

NATIONAL Assessment Centre Services

Date In: 27/07/22	Job description	Date & Time Completed	Done by
Ref No: NA/1622007/64/13	SAS e-filing		
Veh No: GBK15B	E-mail (within 8hrs: MP 2hrs)		
D.O.A: 26/07/22 1830	i-Motor Claim Form		
OD: (TP) 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:	Veh No: SMQ5471Y	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

NA2202013	Invoice Preparation Checklist	Ant (\$) 1st Bill	Ant (\$) Add 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 \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD:		
	*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		
Auditors' Comments :-	Invoice dated	Fee Charged	
Cat 1:	Invoice dated	Fee Charged	
Cat 2 / 3:			

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	27/07/2022 17:58 (SGT)
Reported by	Driver
Date of Accident	26/07/2022 18:30 (SGT)
Exact Location of Accident	Senja Link, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBK15B
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	TOYOCEM MARKETING PTE LTD
Company Reg No	1XXXXX160W
Email Address	jaminechua@toyomart.com.sg
Mobile Phone No	(Phone) +65-97520081
Alternative Phone No	-

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	Manual
CC	2982

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	1900264927-02

DRIVER

Name of Driver	MUHAMMAD FATLI BIN LATIF
NRIC No	SXXXX913F
Date Of Birth	07/11/1983
Occupation	Indoor

Date Of Driving Pass	26/11/2010
Driving experience	11 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-88414836
Alt. Phone Number	-
Email Address	ayiektm83@gmail.com
Address	BLK 404 FAJAR RD
Address complement	#02-271
Postcode	670404
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 - Change/cross lane
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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMQ5471Y
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	MUHAMMAD FATLI BIN LATIF
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	GBK15B
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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.

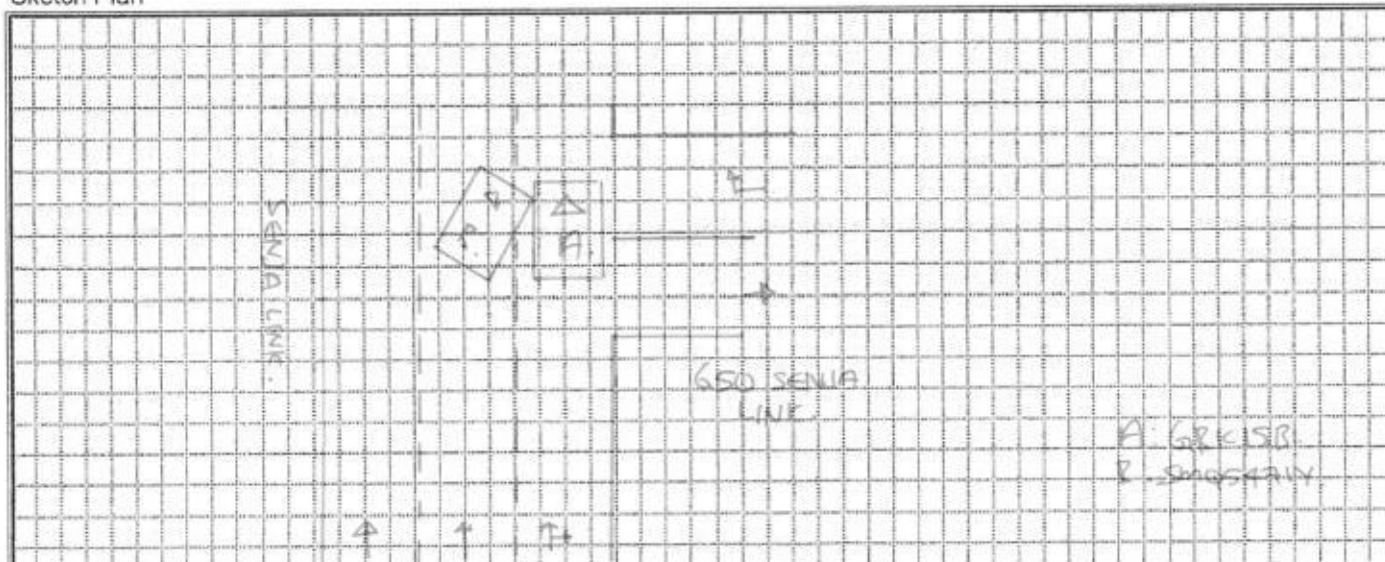


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan



Describe Circumstance of the Accident

ON THE STATED DATE AND TIME, I WAS TRAVELLING
STRAIGHT.

OUT OF NOWHERE, I FELT A HUGE IMPACT FROM THE
LEFT AND REALISED THAT VEH B HAD HIT ON THE LEFT SIDE
OF MY VEHICLE.

I WISH TO STATE THAT I COULDN'T STOP IMMEDIATELY
AFTER THE IMPACT AS WITH VEH B ACTUALLY HIT FROM THE
FRONT LEFT OF MY VEH TO THE REAR LEFT OF MY VEH.

Declaration

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

Witnessed by Reporting Centre Personnel

07/07/22

VEHICLE NO: 6BK15B		MAKE & MODEL: TOYOTA DYNA		AUTO / <u>MANUAL</u>	
DATE OF ACCIDENT		26 / 07 / 22		*CC 3	
TIME OF ACCIDENT		1830 AM / <u>PM</u>			
LOCATION OF ACCIDENT		SENUA LINK			
EXACT PURPOSE USED AT TIME OF ACCIDENT		EMPLOYMENT / PRIVATE USE / PRIVATE HIRE			
NAME OF OWNER		TOYO CHEM MARKETING. PTE LTD.			
EMAIL: JAMINECHUA@TOYOMART.com.sg		Office:		MOBILE: 97520081	
NRIC		199100160W			
CLAIM TYPE		OD / <u>THIRD PARTY</u> / REPORTING ONLY			
FLEET POLICY		YES / <u>NO</u> ?			
INSURANCE CO.		AGI			
TYPE OF COVERAGE		Comprehensive / Third Party / Third Party Fire & Theft			
POLICY NO.		1900264927-02			
NAME OF DRIVER		AS ABOVE / IF NO. MUHAMMAD FATLI RIN LATIF			
NRIC		S8333913F			
DATE OF BIRTH		07 / 11 / 83			
ANY PASSENGER		YES / <u>NO</u> : DRIVER ONLY			
NAME OF PASSENGER					
GENDER OF PASSENGER		MALE / FEMALE			
OCCUPATION		Outdoor / <u>Indoor</u>			
DATE OF DRIVING PASS		26 / 11 / 10			
GENDER		Male / Female			
CONTACT NO.		Mobile: 88414836		Office:	
EMAIL		AYIEKTM83@gmail.com			
ADDRESS		404 PAJAL RD #02-271 S(690404)			
DOES DRIVER OWN OTHER VEHICLES?		NO / If yes, Reg No.		INSURER: -	
RELATIONSHIP		Employee / If No.			
WEATHER CONDITION		Clear / Raining / Other:			
ROAD SURFACE		Dry / Wet / Other:			
ANY INJURIES		No / If yes, Who? DRIVER			
CONVEYED BY AMBULANCE		No / If yes, Who?			
POLICE REPORT		No / If yes, Where?			
NOTICE OF INTENDED PROSECUTION GIVEN?		NO / IF YES, WHO?			
VEHICLE B NO.		SMQ5471Y		Any Passenger: 1 DRIVER 1 PASSENGER	
NAME					
CONTACT NO.					
VEHICLE C NO.				Any Passenger:	
VEHICLE D NO.				Any Passenger:	
VEHICLE E NO.				Any Passenger:	
VEHICLE F NO.				Any Passenger:	
ANY WITNESS					
WITNESS CONTACT NO.					
WAS THERE ANY VIDEO CAPTURE?		YES / <u>NO</u>			
WAS THERE ANY AUDIO RECORDED?		YES / <u>NO</u>			
SCENE ACCIDENT PHOTOS TAKEN?		YES / <u>NO</u>			
Who is Reporting		Driver / Owner / Both			
Original Language Used		English / Mandarin / Others:			
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?		YES / <u>NO</u>			



CERTIFICATE OF INSURANCE

COMMERCIAL AUTOPLUS COMMERCIAL VEHICLE

Name of Policyholder : Toyochem Marketing Pte Ltd
Period of Insurance : 30 Dec 2021 To 29 Dec 2022
Engine No. : 1KD2668828
Chassis No. : JTFAT35Y20K207240

Vehicle No. : GBK15B
Policy No. : 1900264927-02
Endorsement No. :
Issued Date : 06 Dec 2021

ABOUT THE COVER

Make/Model : TOYOTA DYNA 2 ton [Lorry]
Engine Capacity/Tonnage : 2 Tonnage
Driver Restriction : NA
Sum Insured : Market Value
Off Peak Car : No
First Year of Registration : 2016
Insuring with COE/PAFF : 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" ("YIDER") 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.
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: ETHOZ Capital 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).

0691713000

JENNIFER TEO GEOK HONG

371 ALEXANDRA ROAD #07-23 AIA ALEXANDRA
SINGAPORE 159963 SP-CITHOMAS-BSTAN

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

TEO GEOK HONG