

NATIONAL Assessment Centre Services

Date: 14/09/12	Job description	Date & Time Completed	Done by
Ref No: NM/AIG22009032/Ar3	SAS e-filing		
Veh No: GBK8022C	E-mail (within 3hrs. Aft 2hrs)		
DOA: 12/09/12 1540	i-Motor Claim Form		
OD/TP/Reporting Only	i-Motor W/O (Within: OD 2hrs. TP 4hrs)		
	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: 4L1788U	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
	MOBILE REPORTING (ADRIAN)
	IMPERIUM AUTOMOTIVE
	25 KARI BUKIT RD 4
	#01-49 SYNERGY @ KARI BUKIT
	417800

NA2202594 NA2202597		Invoice Preparation Checklist		Amt (\$)	Amt (\$)
				1st Bill	Add Bill
Claimant's Particulars :-	MOBILE REPORTING	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			
QC Checked by (Engr-In-Charge):		5) FT : Follow-Through Survey (Resurvey) \$30			
Auditors' Comments :-		For claiming against INC Only (wef 10 Jan 2005)			
		6) TR : Re-inspection \$75			
		7) NI : 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			
		Invoice date:	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 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	14/09/2022 15:27 (SGT)
Reported by	Driver
Date of Accident	12/09/2022 15:40 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	GUL CIRCLE T -JUNC
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBK8022C
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	ANAND 108(S)PTE LTD
Company Reg No	2XXXXX559Z
Email Address	jagjasjag@hotmail.com
Mobile Phone No	(Phone) +65-90036099
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	Auto
CC	2754

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	2070167564-01

DRIVER

Name of Driver	SAHARUDIN BIN RAHMAD
NRIC No	SXXXX403A
Date Of Birth	07/12/1969
Occupation	Outdoor

Date Of Driving Pass	04/07/1996
Driving experience	26 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90074234
Alt. Phone Number	-
Email Address	danerahmad@gmail.com
Address	BLK 272A JURONG WEST ST 24
Address complement	#06-78
Postcode	641272
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	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?	Yes
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?	Yes
Police Station Name	Jurong West Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002689999
Alt. Police Station Phone No	(Fax) +65-62672438
Police Station Address	700 Corporation Road Singapore 649818
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	WITH WORKSHOP

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YL1788U
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	SAHARUDIN BIN RAHMAD
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	GBK8022C
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

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.

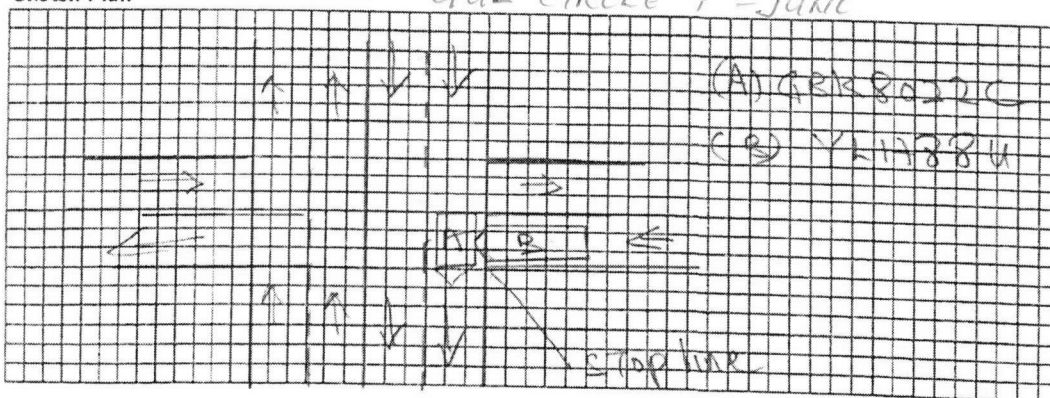


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

DO NOT REPORT

Declaration

We declare the foregoing particulars are true in every respect.



[Signature]
Policyholder's Signature / Date & Time

[Signature] 14/9/22
Driver's Signature (If driver is not the policyholder) / Date & Time

[Signature] 14/09/22
Witnessed by Reporting Centre Personnel



**SINGAPORE
POLICE FORCE**



T/20220914/2005

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

1 of 3
Report No. T/20220914/2005

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/09/2022 09:40		Vide Report No.:		Station Diary No.: 44	
Informant's Particulars					
Name of Informant: SAHARUDIN BIN RAHMAD			Address: APT BLK 272A JURONG WEST STREET 24 #06-78 SINGAPORE 641272		
ID Type / ID No.: NRIC NO / S6942403A			Contact No.: Home/Office: Mobile: 90074234		
Nationality: SINGAPORE CITIZEN			Email: banerahmad@gmail.com		
Sex: Male	Age: 52	Date of Birth: 07/12/1969	Type of Informant: Driver		
Race: Javanese			Language:		Institution / School Name:
Occupation: Van driver			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 12/09/2022 15:40	Type of Location: T-Junction
Location: GUL CIRCLE				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBK8022C	Van	TOYOTA	HIACE DX 2.8 AUTO	Silver	Seriously Damaged	0
YL1788U	Lorry	MITSUBISHI	FUSO FK62FMZ1R DEB	White	Slightly Damaged	0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20220914/2005

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

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Report No. T/20220914/2005

CONTINUATION OF REPORT

Driver			
Name	SAHARUDIN BIN RAHMAD		ID No. S6942403A
Related Vehicle	GBK8022C (Van)		Contact No. 90074234
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	12/09/2022	Date Discharge	12/09/2022
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 12/09/2022 at about 1540hrs, I was driving V1) GBK8022C out from JTC Logistics Hub @ Gul and onto Gul Circle. I was already moving out on Gul Circle when suddenly, V2) YL1788U who came from the direction of Gul Ave collided onto the side of my passenger seat. I wish to state that V2 was supposed to stop and give way to me as there is a stop line however he failed to do so as he mentioned that he was rushing. Subsequently, ambulance and Traffic Police arrived. Myself and the driver of V2 was conveyed by ambulance. The damage of V1 is serious on its passenger seat side. I was given 3 days of MC for the injuries I sustained. I wish to state that I have footage of the incident.



**SINGAPORE
POLICE FORCE**



T/20220914/2005

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

3 of 3

Report No. T/20220914/2005

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature of Officer Recording The Report:

J /
SCSGT(1) SYAIFUL AMRUL BIN
BORHAN

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
14/09/2022 09:40

Officer In Charge Of Case:
TP / GIT /
STAFF SGT YAN MINGSHENG DANIEL
Contact No.: 65476252

Classification Of Case:

NP168

VEHICLE NO:	G8K8022C		MAKE & MODEL:	TOYOTA Hiace		AUTO/MANUAL
DATE OF ACCIDENT	12/09/2022		col. 8cc			
TIME OF ACCIDENT	15.40		AM/PM			
LOCATION OF ACCIDENT	Gul Circle T-Junction					
EXACT PURPOSE USED AT TIME OF ACCIDENT	(EMPLOYMENT) / PRIVATE USE / PRIVATE HIRE					
NAME OF OWNER	ANAND LOG(S) Pte Ltd					
EMAIL	Jagjasjag@hotmail.com		OFFICE:	MOBILE: 9003 6099		
NRIC	2020205592					
CLAIM TYPE	OD / (THIRD PARTY) / REPORTING ONLY					
FLEET POLICY	YES/NO?					
INSURANCE CO.	AIG					
TYPES OF COVERAGE	(Comprehensive) / Third Party / Third Party Fire & Theft					
POLICY NO.	2070167564-01					
NAME OF DRIVER	AS ABOVE / (IF NO) SAHARUDIN BIN RAHAD					
NRIC	86942403A					
DATE OF BIRTH	07/12/1969					
ANY PASSENGER	YES/NO:					
NAME OF PASSENGER	NIL					
GENDER OF PASSENGER	MALE / FEMALE NIL					
OCCUPATION	(Outdoor) / Indoor					
DATE OF DRIVING PASS	04/Jul/1996					
GENDER	(Male) / Female					
CONTACT NO	Mobile: 90074234		Office:	Home:		
EMAIL	DANERAHMAD@gmail.com					
ADDRESS	B116272A Jurong West Street 24 #106-78 S641272					
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?					
CONVEYED BY AMBULANCE	No / If yes, Who?					
POLICE REPORT	No / If yes, Where?					
VEHICLE B NO.	YL1788U		Any Passenger: NIL			
NAME	NIL					
CONTACT NO.	NIL					
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/NO					
WAS THERE ANY AUDIO RECORDED?	YES/NO					
SCENE ACCIDENT PHOTOS TAKEN?	YES/NO					
IMPERIUM AUTOMOTIVE						
SHAWN7530@HOTMAIL.COM						
97489940						



CERTIFICATE OF INSURANCE

COMMERCIAL AUTOPLUS COMMERCIAL VEHICLE

Name of Policyholder : ANAND 108 (S) PTE. LTD.
Period of Insurance : 26 Nov 2021 To 25 Nov 2022
Engine No. : 1GD8609816
Chassis No. : GDH2012014182

Vehicle No. : GBK8022C
Policy No. : 2070167564-01
Endorsement No. :
Issued Date : 23 Nov 2021

ABOUT THE COVER

Make/Model : TOYOTA HIACE 1.6 ton [Van]
Engine Capacity/Tonnage : 1.6 Tonnage Sum Insured : Market Value First Year of Registration : 2020
Driver Restriction : NA Off Peak Car : No Insuring with COE/PAF : 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 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: MOTOR CREDIT PTE. 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).

0502368000

TH INSURANCE SPECIALIST AGENCY

71 BUKIT BATOK CRESCENT #11-07 PRESTIGE CENTRE
SINGAPORE 658071

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

Ying L ng Eileen Goh