

# NATIONAL Assessment Centre Services

Date In <u>15/09/12</u>	Job description	Date & Time Completed	Done by
Ref No <u>NA/A1422009079/13</u>	SAS e-filing		
Veh No <u>GBA 4510P</u>	E-mail (within 3hrs. Aft 2hrs)		
DOA <u>14/09/12</u> <u>1976</u>	i-Motor Claim Form		
OD / <u>TP</u> / Reporting Only	i-Motor W/O (Within: OD 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: <u>GBF3805U</u>	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

NA2202533	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
		1st Bill	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		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:-	For claiming against INC Only (wef 10 Jan 2005)		
Cat. 1:	6) TR: Re-inspection \$75		
Cat. 2/3:	7) NI: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON*		
	*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 \$0		
	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	15/09/2022 16:12 (SGT)
Reported by	Driver
Date of Accident	14/09/2022 19:26 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ALONG PIE(TUAS)B4 BKE EXIT
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBA4510P
-----------------------------	----------

#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	CHIANG KANG ENTERPRISES COMPANY PTE. LTD.
Company Reg No	1XXXXX039K
Email Address	enquiries@ysk.com.sg
Mobile Phone No	(Phone) +65-97479535
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	2986

#### INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	0999993568-01/1220003996

#### DRIVER

Name of Driver	MAIAH NAZMUL
Passport No/FIN	GXXXXX130K
Date Of Birth	20/12/1992
Occupation	Outdoor

Date Of Driving Pass	19/12/2018
Driving experience	3 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-86710728
Alt. Phone Number	-
Email Address	enquiries@ysk.com.sg
Address	BLK 512 SUNGEI TGH LODGE
Address complement	#04-124
Postcode	698924
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	RENTAL
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?	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	GBF3805U
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	CELLATHDURAI SAMINATHAN
Passport No/FIN	GXXXX835M



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	MIAH NAZMUL
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BACK & NECK
Injured person in which vehicle?	GBA4510P
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

## 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 willful 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.



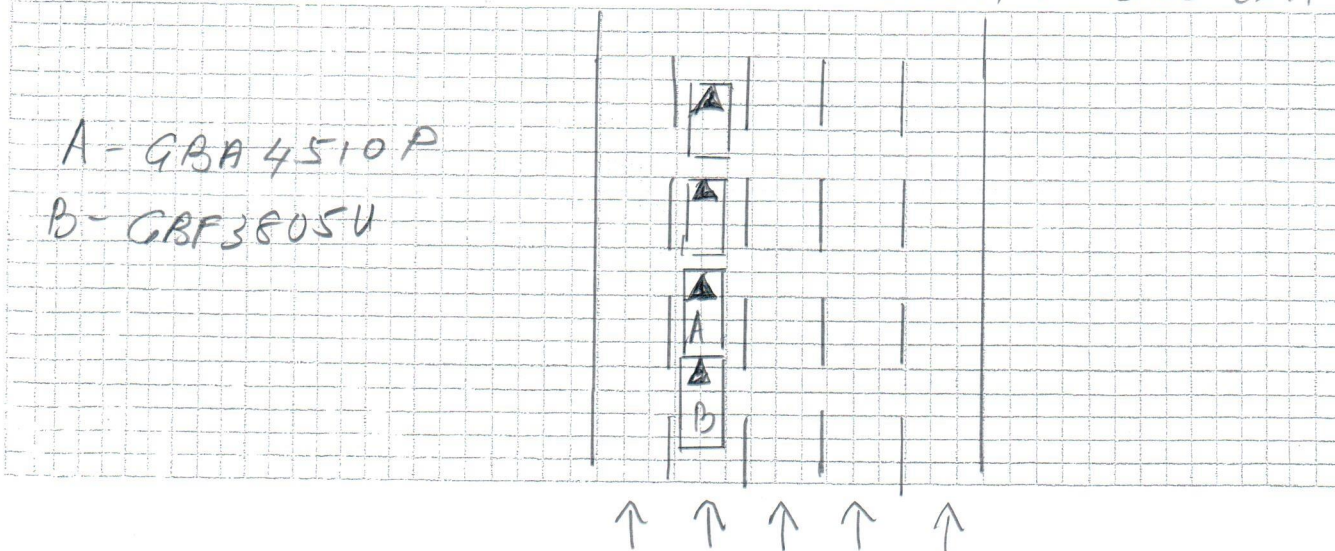
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

ALONG PIE (TUAS) BC BKE EXIT





Describe Circumstances of the Accident


I was travelling straight along Pie (Guas) B4  
BKE exit on the 4th lane of A5-lanes road. It was  
heavy traffic and slow moving. Veh in front of me  
stop and i followed suit. Suddenly veh B came  
from behind and hit onto my rear portion of  
my veh.

Declaration


We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date &  
Time

 15/09/22

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

 15/09/22

Witnessed by Reporting Centre  
Personnel

# ACCIDENT STATEMENT

ACCIDENT DATE: 14/09/22 (DD/MM/YYYY), TIME: 19:26 (HH:MM)

LOCATION: BKE ACONC PIE

## 1. DETAILS OF VEHICLE

a) VEHICLE NUMBER: GBA4510P

b) INSURANCE COMPANY: AIG

c) POLICY NUMBER: \_\_\_\_\_

d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)

e) MAKE & MODEL: \_\_\_\_\_ MANUAL

f) TYPE: (SALOON / COUPE / MPV / VAN / TORRY / 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: CHIANG KANL (MALE / FEMALE)

b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 97479535

c) ADDRESS: \_\_\_\_\_

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

DRIVER

a) NAME: MIAH NAZMUL (MALE / FEMALE)

b) NRIC/FIN/PASSPORT: 92353130K CONTACT: 86710728

c) ADDRESS: BLK 512 SUNGEI TENGAH LODGE

AB4-124 (698924)

\*d) DATE OF BIRTH: 20/12/1992 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 19/12/2018

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: RENTAL

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

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: GBF3805U MODEL: \_\_\_\_\_

b) DRIVER'S NAME: EECATHDURAI SAMINATHAN

c) NRIC/FIN/PASSPORT: 98027835M CONTACT: \_\_\_\_\_

## 9. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_

b) DRIVER'S NAME: \_\_\_\_\_

c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

\*No of passenger:  
(Including driver)  
(1)

\*No of passenger:  
(Including driver)  
( )

\*No of passenger:  
(Including driver)  
( )

Email = enquiries@ysr.com.sg

fax =

VIDEO = NO



## COMMERCIAL AUTO THIRD PARTY FIRE AND THEFT

Name of Individual Policyholder : CHIANG KANG ENTERPRISES COMPANY PTE. LTD.

Master Policy No./Policy No. : 0999993568-01 / 1220003996

Period of Insurance : 20 Jun 2022 To 19 Jun 2023

Engine No. : 1KD1648787

Chassis No. : JTFAT35Y503001047

Vehicle No. : GBA4510P

Endorsement No. :

Issued Date : 23 Jun 2022 10:37

## ABOUT THE COVER

Make/Model : TOYOTA DYNA 150 1.8 ton [Lorry]

Engine Capacity/Tonnage : 1.6 Tonnage

Sum Insured : Market Value

First Year of Registration : 2007

Driver Restriction : NA

Off Peak Car : No

Insuring with COE/PARF : Yes

Person or Classes of Persons Entitled to Drive\* :

Any person who is driving on the Policyholder's order or with their permission.

This Policy will indemnify the Policyholder or any authorised driver only if he/she meets the specified age condition.

Age Condition : Driver Restriction applies-Refer to T&amp;C

Mileage Condition :

Limitation as to use\* :

Use for social, domestic, pleasure purposes and business purposes of the Policyholders

Use for social, domestic, pleasure purposes and business purposes of any person to whom the Vehicle is hired.

Use for the carriage of passengers or goods (other than for reward) by any person to whom the Vehicle is hired.

This Policy does not cover

1) use for driving tuition, driving test, racing, pace-making, reliability trial or speed-testing;

2) use whilst drawing a trailer

3) use for the towing of any one disabled mechanically propelled vehicle;

4) use for the carriage of passengers for hire or reward by any person to whom the Vehicle is hired; and

5) 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 Theft - \$0

## Section 2

Property Damage - \$1500

Windscreen : NA

Named Driver and Excess (where applicable)

## 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

Endt 140 applies

Authorised Driver age has to be at least 21 to 69 years old &amp; above with 2 yrs driving experience. Excess \$5,000.00 applies on Section 2 for driver who is between 21 years old to 22 years old with less than 2 years driving experience. Excess \$3,000.00 applies on Section 2 for driver who is above 69 years old with 2 years driving experience.

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).

0502806000

LIEW OOI LIN MAY

AIG BUILDING, 78 SHENTON WAY #01-K1 GEM ROOM

SINGAPORE 079120

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

SSCAN4