

**NATIONAL Assessment Centre Services:** (wef 1 Jan 08) **SA09225 R000 B**

Date In: <b>27/05/2022 17:39</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NBHM 22050887</b>	SAS e-filing		
Veh No: <b>GBH 4831C</b>	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: <b>17/05/2022 16:40</b>	i-Motor Claim Form		
OD: <b>TP</b> / Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: ( ) Tel: ( ) Fax: ( )

TP Particulars: Vch No: **GBH 4831C** 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

**NA2201458**

Statement's Particulars:

Driver/Owner: ( )

Contact No: ( )

Damaged Portion: ( )

C Checked by (Engr-In-Charge): ( )

Auditors' Comments: ( )

1.1: ( )

1.2/3: ( )

Invoice Preparation Checklist		Am (\$)	Am (\$)
		Inc Bill	Ass. Bill
1) AR: Accident Reporting (\$30);			
2) DA: Damage Assessment (\$100); INC (\$80)			
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 2005)			
6) TR: Re-inspection \$75			
7) NI: Idno DA + SMRT Survey \$160			
8) NTUC Additional Services:			
ON*			
*N3: Courtesy Car / Tpt Allowance	\$5		
*N6: Repair Co-ordination	\$10		
*N7: Post Repair Inspection	\$25		
*N8: DV / Collect Excess Coordination	\$5		
TP (N11): TP (Non INC) against INC	\$20		
9) N12: Idno Mobile	\$0		
Invoice dated	Fee Charged		
Invoice dated	Fee Charged		



## 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	27/05/2022 17:50 (SGT)
Date of Accident	27/05/2022 16:40 (SGT)
Exact Location of Accident	Commonwealth Ave W, Singapore
Additional Location Information	TOWARDS HOLLAND ROAD
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH4531C
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#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	MAXLINES DISTRIBUTORS
Company Reg No	5XXXX081B
Email Address	hancarrepairs@gmail.com
Mobile Phone No	(Phone) +65-96391418
Alternative Phone No	+65-96391418

#### 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	2070132761-01
Cover Note Number	-

#### DRIVER

Name of Driver	LIM TAU CHEONG
NRIC No	SXXXX158E

Date Of Birth	05/05/1972
Occupation	Outdoor
Date Of Driving Pass	09/07/1992
Driving experience	29 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96391418
Alt. Phone Number	-
Email Address	hancarrepairs@gmail.com
Address	BLK 92 COMMONWEALTH DRIVE #01-176
Address complement	-
Postcode	140092
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	OWNER
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 - Head to Rear
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	GBC889M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	TANG MENG CHOONG
NRIC No	SXXXX914B
Contact Number	(Phone) +65-93655275
Address	-

Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-



## SKETCH PLAN

VEHICLE NO:  
DATE OF ACCIDENT:

### IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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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**.
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5. **Any false reporting may be referred to the Police for investigation.**
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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.



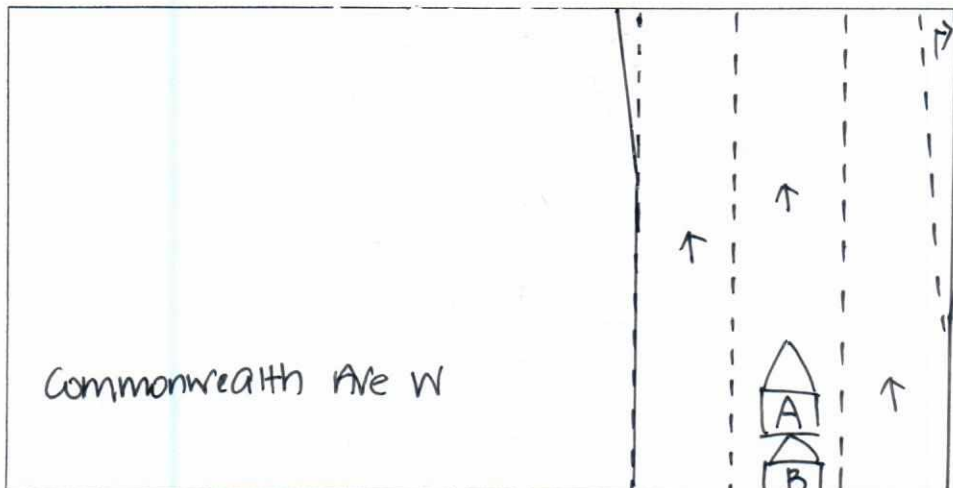
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

27/05/2022

### Sketch Plan

	<p>Vehicle A: GBF4531C</p> <p>Vehicle B: GBC889M</p>
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Describe Circumstances of the Accident VEHICLE NO:

DATE OF ACCIDENT:

I was travelling along Commonwealth Ave W on 27.05.22 on 1640hrs.

The vehicles in front of me stopped due to the traffic light ahead.

I followed and came to a complete stop. Moments later, vehicle B came from behind and hit onto me.

REPORTING ONLY ( )

OWN DAMAGE ( )

THIRD PARTY ( )

OWN WORKSHOP ( )

**Declaration** NOTE: DO NOTE THAT YOU MAY HAVE 14-DAYS TIMEFRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR POLICY. PLEASE REFER TO YOUR POLICY FOR MORE INFORMATION.

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



PERSONAL PARTICULARS

Date of Accident: 27/5/2022 Time of Accident: 4:40 <sup>pm</sup> (24Hrs)  
Vehicle No: GBF 4531C Vehicle Make/Model: Toyota Hiace  
Exact Location of Accident: Along Commonwealth Ave w towards ~~the~~ Holland  
Owner's Name/NRIC: Maxlines Distributors 53029081 B  
Driver's Name/NRIC: Lim Tau Cheong J/c No: 57215158 E  
Driver's Contact: 96391418 Insurance Co & Policy No: AIG Ins: 2070132761-01  
Driver's Email Address: hancarepairs@gmail.com  
Relationship between Owner & Driver: Spouse/Children/Friend/Parents/Others specify: \_\_\_\_\_

What do you wish to claim (Please circle one only)

1) Own Insurance 2) Other Vehicle (The one you want to claim against) 3) Reporting (For Recording Purposes)

Exact Purpose for which the vehicle was being used at time of accident? (Please circle one only)

Private Use / Work Purpose

Weather Condition & Road Conditions?

Clear & Dry / Raining & Wet / After-Rain & Wet / Drizzling & Wet

Occupation

Indoor / Outdoor

Any Injuries? (MC of 3 Days or more, police report is required)

Yes (No) If Yes, which police station? \_\_\_\_\_

The Other Party (Vehicle B) Details

Driver's Name/IC: Tang Meng Cheong 51297914 B Vehicle No: GBC 889 m Lorry

Insurance Company: \_\_\_\_\_ Driver's Contact: 93655272

(If more than 2 vehicles involved, please indicate the other party vehicle numbers below)

Other Vehicle (Vehicle C): \_\_\_\_\_

Independent Witness (If Any): \_\_\_\_\_ Contact: \_\_\_\_\_

Preferred Workshop (If Any): \_\_\_\_\_ Contact: \_\_\_\_\_



# CERTIFICATE OF INSURANCE

## COMMERCIAL AUTOPLUS COMMERCIAL VEHICLE

**Name of Policyholder** : MAXLINES DISTRIBUTORS  
**Period of Insurance** : 27 Oct 2021 To 26 Oct 2022  
**Engine No.** : 1KD2592929  
**Chassis No.** : KDH2010190610

**Vehicle No.** : GBF4531C  
**Policy No.** : 2070132761-01  
**Endorsement No.** :  
**Issued Date** : 14 Oct 2021

### ABOUT THE COVER

**Make/Model** : TOYOTA HIACE VAN 1.4 ton [Van]  
**Engine Capacity/Tonnage** : 1.4 Tonnage  
**Driver Restriction** : NA  
**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.  
**Sum Insured** : Market Value  
**Off Peak Car** : No  
**First Year of Registration** : 2016  
**Insuring with COE/PAFF** : Yes  
**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](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:** MERCEDES BENZ FINANCE CO LTD

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).

0504650000  
ALL INS AGENCY PTE LTD

22 SIN MING LANE #05-78 MIDVIEW CITY  
SINGAPORE 573969

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

**AIG Asia Pacific Insurance Pte. Ltd.**

This computer generated document does not require a signature.

SSP:JAN