

NATIONAL Assessment Centre Services (part 1) 510823009

Date In: 03/04/2023 18:03	Job description	Date & Time Completed	Done by
Ref No: N/A/AG-280034621	SAS e-filing		
Veh No: GBC 7826C	E-mail (with 2nd AIC 2013)		
D.O.A: 31/03/2023 17:11	1-Motor Claim Form		
QC (TP) Reporting Only	1-Motor V/O (with: 9D 2011, 20 1000)		
TP Insurer:	1-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whse		

Preferred Wksp / INC Assgn Wksp / QW: () Tel: () Fax: ()

TP Particulars: YR 771SP - INC () / Non-INC ()

Owner / Driver: () Tel: ()

Policy No: () Period: () Cover Type: ()

Confirmed by: () Date: () Title: ()

Insured/Driver Liability: () (Note: Hist Status (WO): 10-0-2014, F: 21-70%, P: 20-100%)

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 Cost : to e-mail Insurer URGENTLY.

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

Remarks: (INC No: 67880015)

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

2) QC Check / Post Repair Inspection ()

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

Injury: ()

Date/Time	Actions

Invoice Preparation Charge	Ass'n / Accy Bill
1) AIC: Accident Passports (\$300)	
2) DA: Damage Assessment (\$100)	INC (\$50)
3) TP: Towing Fee	\$10/\$40
4) PT: Yellow-Through Survey	\$130
5) PT: Yellow-Through Survey (Resurvey)	\$50
6) TR: Resurvey	\$70
7) NI: New DA + SHER Survey	\$140
8) NUC Additional Services:	
* NI: Courtesy Car / Tel Allowance	\$5
* NI: Repair Coordination	\$15
* NI: Post Repair Inspection	\$10
* NI: DV / Collect Excess Coordination	\$1
* TP: (1) TP (via INC) against INE	\$20
* TP: (2) TP (via INC) against INE	\$0
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	03/04/2023 18:03 (SGT)
Reported by	Actual Driver
Date of Accident	31/03/2023 17:17 (SGT)
Exact Location of Accident	Upper Serangoon Rd, Singapore
Additional Location Information	JUNCTION WITH BARTLEY ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG7826C
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	JUICE FARM PTE LTD
Company Reg No	2XXXXX003K
Email Address	junmin147@icloud.com
Mobile Phone No	(Phone) +65-66673839
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	Auto
CC	2982

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	1900167776-03

DRIVER

Name of Driver	KYAW MYO AUNG
Passport No/FIN	GXXXX968W
Date Of Birth	03/06/1985
Occupation	Outdoor

Date Of Driving Pass	07/01/2019
Driving experience	4 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-66673839
Alt. Phone Number	-
Email Address	junmin147@icloud.com
Address	BLK 108 HOUGANG AVENUE 1 #01-1317
Address complement	-
Postcode	530108
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 - Cross Junction
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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 SKETCH PLAN

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	YQ7715P
Vehicle Manufacturer	Toyota
Vehicle Model	Dyna
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-

SKETCH PLAN

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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

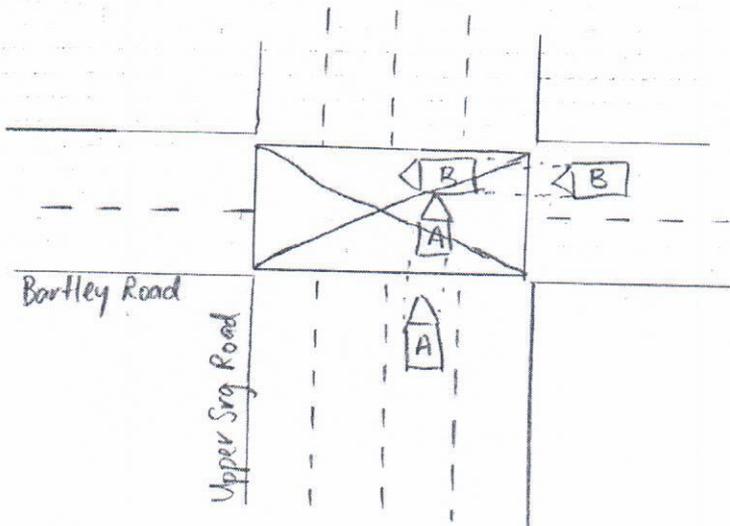
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

JOICE FARM
 108 Hougang Avenue 1
 #01-117 Singapore 530108
 Policyholder's Signature: *[Signature]* Date & Time: 29/11/2013

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

[Signature] 23/11/2013
 Witnessed by Reporting Centre Personnel

Sketch Plan



Vehicle A: GBG 7826C
 Vehicle B: YQ 7715P

Describe Circumstances of the Accident

At the stated date and time of accident, I was driving my vehicle A (G1BG7826C) along Upper Serangoon Road. &

The traffic lights were green and I was travelling straight on lane 2.

Suddenly, vehicle B (YQ7715P) beat the red light and came from

Bartley Road on my right and hit the front portion of my vehicle

A. After the collision, vehicle B flipped and hit some barricades.

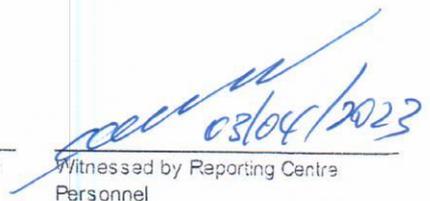
Declaration

We declare the foregoing particulars are true in every respect.

JOICE FARM

Blk 18 Hougang Avenue 1
Singapore 530108
Tel: +65 6667 3839




08/04/2023

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

JWR

Date of Accident : 31/03/2023 Accident Time: 1717 HR (24-HR-FORMAT)
 Accident Place : Along Upper Serangoon Road and Bartley Road Junction
 Vehicle Reg. No (Car plate No.) : G BG 7826 C Vehicle Make/Model: Toyota Hiace
 Insurance Company : AIG Policy No. 1900167776 - 03
 Name of Registered Owner : Company / Individual JUICE FARM PTE LTD
 ID of Registered Owner : Co Reg No: 201213003K Owner's NRIC No: _____
 : Co Contact No: 66673839 Owner's Contact No: _____
 DRIVER'S Name : Kyaw Myo Aung DRIVER'S NRIC No: G3390968W
 DRIVER'S Date of Birth : 03/06/1985 DRIVER'S License Pass Date 07/01/2019
 Relationship bet. Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: _____
 DRIVER'S Address : Blk 108 Hongang Ave 1 #01-1317 S(530108)
 DRIVER'S Contact No./ Alt No. : 1) 66673839 2) _____
 DRIVER'S Occupation : INDOOR/OUTDOOR (eg. working inside or outside of an ofc)
 Email Address : JUNMINI47@ICLOUD.COM
 Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
 Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance
 Number of Passengers (including Driver): 01 Passenger Name: _____ Gender: M/F
 Was the accident reported to the police? YES \ NO Passenger Name: _____ Gender: M/F
 Was there any video Captured by car camera: YES \ NO Any Injuries YES / NO Injured Name: Kyaw Myo Aung
 Injured Name: _____
 Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Other Party Driver's Particulars (if any)

Vehicle Reg No: <u>4Q7715P</u>	Vehicle Reg No: _____
Vehicle Make/Model: <u>Toyota Dyna</u>	Vehicle Make/Model: _____
Name DRIVER: _____	Name DRIVER: _____
IC No. DRIVER: _____	IC No. DRIVER: _____
DRIVER'S Contact & add: _____	DRIVER'S Contact & add: _____

Other Party Driver's Particulars (if any)

Vehicle Reg No: _____	Vehicle Reg No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name DRIVER: _____	Name DRIVER: _____
IC No. DRIVER: _____	IC No. DRIVER: _____
DRIVER'S Contact & add: _____	DRIVER'S Contact & add: _____



CERTIFICATE OF INSURANCE

COMMERCIAL AUTOPLUS COMMERCIAL VEHICLE

Name of Policyholder : JUICE FARM PRIVATE LIMITED
Period of Insurance : 31 Oct 2022 To 30 Oct 2023
Engine No. : 1KD2742809
Chassis No. : KDH201502927

Vehicle No. : GBG7826C
Policy No. : 1900167776-03
Endorsement No. :
Issued Date : 21 Oct 2022 16:30

ABOUT THE COVER

Make/Model : TOYOTA HIACE VAN 1.4 ton [Van]
Engine Capacity/Tonnage : 1.4 Tonnage
Driver Restriction : NA
Person or Classes of Persons Entitled to Drive* :
Sum Insured : Market Value
Off Peak Car : No
First Year of Registration : 2017
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 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 - \$1100 Theft - \$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

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).

0503972000
INSURHUB LLP

9 TEMASEK BOULEVARD #29-01 SUNTEC TOWER 2
SINGAPORE 038989

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

De Xing Jeremy Leow