

NATIONAL Assessment Centre Services

Date In 01/03/2023	Job description	Date & Time Completed	Done by
RefNo NA/A423002214/d4	SAS e-filing		
VehNo GBE 2763T	E-mail (within 8hrs. A/C 2hrs)		
DOA 25/01/2023 18:35	i-Motor Claim Form		
OD/ TP/ <u>Reporting Only</u>	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: SMV 9119M	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

NA2300622	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)		
	6) TR : Re-inspection \$75		
	7) N1 : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD*		
	*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: Idac Mobile \$30		
Cal 1:	Invoice dated	Fee Charged	
Cal 2/3:	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	01/03/2023 17:13 (SGT)
Reported by	Driver
Date of Accident	25/01/2023 18:35 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	TOA PAYOH CENTRAL (NEARBY BLK NO.186 OPEN SPACE CARPARK , SINGAPORE)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE2763T
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	RIGHT ENGINEERING SERVICES
Company Reg No	2XXXX400K
Email Address	rightengineeringservices@gmail.com
Mobile Phone No	(Phone) +65-96507197
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	7210125289-01

DRIVER

Name of Driver	LIM BUAY TEE
NRIC No	SXXXX055C
Date Of Birth	01/04/1952

Occupation	Outdoor
Date Of Driving Pass	04/08/1971
Driving experience	51 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96507197
Alt. Phone Number	-
Email Address	rightengineeringservices@gmail.com
Address	APT BLK 207C COMPASSVALE LANE
Address complement	# 09-34
Postcode	544207
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	Collided into Parked Vehicle
Weather Conditions	DRIZZLING
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)	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	SMV9119M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	AMOS WONG ZI QI

Contact Number	(Phone) +65-81129119
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~~ 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 ~~is~~ use 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~~ 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

01/03/23

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

1/3/23

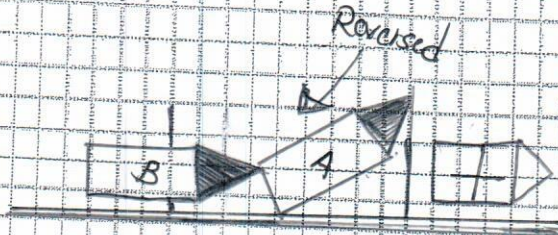
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan

700a puyoh Central (Nearby Blk No. 186 Open Space Carpark Singapore)

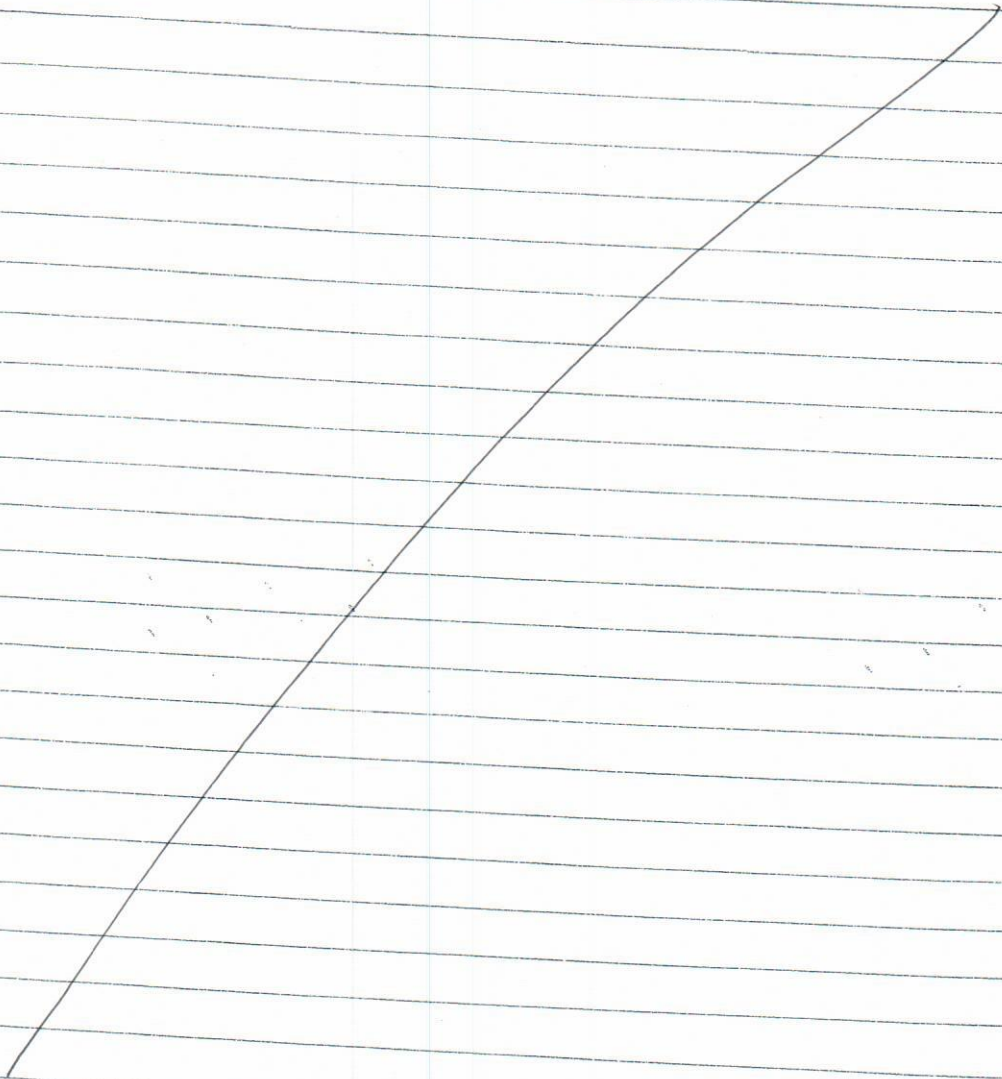
A - GBE 2763T

B - SMV 9119M



Describe Circumstance of the Accident

I was reversing into a parking lot & accidentally collided with
Third party vehicle. Third party vehicle was not parked
properly in the lot. The fault party is already
over the parking lot.

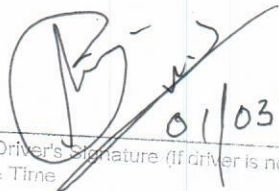


Declaration

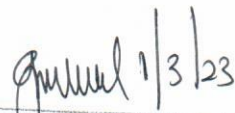
I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time


01/03/23

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


01/03/23

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

ACCIDENT STATEMENT

ACCIDENT DATE: 25 / 01 / 2023 (DD/MM/YYYY) TIME: 18 : 35 (HH:MM)

LOCATION: 10a payoh Central (Nearby) Blk No. 186 open space Carpark, Singapore)

1. DETAILS OF VEHICLE

a) VEHICLE NUMBER: GBE 2763T

b) INSURANCE COMPANY: AIG

c) POLICY NUMBER: 7210125289-01

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

e) MAKE & MODEL: Toyota Dyna 1.8 Auto ☒ MANUAL

f) TYPE: ☐ SALOON / ☐ 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: Right Engineering Services (MALE / FEMALE)

b) NRIC/FIN/PASSPORT: 22357400K CONTACT:

c) ADDRESS:

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

a) NAME: Lim Bray Tee (MALE / FEMALE)

b) NRIC/FIN/PASSPORT: S0023055C CONTACT: 9650 7197

c) ADDRESS: Apt B1K 207C Compassvale Lane # 09-34
5544207

d) DATE OF BIRTH: 01 / 04 / 1952 (DD/MM/YYYY)

e) OCCUPATION: ☐ INDOOR ☒ OUTDOOR

f) YEARS OF DRIVING EXPERIENCE: 04 / 08 / 1971

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 Drizzling

b) ROAD SURFACE: ☐ DRY / ☒ WET / ☐ OTHERS Drizzling

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: SMV 9119M MODEL:

b) DRIVER'S NAME: Amos Wong Zi Qi

c) NRIC/FIN/PASSPORT: CONTACT: 81129 119

9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: MODEL:

e) DRIVER'S NAME:

f) NRIC/FIN/PASSPORT: CONTACT:

Email = rightengineeringservices@gmail.com

Phone =

Address = NO

COMMERCIAL AUTOPLUS COMMERCIAL VEHICLE

Name of Policyholder : RIGHT ENGINEERING SERVICES
 Period of Insurance : 16 Oct 2022 To 15 Oct 2023
 Engine No. : 1KD2441265
 Chassis No. : KDY2318017085

Vehicle No. : GBE2763T
 Policy No. : 7210125289-01
 Endorsement No. :
 Issued Date : 06 Oct 2022 16:27

ABOUT THE COVER

Make/Model : TOYOTA DYNA LORRY 1.8 ton [Lorry]
 Engine Capacity/Tonnage : 1.8 Tonnage Sum Insured : Market Value First Year of Registration : 2015
 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\$33,000 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: NA

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).

0500678000
 THOMSON CREDIT (S) PTE LTD
 310 THOMSON ROAD
 SINGAPORE 307657 ANSP-NONLIFE

AIG Asia Pacific Insurance Pte. Ltd.
 This computer generated document does not require a signature.