

NTUC Assessment Centre Services

Date In 10/02/2023	Job description	Date & Time Completed	Done by
Ref NO NA/AIG 23001428/d4	SAS e-filing		
Veh NO GBJ 2897P	E-mail (within 2hrs. Aft 2hrs)		
DOA 09/02/2023 10:50	i-Motor Claim Form		
OD/ TP <u>Reporting Only</u>	i-Motor W/O (Within: OD 2hrs. TP 4hrs)		
TP Insurer:	i-Photo Uploaded		
Preferred Wksp / INC Assign Wksp / QW:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

TP Particulars:	Veh No: SJM 81P	INC () / Non-INC ()	Tel:	Fax:
Owner / Driver: ()				
Policy No: ()	Period: ()	Cover Type: ()		
Confirmed by: ()	Date:	Time:		
Insured/Driver Liability: ()	% [Note-Bst 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
Apply for Transport Allowance () / Courtesy Car ()		
QC Check / Post Repair Inspection ()		
Upload Resurvey Photo [Repair Cost > \$3000] ()		

Time	Actions

NA2300418	Invoice Preparation Checklist		Amnt (\$)	Amnt (\$)
Owner's Particulars			1st Bill	Add Bill
Owner:	1) AR: Accident Reporting (\$30);			
t No:	2) DA: Damage Assessment (\$100); INC (\$80)			
ed Portion:	3) TF: Towing Fee \$40/\$45			
	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) N1: Idsc DA + SMRT Survey \$160			
ected by (Engr-In-Charge):	8) NTUC Additional Services:-			
rs' Comments:	ON*			
	*N5: Courtesy Car / Tpl Allowance \$5			
	*N6: Repair Coordination \$10			
	*N7: Post Repair Inspection \$25			
	*N8: DV / Collect Insurance Coordination \$5			

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 10/02/2023 08:58 (SGT)
Reported by Driver
Date of Accident 09/02/2023 10:50 (SGT)
Exact Location of Accident Singapore
Additional Location Information BLK 703 HOUGANG AVENUE 2 CARPARK LOT (S530703)
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBJ2897P

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner GA ENGINEERING & TRADING PTE LTD
Company Reg No 2XXXXX056D
Email Address sam@ga.sg
Mobile Phone No (Phone) +65-81335599
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 - Reporting only
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 2070032708-02

DRIVER

Name of Driver LAI YEU MENG @ LAI YEU SHIANG
NRIC No SXXXX599E
Date Of Birth 18/11/1955
Occupation Outdoor

Date Of Driving Pass	14/07/1982
Driving experience	40 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81335599
Alt. Phone Number	-
Email Address	sam@ga.sg
Address	6 RIVERWALE LINK
Address complement	# 07-09
Postcode	5545042
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)	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 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	SJM811P
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) -

IMPORTANT NOTICE

SKETCH PLAN

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

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

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

Sketch Plan

Blk 703 Hougang Avenue 2 Carpark lot S530703

A - GBJ 2897P

B - SJM811P

201D

195

Describe Circumstance of the Accident

My vehicle was parked at Blk 703 Hougang Avenue 2
Carpark lot and vehicle B was parked and stationary beside
me. When I wanted to exit from the parking lot I turned left
to exit and my vehicle hit vehicle B's front right portion.
Since no one at the car, I left my friend's workshop
namecard on the car. I am just reporting for a safety purpose
and just to mention no one was in the car and no injuries as
well.

Declaration

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



Policyholder's Signature / Date & Time

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

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

9/2/23
10/02/2023

ACCIDENT STATEMENT

ACCIDENT DATE: 09 / 02 / 2023 (DD/MM/YYYY), TIME: 10 . 50 (HH:MM)

LOCATION: Blk 703 Hougang Avenue 2 Carpark lot S.530703

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBJ 2897P
 b) INSURANCE COMPANY: AIG
 c) POLICY NUMBER: 2070032708-02
 d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT
 e) MAKE & MODEL: Toyota Dyna AUTO / MANUAL
 f) TYPE: (SEDAN / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: working time
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: GA Engineering & Trading Pte Ltd (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 201906056D CONTACT: 8133 5599
 c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

- DRIVER
 a) NAME: Lai Yeu Meng @ Lai Yeu Shiong (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S2575599E CONTACT: 8133 5599
 c) ADDRESS: 6 Rivervale Link # 07-09, S545042

* d) DATE OF BIRTH: 18 / 11 / 1985 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)
 f) YEARS OF DRIVING EXPERIENCE: 14 / 07 / 1982

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)
 b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)
 7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SM 811P MODEL: _____
 b) DRIVER'S NAME: _____
 c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
 e) DRIVER'S NAME: _____
 f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

Email = sam@ga.sg

Pax = _____

Video = NO

COMMERCIAL AUTOPLUS COMMERCIAL VEHICLE

Name of Policyholder : GA ENGINEERING & TRADING PTE LTD
 Period of Insurance : 12 Mar 2022 To 11 Mar 2023
 Engine No. : 1KD2848604
 Chassis No. : JTFAT35Y90K212810

Vehicle No. : GBJ2897P
 Policy No. : 2070032708-02
 Endorsement No. :
 Issued Date : 01 Mar 2022

ABOUT THE COVER

Make/Model : TOYOTA DYNA 150 1.8 ton [Lorry]
 Engine Capacity/Tonnage : 1.8 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 \$553,000 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 (7 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: 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).

0405003000

THAM YIP WAI NICHOLAS

67 LORONG MELAYU #03-01

SINGAPORE 417028 SP-AUDREYLAU

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

YIP WAI NICHOLAS