

NATIONAL Assessment Centre Services (Self-Insured)

SNL823260006

Date In: 16/07/2023 18:22	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NPA/MG23001776	E-mail (within 3hrs, A/C 2hrs)		
Veh No: GBE 873G	I-Motor Claim Form		
D.O.A: 15/07/2023 10:30	I-Motor W/O (within 3hrs, A/C 2hrs)		
OD: <input checked="" type="checkbox"/> Reporting Only	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whse		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars: Vch No: SNL 742-G	INC () / Non-INC ()	
Owner / Driver: (Tel:	
Policy No: () Period: () Cover Type: ()		
Confirmed by: (Date:	Time:
Insured/Driver Liability: () % (Note: Est. Status (WO): 10-30%, P: 21-72%, P: 30-100%)		
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 Case: to e-mail Insurer URGENTLY.

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

REMARKS: INC LOUING 6788-6016

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

2) QC Check / Post Repair Inspection ()

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

Injury: _____

Date	Turn	Action

<p>XA2300498</p> <p>TP Particulars:</p> <p>Owner/Owner:</p> <p>Contact No:</p> <p>Assessed Portion: \$400</p> <p>Checked by (Engr-In-Charge):</p> <p>Comments:</p> <p>C.L.</p> <p>12/3</p>	Invoice Preparation Checklist		AMT	PAID
	1) AR: Accident Reporting (\$300)			
	2) DA: Damage Assessment (\$1000) INC (\$50)			
	3) TP: Towing Fee \$40/\$40			
	4) FT: Follow-Through Survey \$150			
	5) FT: Follow-Through Survey (Resurvey) \$30			
	6) TR: Rep/Inspection \$75			
	7) NI: NI & DA, SMART Survey \$140			
	8) NTUC Additional Services			
	GR:			
	*NI: Courtesy Car / Tot Allowance	\$5		
	*NI: Repair Coordination	\$10		
	*NI: Post Repair Inspection	\$20		
	*NI: EV / Collect Excess Coordination	\$1		
	*TP (NI): TP (NI-INC) against INC	\$20		
	TP (NI) 12th Month	\$0		
	Invoice Total		Fee Charged	
	Balance Due		PAID	

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	16/02/2023 18:22 (SGT)
Reported by	Driver
Date of Accident	15/02/2023 10:30 (SGT)
Exact Location of Accident	Jln Jurong Kechil, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE8173G
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	LMG DESIGN & BUILD PTE. LTD.
Company Reg No	2XXXXX221Z
Email Address	jasmine@lmgdb.com
Mobile Phone No	(Phone) +65-94858308
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	7220009163

DRIVER

Name of Driver	ISLAM MD SHAFIKUL
Passport No/FIN	GXXXX582L
Date Of Birth	28/07/1986
Occupation	Outdoor

Date Of Driving Pass	06/04/2015
Driving experience	7 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91331546
Alt. Phone Number	-
Email Address	jasmine@imgdb.com
Address	BLK 33 KAKI BUKIT AVENUE 3 #07-02
Address complement	-
Postcode	415920
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	Raining
Road Surface	Wet

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)	5
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	WORKER
Gender	Male

PASSENGER 2

Name	WORKER
Gender	Male

PASSENGER 3

Name	WORKER
Gender	Male

PASSENGER 4

Name	WORKER
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 SKETCH PLAN

SKETCH PLAN

IMPORTANT NOTICE

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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 edgement 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 purposes 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/are 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 sites 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

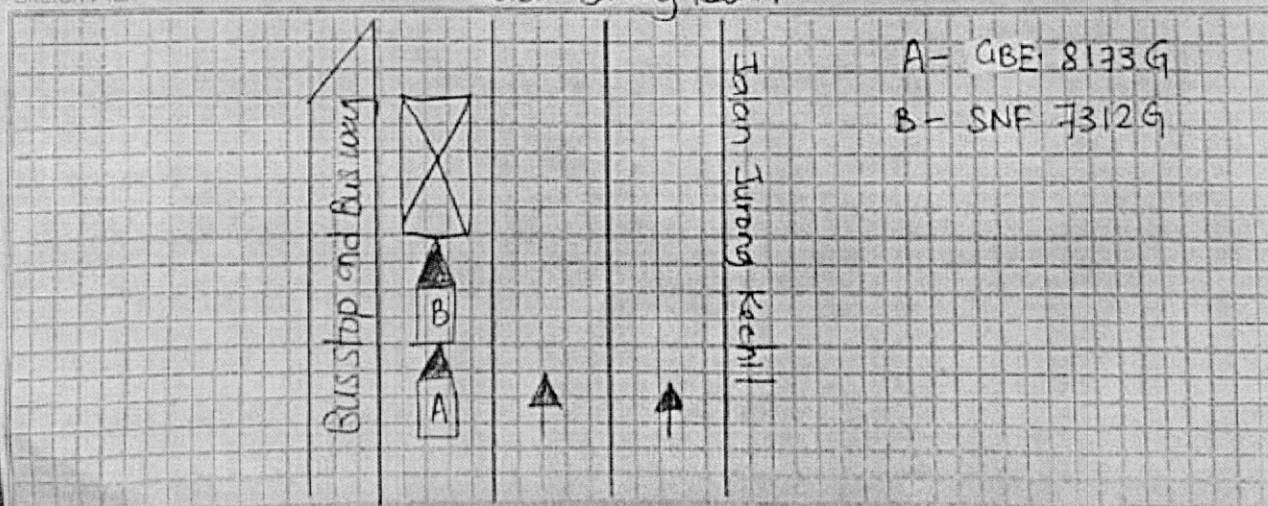
Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

16-02-2023

16/02/2023

Sketch Plan

Jalan Jurong Kechil



ACCIDENT STATEMENT

ACCIDENT DATE: 15/02/2023 (DD/MM/YYYY) TIME: 10:30 (HH:MM)

LOCATION: Jalan Jurong Kechil

1. DETAILS OF VEHICLE

a) VEHICLE NUMBER: GBE 8173 G

b) INSURANCE COMPANY: AIG

c) POLICY NUMBER: 7220009163

d) POLICY TYPE: ☒ COMPREHENSIVE ☐ THIRD PARTY / ☐ THIRD PARTY FIRE & THEFT

e) MAKE & MODEL: Toyota Dyna Auto ☒ MANUAL

f) TYPE (SALOON / COUP / MPV / VAN / ☒ CYC / MOTORCYCLE / OTHER)

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: LMG Design & Build pte ltd (MALE / FEMALE)

b) NRIC/FN/PASSPORT: CONTACT: 9485 8308

c) ADDRESS:

* CONTINUE TO 3.4 IF DRIVER ALSO POLICY HOLDER

DRIVER: Islam MD Shafikul (MALE / FEMALE)

g) NAME: 96765582 CONTACT: 9133 1546

b) NRIC/FN/PASSPORT: 8415920

c) ADDRESS: Blk 33 # 07-02/01 Kaki Bukit Ave 3,

d) DATE OF BIRTH: 28/07/1986 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / ☒ OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 06/04/2015

7. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:

8. a) WEATHER CONDITION: (CLEAR / ☒ RAINING / OTHERS)

b) ROAD SURFACE: (DRY / ☒ WET / OTHERS)

9. WAS ANYBODY INJURED (YES / NO)

10. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION:

8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: SNF 7312 G MODEL:

b) DRIVER'S NAME:

c) NRIC/FN/PASSPORT: CONTACT: 9829 8170

9. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: MODEL:

b) DRIVER'S NAME:

c) NRIC/FN/PASSPORT: CONTACT:

Email: jasmine@lmgdb.com

fax:

NO



CERTIFICATE OF INSURANCE

COMMERCIAL AUTOPLUS COMMERCIAL VEHICLE

Name of Policyholder : LMG DESIGN & BUILD PTE LTD
Period of Insurance : 28 Jan 2022 To 31 Mar 2023
Engine No. : 1KD2577269
Chassis No. : KDY2318022902

Vehicle No. : GBE8173G
Policy No. : 7220009163
Endorsement No. :
Issued Date : 27 Jan 2022

ABOUT THE COVER

Make/Model : TOYOTA DYNA 3.0 M

Engine Capacity/Tonnage : 1.7 Tonnage

Driver Restriction : NA

Sum Insured : Market Value

Off Peak Car : No

First Year of Registration : 2016

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 (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: TOKYO CENTURY LEASING (SINGAPORE) 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).

0504710000

1F INSURANCE AGENCY PTE LTD

68 KAKI BUKIT AVE 6 #01-22 ARK@KB

SINGAPORE 417896

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

1F Insurance Agency Pte Ltd