

NATIONAL Assessment Centre Services: (with 1 Job No) **SN0822800002**

Date: **30/08/2022** Time: **17:36**

Job description: **SAS e-filing**

Date & Time Completed: **30/08/2022** Done by: **GBH 2851G**

Job No: **GBH 2851G**

Job Description: **E-mail (with photo, AIC sheet)**

Job No: **27/08/2022** Time: **19:00**

Job Description: **1-Motor Claim Form**

Job Description: **1-Motor W/O (with photo, AIC sheet, TP 4 sheet)**

Job Description: **1-Photo Uploaded**

Job Description: **Assessment/Survey Report**

Job Description: **Ass't Report by Fax / Hand to Owner/WKSP**

TP: **Reporting Only**

TP Insurer: **KY**

TP Insurer: **KY**

Referred WKSP / INC Assign WKSP / QW: **SAE 7045 H. INC () / Non-INC ()**

P Particulars: **Yeh No: SAE 7045 H. INC () / Non-INC ()**

Owner / Driver: **Tel: ()**

Policy No: **()** Period: **()** Cover Type: **()**

Confirmed by: **()** Date: **()** Time: **()**

Insured/Driver Liability: **()** (%) (Note: Est. Status (WO): NI 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: **()**

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

2) QC Check / Post Repair Inspection **()**

3) Upload Resurvey Photo [Repair Cost > \$3,000] **()**

Injury: **()**

Date/Time: **()** Action: **()**

NA2200288

Driver/Owner: **()**

Contact No: **()**

Damaged Portion: **()**

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

Auditors: **()**

1.1: **()**

1.2/3: **()**

Invoice Preparation Checklist:

1) AR: Accident Reporting (\$30)	
2) DA: Damage Assessment (\$100)	INC (\$30)
3) TP: Towing Fee	\$10/\$45
4) FT: Follow-Through Survey	\$120
5) PT: Follow-Through Survey (Ensurvey)	\$30
For claimants only: NIP Only (wef 10 Jan 2023)	
6) TR: Re-inspection	\$75
7) NI: Inc DA + SMRT Survey	\$160
8) NTUC Additional Services:	
ON:	
*N1: Courtesy Car / Tpl Allowance	\$5
*N6: Repair Coordination	\$10
*N7: Post Repair Inspection	\$25
*N8: DV / Collision Process Coordination	\$5
TP (N11): TP (N11) INC against INC	\$30
9) N12: 160 Mobile	\$0

Invoice dated: **()** Fax Charged: **()**

Invoice dated: **()** Fax 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 Actual 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	30/08/2022 17:36 (SGT)
Reported by	Driver
Date of Accident	27/08/2022 19:00 (SGT)
Exact Location of Accident	Jalan Bukit Merah, Singapore
Additional Location Information	NEXT TO ALEXANDER CENTRAL
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH2851G
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	JIA SEN ENTERPRISE PTE LTD
Company Reg No	1XXXXX269R
Email Address	1688gm@gmail.com
Mobile Phone No	(Phone) +65-65367813
Alternative Phone No	-

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	2982

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	1900070250-03

DRIVER

Name of Driver	YEO CHONG KIAT
NRIC No	SXXXXX076D
Date Of Birth	06/07/1946
Occupation	Indoor

Date Of Driving Pass	24/06/1983
Driving experience	39 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91797080
Alt. Phone Number	-
Email Address	1688gm@gmail.com
Address	BLK 412 SAUJANA ROAD #11-66
Address complement	-
Postcode	670412
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	Side Swipe
Weather Conditions	Raining
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)	2
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	-

PASSENGER 1

Name	YEO ENG BOON
Gender	Male

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SNE7045H
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. Rease 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 Actual 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 Traffic Police Department for investigation.
6. The report will be forwarded by the insurers of the GIA Records IManagement 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 (POPA)**
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



Jalan Bukit Merah

A - GBH 2851G

B - SNE 7045H

Describe Circumstances of the Accident

on stated dates, times and location

I vehicle 'A' was travelling along Jalan Bukit Merah on my designated lane, while driving I suddenly felt a very huge impact from the right side of my vehicle, I then stop and alighted realized that vehicle 'B' collided onto my vehicle, vehicle 'B' driver offer me to go over to his workshop for private settlement, asking me to inform workshop that Ah Chye will pay for my damages. that all

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

30/08/2022

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: 27/08/2022 (dd/mm/yy) Time of Accident: 19 : 00 (24-HR-FORMAT)
Vehicle No.: GBH 2851 G Vehicle Make & Model / Engine (cc): Toyota Hiace Private Hire: (Y / N)
Exact location of Accident: Jalan Bukit Merah next to Alexander Central
Policyholder's Name / IC No.: Jia Sen Enterprise Pte Ltd 198804269R
Driver's Name / IC No.: Yeo Chong Kiat S0589076D (As Above) ☐
Driver's Contact No.: 9179 7080 Company Contact No / Owner Contact No: 65367813
Driver's Address: Blk 412 Saujana Road #11-66 S670412
Owner Email address: 1688gm@gmail.com Insurance Company: AIG
Driver Email address: 1688gm@gmail.com 06/07/1986 24/06/1983

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): 2

*Passanger Name: Yeo Eng Boon

Gender: Male

*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' 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: SNE 7045 H

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 AUTOPLAN COMMERCIAL VEHICLE

Name of Policyholder : Jia Sen Enterprise Pte Ltd
Period of Insurance : 10 Apr 2022 To 09 Apr 2023
Engine No. : 1KD2797137
Chassis No. : JTFHT02P900242264

Vehicle No. : GBH2851G
Policy No. : 1900070250-03
Endorsement No. :
Issued Date : 02 Mar 2022

ABOUT THE COVER

Make/Model : TOYOTA HIACE [Van]
Engine Capacity/Tonnage : 1.1 Tonnage
Driver Restriction : NA
Sum Insured : Market Value
Off Peak Car : No
First Year of Registration : 2018
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 S\$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.

* 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)

null - \$600 (Own Damage)

APPROVED REPORTING CENTRES/AUTHORISED REPAIRERS (FOR CLAIMS RELATED REPAIRS)

Any accident repairs to the Vehicle can be carried out at the repairer of Your choice (unless specifically excluded by Us).
For 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: United Overseas Bank Limited

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).

0500522000

MULTI-LINES AGENCIES

AIG BUILDING, 78 SHENTON WAY #01-K1 GEM ROOM
SINGAPORE 079120 AYSP-NONLIFE

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

Ann Wei Chew