

NATIONAL ASSESSMENT CENTRE SERVICES

SMU822310005

Date In: 23/03/2022 16:36	Job Description: SAs e-filing	Date & Time Completed:	Done by:
Ref No: NGA/AG220026904	E-mail (attach file):		
Veh No: GBE 1861A	i-Motor Claim Form		
Doc: 12/03/2022 12:05	i-Motor W/O (wasm. of 21/11/2019)		
TP (Reporting Onl)	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: ()	Tel: ()	Fax: ()
TP Particulars:	Veh No: GBE 2876X	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 or 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

NA2200T12	Invoice Preparation Checklist		Am't (\$)	Am't (\$)
			1st Bill	AM Bill
Claimant's Particulars :-	1) AR: Accident Reporting (\$30)			
Driver/Owner:	2) DA: Damage Assessment (\$100), INC (\$80)			
Contact No:	3) TF: Towing Fee \$40/\$45			
Damaged Portion:	4) FT: Follow-Through Survey \$120			
	5) RT: Follow-Through Survey (Resurvey) \$30			
	For claiming against INC Only (wef 10 Jan 2005)			
	6) TR: Re-inspection \$15			
	7) N1: Ideal DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
QC Checked by (Engr-In-Charge):	Q1C			
	*N3: Courtesy Car / Tpt Allowance \$5			
	*N4: Repair Coordination \$10			
	*N7: Post Repair Inspection \$10			
Auditors' Comments :-	*N8: DV / Collect Excess Coordination \$5			
Cat 1:	TP (N11), TP (N4 & N8) against INC			
Cat 2 & 3:	9) N12: Blue Mobile \$30			
	Invoice dated	Engr/Checked		
	Invoice dated	Engr/Checked		

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	23/03/2022 16:36 (SGT)
Date of Accident	12/03/2022 12:05 (SGT)
Exact Location of Accident	Braddell Rd, Singapore
Additional Location Information	(LORNIE)TOWARDS CTE (SLE) JUNCTION OF LOR CHUAN
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE1861A
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	B & J TRADING & MANUFACTURING PTE. LTD
Company Reg No	2XXXXX777G
Email Address	bnjtrading@yahoo.com.sg
Mobile Phone No	(Phone) +65-93851273
Alternative Phone No	+65-93851273

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	Manual
CC	2754

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	7210094145
Cover Note Number	-

DRIVER

Name of Driver	TAY KWANG SENG
NRIC No	SXXXX111B

Date Of Birth	29/01/1970
Occupation	Outdoor
Date Of Driving Pass	05/12/1987
Driving experience	34 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93851273
Alt. Phone Number	-
Email Address	bnjtrading@yahoo.com.sg
Address	3, VAUGHAN ROAD
Address complement	-
Postcode	358077
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?	Yes
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBF2876X
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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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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.

B&J Trading & Manufacturing Pte Ltd

Reg. No.: 200514777G

Tel: 6475 7150 Fax: 6475 7152

E-mail: bnjtrading@yahoo.com.sg

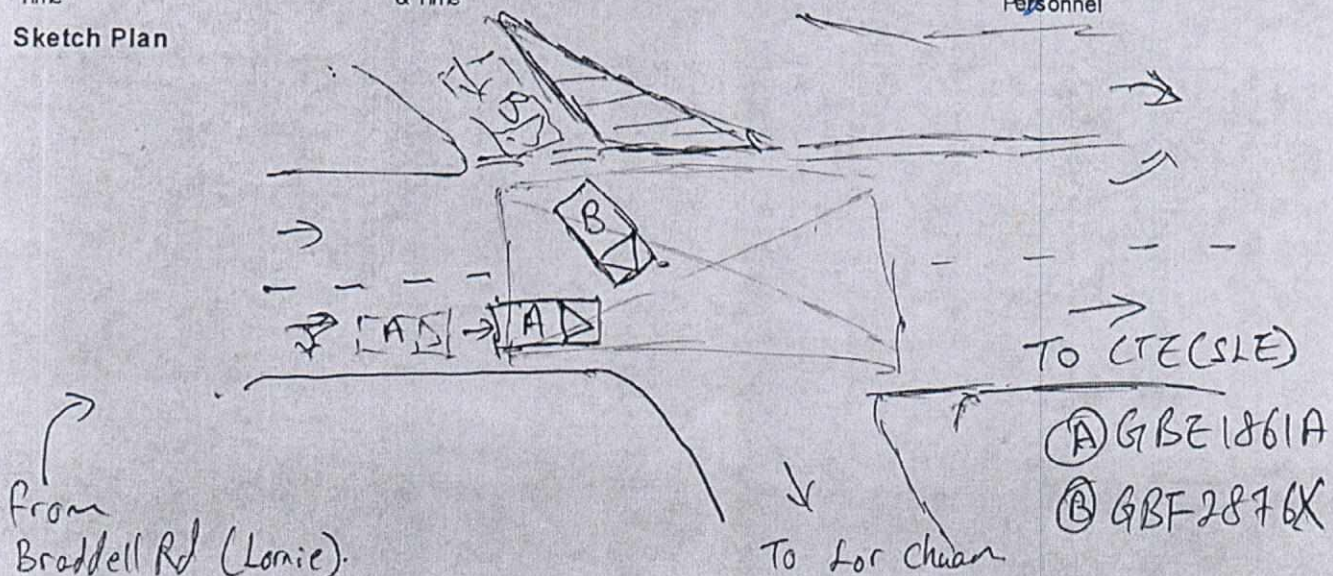
Blk 3016 #04-01 Bedok North Ave 4 S'pore 489947

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

I was travelling from Braddell Rd (Lorne) direction entering CTE (SLE) while driving pass Junction of Lor chuan, Veh B dash out to enter into Lor chuan and collided onto my vehicle. Veh B driver refuse to exchange particular.

B&J Trading & Manufacturing Pte Ltd

Reg. No.: 200514777G

Tel: 6475 7150 Fax: 6475 7152

E-mail: bnjtrading@yahoo.com.sg

Blk 3016 #04-01 Bedok North Ave 4 S'pore 480047

Declaration

B&J Trading & Manufacturing Pte Ltd
Reg. No.: 200514777G
Tel: 6475 7150 Fax: 6475 7152
E-mail: bnjtrading@yahoo.com.sg
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

23/03/2022

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: SN08223N0C05 Vehicle Registration No: 8BE 1861A
Name (as shown in NRIC) Joy Kurnach Sene NRIC/FIN/Passport No: 8XXXXX1113
(*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
Address: _____ Singapore ()
Contact (Tel): _____ Mobile No.: 93851273
Email Address: _____
Date of Accident: 12/03/2022 Time of Accident: 12:05
Place of Accident: BRADFIELD ROAD
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:

DATE OF ACCIDENT TO 12/03/2022

Policyholder / Driver's Signature
Date:

23/03/2022
Reporting Centre Personnel's Signature
Name: Rosa Loo
NRIC/FIN No.:
Date:

W

Date of Accident: 12/03/2022 (dd/mm/yy) Time of Accident: 12:05 PM (24-HR-FORMAT)
Vehicle No.: GBE1861A Vehicle Make & Model / Engine (cc): Toyota Hiace Private Hire: ☒
Exact location of Accident: Braddell Rd (Lorne) Towards CTE (SLE) Junction of Lor Chuan
Policyholder's Name / IC No.: BJS Trading & Manufacturing Pte Ltd ROC/UEN (Company): 200514777G
Driver's Name / IC No.: Tay Kwang Seng / S7006111B (As Above) ☐
Driver's Contact No.: 9385073 Company Contact No / Owner Contact No: _____
Driver's Address: 3, Vaughan Rd S (358077)
Owner Email address: bjs trading@yahoo.com.sg Insurance Company: AIG
Driver Email address: _____

Relationship between Owner & Driver: (Please **CIRCLE** one only)
Owner / Spouse / Children / Friend / Parents / Sibling / Relative ☒ Employee / Hirer or Others specify: _____

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

*Passenger Name: _____

Gender: Male / Female x()

*Passenger Name: _____

Gender: Male / Female x()

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 Remarks: _____

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: _____ Vehicle No: GBF2876X

Driver's Contact No: _____ 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 : B&J TRADING & MANUFACTURING PTE. LTD.
Period of Insurance : 23 Sep 2021 To 22 Sep 2022
Engine No. : 1KD2545472
Chassis No. : KDH2010174527

Vehicle No. : GBE1861A
Policy No. : 7210094145
Endorsement No. :
Issued Date : 25 Aug 2021

ABOUT THE COVER

Make/Model : TOYOTA HIACE 1.6 ton [Van]
Engine Capacity/Tonnage : 1.6 Tonnage
Driver Restriction : NA
Sum Insured : Market Value
Off Peak Car : No
First Year of Registration : 2015
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

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).

0500678000

THOMSON CREDIT (S) PTE LTD

310 THOMSON ROAD

SINGAPORE 307657 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.

0500678000