

NATIONAL Assessment Centre Services (Call 1-800-451-1234)

SN08234H0008

Date In: 17/04/2023 19:08	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: XIA2301104	E-mail (with this, VIC 2012)		
Veh No: GRM 777C	1-Motor Claim Form		
D.O.A: 15/04/2023 21:35	1-Motor W/O (Vehicle: 2012, 2013, 2014)		
OD: TP Reparing Only	1-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whse		

Preferred Wksp / INC Assign Wksp / GW: ()	Tel: ()	Fax: ()
TP Particulars: Veh No: 94B 1051R	INC: () / Non-INC: ()	
Owner / Driver: ()	Tel: ()	
Policy No: ()	Period: ()	Cover Type: ()
Confirmed by: ()	Date: ()	Time: ()
Insured/Driver Liability: ()	93) (Note: Inc Status (WO): 11: 0-30%, 12: 31-70%, 13: 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 info of repeller.

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

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

Remarks: WORKING FOR: 0783 0610

1) Apply to: Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

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

Injury: ()

Other: ()

<p>Checked by (Engr-In-Charge):</p> <p>Comments:</p>	Invoice Preparation (CHS)	
	1) All Accident Paperwork (\$30)	
	2) DA: Damage Assessment (\$100)	INC (\$54)
	3) CP: Towing Fee	\$10/\$14
	4) PF: Follow-Through Survey	\$12
	5) PF: Follow-Through Survey (Emergency)	\$30
	6) TR: Repairs	\$75
	7) NR: New DA: SMRT Survey	\$140
	8) NUC: Additional Services	
	CHS	
	CHS: Courtesy Car / Tel Allowance	\$5
	CHS: Repair Coordination	\$15
	CHS: Post Repair Inspection	\$14
	CHS: DV / Collect Excess Coordination	\$1
	22 (11) TP (Inc INC) Total INC	\$201
	TP (11) TP (Inc INC)	\$201
	Inc/Ex Paid	
	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	17/04/2023 19:08 (SGT)
Reported by	Actual Driver
Date of Accident	15/04/2023 21:35 (SGT)
Exact Location of Accident	Raffles Quay, Singapore
Additional Location Information	JUNCTION WITH CROSS STREET
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBM7717C
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SLL HOME ENTERPRISE PRIVATE LIMITED
Company Reg No	2XXXXX994W
Email Address	limteck996@gmail.com
Mobile Phone No	(Phone) +65-90727161
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Hiace
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
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	7220131776

DRIVER

Name of Driver	LOW LIM TECK
NRIC No	SXXXX787F
Date Of Birth	24/06/1975
Occupation	Outdoor

Date Of Driving Pass	07/05/2003
Driving experience	19 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90727161
Alt. Phone Number	-
Email Address	limteck996@gmail.com
Address	BLK 236 BUKIT PANJANG RING ROAD #10-39
Address complement	-
Postcode	670236
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	DIRECTOR
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 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	SHB1051R
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
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) -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	LOW LIM TECK
Gender	Male
Phone No	(Phone) +65-90727161
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	GBM7717C
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

IMPORTANT NOTICE

SKETCH PLAN

1. Please report correctly the details of the accident to speed up the claims process.
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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.

6. 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.

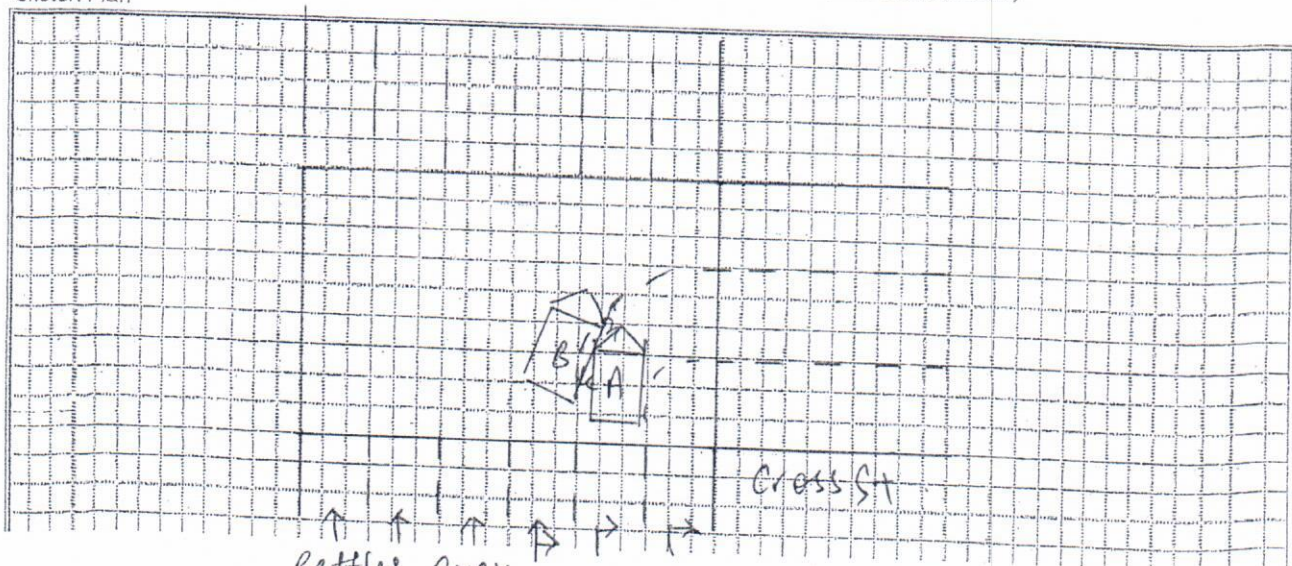


Policyholder's Signature / Date & Time

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

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

Sketch Plan



Raffles Quay

A: ABM7717C

B: SHB1051R

Describe Circumstance of the Accident

on the stated date and time, I was travelling along Raffles Quay. I was making a right turn onto Cross St when I suddenly felt a huge impact from the left of my vehicle. I stopped and alighted and realised vehicle B had cut into my lane while turning hence colliding onto the front left portion of my vehicle.

Declaration

I/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

Witnessed by Reporting Centre Personnel

17/04/2023

10 Sin Ming Drive Singapore 575701
www.lta.gov.sg

23 Nov 2022

Our ref 2311220501N078192656

SLI HOME ENTERPRISE PRIVATE LIMITED
455A GEYLANG ROAD
SINGAPORE 389414

Dear Sir/Madam

Vehicle With New No. GBM7717C Has Been Successfully Transferred To You

The vehicle, whose previous vehicle registration number was GBM697Y, has been successfully transferred to you. The vehicle registration number has been replaced with GBM7717C with effect from 23 Nov 2022. The Business Transaction Reference No. is 20221123192559901014.

You can find the full details in the Annex. Please check that they are correct. You can also view these details when you login to onemotoring.lta.gov.sg.

You should change the vehicle number plates to show the new number by 26 Nov 2022.

Consider subscribing to backend payment services to enjoy a convenient and card-less way to pay your ERP charges. For more information, visit:

- <https://ezpayreg.ezlink.com.sg>
- <https://vcashcard.nets.com.sg>

If you are already subscribed to a backend payment service, do update your account with the details of the vehicle transferred to you.

Visit onemotoring.lta.gov.sg for more information and to access a wide range of vehicle-related services. If you need a Singpass or Corppass account, visit www.singpass.gov.sg or www.corppass.gov.sg.

What You Need To Do:

- Change the vehicle number plates to show the new number GBM7717C by 26 Nov 2022.
- Check that the details in the Annex are correct.
- Consider signing up for ERP backend payment services to enjoy a convenient and card-less way to pay your ERP charges. For more information, visit:
-<https://ezpayreg.ezlink.com.sg>
-<https://vcashcard.nets.com.sg>

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Date of Accident : 15/03/2023 Accident Time: 2135 (24-HR-FORMAT)
Accident Place : Junction of Raffles Quay and cross st.
Vehicle Reg. No (Car plate No.) : GBM7717C CC : 3.0
Insurance Company : AIG Vehicle Make/Model: Toyota Hiace
Name of Registered Owner : Company / Individual Policy No. 720131776
ID of Registered Owner : SLL Home Enterprise Pte Ltd.
OWNER EMAIL ADDRESS: limteck996@gmail.com Co Reg No: 201801994W Owner's NRIC No: _____
DRIVER'S Name : Low Lim Teck Co Contact No: _____ Owner's Contact No: _____
DRIVER'S Date of Birth : 24/06/1975 DRIVER'S NRIC No: S7588787F
Relationship bet. Owner & Driver : Spouse / Parents / Children / Sibling / Employee / Others: Director
DRIVER'S Address : 236, Bukit Panjang Ring Rd, #10-39, S(670236)
DRIVER'S Contact No./ Alt No. : 1) 9072 7161 2) _____
DRIVER'S Occupation : INDOOR / OUTDOOR (eg. working inside or outside of an ofc)
Email Address : limteck996@gmail.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): 1 Name & Gender: _____
Was the accident reported to the police? YES / NO
Was there any video Captured by car camera: YES / NO
Exact purpose for which vehicle was being used at the time of accident: Private use / Work purpose
Any injuries, if yes (name of the injured person) Driver

Other Party Driver's Particulars (if any)

Vehicle Reg No: <u>SHB1051R</u>	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: _____

REPORT FORM EXPLAINED IN : ENGLISH / CHINESE / MALAY / TAMIL OTHERS: _____
WHO REPORTED THE ACCIDENT : OWNER / DRIVER / BOTH



CERTIFICATE OF INSURANCE

COMMERCIAL AUTOPLAN COMMERCIAL VEHICLE

Name of Policyholder : SLL HOME ENTERPRISE PRIVATE LIMITED
Period of Insurance : 23 Nov 2022 To 22 Nov 2023
Engine No. : 1TR2460156
Chassis No. : TRH2000359343

Vehicle No. : GBM697Y
Policy No. : 7220131776
Endorsement No. :
Issued Date : 22 Nov 2022 18:34

ABOUT THE COVER

Make/Model : TOYOTA HIACE [Van]
Engine Capacity/Tonnage : 1.4 Tonnage
Driver Restriction : NA
Sum Insured : Market Value
Off Peak Car : No
First Year of Registration : 2022
Insuring with COE/PAFF : 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 \$553,000 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 driving 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 6 of the Motor Vehicles (Third-Party Risks and Compensation) Act 1950, 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 6308 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: TOKYO CENTURY LEASING (SINGAPORE) 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 1950, Part IV of the Road Transport Act, 1987 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0504710000

1F INSURANCE AGENCY PTE LTD

8 KAKI BUKIT AVE 4 #07-39 PREMIER @ KAKI BUKIT
SINGAPORE 415875

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

1F Insurance Agency Pte Ltd