

NATIONAL Assessment Centre Services

Date In 12/12/2012	Job description	Date & Time Completed	Done by
Ref No NA / AC 22012376/r3	SAS e-filing		
Veh No GBH98065	E-mail (within 8hrs. A/C 2hrs)		
DOA 10/12/2012	i-Motor Claim Form		
OD/TP 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: SFW 9965P INC () / Non-INC () Tel: ()

Owner / Driver: ()

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

Claimant's Particulars :-	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
		1st Bill	Add Bil
NA2203433	1) AR : Accident Reporting (\$30);		
Driver/Owner:	2) DA : Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TP : 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 : (Inc DA + SMRT Survey) \$160		
	8) NTUC Additional Services:-		
	OT*:		
	* 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: Idue Mobile 30		
	Invoice date/d	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	12/12/2022 14:33 (SGT)
Reported by	Driver
Date of Accident	10/12/2022 08:10 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	DRIVEWAY AT SUNTEC CITY CARPARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH9806S
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	BRILLIANT ENGINEERING PTE. LTD
Company Reg No	2XXXXX553E
Email Address	kelvinsong@bepl.com.sg
Mobile Phone No	(Phone) +65-97588760
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	Manual
CC	2982

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	7210111525-01

DRIVER

Name of Driver	PALANIVEL GOPALAKRISHNAN
Passport No/FIN	GXXXX711R
Date Of Birth	16/06/1980
Occupation	Outdoor

Date Of Driving Pass	06/10/2016
Driving experience	6 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93414275
Alt. Phone Number	-
Email Address	kelvinsong@bepl.com.sg
Address	3 ANG MO KIO STREET 62
Address complement	#04-27/28
Postcode	569139
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?	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	HAN LINN HTOON
Gender	Male

PASSENGER 2

Name	MANI SUDHAN KUMAR
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

PLEASE 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	SFW9965P
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

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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.



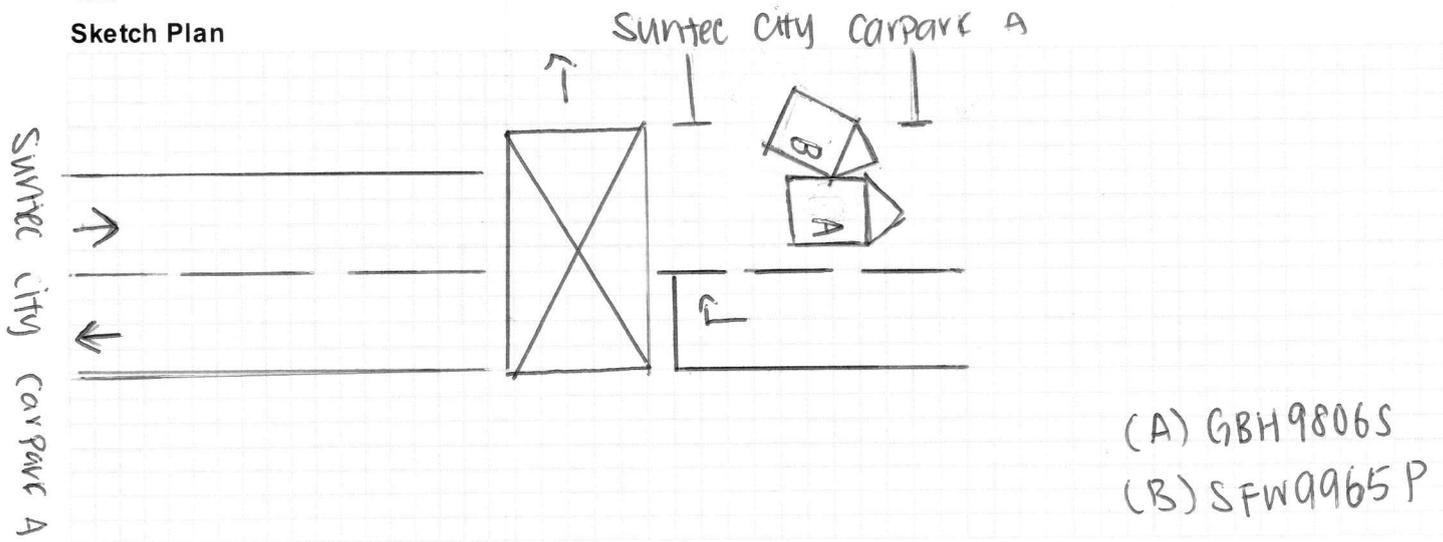
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

12/12/2021

Sketch Plan



(A) GBH9806S

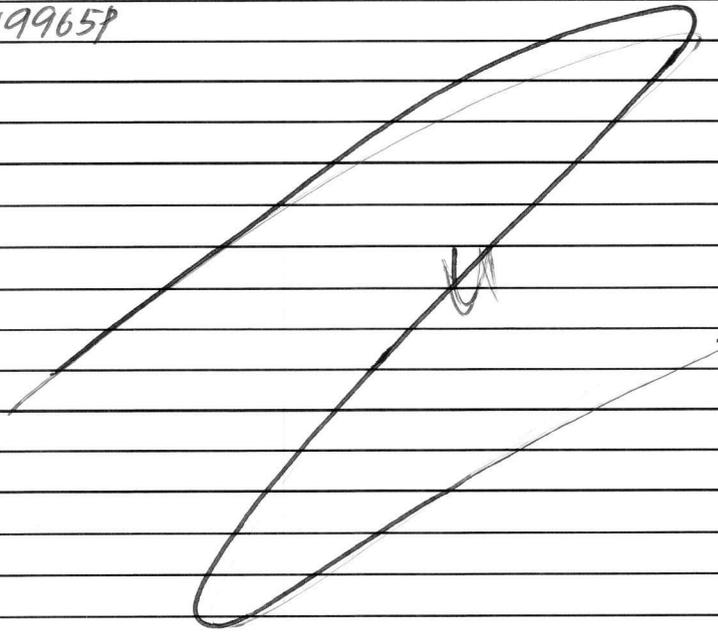
(B) SFW9965P

Describe Circumstances of the Accident

On 10/12/2022 at about 08:10 hours at premises of Suntec City Carpark A.
I was travelling on the above mentioned carpark driveway and suddenly, a vehicle (B) exited out from a carpark lot without proper lookout and hence collided onto my left portion of my vehicle (A) causing damages to my vehicle (A).
I have 2 passengers onboard my vehicle.

(A) GBH9806S

(B) SFW9965P



Note: Please note that your insurer may have 14 days time frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check your policy for more information.

Declaration

I/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

12/12/2022

Witnessed by Reporting Centre Personnel

SINGAPORE ACCIDENT STATEMENT

Accident Date: 10/12/2022	Time: 0810AM	(hh:mm) 24 hr format
Location driveway of suntec city carpark A		
Vehicle Number GBH 9806J		
Insured Name BRILLIANT ENGINEERING PTE LTD		
NRIC/FIN UEN-200601533E	Contact Number	97588760
Make TOYOTA	Model HIACE DX 3.0 MANUAL	
Are you claiming under your own insurance policy for repair to your vehicle?		
() Yes If No, Pls select: (/) Third Party () Reporting		
Insurance Company AIG		
Type of Policy (/) Comprehensive () Third Party Fire & Theft () TP Only		
Policy Number 7210111525-01		
Name of Driver PALAMVEL GOPALAKRISHNAN () Same as Insured		
NRIC/FIN 97830711R	Contact Number	93414275 93414275
Date of Birth 16-06-1980		
Driving Pass Date 06-OCT-2016		
Occupation () Indoor (/) Outdoor		
Gender (/) Male () Female		
Email Address kelvinsong@bep1.com.sg () NO EMAIL		
Address of Driver 3 ANH MO KIU STREET 62 #04-27/28. LINK @ AMK, SINGAPORE 569139		
Was driver an employee of the Insured's Company? (/) Yes () No		
If No, Relationship of the Driver with the Insured Employee		
() Owner () Spouse () Friend () Relative () Children () Sibling		
Does the Driver Own Any Other Vehicle? () Yes (/) No		
If Yes, Vehicle Registration Number of Driver's Own Vehicle		
Insurance Company of Driver's Own Vehicle		
Weather Conditions (/) Clear () Raining () Others		
Road Surface (/) Dry () Wet () Others		
Was any foreign vehicle involved in this accident? () Yes (/) No		
Was anybody injured in the accident? () Yes (/) No		
If yes, injured detail		
Was there any video captured by Car Camera? () Yes (/) No		
Was the Accident reported to the Police? () Yes (/) No If yes attach police report		
DETAILS OF 3 rd party	Name / Nric	Contact
Veh B	SFW9965P	
Veh C		
Veh D		
Veh E		
Veh F		

Passenger - (M) HAN LIAN HTOON
(M) MANI SUDHAN KUMAR

Includer Driver 3 person only



CERTIFICATE OF INSURANCE

COMMERCIAL AUTOPLUS COMMERCIAL VEHICLE

Name of Policyholder : BRILLIANT ENGINEERING PTE LTD
Period of Insurance : 12 Nov 2022 To 11 Nov 2023
Engine No. : 1KD2742279
Chassis No. : KDH2010230995

Vehicle No. : GBH9806S
Policy No. : 7210111525-01
Endorsement No. :
Issued Date : 30 Sep 2022 7:58

ABOUT THE COVER

Make/Model : TOYOTA HIACE VAN 1.5 ton [Van]
Engine Capacity/Tonnage : 1.5 Tonnage **Sum Insured** : Market Value **First Year of Registration** : 2018
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 (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: THINKONE 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).

0504148000

BSC INSURANCE AGENCY PTE LTD

1 JLN KILANG TIMOR #06-01 PACIFIC TECH CENTRE
SINGAPORE 159303

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

Swee Mei Leow