9) N12: Idac Mobile</td><td>\$30</td><td></td><td></td></tr> <tr><td>Invoice dated</td><td>Fee Charged</td><td></td><td></td></tr> <tr><td>Invoice dated</td><td>Fee Charged</td><td></td><td></td></tr> </tbody> </table>		Amt (\$)	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: Idac DA + SMRT Survey \$160				8) NTUC Additional Services:-				Q11:				*N3: Courtesy Car / Tpt Allowance	\$5			*N6: Repair Coordination	\$10			*N7: Post Repair Inspection	\$25			*N8: DV / Collect Excess Coordination	\$5			TP (N11): TP (N-11 INC) against INC	\$20			9) N12: Idac Mobile	\$30			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	16/02/2022 16:57 (SGT)
Date of Accident	15/02/2022 12:30 (SGT)
Exact Location of Accident	Clifton Vale, Singapore
Additional Location Information	JUNCTION WITH LYNWOOD GROVE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBK9671Y
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	MR FARMER
Company Reg No	5XXXX486W
Email Address	pe@oeo.com.sg
Mobile Phone No	(Phone) +65-98101333
Alternative Phone No	+65-96367761

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	Auto
CC	2982

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	7220008257
Cover Note Number	-

DRIVER

Name of Driver	SONG CHOON SENG
NRIC No	SXXXX060G

Date Of Birth	18/09/1956
Occupation	Outdoor
Date Of Driving Pass	06/09/1980
Driving experience	41 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96367761
Alt. Phone Number	-
Email Address	raymondsong252@gmail.com
Address	BLK 774 YISHUN AVENUE 3 #12-209
Address complement	-
Postcode	760774
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 - Major/Minor Rd
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

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	XD1838M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	TAN AH KOW
Contact Number	(Phone) +65-91018839
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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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")

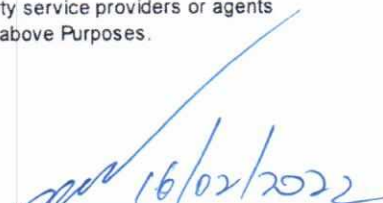
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(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.

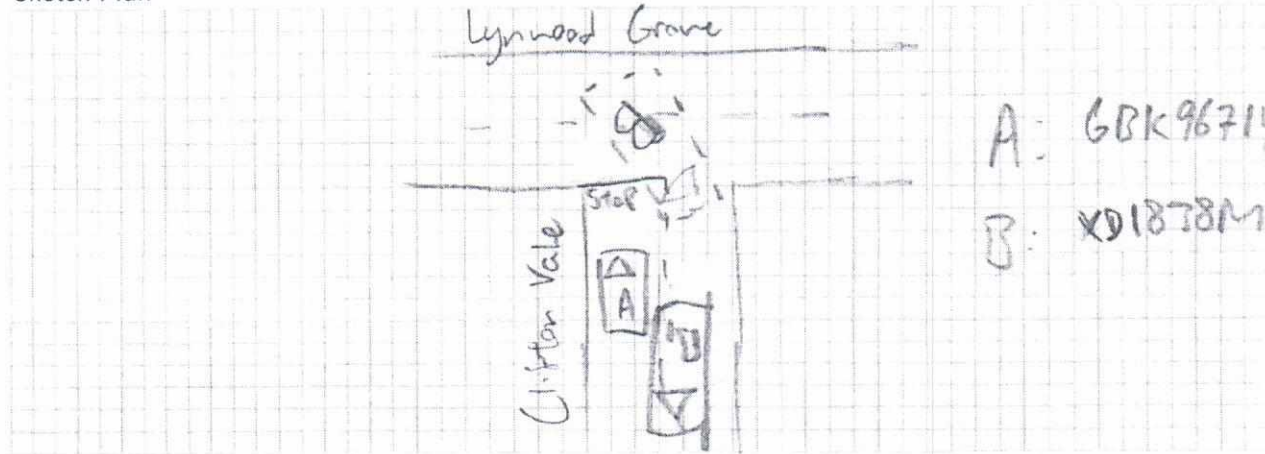

Policyholder's Signature / Date & Time




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


Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

On the above stated date & time, vehicle B, a heavy vehicle was turning into Clifton vale. I stopped ahead of the stop line to give way as it was a very big vehicle. Vehicle B from position B to position B, suddenly had its rear back on to the rear portion of my vehicle. The driver continue to drive as he mentions that he didn't realise and offered to pay for my damages. We did not come to an agreement.

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

16/02/2022

Email: sm@idac.com.sg Tel no: 6555 6888

*If no proper documents are produced, IDAC shall not file the report. Information will be discarded after one week.

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 15/02/2022 (dd/mm/yy) Time of Accident: 12 : 30 (24-HR-FORMAT)
Vehicle No.: GBK 9671 Y Vehicle Make & Model / Engine (cc): Toyota Dyna 3.0 Private Hire: (Y / N)
Exact location of Accident: Junction of Clifton Vale and Lynwood Grove
Policyholder's Name / IC No.: Mr Farmer 53340486W
Driver's Name / IC No.: Song Choon Seng S1157060G (As Above) ☐
Driver's Contact No.: 9636 7761 Company Contact No / Owner Contact No: 9810 1333
Driver's Address: Blk 774 Yishun Ave 3 #12-209 S760774
Owner Email address: pe@oco.com.sg Insurance Company: AIG
Driver Email address: raymondsong252@gmail.com

Relationship between Owner & Driver: (Please **CIRCLE** one only)

Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify: Employee

What do you wish to claim? (Please **TICK** one only)

☐ Own Insurance / ☒ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)

Exact purpose for which the vehicle was being used at time of accident?

☐ Private use / ☒ Work purpose

Occupation (nature of job) ☐ Indoor / ☒ Outdoor

*No. of Passengers (Including Driver): 1

*Passanger Name: _____

Gender: _____

*Passanger Name: _____

Gender: _____

Weather condition & Road conditions? (On the day of accident)

☒ Clear & Dry / ☐ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others: _____

Was there any video captured by your Car Camera? ☐ Yes / ☒ No

Any Injuries: ☐ Yes / ☒ No (If YES) Injured Person's Name: _____

Injuries Sustain: _____ Injured Person in Which Vehicle: _____

Police Report filed: ☐ Yes / ☒ No (If YES) Which Police Station: _____

The Other Party(s) Details:

1. Driver's Name / IC No: Tom Ah Kow Vehicle No: XD 1838 M

Driver's Contact No: 9101 8839 Insurance Company: _____

2. Driver's Name / IC No (If Any): _____ Vehicle No: _____

Driver's Contact No: _____ Insurance Company: _____

*Independent Witness (If Any): _____ Contact No: _____

Preferred Workshop Name: _____ Contact No: _____



CERTIFICATE OF INSURANCE

COMMERCIAL AUTOPLUS COMMERCIAL VEHICLE

Name of Policyholder : MR FARMER
Period of Insurance : 27 Jan 2022 To 26 Jan 2023
Engine No. : 1KDB066513
Chassis No. : KDY2318046264

Vehicle No. : GBK9671Y
Policy No. : 7220008257
Endorsement No. :
Issued Date : 24 Jan 2022

ABOUT THE COVER

Make/Model : TOYOTA DYNA 3.0 M

Engine Capacity/Tonnage : 1.9 Tonnage

Driver Restriction : NA

Sum Insured : Market Value

Off Peak Car : No

First Year of Registration : 2021

Insuring with COE/PAF : 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 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

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).

0501760000

HAN TEE TOON

AIG BUILDING 78 SHENTON WAY #09-16

SINGAPORE 079120

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

TEE TOON HAN

IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SN0822260005 Vehicle Registration No: GBK 9671Y
Name (as shown in NRIC): Bong Chuan Seng NRIC/FIN/Passport No: 888888888888
(*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
Address: _____ Singapore ()
Contact (Tel): _____ Mobile No.: 96367761
Email Address: _____
Date of Accident: 15/02/2022 Time of Accident: 12:31
Place of Accident: Chitwan Vale Junction with Lymwood Grove
Insurance Company: ALG

(B) ADDITIONAL INFORMATION /AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

INSURED NAME TO MR FARMER

Policyholder / Driver's Signature
Date:

16/02/2022
Reporting Centre Personnel's Signature
Name: Robert Loo
NRIC/FIN No.: 888888888888
Date: