

NATIONAL Assessment Centre Services

Date: 11/04/2023	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NAIAIG23003711/d4	E-mail (within 3hrs. Aft 2hrs):		
Veh No: GZ 7923X	i-Motor Claim Form:		
DOA: 10/04/2023 07:25	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
OD/TP/Reporting Only	i-Photo Uploaded:		
TP Insurer:	Assessment/Survey Report:		
	Ass't Report by Fax / Hand to Owner/Wksp:		

Preferred Wksp / INC Assign Wksp / QW: () Tol: Fax:

TP Particulars: Veh No: CB 7840A 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	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

NA2301045	Invoice Preparation Checklist		Amnt (\$)	Amnt	
Claimant's Particulars	1) AR: Accident Reporting (\$30);				
	2) DA: Damage Assessment (\$100); INC (\$80)				
	3) TP: Towing Fee	\$40/\$45			
	4) FT: Follow-Through Survey	\$120			
	5) RT: Follow-Through Survey (Resurvey)	\$30			
	For claiming against INC Only (wef 10 Jan 2005)				
	6) TR: Re-inspection	\$75			
	7) N1: Idau DA + SMRT Survey	\$160			
	8) NTUC Additional Services:-				
Driver/Owner:	Q1*				
	* N5: Courtesy Car / Tpt Allowance	\$5			
	* N6: Repair Co-ordination	\$10			
	* N7: Post Repair Inspection	\$25			
Contact No:	* N8: DV / Collect Excess Coordination	\$5			
	TP (N11): TP (Non INC) against INC	\$20			
Damaged Portion:	9) N12: Idau Mobile	\$0			
	Invoice dated	Fee Charged			
QC Checked by (Engr-In-Charge):	Invoice dated	Fee Charged			
Auditors' Comments:					
Call 1:					
Call 2/3:					

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	11/04/2023 14:48 (SGT)
Reported by	Actual Driver
Date of Accident	10/04/2023 07:25 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	OUTSIDE ORCHARD SPRING LANE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GZ7923X
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	NIC & WES CONSTRUCTION PTE LTD
Company Reg No	2XXXXX283K
Email Address	eileen@nicnwes.com
Mobile Phone No	(Phone) +65-64497949
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Cabstar
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	3153

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	7210151093-01

DRIVER

Name of Driver	ABDUL RAHMAN BIN RAHMAT
NRIC No	SXXXX066D
Date Of Birth	29/11/1988
Occupation	Outdoor

Date Of Driving Pass	03/06/2011
Driving experience	11 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-94836119
Alt. Phone Number	-
Email Address	eileen@nicwes.com
Address	APT BLK 751 PASIR RIS STREET 71
Address complement	# 05-76
Postcode	510751
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	Side Swipe
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 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	CB7840A
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	TAY KOK YANG (ZHENG GUORONG)
NRIC No	SXXXX232E

Contact Number -
 Address -
 Address complement -
 Postcode -
 Insurance Company Name -
 Nature Of Damage -
 Details of property damaged in accident -
 No. Of Passenger (Including Driver) -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	ABDUL RAHMAN BIN RAHMAT
Gender	Male
Phone No	(Phone) +65-94836119
Address	APT BLK 751 PASIR RIS STREET 71
Address Complement	# 05-76
Post Code	510751
Approximate Age Years Old	-
Injuries Sustained	LEFT HAND SWOLLEN
Injured person in which vehicle?	GZ7923X
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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 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 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]
 Policyholder's Signature / Date & Time
 10/04/23

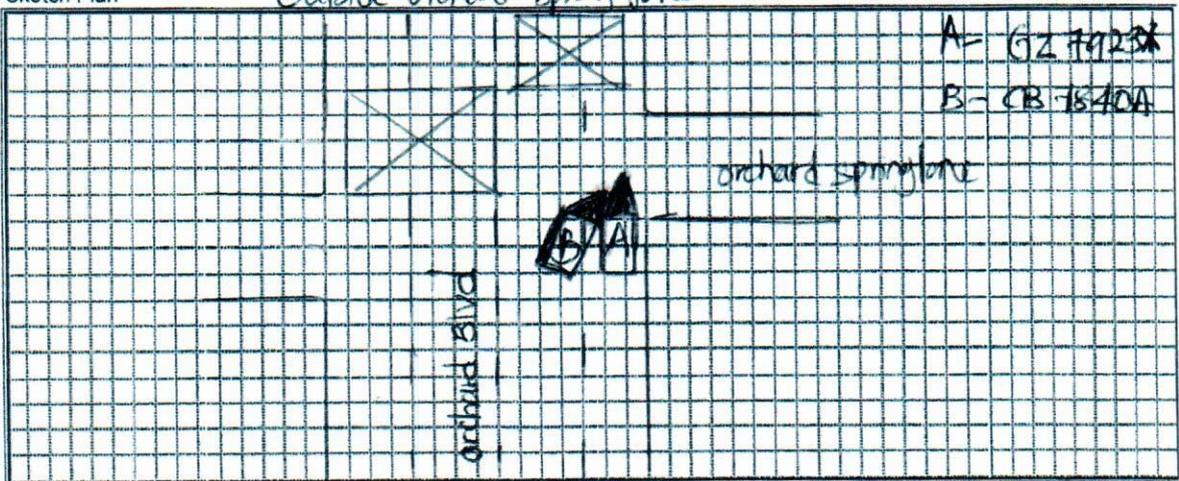


[Signature]
 Actual Driver's Signature (if driver is not the Policyholder) / Date & Time
 10/04/23

[Signature]
 Witnessed by Reporting Centre Personnel
 (Name as in NRIC/ID card)
 11/4/2023

Sketch Plan

outside orchard spring lane



Describe Circumstance of the Accident

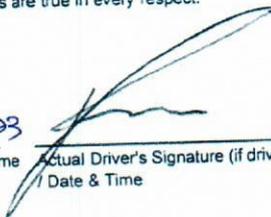
On the above stated date and time, I was travelling along Orchard Blvd and I was travelling on the first lane. I wanted to go straight. Vehicle B fetch a passenger outside Orchard Bel-Air Condo which was on my left side of the vehicle, he then drove from the fourth lane and wanted to filter into my lane. When I saw him filtering from the fourth lane coming towards my lane, I already horned but he was unable to stop and hit the front side left of my vehicle.

Declaration

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


Policyholder's Signature / Date & Time




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

10/04/23


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

11/4/2023

ACCIDENT STATEMENT

ACCIDENT DATE: (10, 04, 2023) (DD/MM/YYYY), TIME: (07:25) (HH:MM)

LOCATION: outside Orchard Spring lane

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GZ 7923X
- b) INSURANCE COMPANY: AIG
- c) POLICY NUMBER: 7210151093-01
- d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
- e) MAKE & MODEL: Nissan Cabstar AUTO (MANUAL)
- f) TYPE: (SEDAN / 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: Nic & Wes construction Pte Ltd (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: 200613283K CONTACT: 6449 7949
- c) ADDRESS:

* CONTINUE TO 3.0 IF DRIVER ALSO POLICY HOLDER

- DRIVER
- a) NAME: Abdul Rahman Bin Rahmat (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: S8847066D CONTACT: 9483 6119
- c) ADDRESS: APT BIK 751 Pasir Pis street 71 # 05-76 S810751

d) DATE OF BIRTH: (29, 11, 1988) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 03/06/2011

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) Left hand swollen

7. c) REPORTED TO POLICE (YES / NO)
IF YES, PLEASE STATE WHICH POLICE STATION:

8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: CB 7840A MODEL:

b) DRIVER'S NAME: Tay kok yong (zheng Guorong)

c) NRIC/FIN/PASSPORT: S8018232E CONTACT:

9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: MODEL:

e) DRIVER'S NAME:

f) NRIC/FIN/PASSPORT: CONTACT:

Email = eileen@nicnwes.com

Fax =

Mobile = NO

not a passenger
() including driver
(01)

not a passenger
including driver
()

not a passenger
including driver
()



CERTIFICATE OF INSURANCE

COMMERCIAL AUTO THIRD PARTY ONLY COMMERCIAL VEHICLE

Name of Policyholder : NIC & WES CONSTRUCTION PTE LTD
 Period of Insurance : 02 Mar 2023 To 01 Mar 2024
 Engine No. : QD32228186
 Chassis No. : JN1SF4F23Z0861832

Vehicle No. : GZ7923X
 Policy No. : 7210151093-01
 Endorsement No. :
 Issued Date : 09 Dec 2022 9:18

ABOUT THE COVER

Make/Model : NISSAN CABSTAR TWIN CABIN [Lorry] Sum Insured : NA First Year of Registration : 2006
 Engine Capacity/Tonnage : 2 Tonnage Off Peak Car : No Insuring with COE/PARF : NA
 Driver Restriction : NA
 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.

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 1960, 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

Section 2
 Property Damage - S0

Windscreen : NA

Named Driver and Excess (where applicable)

APPROVED REPORTING CENTRES/AUTHORISED REPAIRERS (FOR CLAIMS RELATED REPAIRS)

For Approved Reporting Centres, 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 Apple App Store or Google Play Store.

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 1960, Part IV of the Road Transport Act, 1987 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

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0504733000
 GP INSURANCE AGENCY
 8 JALAN RUMAH TINGGI #05-473
 SINGAPORE 150008
 Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

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

GP Insurance Agency