

NATIONAL Assessment Centre Services

Date In 23/12/2022	Job description	Date & Time Completed	Done by
Ref No NA/AG22012806/d4	SAS e-filing		
Veh No 9BJ8706T	E-mail (within 8hrs. APT 2hrs)		
DOA 22/12/2022 0810	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: Vch No: SD4 8118J 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

NA 2203542	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) N1 : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OH:*		
	* N5: Courtesy Car / Tpl 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		
	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	23/12/2022 10:41 (SGT)
Reported by	Driver
Date of Accident	22/12/2022 08:10 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	TELOK BLANGAH WAY
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... GBJ8706T

#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	TEMPO DESIGN SERVICES PTE LTD
Company Reg No	2XXXXX683E
Email Address	selphk38@gmail.com
Mobile Phone No	(Phone) +65-98455426
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Hiace
Variants	-
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	7220101029

#### DRIVER

Name of Driver	PATRICK LIM HWEE CHUAR
NRIC No	SXXXX995A
Date Of Birth	09/11/1957
Occupation	Outdoor

Date Of Driving Pass .....	06/09/1977
Driving experience .....	45 YEARS AND 3 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-98455426
Alt. Phone Number .....	-
Email Address .....	selphk38@gmail.com
Address .....	BLK 415 EUNOS ROAD 5
Address complement .....	# 10-54
Postcode .....	400415
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 .....	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? .....	No
Was any injured conveyed to hospital by ambulance? .....	-
Was any other vehicle or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	2
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 .....	TAN LI LIEN
Gender .....	Female

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 .....	SDU8118J
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-

Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	GITRALD LIM
Contact Number .....	(Phone) +65-81981155
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**

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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.



*[Handwritten Signature]*

*[Handwritten Signature]* 23/12/2022

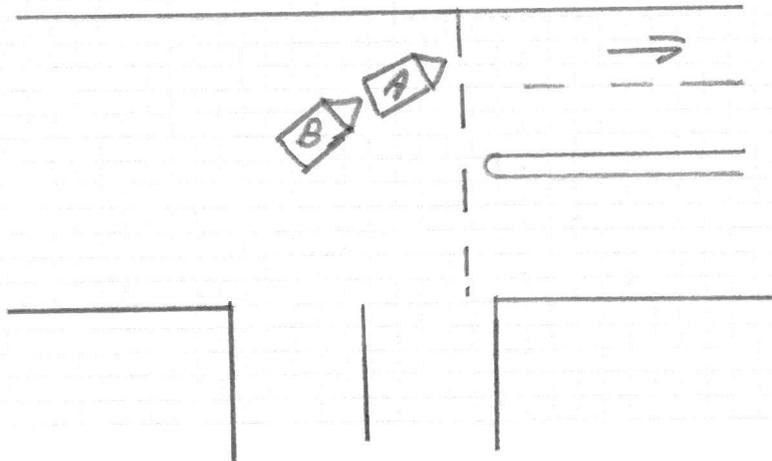
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

**Sketch Plan**

**TBLOK BLANCAH WAY**



A. 61BT06T  
 B. 8DU8118J

Describe Circumstances of the Accident

MY VEHICLE WAS STOP OUT OF SUDDEN I FELT AN IMPACT FROM MY VEHICLE REAR PORTION

Declaration

We declare the foregoing particulars are true in every respect.



*[Handwritten Signature]*

*[Handwritten Signature]* 28/12/2022

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel



# HS AUTOMOTIVES PTE LTD

Bik 2 KAKI BUKIT AVE 2 @ KAKI BUKIT AUTOHUB #02-25 SINGAPORE 417921.

TEL: 6538 1368 FAX: 6538 1367 Email add: hsautomotivespl@gmail.com

VEHICLE NO: 4BJ8T06T MAKE/MODEL: 4/ HAFE

DATE OF ACCIDENT: 22/12/2021 TIME: 08 HR 10 MIN AM/PM

LOCATION OF ACCIDENT: TELOK BUNGIAT WAY  
EXACT PURPOSE USE DURING ACCIDENT: WORKING

### CAR OWNER

NAME OF CAR OWNER: TEMPO DESIGN SERVICES PTE LTD  
CONTACT NO: 9845 5426 SELPHK38@GMAIL.COM  
NRIC: 201135683E  
CLAIM TYPE:  OD  THIRD PARTY  REPORTING ONLY  
INSURANCE COMPANY: AIG  
TYPE OF COVERAGE:  COMPREHENSIVE  THIRD PARTY  THIRD PARTY FIRE & THEFT  
POLICY NO: 7220101029

### ACCIDENT DRIVER

AS ABOVE  IF NOT- KINDLY FILL IN BELOW  
NAME OF DRIVER: PATRICK LIM HUIEE CHUAR  
NRIC: S1248995A NO OF PASSENGER/S: 1 TAN LI LIEN (F)  
DATE OF BIRTH: 07-11-1957  
OCCUPATION:  OUTDOOR  INDOOR  
DATE OF DRIVING PASS: 06/09/1977  
GENDER:  MALE  FEMALE  
CONTACT NO: 9845 5426  
ADDRESS: BLK 415 BUNLOS ROAD 5 #10-54 S'PORE 400415

DRIVER OWN ANY VEHICLE:  NO/ IF YES- REGISTRATION NO: \_\_\_\_\_

RELATIONSHIP EMPLOYEE/SPOUSE IF NOT: DRIVER

WEATHER CONDITION:  CLEAR  RAINING OTHER: \_\_\_\_\_  
ROAD SURFACE:  DRY  WET OTHER: \_\_\_\_\_

ANY INJURIES:  NO/ IF YES- NAME: \_\_\_\_\_

CONTACT NO: \_\_\_\_\_

POLICE REPORT:  NO/ IF YES- LOCATION: \_\_\_\_\_

VIDEO FOOTAGE:  NO/ YES

### 3RD PARTY INFO

VEHICLE B NO: 8DU 8118J NO OF PASSENGER/S:

NAME: STRAID LIM

CONTACT NO: 81981155

VEHICLE C NO: \_\_\_\_\_ NO OF PASSENGER/S:

VEHICLE D NO: \_\_\_\_\_ NO OF PASSENGER/S:

VEHICLE E NO: \_\_\_\_\_ NO OF PASSENGER/S:

VEHICLE F NO: \_\_\_\_\_ NO OF PASSENGER/S:

ANY WITNESS: \_\_\_\_\_

WITNESS CONTACT NO: \_\_\_\_\_

## COMMERCIAL AUTOPLUS COMMERCIAL VEHICLE

Name of Policyholder : TEMPO DESIGN SERVICES PTE LTD  
 Period of Insurance : 24 Sep 2022 To 23 Sep 2023  
 Engine No. : 1KDB010930  
 Chassis No. : JTFHT02P500249552

Vehicle No. : GBJ8706T  
 Policy No. : 7220101029  
 Endorsement No. :  
 Issued Date : 01 Sep 2022 10:11

### ABOUT THE COVER

Make/Model : TOYOTA HIACE [Van]  
 Engine Capacity/Tonnage : 1.1 Tonnage  
 Driver Restriction : NA  
 Person or Classes of Persons Entitled to Drive\* :  
 Sum Insured : Market Value  
 Off Peak Car : No  
 First Year of Registration : 2019  
 Insuring with COE/PARF : Yes

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](http://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: ABWIN PTE LTD

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).

0503633000

LIM YEE TING FERLICIA

3 TAMPINES GRANDE #05-48 AIA TAMPINES

SINGAPORE 528799 SP-IDYGOH

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

**AIG Asia Pacific Insurance Pte. Ltd.**

This computer generated document does not require a signature.

YEE TING FERLICIA LIM