

NATIONAL Assessment Centre Services

(part 1 of 2)

54082337001

Date In: 07/03/2023 10:25	Job description	Date & Time Completed	Done by
Ref No: N/A/NA/230023867	SAS e-filing		
Veh No: GBH 452TE	E-mail (with In Start, A/C 2015)		
D.O.A: 06/03/2023 11:30	1-Motor Claim Form		
QC: TP: Reporting Only	1-Motor W/O (with In Start, A/C 2015)		
	1-Photo Uploaded		
TP Insured:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whan		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars: Vel: No: GBH 3332G	INC () / Non-INC ()	
Owner / Driver: (Tel:	
Policy No: ()	Period: ()	Cover Type: ()
Confirmed by: (Date:	Time:
Insured/Driver Liability: ()	% (Note: Hst Status (WO): 10-0-30%, P: 21-72%, P: 30-140%)	
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 repair.

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

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

Remarks: (INC 1011110718, 0016)

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

2) QC Check / Post Repair Inspection ()

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

Injury: ()

Date of Injury: ()

Location: ()

Police Report: ()

Witness: ()

Other: ()

NA2300676	Invoice Preparation Checklist
Insurance Particulars:	1) AR: Accident Passbook (\$100) V
Owner/Owner:	2) DA: Damage Assessment (\$1000) INC (\$56)
Contact No:	3) TP: Towing Fee \$117545
Assigned Person: Wksp:	4) PT: Follow-Through Survey \$132
	5) PT: Follow-Through Survey (Barrow) \$50
	6) TR: Re-inspection \$75
	7) NI: Hst DA, * SMPT Survey \$140
	8) NIUC Additional Services
Checked by (Engr-In-Charge):	9) NIUC Additional Services
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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	07/03/2023 10:25 (SGT)
Reported by	Driver
Date of Accident	06/03/2023 11:20 (SGT)
Exact Location of Accident	CTE, Singapore
Additional Location Information	TOWARDS YISHUN
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH4527E
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	HIBEX SINGAPORE PTE LTD
Company Reg No	1XXXXX338C
Email Address	cecilia.sai@hibex.com.sg
Mobile Phone No	(Phone) +65-81132577
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 - 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	7220059766

DRIVER

Name of Driver	PANNERSELVAM S/O CHELLIAN
NRIC No	SXXXX553I
Date Of Birth	23/08/1967
Occupation	Outdoor

Date Of Driving Pass	30/12/1991
Driving experience	31 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81132577
Alt. Phone Number	-
Email Address	cpselvam@hotmail.com
Address	BLK 140 JALAN BUKIT MERAH #03-1150
Address complement	-
Postcode	160140
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

ON THE 06-03-2023 AT ABOUT 11:20HRS I WAS TRAVELLING ALONG CTE TOWARDS YSHUN TRAFFIC WAS HEAVY. I SAW A TRAILER IN FRONT OF ME BRAKE SO I QUICK CHANGE LANE TO AVOID COLLISION, BUT THERE IS A VAN AT THE LANE THAT I WAS CHANGING BESIDE THE TRAILER WHICH I COULD NOT SEE AND MY VAN BUMP INTO THE REAR OF THE VAN.

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	GBH3332G
Vehicle Manufacturer	Toyota
Vehicle Model	Hiace
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle

Name of Driver	MURUGESAN ASHOKKUMAR
Passport No/FIN	GXXXX877T
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

- ## 8. Consent under the Personal Data Protection Act (PDPA)



C7K 2000000 1/81/100

A) GBH 4527E

B) GBH 3332 G

Describe Circumstance of the Accident


AS PER STATEMENT.

Declaration

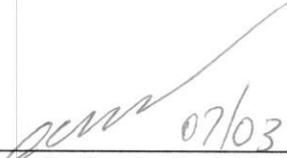
I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

 7/8/23 944am

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

 07/03/2023

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

ACCIDENT STATEMENT

ACCIDENT DATE: (6/3/23) (DD/MM/YYYY), TIME: (11:20) (HH:MM)

LOCATION: C7E

1. DETAILS OF VEHICLE

a) VEHICLE NUMBER: GBH 4527E
 b) INSURANCE COMPANY: AIG
 c) POLICY NUMBER: 7220059766
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: TOYOTA HIACE
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: WORKING
 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: HIBEX (S) P/L (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 198804338 CONTACT: 81132577
 c) ADDRESS:

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

a) NAME: Pannerse/uan Chellim (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 318165531 CONTACT: 81132577
 c) ADDRESS: BLK 140 JALAN BUKIT MERAH
 #03-1150 S. 160140

d) DATE OF BIRTH: (23/06/67) (DD/MM/YYYY)
 e) OCCUPATION: (INDOOR / OUTDOOR) 30/12/1991

f) DATE OF DRIVING PASS

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: GBH 3332G MODEL: TOYOTA HIACE
 b) DRIVER'S NAME: MURUGESAN ASHOKKUMAR
 c) NRIC/FIN/PASSPORT: 97514611 CONTACT:

9. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: GBH 3232G MODEL:
 b) DRIVER'S NAME: CONTACT:
 c) NRIC/FIN/PASSPORT:

No of passenger
 (including driver)
 (1)

No of passenger
 (including driver)
 ()

No of passenger
 (including driver)
 ()

email:
 VIDEO



CERTIFICATE OF INSURANCE

COMMERCIAL AUTOPLAN COMMERCIAL VEHICLE

Name of Policyholder : Hibex Singapore Pte Ltd
Period of Insurance : 13 Jun 2022 To 12 Jun 2023
Engine No. : 1KD2807239
Chassis No. : JTFHT02P700243199

Vehicle No. : GBH4527E
Policy No. : 7220059766
Endorsement No. :
Issued Date : 25 May 2022 15:08

ABOUT THE COVER

Make/Model : TOYOTA HIACE [Van]

Engine Capacity/Tonnage : 1.1 Tonnage

Sum Insured : Market Value

First Year of Registration : 2018

Driver Restriction : NA

Off Peak Car : No

Insuring with COE/PAF : 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.

* 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 can be carried out at the repairer of Your choice (unless specifically excluded by Us).

For 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: MITSUBISHI HC CAPITAL ASIA PACIFIC 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).

0503776000

LOW HAN LONG JOSEPH

371 ALEXANDRA ROAD #08-14 AIA ALEXANDRA

SINGAPORE 159963 SP-CML N ASSOC-MOTION

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

HAN LONG JOSEPH LOW