

NATIONAL Assessment Centre Services (wef 1 Jan 06)

Date In: 21/06/2023	Job description	Date & Time Completed	Done by
Ref No: NM/C123006302/Ad4	SAS e-filing		
Yeh No: GBD 1917D	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 20/06/2023 10:20	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:	Yeh No: YP 6416P	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

NA2301836 / NA2301837	Invoice Preparation Checklist		Amf (\$)	Amf
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);		1st Bill	Add
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)			
Cat. 1:	6) TR: Re-inspection \$75			
Cat. 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 \$0			
	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	21/06/2023 17:38 (SGT)
Reported by	Actual Driver
Date of Accident	20/06/2023 10:20 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	UPPER SERANGOON ROAD TOWARDS (PIE TUAS)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBD1917D
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	GCH DYNAMICS
Company Reg No	5XXXX361L
Email Address	akmaran1986@gmail.com
Mobile Phone No	(Phone) +65-81338531
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Nv350
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	2488

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	2070108433-02

DRIVER

Name of Driver	KULANTHAIVEL MANIMARAN
Passport No/FIN	GXXXX161K
Date Of Birth	31/05/1986
Occupation	Outdoor

Date Of Driving Pass	25/11/2014
Driving experience	8 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-84343910
Alt. Phone Number	-
Email Address	akmaran1986@gmail.com
Address	BLK 144 BEDOK RESERVOIR ROAD EUNOS SPRING
Address complement	# 02-1589
Postcode	470144
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?	No
Was any injured conveyed to hospital by ambulance?	-
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	YP6416P
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 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.

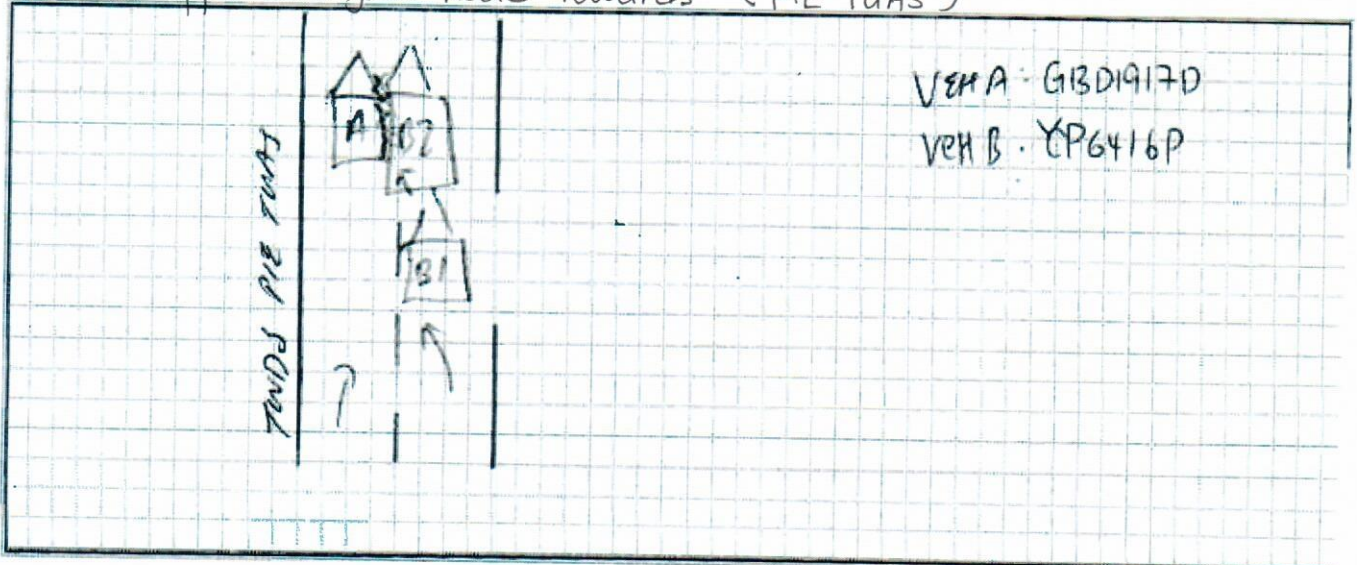


Policyholder's Signature / Date & Time

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

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

Sketch Plan upper serangoon Road Towards (PIE Tuas)



Describe Circumstance of the Accident

on the state date and time, i was travelling straight,
within my lane and a lorry (YP6416P) cut in abruptly from the
right without observing the traffic and collided to the
right hand portion of my vehicle.

Declaration

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



Policyholder's Signature / Date & Time

k. n. i. s. t.

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

[Signature] 21/06/2023
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Accident Information

1 Date of Accident : 20.06.23 Time(base on 24hrs): 1020 hrs
2 Location : Upper Serangoon Road TWOS (PIE TWAS)
3 Weather condition : Clear / Rain Road Surface : Dry / Wet
4 Claiming under : Own Damage _____ Third Party ☒ Reporting Only _____
5 Injuries : Yes / No Type Of Collision : Side
6 Witness Name / Hp : _____
7 Police Report : Yes / No Which Station : _____

VEHICLE A

Vehicle No : GBD1917D Model : NISSAN NV350
Policy Holder Name : GCH DYNAMICS
Policy I/C No. : 53112361L Contact : 81338531
Policy Address : 17 Tannery Road
Policy No. : 2070108433-02 Cover : Comp 3rd pty / Fire n Theft
Insurance Company : AIG No Of Pax 02 (including Driver)
1) Jason (Male) Sex(Male / Female)
2) _____ Sex(Male / Female)

Driver Particulars

Name : KULANTHAIVEL MANIMARAN NIRC G5207161K DOB: 31.05.1986
Address : BLK 144 Bedok Reservoir Road Eunos Spring
#02-1588 (P) 470144
Pass Date: 25.11.2014 Gender : Male / Female Occupation: Indoor / Outdoor
Contact : HP 84343910 Office 81338531 (Bat) Home _____
Email akmaran1986@gmail.com Relationship: Spouse/Children/Friend/Relative
Employee/Hirer/Parent/Sibling

VEHICLE B YP6416P Model: _____ Insurance : _____
Driver Name : _____ I/C No. : _____
Contact No : _____



CERTIFICATE OF INSURANCE

COMMERCIAL AUTOPLAN COMMERCIAL VEHICLE

Name of Policyholder : GCH DYNAMICS
Period of Insurance : 22 Jul 2022 To 21 Jul 2023
Engine No. : YD25350640A
Chassis No. : JN1MC2E26Z0002274

Vehicle No. : GBD1917D
Policy No. : 2070108433-02
Endorsement No. :
Issued Date : 01 Jul 2022 14:58

ABOUT THE COVER

Make/Model : NISSAN NV350 PANEL VAN

Engine Capacity/Tonnage : 1.5 Tonnage

Driver Restriction : NA

Sum Insured : Market Value

Off Peak Car : No

First Year of Registration : 2014

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 S\$83,000 as "Young and/or Inexperienced Driver Excess" ("YIDER") 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 carrying a trailer except the towing (other than for rewards 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 (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** : \$800 **Theft** : \$0 **Flood Cover** : \$0

Section 2

Property Damage : \$0

Windscreen : \$105

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/Aut 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 50 Mobile App. Simply search and download "AIG 50" from iTunes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: MV CREDIT PTE LTD

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, 1989 (Malaysia).

0500718000

JG MOTOR AGENCY

89 CHANGI ROAD #04-06 CENTROPOL @ CHANGI
SINGAPORE 419715

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

See Filing Stamp on