

NATIONAL Assessment Centre Services (part 1 of 2) **SKX0823/50001**

Date In: 05/01/2023 08:17	Job description	Date & Time Completed	Done by
Ref No: NISA/76 23000039/Y	SAS e-filing		
Veh No: GSA-1840R	E-mail (within 2hrs, A/C 2hrs)		
D.O.A: 04/01/2023 13:18	I-Motor Claim Form		
OD: TP / Reporting Only	I-Motor W/O (within: OD 2hrs, TP 1hr)		
	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insured:	Ass't Report by Fax / Hand to Owner/Whse		

Preferred Wksp / INC Assgn Wksp / QW: ()

TP Particulars: Vch No: SKX 6639L INC () / Non-INC ()

Owner / Driver: () Tel: ()

Policy No: () Period: () Cover Type: ()

Confirmed by: () Date: () Time: ()

Insured/Driver Liability: () % (Note: Est. Status (WO): N: 0-30%, F: 21-79%, P: 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 repeller.

() Total Loss Cost: to e-mail Insurer URGENTLY.

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

Remarks: () (INC Hotline: 0788 0016)

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo (Repair Cost > \$3000) ()

Injury: ()

Date / Time / Actions: ()

NA2300039	Invoice Preparation Checklist		
1) AR: Accident Reporting (\$350)			
2) DA: Damage Assessment (\$1000)	INC (\$50)		
3) TP: Towing Fee	\$100/\$40		
4) PT: Follow-Through Survey	\$150		
5) PT: Follow-Through Survey (Resurvey)	\$50		
Excluding Insurer INC Only (over 10 hrs 2023)			
6) TR: Rep/Inspection	\$75		
7) NI: 1150 DA, P-Chart Survey	\$140		
8) NIUC Additional Fee/Insur			
GR:			
*NI: Courtesy Car / Tpt Allowance	\$5		
*NI: Repair Coordination	\$10		
*NI: Post Repair Inspection	\$25		
*NI: DV / Collect Excess Coordination	\$5		
*TP (H/L): TP (Inc/INC) against INC	\$30		
TP: 1150s Month	10		
Invoice dated	Fee Charged		
Invoice used	Fee Received		

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	05/01/2023 08:17 (SGT)
Reported by	Driver
Date of Accident	04/01/2023 13:18 (SGT)
Exact Location of Accident	CTE, Singapore
Additional Location Information	TOWARDS CITY BEFORE ANG MO KIO AVENUE 1 EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBD1840R
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	T & H ENGINEERING SERVICES
Company Reg No	5XXXX027B
Email Address	tandhengineering39@gmail.com
Mobile Phone No	(Phone) +65-91392352
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	2100379861-08

DRIVER

Name of Driver	TEE THIAM HUAT
NRIC No	SXXXX924C
Date Of Birth	25/10/1977
Occupation	Outdoor

Date Of Driving Pass	16/10/2002
Driving experience	20 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91392352
Alt. Phone Number	-
Email Address	tandhengineering39@gmail.com
Address	BLK 452 YISHUN RING ROAD #05-160
Address complement	-
Postcode	760452
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)	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

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	SKX6639L
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 Traffic Police Department 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 (POPA)**
I understand, acknowledge, agree and consent that :

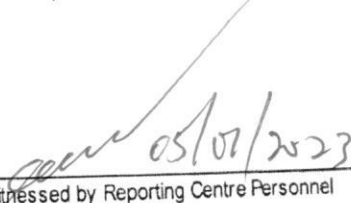
(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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 :

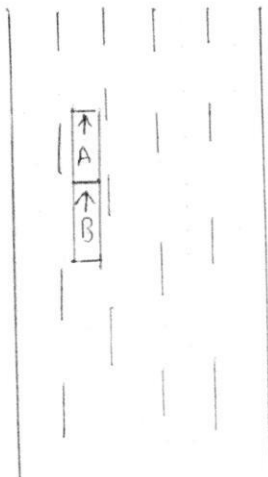
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (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

Sketch Plan


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


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



Vehicle A - GBD 1840R

Vehicle B - SLX 6639L

CTE Towards City

before Ang Mo Kio Ave 1 Exit

Describe Circumstances of the Accident

On the stated date and time I was travelling straight on designated lane on the stated location. As the traffic was heavy during that period all vehicle was moving slowly. Suddenly I felt a huge impact coming from the rear portion of my vehicle. After the impact I got down my vehicle and realized vehicle B collided onto the rear portion of my vehicle.

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

05/01/2023
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: 04/01/2023 (dd/mm/yy) Time of Accident: 13:18 (24-HR-FORMAT)
Vehicle No.: GBD 1840 R Vehicle Make & Model / Engine (cc): TOYOTA HIACE Private Hire: (Y/N) (N)
Exact location of Accident: CTE Towards City Before Ang Mo Kio ave 1 Exit
Policyholder's Name / IC No.: T&H ENGINEERING SERVICES 53164027B
Driver's Name / IC No.: TEE THIAM HUAT S7767924C (As Above) ☐
Driver's Contact No.: 9139 2352 Company Contact No / Owner Contact No: _____
Driver's Address: 452 YISHUN RING ROAD #05-160
Owner Email address: tandhengineering39@gmail.com Insurance Company: AIG
Driver Email address: _____

Relationship between Owner & Driver: (Please CIRCLE one only)
Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or 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?

☒ Private use / ☐ Work purpose

Occupation (nature of job) ☒ Indoor / ☐ Outdoor

*No. of Passengers (Including Driver): 1

*Passanger Name: _____
*Passanger Name: _____

Gender:
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: SKX 6639 L
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 AUTOPLUS COMMERCIAL VEHICLE

Name of Policyholder : T & H Engineering Services
Period of Insurance : 22 Jul 2022 To 21 Jul 2023
Engine No. : 1KD2412318
Chassis No. : JTFHT02P700142938

Vehicle No. : GBD1840R
Policy No. : 2100379861-08
Endorsement No. :
Issued Date : 27 Jun 2022 18:12

ABOUT THE COVER

Make/Model : TOYOTA HIACE 1 ton [Van]
Engine Capacity/Tonnage : 1 Tonnage
Driver Restriction : NA
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\$53,000 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

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: 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 (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).

0500522000

MULTI-LINES AGENCIES

AIG BUILDING, 78 SHENTON WAY #01-K1 GEM ROOM
SINGAPORE 079120 AYS-P-NONLIFE

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

Ann Wai Chew