

NATIONAL Assessment Centre Services

(wef 1 Jan 05)

SNR2350002

Date In: 28/01/2023 18:04

Ref No: N138/AG23007670/4

Veh No: 935 888C

D.O.A: 28/01/2023 14:30

OD / TP / Reporting Only

TP Insurer:

Job description

SAS e-filing

E-mail (within 3hrs, AIC 2hrs)

i-Motor Claim Form

i-Motor W/O (Within: OD 2hrs, TP 4hrs)

i-Photo Uploaded

Assessment/Survey Report

Ass't Report by Fax / Hand to Owner/Wksp

Date & Time Completed

Done by

Preferred Wksp / INC Assign Wksp / QW: (

TP Particulars:

Veh. No:

557 808M

Tel:

Fax:

Owner / Driver: (

INC () / Non-INC ()

Policy No: (

Period: (

Tel:

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)

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

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

Injury:

Date/Time

Actions

Invoice Preparation Checklist

Am't (\$)

Am't

1st Bill

Add

1) AR: Accident Reporting (\$30);

2) DA: Damage Assessment (\$100); INC (\$30)

3) TF: Towing Fee \$40/\$45

4) FT: Follow-Through Survey \$120

5) FT: Follow-Through Survey (Resurvey) \$30

For claiming against INC Only (wef 10 Jan 2005)

6) TR: Re-inspection \$75

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 \$30

Invoice dated Fee Charged

Invoice dated Fee Charged

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Cat. 1:

Cat. 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 First Submission	28/07/2023 18:02 (SGT)
Reported by	Actual Driver
Date of Accident	28/07/2023 14:30 (SGT)
Exact Location of Accident	CTE, Singapore
Additional Location Information	TOWARDS PIE (BEFORE UPPER SERANGOON ROAD)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBJ5808C
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	BLUE TECH AIRCONDITIONING & ENGINEERING
Company Reg No	5XXXX388M
Email Address	bluetech.toh@gmail.com
Mobile Phone No	(Phone) +65-96623869
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	Manual
CC	2982

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	7220058871-01

DRIVER

Name of Driver	TOH LAI HUAT
NRIC No	SXXXX069G
Date Of Birth	30/05/1969
Occupation	Outdoor

Date Of Driving Pass	27/08/1997
Driving experience	25 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96623869
Alt. Phone Number	-
Email Address	bluetech.toh@gmail.com
Address	BLK 235 COMPASSVALE WALK #14-5025
Address complement	-
Postcode	540235
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	SJT808M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	KEE CHYE HOCK
Contact Number	(Phone) +65-98368808

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	TOH LAI HUAT
Gender	Male
Phone No	(Phone) +65-96620869
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	GBJ5808C
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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 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.

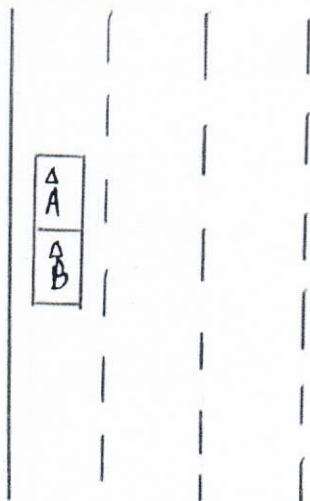


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



CTE towards PIE
(before Upp Serangoon Road)

A : GBJ 5808C

B : SJT 808M

Describe Circumstances of the Accident

On 28.07.2023 at about 2:30pm. I was travelling along CTE towards PIE (before UPP Serangoon Road). I was going straight. Suddenly, vehicle B (STJ 808M) hit my rear portion of my vehicle (GBT 5808C).

Declaration

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 & Time

Witnessed by Reporting Centre Personnel

[Signature] 28/7/23 4.59 PM
[Signature] 28/07/2023

Date of Accident : 28.07.23 Accident Time : 2:30pm (24-HR-Format)

Who reported the accident? : Owner / Driver / Both

Accident Place : CTE towards PIE (before Upp Serangoon Road)

Vehicle No (Car Plate No) : GBJ 5808C Make/Model: Toyota Hiace

Insurance Company : AIG Policy No: 7220058871-01

Fleet Policy : YES (NO)

Type of Coverage : Comprehensive / Third Party / Third Party Fire & Theft (53393388M)

Name of Owner / IC No : Blue Tech Airconditioning & Engineering

Owner Contact No : 96623869 Owner's Hp _____ Company Tel _____

Driver Name / IC No : Toh Lai Huat (56982069G)

Driver's Date of Birth : 30.05.1969 Driver's License Pass Date: 27.08.1997

Relationship of Driver : Spouse / Parents / Children / Sibling (Employee) / Other: _____

Driver's Address : APT BLK 235 compassvale walk #14-5025 (54023)

Driver's Contact No : 1) 9662 3869 2) _____

Driver's Occupation : INDOOR / OUTDOOR (e.g. working inside or outside office)

Email Address : bluetech.toh@gmail.com

Weather & Road Surface : CLEAR & DRY / RAINING & WET / AFTER RAIN & WET

Reporting Type : Reporting Only / Claim Third Party / Claim Own Insurance

Number of Passenger(include Driver) : 1 person (1 driver)

Was ther any video footage? : YES / NO

Exact purpose used at time of accident : Private Use / Private Hire / (Work Purpose)

Any injury (If Yes, Pls State) : Have injury (1 driver)

Other Party Driver's Particular (if any)

VEH B : SJT 808M	Name & Contact No: 9836 8808 (Kee Chye Hock)
VEH C : _____	Name & Contact No: _____
VEH D : _____	Name & Contact No: _____
VEH E : _____	Name & Contact No: _____

*NEW - Passenger's Name & Gender:





CERTIFICATE OF INSURANCE

COMMERCIAL AUTOPLUS COMMERCIAL VEHICLE

Name of Policyholder : BLUE TECH AIRCONDITIONING & ENGINEERING
Period of Insurance : 06 Jun 2023 To 05 Jun 2024
Engine No. : 1KD2856548
Chassis No. : JTFHT02PX00249188

Vehicle No. : GBJ5808C
Policy No. : 7220058871-01
Endorsement No. :
Issued Date : 29 May 2023 11:17

ABOUT THE COVER

Make/Model : TOYOTA HIACE [Van]

Engine Capacity/Tonnage : 1.1 Tonnage

Driver Restriction : NA

Sum Insured : Market Value

Off Peak Car : No

First Year of Registration : 2019

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.

Loss Of Use (10 Days) Commercial Auto

* 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

Fire - \$0 Own Damage - \$800 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 Apple App Store or Google Play Store.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: HITACHI CAPITAL(S) 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 1960, Part IV of the Road Transport Act, 1987 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0500718000

JG MOTOR AGENCY

80 CHANGI ROAD #04-06 CENTROPOD @ 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.

Sook Foong Joanne Goi