

NATIONAL Assessment Centre Services (NACSS)

SN0822A6000Y

Date In: 06/09/2022 17:51	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NBO/2022009904Y	E-mail (with title, NACSS)		
Veh No: SMU 78528	I-Motor Claim Form		
D.O.A: 26/09/2022 10:25	I-Motor W/O (with: OD form, if any)		
QC (7) Reporting Only	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whan		

Preferred Wksp / INC Assign Wksp / OW: (Tel: (Fax: (
TP Particulars: Vch No: GR5 6030Y	INC () / Non-INC ()	
Owner / Driver: (Tel: (
Policy No: (Period: (Cover Type: (
Confirmed by: (Date: (Time: (
Insured Driver Liability: (95) (Note: Use 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 Cost: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

Remarks: (INC hotline: 0788 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 / Action: ()

NA2202802	Invoice Preparation Checklist	AM1.5	Task B10
1) AR: Accident Reporting (\$30)	2) DA: Damage Assessment (\$1000)	INC (\$55)	
3) TP: Towing Fee (\$40/\$45)	4) PT: Follow-Through Survey (\$130)		
5) PT: Follow-Through Survey (Resurvey) (\$30)	6) TR: Re-inspection (\$75)		
7) NI: NI: DA + SMPS Survey (\$160)	8) NTUC Additional Tel: Costs		
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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	06/10/2022 17:51 (SGT)
Reported by	Driver
Date of Accident	26/09/2022 10:25 (SGT)
Exact Location of Accident	60 Lor 4 Toa Payoh, Block 60, Singapore 310060
Additional Location Information	CAR PARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMU7842B
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	UNIQUE TOURIST SERVICE (PTE.) LTD.
Company Reg No	1XXXXX067R
Email Address	uniquetour@singnet.com.sg
Mobile Phone No	(Phone) +65-96308163
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Corolla
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	1598

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	7990000144/1220004243

DRIVER

Name of Driver	GOH MUI HONG
NRIC No	SXXXX176I
Date Of Birth	13/10/1971
Occupation	Indoor

Date Of Driving Pass	14/12/1994
Driving experience	27 YEARS AND 9 MONTHS
Gender	Female
Mobile Number	(Phone) +65-96697994
Alt. Phone Number	-
Email Address	uniqtour@singnet.com.sg
Address	BLK 60 TOA PAYOH LORONG 4 #25-115
Address complement	-
Postcode	310060
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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?	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

PLEASE REFER TO SKETCH PLAN (TYPE OF COLLISION IS T/P REVERSE AND INSURED)

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	GBJ6030Y
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)	-

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

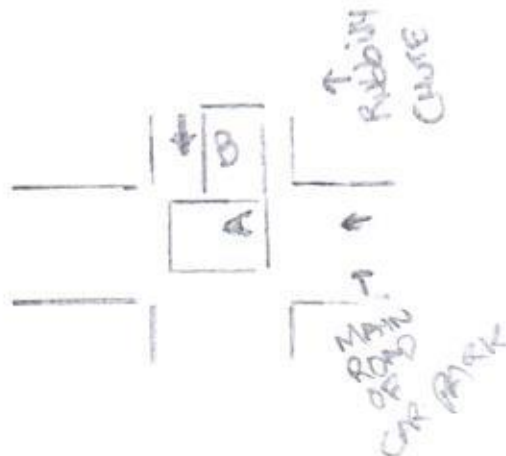
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



VEH A: SMU7842B

VEH B: GBJ6030T

CAR PARK OF BLK
60 TOA PAYOH
LOR 4

Describe Circumstances of the Accident

I was driving straight when suddenly Veh B reverse out from rubbish chute area without checking and Collided into the rear right of my car. Veh B car plate. GBJ 6030Y

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



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: 26/09/22 (dd/mm/yy) Time of Accident: 10:25 (24-HR-FORMAT)
Vehicle No.: SMY 7842B Vehicle Make & Model / Engine (cc): Toyota ☒ ALTIS Private Hire: (Y/N)
Exact location of Accident: CAR PARK OF BLOCK 60 LOR 4 TOA PAYOH #25-115 S(310060)
Policyholder's Name / IC No.: Unique Tourist Service Pte Ltd 197401067R
Driver's Name / IC No.: GOH MUI HONG S7135176I (As Above)
Driver's Contact No.: 96697994 Company Contact No / Owner Contact No: 9630 8163
Driver's Address: BLOCK 60 LOR 4 TOA PAYOH #25-115
Owner Email address: Uniqtour@Singnet.com.sg Insurance Company: AIG ☐
Driver Email address: _____

Relationship between Owner & Driver: (Please **CIRCLE** one only)

Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer / Others specify: _____

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?

Occupation (nature of job) ☒ Indoor / ☐ Outdoor

☒ Private use / ☐ Work purpose

***No. of Passengers (Including Driver):** _____

*Passanger Name: _____

Gender: _____

*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's 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: GBJ6030Y

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 AUTO COMPREHENSIVE

Name of Individual Policyholder : UNIQUE TOURIST SERVICE PTE LTD

Master Policy No./Policy No. : 7990000144 / 1220004243

Period of Insurance : 01 Jun 2022 To 31 May 2023

Engine No. : 1ZR1993929

Chassis No. : MR053REH604572044

Vehicle No. : SMU7842B

Endorsement No. :

Issued Date : 30 Jun 2022 13:21

ABOUT THE COVER

Make/Model : TOYOTA COROLLA ALTIS 1.6

Engine Capacity/Tonnage : 1598 CC

Driver Restriction : NA

Sum Insured : Market Value

Off Peak Car : No

First Year of Registration : 2017

Insuring with COE/PARF : No

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&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 Own Damage - \$1200 Theft - \$0 Flood Cover - \$1200

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

For list of Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6336 5200. 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

Endorsement 140 applies

Authorised Drivers must be age within 23 to 70 years old with at least 1 year driving experience

Hire Purchase Company/Employer's Loan: NA

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)

0500533000

NEW FRONTIERS ALLIANCE PTE LTD

371 ALEXANDRA ROAD #05-05 AIA ALEXANDRA

SINGAPORE 159963 SP-LCADVISORY

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature