

NATIONAL Assessment Centre Services

Date In: 04/10/22	Job description	Date & Time Completed	Done by
Ref No: NA/11422009791/13	SAS e-filing		
Veh No: GBD3652A	E-mail (within 8hrs, A/C 2hrs)		
D.O.A: 02/10/22 1830	i-Motor Claim Form		
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: SMW 5087S	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

NA2202767

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)		
	6) TR : Re-inspection \$75		
	7) N1 : 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 30		
Cat 1:	Invoice date:	Fee Charged	
Cat 2 / 3:	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	04/10/2022 18:45 (SGT)
Reported by	Driver
Date of Accident	02/10/2022 18:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ALONG SENGKANG EAST RD TWDS PUNGGOL
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBD3652D
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SP BEST SERVICE
Company Reg No	5XXXX222M
Email Address	kekworker2@gmail.com
Mobile Phone No	(Phone) +65-90771366
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Nv350
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?	Yes
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	2488

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	7220095539

DRIVER

Name of Driver	LOY KOK WEE
NRIC No	SXXXX603C
Date Of Birth	02/06/1961
Occupation	Outdoor

Date Of Driving Pass	27/01/1982
Driving experience	40 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87763531
Alt. Phone Number	-
Email Address	kekworker2@gmail.com
Address	BLK 206A PUNGGOL PLACE
Address complement	#09-2028
Postcode	821206
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	SUB-CON
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	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)	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	SMW5087S
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	ZHUANG ZHIRONG
NRIC No	SXXXX219I

Contact Number	(Phone) +65-97669142
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

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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. 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.



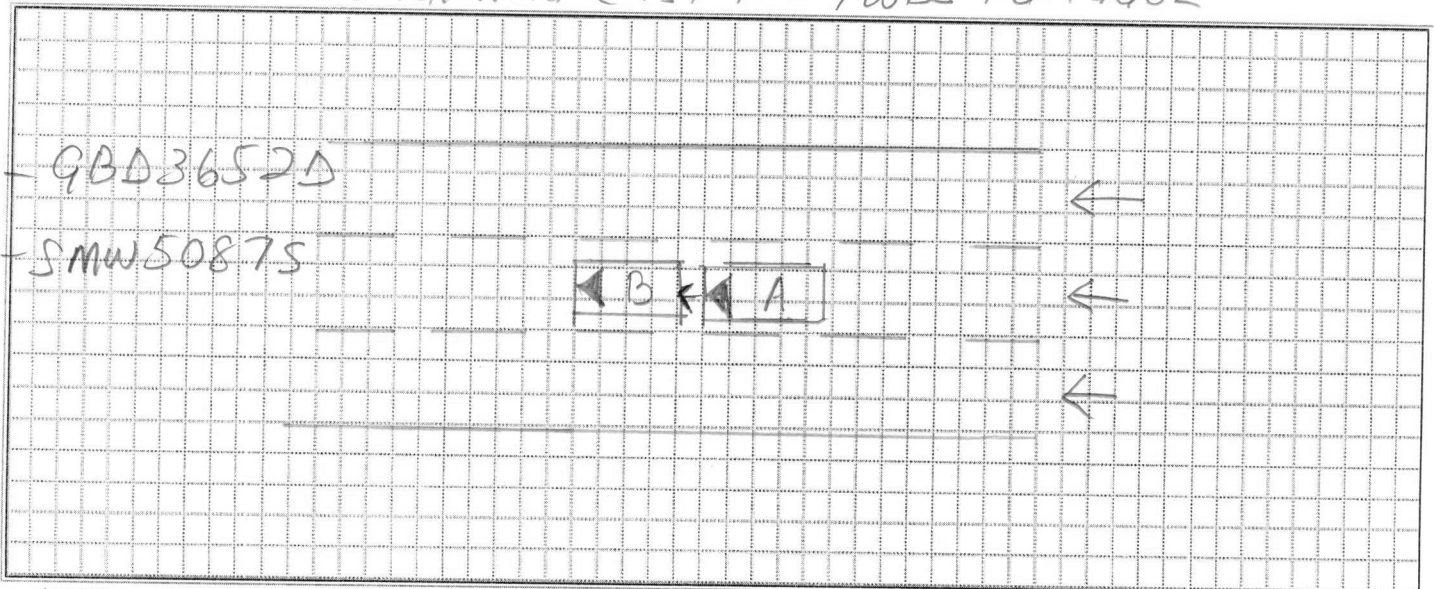
*
Policyholder's Signature / Date & Time

[Signature] 4/10/22
Actual Driver's Signature (if driver is not the policyholder) / Date & Time

[Signature] 04/10/22
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan

SENGKANG EAST RD TOWDS PUNGGOL



Describe Circumstance of the Accident

I was travelling straight along Sengkang East Road on the 2nd lane of A3-lanes road.


Suddenly in front of my veh stop and i applied brake because of the road surface wet my veh didn't stop completely and hit onto the rear portion of veh B


Declaration

I/We declare the foregoing particulars are true in every respect.



*
Policyholder's Signature / Date & Time

 4/10/22
Actual Driver's Signature (if driver is not the policyholder) / Date & Time

 04/10/22
Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

ACCIDENT STATEMENT

ACCIDENT DATE: (02/10/22) (DD/MM/YYYY), TIME: (18:30) (HH:MM)
LOCATION: ALONG SENG KANG EASE

LOCATION: ALONG SENGKANG EAST RD TWAS PUNGGOL

1. DETAILS OF VEHICLE

VEHICLE NUMBER: GBD3652D

b) INSURANCE COMPANY: AIG

c) POLICY NUMBER: 7220095539

d) POLICY TYPE: (COMPREHENSIVE) / THIRD PARTY / THIRD PARTY FIRE & THEFT
e) MAKE & MODEL: NISSAN NV350

e) MAKE & MODEL: NISSAN NV350

1) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHER) AUTO / MANUAL

g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE / OTHERS)

1) PURPOSE OF USING AT ACCIDENT TIME

ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)
INSURED / POLICY HOLDER

IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

A) NAME: SP BEST SERVICE

b) NRIC/FIN/PASSPORT: _____ (MALE / FEMALE)

c) ADDRESS: _____ CONTACT: sub-contractor

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

DRIVER
a) NAME: LOY KOK WEE

b) NRIC/FIN/PASSPORT: 51482603C (MALE / FEMALE)

C) ADDRESS: BLK 206A PUNGGOL PLAZA CONTACT: 87763531

*d) DATE OF BIRTH: (07/06/1961)

d) DATE OF BIRTH: (02/06/1961) (DD/MM/YYYY)
e) OCCUPATION: (INDOOR / OUTDOOR)

e) OCCUPATION: (INDOOR / OUTDOOR) 27/01/1982
f) YEARS OF DRIVING EXPERIENCE: 27/01/1982
WAS DRIVER AN EMPLOYEE OF _____

f) YEARS OF DRIVING EXPERIENCE: _____

WAS DRIVER AN EMPLOYEE OF THE _____ 5/18/1982

WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES) ☒ (NO) ☐
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: 24B - CONTRACTOR
g) WEATHER CONDITION: (CLEAR) ☒ (RAINING) ☐ (OTHER) ☐ 24B - CONTRACTOR

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: 34B - CONTRACTOR

a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS: DRIZZLING)

ROAD SURFACE: (DRY) (WET) OTHERS DRY (22 LMC)
WAS ANYBODY IN THE AREA

WAS ANYBODY INJURED (YES / NO) _____

a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: 5Mw 50875 MODEL: _____
b) DRIVER'S NAME: ZHURAN, ZHANG

b) DRIVER'S NAME: ZHUANG ZHIRONG MODEL: _____

C) NRIC/FIN/PASSPORT: 58237219I CONTACT: 97669142

9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: _____ MODEL: _____
e) DRIVER'S NAME: _____

e) DRIVER'S NAME: _____ MODEL: _____

f) INRIC/FIN/PASSPORT: _____ CONTACT: .. _____

CONTACT:

email = rekworker2@gmail.com

$$f(x) =$$

VIDEO =



CERTIFICATE OF INSURANCE

COMMERCIAL AUTOPLUS COMMERCIAL VEHICLE

Name of Policyholder : S P BEST SERVICE
Period of Insurance : 29 Sep 2022 To 28 Sep 2023
Engine No. : YD25353614A
Chassis No. : JN1MC2E26Z0002778

Vehicle No. : GBD3652D
Policy No. : 7220095539
Endorsement No. :
Issued Date : 07 Sep 2022 15:50

ABOUT THE COVER

Make/Model : NISSAN NV350 PANEL VAN
Engine Capacity/Tonnage : 1.48 Tonnage Sum Insured : Market Value First Year of Registration : 2014
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\$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.

Loss Of Use (10 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: TAI THONG LEE TRADING 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 Ling Eileen Goh