

# NATIONAL Assessment Centre Services (wef 1 Jan'06)

Date In: <b>03/07/2023</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NA/AIG23006676/d4</b>	SAS e-filing		
Veh No: <b>GBF 4299Z</b>	E-mail (within 8hrs. AIC 2hrs)		
D.O.A: <b>01/07/2023 12:15</b>	i-Motor Claim Form		
<b>OD / TP / Reporting Only</b>	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:	Veh No: <b>SMX 1860Y</b>	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

**NA2301979**

Claimant's Particulars	Invoice Preparation Checklist	Am't (\$)	Am't Ad
Driver/Owner:	1) AR : Accident Reporting (\$30);		
Contact No:	2) DA : Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF : Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT : Follow-Through Survey \$120		
	5) FT : Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:-	<b>For claiming against INC Only (wef 10 Jan 2005)</b>		
	6) TR : Re-inspection \$75		
Cat. 1:	7) N1 : Idac DA + SMRT Survey \$160		
Cat. 2 / 3:	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 \$30		
	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 ..... 03/07/2023 17:47 (SGT)  
Reported by ..... Actual Driver  
Date of Accident ..... 01/07/2023 12:15 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... CTE  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... GBF4299Z

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... HO LEE ELECTRICAL ENGINEERING  
Company Reg No ..... 5XXXX012L  
Email Address ..... leecheongho1234@gmail.com  
Mobile Phone No ..... (Phone) +65-97980840  
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 - Reporting only  
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 ..... 2070145616-02

### DRIVER

Name of Driver ..... LEE CHEONG HO  
NRIC No ..... SXXXX175J  
Date Of Birth ..... 25/08/1969  
Occupation ..... Indoor

Date Of Driving Pass .....	16/04/2008
Driving experience .....	15 YEARS AND 3 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-97980840
Alt. Phone Number .....	-
Email Address .....	leecheongho1234@gmail.com
Address .....	APT BLK 545 SERANGOON NORTH AVENUE 3
Address complement .....	# 08-202
Postcode .....	550545
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	OWNER
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? .....	Yes
Reasons for not uploading a video of the accident .....	WITH OWNER

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SMX1860Y
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	AYUB BIN HUSIAN

NRIC No .....	SXXXX244C
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**

**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 Authorised 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. The 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.

**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.



*[Handwritten Signature]* - 3/7/23  
CTE

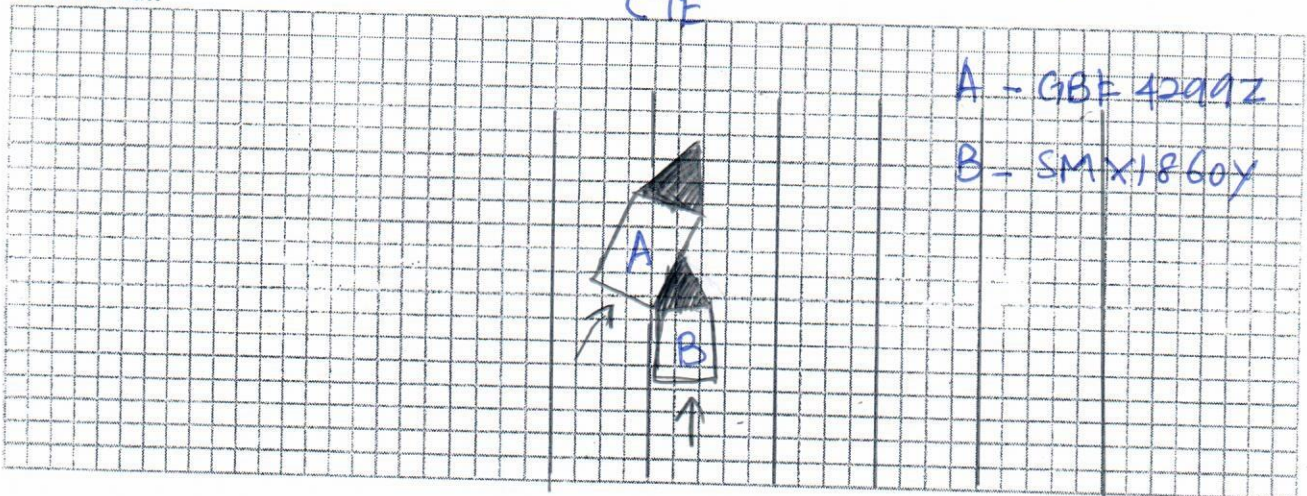
*[Handwritten Signature]* 3/7/2023

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

**Sketch Plan**



**Describe Circumstance of the Accident**

on the above stated date and time, I was travelling along GTE and I was on the extreme left lane. I wanted to shift to my right lane, and I checked for oncoming vehicle but there were no vehicle. so I turn on my signal and slightly shift to my right lane suddenly vehicle B hit the rear right portion of my vehicle.

**Declaration**

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



*[Signature]* - 3/7/23

*[Signature]* 3/7/2023

Policyholder's Signature / Date & Time

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

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

## IDAC ACCIDENT STATEMENT

DATE OF ACCIDENT : 01/07/2023	TIME OF ACCIDENT : 12:15pm
VEHICLE NO : GBF 4299Z	TRANSMISSION : <input checked="" type="radio"/> AUTO / <input type="radio"/> MANUAL
MAKE & MODEL : Myota Hrace	LOCATION : CTE
EXACT PURPOSE USE DURING ACCIDENT: EMPLOYMENT <input checked="" type="radio"/> PRIVATE USE / <input type="radio"/> PRIVATE HIRE	CLAIM TYPE: <input type="radio"/> OD / <input type="radio"/> THIRD PARTY / <input checked="" type="radio"/> REPORTING ONLY
INSURANCE COMPANY : AIG	POLICY NO : 2070145616-02
TYPE OF COVERAGE :	VEHICLE TYPE :
<input checked="" type="radio"/> COMPREHENSIVE / <input type="radio"/> THIRD PARTY / <input type="radio"/> THIRD PARTY & THEFT	( <input type="radio"/> SALOON / <input type="radio"/> COUPE/MPV/VAN/LORRY/MOTORCYCLE)
NAME OF OWNER : Ho Lee Electrical Engineering	NRIC :
ADDRESS :	CONTACT NO : 9798 0840
EMAIL ADDRESS : leechongho1234@gmail.com	VIDEO RECORDING : <input checked="" type="radio"/> YES / <input type="radio"/> NO with driver
NAME OF DRIVER : AS ABOVE / IF NO : Lee Cheong Ho	NRIC : 869991755 CONTACT NO : 9798 0840
DRIVER OWNER RELATIONSHIP : owner	PASSENGER : <input type="radio"/> MALE ( ) <input type="radio"/> FEMALE ( )
DATE OF BIRTH : 25 / 08 / 1969	DRIVING PASSING DATE : 16 / 04 / 2008
OCCUPATION : <input checked="" type="radio"/> INDOOR / <input type="radio"/> OUTDOOR	ADDRESS : Apt Blk 545 Seangoon North Avenue 3 #08-202, S550545
ANY INJURIES : <input checked="" type="radio"/> NO, IF YES :	POLICE REPORT : <input checked="" type="radio"/> NO / IF YES WHERE ?
WEATHER CONDITION : <input checked="" type="radio"/> CLEAR / <input type="radio"/> RAINING / OTHERS :	ROAD SURFACE : <input checked="" type="radio"/> DRY / <input type="radio"/> WET / OTHERS
VEHICLE B REG NO : SMX 1860Y	VEHICLE C REG NO : _____
DRIVER NAME : Ayub Bin Husian	DRIVER NAME : _____
NRIC : 82184244C	NRIC : _____
CONTACT : _____	CONTACT : _____
VEHICLE D REG NO : _____	ANY WITNESS ? <input checked="" type="radio"/> NO, IF YES :
DRIVER NAME : _____	NAME : _____
NRIC : _____	CONTACT : _____
CONTACT : _____	
WAS NOTICE OF PROSECUTION GIVEN? ( YES / NO ) IF YES, AGAINST WHOM :	WERE SEAT BELTS WORN ? : <input checked="" type="radio"/> YES / <input type="radio"/> NO
	WERE INJURY CONVEYED BY AMBULANCE : YES / <input checked="" type="radio"/> NO
DOES THE ACTUAL DRIVER OWN OTHER VEHICLES: YES / <input checked="" type="radio"/> NO	
VEHICLE NUMBER:	HANDLING INSURER:



# CERTIFICATE OF INSURANCE

## COMMERCIAL AUTOPLUS COMMERCIAL VEHICLE

**Name of Policyholder** : HO LEE ELECTRICAL ENGINEERING  
**Period of Insurance** : 28 Oct 2022 To 27 Oct 2023  
**Engine No.** : 1KD2606978  
**Chassis No.** : KDH2010194631

**Vehicle No.** : GBF4299Z  
**Policy No.** : 2070145616-02  
**Endorsement No.** :  
**Issued Date** : 10 Oct 2022 11:42

### ABOUT THE COVER

**Make/Model** : TOYOTA HIACE VAN 1.5 ton [Van]  
**Engine Capacity/Tonnage** : 1.5 Tonnage  
**Driver Restriction** : NA  
**Person or Classes of Persons Entitled to Drive\*** :  
 Sum Insured : Market Value  
 Off Peak Car : No  
 First Year of Registration : 2016  
 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\$33,000 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 - \$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 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

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).

0500678000

THOMSON CREDIT (S) PTE LTD

310 THOMSON ROAD

SINGAPORE 307657 ANSP-NONLIFE

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

**AIG Asia Pacific Insurance Pte. Ltd.**

This computer generated document does not require a signature.

0500678000