

NATIONAL Assessment Centre Services (wef 1 Jan 06)

Date In: 04/08/2023	Job description	Date & Time Completed	Done by
Ref No: NA1AIG230078821d4	SAS e-filing		
Veh No: YN 8498A	E-mail (within 3hrs, AIG 2hrs)		
D.O.A : 03/08/2023 15:50	i-Motor Claim Form		
OD / TP / Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assgn Wksp / QW: (

Tel:

Fax:

TP Particulars:

Veh No:

ABD 5178T

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% P: 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: 6-88-6616)

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

NA2302309

Invoice Preparation Checklist

Am't (\$)

Ar

Int-Bill

Ad

Claimant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditor's Comments:

Cat. 1:

Cat. 2 / 3:

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

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

3) TP : Towing Fee \$40/\$43

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) NI : Idao 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 (Nil) : TP (Non INC) against INC \$20

9) N12: Idao 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 First Submission	04/08/2023 11:05 (SGT)
Reported by	Actual Driver
Date of Accident	03/08/2023 15:50 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	BARTLEY ROAD TOWARDS BRADDELL ROAD BEFORE SERANGOON AVENUE 1
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YN8498A
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	CHIANG KANG ENTERPRISES COMPANY PTE LTD
Company Reg No	1XXXXX039K
Email Address	JASONLOW2003@YAHOO.COM.SG
Mobile Phone No	(Phone) +65-97479535
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Hino
Model	HINO XZU710R-HKFMS3
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	4009

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	0999993563-02 / 1220003981-01

DRIVER

Name of Driver	WONG KIT BOON
NRIC No	SXXXX342E
Date Of Birth	22/05/1970

Occupation	Outdoor
Date Of Driving Pass	13/04/1994
Driving experience	29 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91129495
Alt. Phone Number	-
Email Address	JASONLOW2003@YAHOO.COM.SG
Address	276B JURONG WEST AVENUE 3
Address complement	# 09-75
Postcode	642276
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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	Raining
Road Surface	Wet

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 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	GBD5178T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	SHUKOR BIN MOHAMAD

Contact Number	(Phone) +65-87192660
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

PASSENGER 1

Name	UNKNOWN
Gender	Male

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	WONG KIT BOON
Gender	Male
Phone No	(Phone) +65-7017342
Address	276B JURONG WEST AVENUE 3
Address Complement	# 09-75
Post Code	642276
Approximate Age Years Old	-
Injuries Sustained	NECK AND BACK
Injured person in which vehicle?	YN8498A
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

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 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 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.

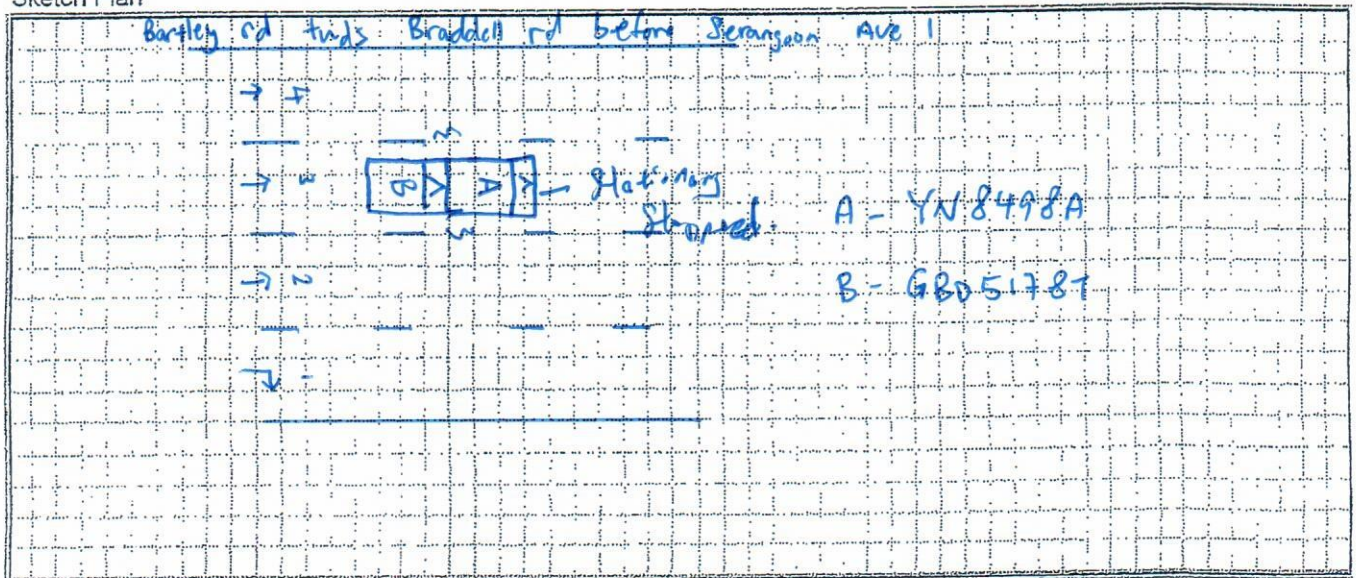


Policyholder's Signature / Date & Time

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

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

Sketch Plan



Describe Circumstance of the Accident

As per above date and time, I was driving YND498A
along Bartley rd towards Braddell rd on lane 3.
Somewhere before Serangoon Ave 1 Junction, my vehicle
was stationary stopped due to traffic light was
red. Out of sudden, Veh (B) GBD 51787 which was
behind me collided onto my vehicle rear
portion.

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 & Time

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

gmmul 04/08/2028

VEHICLE NO:	YN8498A	MAKE & MODEL:	Hino	AUTO / MANUAL	<input checked="" type="radio"/>
DATE OF ACCIDENT:	03/08/23	CC:			
TIME OF ACCIDENT:	1550 HRS				
LOCATION OF ACCIDENT:	Bartley rd turns Bradbell rd b'tore Serangoon Ave 1				
EXACT PURPOSE USE DURING ACCIDENT:	EMPLOYMENT / PRIVATE USE / PRIVATE HIRE				
NAME OF OWNER:	Chiong Kang Enterprises Company Pte Ltd				
TEL NO:	H/P: 97479535	OFFICE:		HOME:	
NRIC:	198304039K				
ADDRESS:	4 Petain rd SS2 208086				
EMAIL:	JASONLOW2003@yahoo.com.sg				
CLAIM TYPE:	OD / THIRD PARTY / REPORTING ONLY				
FLEET POLICY:	YES / NO <input checked="" type="radio"/>				
INSURANCE COMPANY:	AIG				
TYPE OF COVERAGE:	Comprehensive / Third Party / Third Party Fire & Theft				
POLICY NO:	1220003981-01				
NAME OF DRIVER:	AS ABOVE / IF NO: Wong Kit Boun				
NRIC:	S7017342E ANY PASSENGER: N.A.				
DATE OF BIRTH:	22/05/1970 LICENCE PASSED DATE: 13/04/1994				
OCCUPATION:	OUTDOOR / INDOOR				
GENDER:	MALE / FEMALE				
CONTACT NO:	H/P: 91129495 OFFICE: HOME:				
ADDRESS:	276B Jurong West Ave 3 #09-75 (S) 642276				
EMAIL:					
DOES DRIVER OWNED ANY VEHICLE:	NO / IF YES, REG NO: INSURER:				
RELATIONSHIP:	Hired				
WEATHER CONDITION:	CLEAR / RAINING / OTHERS:				
ROAD SURFACE:	DRY / WET / OTHER:				
ANY INJURIES:	NO / IF YES, WHO?				
NAME & CONTACT:	Wong Kit Boun 91129495				
NAME & CONTACT:					
POLICE REPORT:	NO / IF YES, WHERE?				
NOTICE OF INTENDED PROSECUTION GIVEN?	NO / IF YES, WHO?				
VEHICLE B REG NO:	GBD5178T		ANY PASSENGERS: 1(M)		
NAME OF DRIVER:	Shukor Bin Mohamad		CONTACT NO: 8719 2660		
VEHICLE C REG NO:			ANY PASSENGERS:		
VEHICLE D REG NO:			ANY PASSENGERS:		
VEHICLE E REG NO:			ANY PASSENGERS:		
VEHICLE F REG NO:			ANY PASSENGERS:		
VEHICLE G REG NO:			ANY PASSENGERS:		
ANY WITNESS? IF YES, NAME:			WITNESS CONTACT:		
WAS THERE ANY VIDEO CAPTURE?	YES / NO <input checked="" type="radio"/>				
WAS THERE ANY AUDIO RECORDED?	YES / NO <input checked="" type="radio"/>				
ACCIDENT SCENE PHOTOS TAKEN?	YES / NO <input checked="" type="radio"/>				
ACCIDENT PORTION:	Rear port				
Have you been approach by unknown person soliciting (s) - offering accident claims assistance?	YES / NO <input checked="" type="radio"/>				
WORKSHOP PARTICULAR:	N-51 Automotive Pte Ltd				
CONTACT NO:	68420051 / 67440510				
CONTACT PERSON:	Jun Ming				
FAX NO:	67410510				
WORKSHOP EMAIL:	sales@n51.com.sg				

COMMERCIAL AUTO COMPREHENSIVE

Name of Individual Policyholder : CHIANG KANG ENTERPRISES COMPANY PTE. LTD.

Master Policy No./Policy No. : 0999993563-02 / 1220003981-01

Period of Insurance : 20 Jun 2023 To 19 Jun 2024

Engine/Motor No. : N04CUS23271

Chassis No. : JHHUCS3H70K013786

Vehicle No. : YN8498A

Endorsement No. :

Issued Date : 26 Jun 2023 11:55

ABOUT THE COVER

Make/Model : HINO XZU710R-HKFMS3

Engine Capacity/Tonnage : 2.5 Tonnage

Driver Restriction : NA

Person or Classes of Persons Entitled to Drive* :

Any person who is driving on the Policyholder's order or with their permission.
This Policy will indemnify the Policyholder or any authorised driver only if he/she meets the specified age condition.

Sum Insured : Market Value

Off Peak Car : No

First Year of Registration : 2015

Insuring with COE/PARF : Yes

Age Condition : Driver Restriction applies-Refer to T&C

Mileage Condition :

Limitation as to use* :

Use for social, domestic, pleasure purposes and business purposes of the Policyholders.
Use for social, domestic, pleasure purposes and business purposes of any person to whom the Vehicle is hired.
Use for the carriage of passengers or goods (other than for reward) by any person to whom the Vehicle is hired.
This Policy does not cover
1) use for driving tuition, driving test, racing, pace-making, reliability trial or speed-testing.
2) use whilst drawing a trailer
3) use for the towing of any one disabled mechanically propelled vehicle;
4) use for the carriage of passengers for hire or reward by any person to whom the Vehicle is hired; and
5) 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 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 - \$1500 Theft - \$0 Flood Cover - \$1500

Section 2

Property Damage - \$1500

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 Apple App Store or Google Play Store.

IMPORTANT NOTES

Endt 140 applies:
Authorised Driver age has to be at least 21 to 69 years old & above with 2 yrs driving experience. Excess \$5000 on All Claims applies for Authorised Driver between 21 to 22 years old and/or with less than 2 years driving experience.
Excess \$3000 on All Claims for Authorised Driver who is above 69 years old.

Hire Purchase Company/Employer's Loan: NA

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).

0502806000

LIEW OOI LIN MAY

AIG BUILDING, 78 SHENTON WAY #01-K1 GEM ROOM

SINGAPORE 079120

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

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