

**NATIONAL Assessment Centre Services**

|                                   |  |                       |         |
|-----------------------------------|--|-----------------------|---------|
| Date In: <b>16/06/22</b>          | Job description                          | Date & Time Completed | Done by |
| Ref No: <b>NA/160622005742/13</b> | SAS e-filing                             |                       |         |
| Veh No: <b>GV5229B</b>            | E-mail (within 8hrs. AIC 2hrs)           |                       |         |
| D.O.A: <b>16/06/22 1430</b>       | i-Motor Claim Form                       |                       |         |
| OD: TP <b>Reporting Only</b>      | i-Motor W/O (Within: OI: 2hrs, TP 4hrs)  |                       |         |
| TP Insurer:                       | i-Photo Uploaded                         |                       |         |
|                                   | Assessment/Survey Report                 |                       |         |
|                                   | Ass't Report by Fax / Hand to Owner/Wksp |                       |         |

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

TP Particulars: Veh No: **SM637894** 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)**

1) Apply for Transport Allowance ( ) / Courtesy Car ( )

2) QC Check / Post Repair Inspection ( )

3) Upload Resurvey Photo [Repair Cost > \$3000] ( )

Injury: \_\_\_\_\_

**Date/Time Actions**

| Date/Time | Actions |
|-----------|---------|
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |

**NA201693 Invoice Preparation Checklist**

| Claimant's Particulars :-       | Invoice Preparation Checklist                   | Amt (\$) 1st Bill | Amt (\$) Add Bill |
|---------------------------------|---|-------------------|-------------------|
| Driver/Owner:                   | 1) AR: Accident Reporting (\$30);               |                   |                   |
| Contact No:                     | 2) DA: Damage Assessment (\$100); INC (\$80)    |                   |                   |
| Damaged Portion:                | 3) TF: Towing Fee \$40/\$45                     |                   |                   |
| QC Checked by (Engr-In-Charge): | 4) FT: Follow-Through Survey \$120              |                   |                   |
| Auditors' Comments :-           | 5) FT: Follow-Through Survey (Resurvey) \$30    |                   |                   |
| Cat. 1:                         | For claiming against INC Only (wef 10 Jan 2005) |                   |                   |
| Cat. 2/3:                       | 6) TR: Re-inspection \$75                       |                   |                   |
|                                 | 7) N1: Idac DA + SMRT Survey \$160              |                   |                   |
|                                 | 8) NTUC Additional Services:-                   |                   |                   |
|                                 | QH*   |                   |                   |
|                                 | *N5: 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: Idac Mobile 30                          |                   |                   |

# 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 ..... 16/06/2022 16:02 (SGT)  
Date of Accident ..... 16/06/2022 14:30 (SGT)  
Exact Location of Accident ..... 510 Bedok North Street 3, Singapore 460510  
Additional Location Information ..... CARPARK NO BDB42  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... GV5229B

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... MAXSPEED ELECTRICAL & LIGHTING PRODUCT  
Company Reg No ..... 5XXXX946M  
Email Address ..... cititech2007@gmail.com  
Mobile Phone No ..... (Phone) +65-85880072  
Alternative Phone No ..... +65-85880072

### 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 - Reporting only  
Vehicle Category ..... Commercial vehicle  
Transmission ..... Manual  
CC ..... 2982

### INSURANCE COMPANY

Name of Insurance Company ..... AIG Asia Pacific Insurance Pte. Ltd.  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... 7210066760  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... KUA LIN CHWEE  
NRIC No ..... SXXXX472A

|  |                          |
|--|--------------------------|
| Date Of Birth  | 18/01/1960               |
| Occupation   | Outdoor                  |
| Date Of Driving Pass   | 07/03/1980               |
| Driving experience   | 42 YEARS AND 3 MONTHS    |
| Gender   | Male                     |
| Mobile Number  | (Phone) +65-85880072     |
| Alt. Phone Number  | -                        |
| Email Address  | cititech2007@gmail.com   |
| Address  | BLK 232 COMPASSVALE WALK |
| Address complement   | #11-466                  |
| Postcode   | 540232                   |
| 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 - Opening Door of Vehicle |
| Weather Conditions | DRIZZLING                           |
| Road Surface       | Wet                                 |

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)   | 0   |
| 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

PLS REFER TO THE ATTACHED STATEMENT.

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 | SMG3789Y    |
| 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' 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

*[Signature]*  
16/6/2022

*[Signature]* 16/06/22

**Sketch Plan**

BLK 510 BEDOK NORTH SF 3 C/PARK NO BDB42



A-GV5229B

B-SMG3789Y

veh A opening door

Describe Circumstances of the Accident

I parked my veh at the parking lot no 83 at BLK 510 BEDOK North st 3 open carpark.

I came back to my veh and open the driver's door as usual, than the veh B driver that was parked beside my veh said that my door hit onto his veh. I told him that I just open as usual and no damage on his veh.

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

*[Signature]* 16/6/2022 *[Signature]* 16/06/22

# ACCIDENT STATEMENT

ACCIDENT DATE: 16/06/22 (DD/MM/YYYY), TIME: 14:30 (HH:MM)

LOCATION: BLK 510 BEAK NORTH ST 3 C/PARK NO B0B4

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GVS029B  
b) INSURANCE COMPANY: AIG  
c) POLICY NUMBER: 7210066760  
d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT  
e) MAKE & MODEL: 5070TH HMC AUTO / MANUAL  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: \_\_\_\_\_  
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) NO  
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY) \_\_\_\_\_

## 2. INSURED / POLICY HOLDER

- a) NAME: MAXSPEED ELECTRICAL & LIGHTING PRODUCT (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 85880072  
c) ADDRESS: \_\_\_\_\_

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

### DRIVER

- a) NAME: ICHA LIN CHWEE (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: 52563472A CONTACT: 85880072  
c) ADDRESS: BLK 282 COMPASSVALE WALK  
#11-466 (540332)

- \*d) DATE OF BIRTH: 18/01/1960 (DD/MM/YYYY)  
e) OCCUPATION: (INDOOR / OUTDOOR)  
f) YEARS OF DRIVING EXPERIENCE: 07/03/1980

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: OWNER  
5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS DRIZZLING)  
b) ROAD SURFACE: (DRY / WET / OTHERS)  
6. WAS ANYBODY INJURED (YES / NO)  
7. a) REPORTED TO POLICE (YES / NO)  
IF YES, PLEASE STATE WHICH POLICE STATION: \_\_\_\_\_

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SM437899 MODEL: \_\_\_\_\_  
b) DRIVER'S NAME: \_\_\_\_\_  
c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

## 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_  
e) DRIVER'S NAME: \_\_\_\_\_  
f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

\* No of passenger  
(including driver)  
(0)

\* No of passenger  
(including driver)  
( )

\* No of passenger  
(including driver)  
( )

Email = cititech2007@gmail.com

fax =

VIDEO = NO



# CERTIFICATE OF INSURANCE

## COMMERCIAL AUTOPLUS COMMERCIAL VEHICLE

**Name of Policyholder** : MAXSPEED ELECTRICAL & LIGHTING PRODUCT  
**Period of Insurance** : 24 Jul 2021 To 23 Jul 2022  
**Engine No.** : 1KD2863722  
**Chassis No.** : JTFHT02P900249330

**Vehicle No.** : GV5229B  
**Policy No.** : 7210066760  
**Endorsement No.** :  
**Issued Date** : 06 Jul 2021

### ABOUT THE COVER

**Make/Model** : TOYOTA HIACE 1.1 ton [Van]  
**Engine Capacity/Tonnage** : 1.1 Tonnage  
**Driver Restriction** : NA  
**Person or Classes of Persons Entitled to Drive\*** :  
**Sum Insured** : Market Value  
**Off Peak Car** : No  
**First Year of Registration** : 2019  
**Insuring with COE/PARF** : Yes

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; and b) use whilst drawing a trailer except the towing of anyone disabled using a mechanically propelled vehicle.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**: 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).

0504640000

RADICAL TRADING PTE LTD

1 SOON LEE STREET #06-37 PIONEER CENTRE

SINGAPORE 627605

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

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

This computer generated document does not require a signature.

AIGSGMOBILEAPP