

NATIONAL Assessment Centre Services. (2011, 22nd April)

Date In: 17/04/2023 18:38	Job description	Date & Time Completed	Done by
Ref No: NBS1826230039264	SAS e-Milling		
Vol: No: GBH 6489m	E-mill (within 3hrs, A/C 2hrs)		
D.O.A: 15/04/2023 12:00	1-Motor Clam Form		
QD: TP: Repairing Only	1-Motor W/O (w/ins: OD 2hrs, 1/2 1hr)		
	1-Photo Uploaded		
	Assessment/Survey Report		
TP Insured:	Ass't Report by Fax / Hand to Owner / VLM		

Preferred Wksp / INC Assign Wksp / QW: (Tel:		Fax:	
TP Particulars:	Yeli No:	INC () / Non-INC ()			
Owner / Driver: (Tel:			
Folio No: (Period: (Cover Type: (
Confirmed by: (Date:		Time:	
Insured/Driver Liability: (95) (Note-Use Status (W/O): N: 0-30%, F: 31-70%, F: 80-100%)				
Year of Registration: (Warranty: YES () / NO ()				
Excess: (\$	Loading: \$1,000 () / \$2,000 ()				

General Remarks:

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

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co:					
Remarks: [REDACTED] Date Repairs Completed: [REDACTED] Repair Done by:					
1) Apply for Transport Allowance () / Courtesy Car ()					
2) QC Check / Post Repair Inspection ()					
3) Upload Recovery Photo (Repair Cost > \$3000) ()					

Inquiry :

[illegible]

NA280P106		Invoice Preparation Charge	
Particulars		Amount	
Driver/Owner			
Unit No:			
Damaged Portion:			
Checked by (Engr-In-Charge):			
Remarks/Comments:			
C.L.			
Date:			
		1) A.R. Accident Paperwork (\$300)	
		2) D.A. Damage Assessment (\$1000) INC (\$55)	
		3) T.P. Towing Fee \$100/\$40	
		4) P.C. Yellow Through Survey \$110	
		5) T.P. Yellow Through Survey (Barotary) \$30	
		Prescribed by the 120 Daily (over 120 900)	
		6) T.R. Red Speedon \$75	
		7) N.I. New D.A. White Survey \$140	
		8) N.TUC Additional Services	
		O.D.	
		*N.I. Courtesy Car / T.P. Allowance \$5	
		*N.I. Repair Coordination \$10	
		*N.I. Pen Repair Inspection \$10	
		*N.I. DV / Collision Cases Coordination \$1	
		77 (N.I.) T.P. (N.I. INC) Repair INC \$10	
		78 (N.I.) T.P. (N.I. INC) Repair INC \$10	
		Invoiced Total	
		Fees Charged	
		Unpaid Balance	

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	17/04/2023 18:35 (SGT)
Reported by	Actual Driver
Date of Accident	15/04/2023 12:00 (SGT)
Exact Location of Accident	CTE, Singapore
Additional Location Information	TOWARDS (CITY) PIE CHANGI EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH6439M
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	A-PLUS BUILDING SERVICES
Company Reg No	5XXXX674L
Email Address	sharonyap82@gmail.com
Mobile Phone No	(Phone) +65-82861915
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	2070108318-02

DRIVER

Name of Driver	YAP MEIYAN, SHARON (YE MEIYAN, SHARON)
NRIC No	SXXXX559Z
Date Of Birth	16/10/1982
Occupation	Outdoor

Date Of Driving Pass	22/10/2012
Driving experience	10 YEARS AND 6 MONTHS
Gender	Female
Mobile Number	(Phone) +65-89072008
Alt. Phone Number	-
Email Address	sharonyap82@gmail.com
Address	6 HOLLAND CLOSE #20-34
Address complement	-
Postcode	271006
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?	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	SLN8873D
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-

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 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.



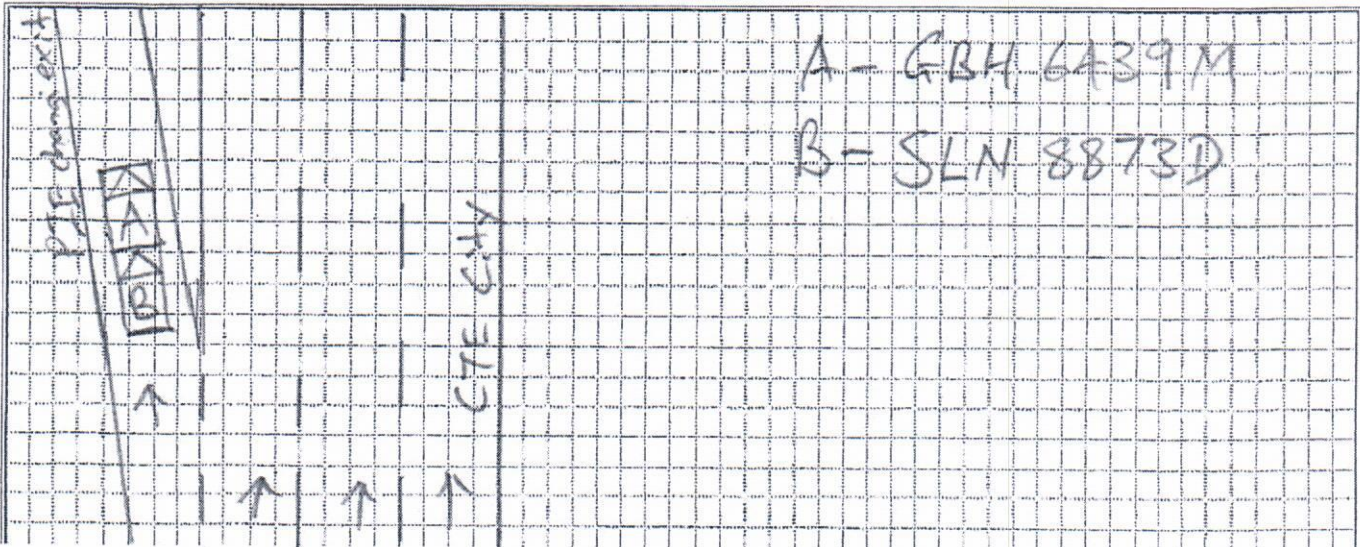
Policyholder's Signature / Date & Time

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

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

17/04/2023

Sketch Plan



Describe Circumstance of the Accident

On the stated date and time, I was travelling straight along
the stated road when the vehicle in front of me brake, I followed suit.
Suddenly I felt a huge impact from the rear of my vehicle. When I alighted
my vehicle, I saw VRN SLN 8873 D had collided onto my vehicle.

Declaration

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



Policyholder's Signature / Date & Time

[Signature]

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

[Signature] 17/04/2023
Witnessed by Reporting Centre Personnel

(J)

VEHICLE NO: GBH 6439M

MAKE & MODEL: Toyota Hiace

AUTO/MANUAL

DATE OF ACCIDENT	15 / 04 / 2023	C.C.
TIME OF ACCIDENT	1200hrs	AM / PM
LOCATION OF ACCIDENT	CTE (City) PIE Changi exit.	
EXACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT / PRIVATE USE / PRIVATE HIRE	
NAME OF OWNER	A-Plus Building Services.	
EMAIL SHARON YAP 82@gmail.com	OFFICE: —	MOBILE: 8286 1915
NRIC	53349674L	
CLAIM TYPE	OD / THIRTY PARTY / REPORTING ONLY	
FLEET POLICY	YES / NO	
INCURANCE CO.	AIG	
TYPE OF COVERAGE	Comprehensive / Third Party / Third Party Fire & Theft	
POLICY NO.	2070108318-02	
NAME OF DRIVER	AS ABOVE / IF NO: Yap Meiyan, Sharon	
NRIC	S8232559Z	
DATE OF BIRTH	16 / 10 / 1982	
ANY PASSENGER	YES / NO	
NAME OF PASSENGER	N/A	
GENDER OF PASSENGER	MALE / FEMALE	
OCCUPATION	Outdoor / Indoor	
DATE OF DRIVING PASS	03 / 02 / 2021	
GENDER	MALE / FEMALE	
CONTACT NO.	Mobile: 89072008	Office: — Home: —
EMAIL	SHARON YAP 82@gmail.com	
ADDRESS	6 Holland Close #20-34 S271006	
DOES DRIVER OWN OTHER VEHICLES?	NO / If yes, Reg No: SKB 7963J	INSURE: Allianz
RELATIONSHIP	Employee / If No:	
WEATHER CONDITION	Clear / Raining / Other:	
ROAD SURFACE	Dry / Wet / Other:	
ANY INJURIES	No / If yes, Who? Veh A Driver	
CONTACT NO.	89072008	
ROLICE REPORT	No / If yes, Where?	
NOTICE OF INTENDED PROSECUTION?	No / If yes, Who?	
VEHICLE B NO.	SLN 8873 D	Any Passenger: 01
NAME		
CONTACT NO.		
VEHICLE C NO.		Any Passenger:
VEHICLE D NO.		Any Passenger:
VEHICLE E NO.		Any Passenger:
VEHICLE F NO.		Any Passenger:
ANY WITNESS		
WITNESS CONTACT NO.		
WAS THERE ANY VIDEO CAPTURE?		YES / NO
WAS THERE ANY AUDIO RECORDED?		YES / NO
SCENE ACCIDENT PHOTOS TAKEN?		YES / NO
WHO IS REPORTING	DRIVER / OWNER / BOTH	
Original Language Used	English / Mandarin / Others:	
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?		YES / NO



CERTIFICATE OF INSURANCE

COMMERCIAL AUTOPLAN COMMERCIAL VEHICLE

Name of Policyholder : A-Plus Building Services
Period of Insurance : 08 Aug 2022 To 07 Aug 2023
Engine No. : 1GD8305207
Chassis No. : GDH2011010144

Vehicle No. : GBH6439M
Policy No. : 2070108318-02
Endorsement No. :
Issued Date : 29 Jul 2022 17:20

ABOUT THE COVER

Make/Model : TOYOTA HIACE VAN 1.4 ton [Van]
Engine Capacity/Tonnage : 1.4 Tonnage Sum Insured : Market Value First Year of Registration : 2018
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\$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 - \$500 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: ETHOZ Capital 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).

0500522000

MULTI-LINES AGENCIES

AIG BUILDING, 78 SHENTON WAY #01-K1 GEM ROOM
SINGAPORE 079120 AYSP-NONLIFE

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

Ann Wei Chew