

NATIONAL Assessment Centre Services

Date In 07/03/2023	Job description	Date & Time Completed	Done by
RefNo NA/AG23002400/d4	SAS e-filing		
VehNo GBH 9806S	E-mail (within 8hrs. Aft 2hrs)		
DOA 06/03/2023 16:45	i-Motor Claim Form		
OD/TP/Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: GBL 6301E	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

NA2300683	Invoice Preparation Checklist		Amt (\$)	Amt (\$)
Claimant's Particulars:-	1) AR : Accident Reporting (\$30);		1st Bill	Add Bill
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)			
Call 1:	6) TR : Re-inspection \$75			
Call 2/3:	7) N1 : Idac DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
	ON*			
	*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			
	Invoice dated	Fee Charged		
	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	07/03/2023 14:58 (SGT)
Reported by	Driver
Date of Accident	06/03/2023 16:45 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ALONG SLIP ROAD OF ALEXANDRA ROAD TOWARDS QUEENSWAY
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH9806S
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	BRILLIANT ENGINEERING PTE LTD
Company Reg No	2XXXXX553E
Email Address	kelvinsong@bepl.com.sg
Mobile Phone No	(Phone) +65-97588760
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	7210111525-01

DRIVER

Name of Driver	PALANIVEL GOPALAKRISHNAN
Passport No/FIN	GXXXX711R
Date Of Birth	16/06/1980

Occupation	Outdoor
Date Of Driving Pass	06/10/2016
Driving experience	6 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93414275
Alt. Phone Number	-
Email Address	kelvinsong@bepl.com.sg
Address	3 ANG MO KIO STREET 6 , LINK AMK
Address complement	# 04-27
Postcode	569139
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)	2
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	HAN LINN HTOON
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 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	GBL6301E
Vehicle Manufacturer	-
Vehicle Model	-

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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 Police 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 (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.



[Signature]

[Signature] 7/3/23

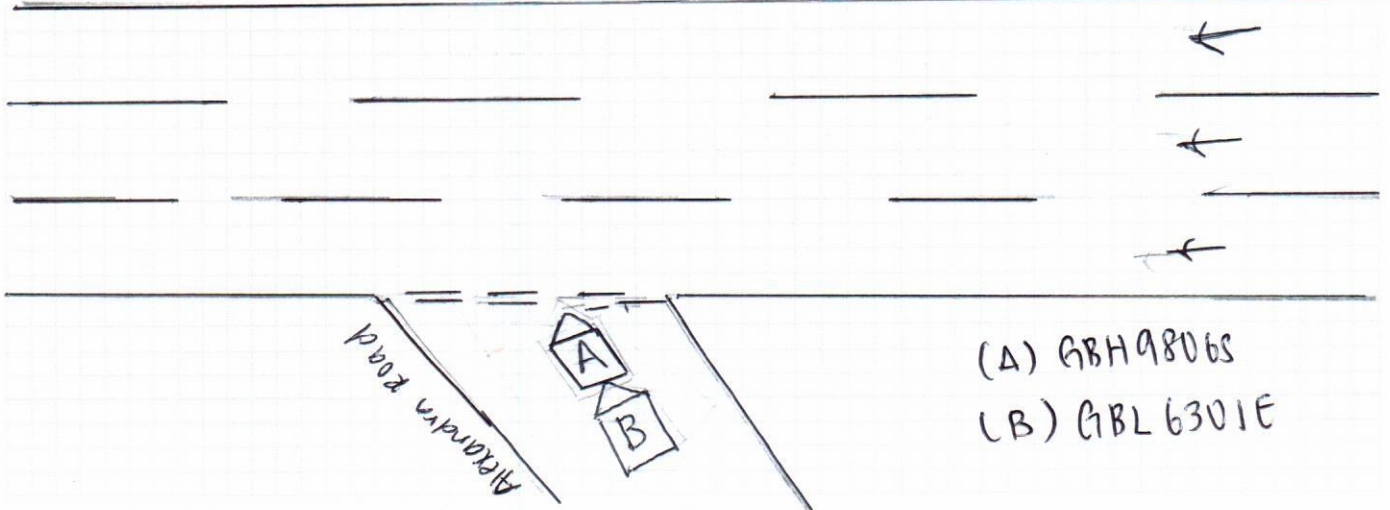
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Along Siip Road of Alexandra Road towards Queensway



Describe Circumstances of the Accident

On 06/03/2023 at about 1645hr at along slip road of Alexandra Road towards Queensway. I was traveling on the above mentioned road and I slow down for clearance of main traffic. Suddenly, I heard a loud bang from behind and when I alighted, I realised it was vehicle (B) who hit into my rear portion of my vehicle (A) causing damages to my vehicle. I have 1 passenger on board my vehicle.

(A) GBH 9806S

(B) ABL6301E

Note: Please note that your insurer may have 14 days time frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check your policy for more information.

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

Witnessed by Reporting Centre Personnel

SINGAPORE ACCIDENT STATEMENT

Accident Date:	06/03/2023	Time:	1645hrs	(hh:mm) 24 hr format
Location	Along slip road of Alexandra road towards Queenway			
Vehicle Number	GBH 9806S			
Insured Name	Brilliant engineering Pte Ltd			
NRIC / FIN	20060 1553 E	Contact Number	9758 8760	
Make	Toyota	Model	Hiace Van	
Are you claiming under your own insurance policy for repair to your vehicle?				
() Yes If No, Pls select: (/) Third Party () Reporting				
Insurance Company	AIG			
Type of Policy (/) Comprehensive () Third Party Fire & Theft () TP Only				
Policy Number	721011525 - 01			
Name of Driver	Palanivel Gopalakrishnan		() Same as Insured	
NRIC / FIN	G7830711R	Contact Number	9341 4275	
Date of Birth	16/06/1980			
Driving Pass Date	06/10/2016			
Occupation () Indoor (/) Outdoor				
Gender (/) Male () Female				
Email Address	KELVINSONG @ BEPL.COM.SG () NO EMAIL			
Address of Driver	3 Ang mo Kio Street 62 #04-27 Link @ AMK Singapore 569139			
Was driver an employee of the Insured's Company? (/) Yes () No				
If No, Relationship of the Driver with the Insured				
() Owner () Spouse () Friend () Relative () Children () Sibling				
Does the Driver Own Any Other Vehicle? () Yes (/) No				
If Yes, Vehicle Registration Number of Driver's Own Vehicle				
Insurance Company of Driver's Own Vehicle				
Weather Conditions (/) Clear () Raining () Others				
Road Surface (/) Dry () Wet () Others				
Was any foreign vehicle involved in this accident? () Yes (/) No				
Was anybody injured in the accident? () Yes (/) No				
If yes, injured detail				
Was there any video captured by Car Camera? () Yes (/) No				
Was the Accident reported to the Police? () Yes (/) No If yes attach police report				
DETAILS OF 3 rd party	Name / Nric		Contact	
Veh B	GBL 6301 E			
Veh C				
Veh D				
Veh E				
Veh F				

2 persons including driver.

(1) male

Har Linn Htoon



CERTIFICATE OF INSURANCE

COMMERCIAL AUTOPLUS COMMERCIAL VEHICLE

Name of Policyholder : BRILLIANT ENGINEERING PTE LTD
Period of Insurance : 12 Nov 2022 To 11 Nov 2023
Engine No. : 1KD2742279
Chassis No. : KDH2010230995

Vehicle No. : GBH9806S
Policy No. : 7210111525-01
Endorsement No. :
Issued Date : 30 Sep 2022 7:58

ABOUT THE COVER

Make/Model : TOYOTA HIACE VAN 1.5 ton [Van]
Engine Capacity/Tonnage : 1.5 Tonnage
Driver Restriction : NA
Sum Insured : Market Value
Off Peak Car : No
First Year of Registration : 2018
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 (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: THINKONE CREDIT 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).

0504148000

BSC INSURANCE AGENCY PTE LTD

1 JLN KILANG TIMOR #06-01 PACIFIC TECH CENTRE
SINGAPORE 159303

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

Swee Mei Leow