

NATIONAL Assessment Centre Services

Date In: 2/12/22	Job description	Date & Time Completed	Done by
Ref No: NA/ALG22012101/a4	SAS e-filing		
Veh No: GBL 8673 U	E-mail (within 8hrs, Aft. 2hrs)		
D.O.A: 1/12/22 1915	i-Motor Claim Form		
OD: <input checked="" type="checkbox"/> Reporting Only	i-Motor W/O (Within OE 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: YQ 911K	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

NA2203376	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			
	5) FT : Follow-Through Survey (Resurvey) \$30			
	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:-			
QC Checked by (Engr-In-Charge):	OD:			
	*N5: Courtesy Car / Tpt Allowance \$5			
	*N6: Repair Co-ordination \$10			
	*N7: Post Repair Inspection \$25			
	*N8: DV / Collect Excess Coordination \$5			
Auditors' Comments :-	TP (N11) : TP (Non INC) against INC		\$20	
Cat 1:				



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	02/12/2022 15:48 (SGT)
Reported by	Driver
Date of Accident	01/12/2022 19:15 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	BRADDELL ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG8673U
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	NEWTTOOLS TRADING PTE LTD
Company Reg No	2XXXXX833D
Email Address	newtools_trd@hotmail.com
Mobile Phone No	(Phone) +65-93882677
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	2755

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	1800137522-04

DRIVER

Name of Driver	SANTHANA KUMAR PERUMAL BHARATHI
Work Permit No	GXXXX768L
Date Of Birth	29/04/1994

Date Of Driving Pass	07/01/2021
Driving experience	1 YEAR AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93442618
Alt. Phone Number	-
Email Address	newtools_trd@hotmail.com
Address	5 ST GEORGE LANE #02-191
Address complement	-
Postcode	320005
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	Chain Collision
Weather Conditions	Raining
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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)	3
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	PASSENGER
Gender	Male

PASSENGER 2

Name	PASSENGER
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

ON THE STATED DATE AND TIME, I CAME TO A SLOW STOP DUE TO THE CONGESTION WITHOUT ANY CONTACT WITH VEHICLE C. OUT OF NOWHERE, VEHICLE B CAME AT A GREAT SPEED AND HIT ONTO THE REAR PORTION OF MY VEHICLE AND CAUSED MY VEHICLE TO MOVE FORWARD AND HIT VEHICLE C.

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	YQ911K
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLT7899E
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. 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 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

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

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

Sketch Plan

A: 61861830
R: 404111
C: 511111

VEHICLE NO: 6R6 86730		MAKE & MODEL: TOYOTA OXIA		AUTO/MANUAL	
DATE OF ACCIDENT		01 / 12 / 22		CC 15.	
TIME OF ACCIDENT		1915. AM/PM-			
LOCATION OF ACCIDENT		BRADDELL RD			
EXACT PURPOSE USED AT TIME OF ACCIDENT		EMPLOYMENT / PRIVATE USE / PRIVATE HIRE			
NAME OF OWNER		NEWTOLS TRADING PTE LTD.			
EMAIL		NEWTOLS-TRD@HOTMAIL.COM		OFFICE: MOBILE: 93882677.	
NRIC		2012048330.			
CLAIM TYPE		OD / THIRTY PARTY / REPORTING ONLY			
FLEET POLICY		YES/NO?			
INCURANCE CO.		AIG.			
TYPE OF COVERAGE		Comprehensive / Third Party / Third Party Fire & Theft			
POLICY NO.		1800137522-04.			
NAME OF DRIVER		AS ABOVE / IF NO: SANTHANA KUMAR PERUMAL			
NRIC		68573768L.			
DATE OF BIRTH		29 / 04 / 99.			
ANY PASSENGER		YES / NO: 2			
NAME OF PASSENGER		(M) ZHANG QIANG, (M) PERAGASU.			
GENDER OF PASSENGER		-MALE / FEMALE-			
OCCUPATION		Outdoor / Indoor			
DATE OF DRIVING PASS		07 / 01 / 21.			
GENDER		MALE / FEMALE			
CONTACT NO.		Mobile: 93442618. Office: Home:			
EMAIL		PERUMALBHARATHI94@gmail.com.			
ADDRESS		5 ST GEORGE LINE #02-191 S(320005).			
DOES DRIVER OWN OTHER VEHICLES?		NO / If yes, Reg No: INSURE:-			
RELATIONSHIP		Employee / If No:			
WEATHER CONDITION		Clear / Raining / Other:			
ROAD SURFACE		Dry / Wet / Other:			
ANY INJURIES		No / If yes, Who?			
CONTACT NO.					
POLICE REPORT		No / If yes, Where?			
NOTICE OF INTENDED PROSECUTION?		No / If yes, Who?			
VEHICLE B NO.		YQ 911K. Any Passenger: 1 DRIVER			
NAME		UNKNOWN NO. OF PASSENGER.			
CONTACT NO.					
VEHICLE C NO.		SLT 7899E. Any Passenger: DRIVER ONLY.			
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.			
WHO IS REPORTING		DRIVER/ OWNER/ BOTH			
Original Language Used		English/ Mandarin/ Others:			
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?		YES / NO			

Describe Circumstance of the Accident

ON THE STATED DATE AND TIME, I CAME TO A
SLOW STOP DUE TO THE CONGESTION WITHOUT ANY
CONTACT WITH VEH C.

OUT OF NOWHERE, VEH B CAME AT A GREAT
SPEED AND HIT ON THE REAR PORTION OF MY
VEHICLE AND CAUSED MY VEHICLE TO MOVE FORWARD
AND HIT VEH C.

Declaration

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

21/11/11



CERTIFICATE OF INSURANCE

COMMERCIAL AUTOPLUS COMMERCIAL VEHICLE

Name of Policyholder : Newtools Trading Pte Ltd
Period of Insurance : 24 Nov 2022 To 23 Nov 2023
Engine No. : 1KD2759694
Chassis No. : JTFAT35Y30K209367

Vehicle No. : GBG8673U
Policy No. : 1800137522-04
Endorsement No. :
Issued Date : 16 Nov 2022 14:21

ABOUT THE COVER

Make/Model : TOYOTA DYNA 150 1.5 ton [Lorry]
Engine Capacity/Tonnage : 1.5 Tonnage **Sum Insured** : Market Value **First Year of Registration** : 2017
Driver Restriction : NA **Off Peak Car** : No **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.

Loss Of Use (10 Days) Commercial Auto

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act 1960, 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 Apple App Store or Google Play Store.

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 1960, Part IV of the Road Transport Act, 1987 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0502263000

SAFE HARBOUR ASSURANCE AGENCY

BLK 208 HOUGANG ST 21 #04-207

SINGAPORE 530208

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.