

NATIONAL Assessment Centre Services			
Date In: 25/06/2008 20:05	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NBA/14780/115474			
Veh No: G2 4980A	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 22/06/2008 18:00	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:	Veh No: G2G 7469A	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

NBA804040	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);	1st Bill	Add Bill
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
QC Checked by (Engi-In-Charge):	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
Auditors' Comments:-	8) NTUC Additional Services:-		
	OD:		
	*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 (N11) INC against INC \$20		
	9) N12: Idac Mobile \$0		
Cat 1:	Invoice dated	Fee Charged	
Cat 2 / 3:	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 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 ability.
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 Report	25/06/2018 19:44
Date Of Accident	23/06/2018 18:00
Exact Location Of Accident	PIE TOWARDS TUAS BEFORE CTE (CITY) EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GZ4980A
Insured/Policyholder	
Name Of Registered Owner	Y3 ENTERPRISE
Co Reg No	53123767B
Email Address	ENGYEW.LIM@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-98168453
Alternative Phone No	OFFICE-98168453

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	L300 HR M
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	2100344973-04
Cover Note Number	

Driver

Name of Driver	LIM ENG YEW
NRIC No	S1260911F
Date Of Birth	06/09/1957
Occupation	OUTDOOR
Date Of Driving Pass	15/05/1978
Driving Experience	40 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-98168453
Fax Number	
Contact Number	OTHERS-98168453
Email Address	ENGYEW.LIM@HOTMAIL.COM

Address	BLK 4 TELOK BLANGAH RISE #15-389
Postcode	090040
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

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 this accident?	NO
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3, POSTCODE: 408865, COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20180623/7016

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBG7469A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	ONG SEN HWA
NRIC/Passport Number	G2072215R
Contact Number	98565549
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	LIM ENG YEW
Approximate Age	
Injuries Sustain	NECK AND SHOULDER PAIN
Injured person in which vehicle?	
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLANIMPORTANT 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 processing and for use by the Insurers and their authorised representatives and interested parties.
7. By the lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all Insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

3 ENTERPRISE

Blk 1090 Lower Delta Road,
 #07-01 Singapore 169201
 6376 2909 | Fax: 6376 0929

Policyholder's Signature

Date & Time:

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

Reporting Centre Personnel's Signature
 Name:
 NRIC/IN No:

SKETCH PLAN

A-6Z 4980A

B-686 7469A

C-6E 1000 5000

Y3 ENTERPRISE
 Blk 1090 Lower Delta Road,
 #07-01 Singapore 169201
 Tel: 6376 2909 | Fax: 6376 0929
 Email: y3enterprise@singnet.com.sg

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report no: T/20180623/7016

Y3 ENTERPRISE
 Blk 1090 Lower Delta Road,
 #07-01 Singapore 169201
 Tel: 6376 2909 | Fax: 6376 0929
 Email: y3enterprise@singnet.com.sg

DECLARATION

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

Blk 1090 Lower Delta Road,
 #07-01 Singapore 169201
 Tel: 6376 2909 | Fax: 6376 0929
 Email: y3enterprise@singnet.com.sg

Policyholder's Signature
 Date & Time:

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

Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:



**SINGAPORE
POLICE FORCE**



T/20180623/7016

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20180623/7016

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/06/2018 20:35	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: LIM ENG YEW			Address: APT BLK 40 TELOK BLANGAH RISE #15-389 SINGAPORE 090040		
ID Type / ID No.: NRIC NO / S1260911F			Contact No.: Home/Office: Mobile: 98168453		
Nationality: SINGAPORE CITIZEN			Email: engyew.lim@hotmail.com		
Sex: Male	Age: 60	Date of Birth: 06/09/1957	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Working proprietor (business services and administrative services)			Driving Licence Information: Class: 3,4 Date of Expiry:		

General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 23/06/2018 18:00	Type of Location: Straight Road
Location: PAN ISLAND EXPRESSWAY PIE, towards Tuas, before CTE(City) exit				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 90 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GZ4980A	Van	MITSUBISHI			Slightly Damaged	0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20180623/7016

2 of 3

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20180623/7016

CONTINUATION OF REPORT

Driver			
Name	LIM ENG YEW	ID No.	S1260911F
Related Vehicle	GZ4980A (Van)	Contact No.	98168453
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: NIL
Date Treatment	23/06/2018	Date Discharge	23/06/2018
No. of Days granted Medical Leave	04	Degree of Injury	Slight

Brief Details.

On 23rd June 2018, at around 1750Hrs, I was driving my van, bearing registration no. plate GZ4980A, on the third lane along PIE(Tuas). When I came to the part of the expressway after Paya Lebar exit and before CTE(City) exit, I stopped my vehicle due to traffic building up ahead of my vehicle. After my van came to a complete stop, another lorry, bearing vehicle no. plate GBG7469A, suddenly came at a high speed, failed to brake in time and rear-ended my vehicle as a result. Three hours later, I went to seek medical attention at Mount Alvernia Hospital as I experienced pain on my neck and shoulder. Subsequently, I was awarded with four days of medical leave till 26th June 2018.



**SINGAPORE
POLICE FORCE**



T/20180623/7016

3 of 3

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20180623/7016

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
YEO KIA HUAT
Contact No.: 65476325

Authentication Stamp
NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
23/06/2018 20:35

Classification Of Case:

SINGAPORE ACCIDENT STATEMENT

ACCIDENT DATE: 28/6/18	TIME: 1800 hrs.	(hh:mm) 24 hrs Format
LOCATION: CTE 10 Jurong PIE (Tues) before CTE (city) exit		
VEHICLE NUMBER: GZ4980A		
INSURED NAME: Y3 Enterprise		
NRIC/FIN: L31237618	CONTACT: 98168453	
MAKE: Mitsubishi	MODEL: L300 HRM	
Are you claiming under your own insurance policy for repair to your vehicle?		
() Yes, If No, Pls Select: () Third Party () Reporting Only		
INSURANCE COMPANY: AIG		
TYPE OF POLICY: () COMPREHENSIVE () THIRD PARTY () TPFT		
POLICY NUMBER:		
NAME DRIVER: Lim Eng Yew () SAME AS INSURED		
NRIC/FIN: S1260911P	CONTACT: 98168453	
DATE OF BIRTH: 6/9/57		
DRIVING PASS DATE: 15/5/78		
OCCUPATION: () INDOOR () OUTDOOR		
GENDER: () MALE () FEMALE		
EMAIL ADDRESS: engyew.lim@hotmail.com () NO EMAIL		
ADDRESS OF DRIVER: Apt Blk 40, Telok Blangah Rise, #15-389, Singapore (090016)		
Number Of Passenger Include Driver: 1 driver		
Was driver an employee of the Insured's Company? () YES () NO		
If No, Relationship Of The Driver With The Insured		
() Owner () Spouse () Friend () Relative () Children () Sibling () Others		
Does The Driver Own Any Other Vehicle? () YES () NO		
If Yes, Vehicle Registration Number Of Driver's Own Vehicle:		
Insurance Company Of Driver's Own Vehicle		
Weather Conditions: () Clear () Raining () Drizzling () Others		
Road Surface: () Dry () Wet () Others		
Was Any Foreign Vehicle Involved In This Accident? () YES () NO		
Was Anybody Injured In The Accident? () YES () NO		
If YES, Injured details: neck and shoulder pain		
Convey By Ambulance: () YES () NO		
Was There Any Video Capture By Car Camera? () YES () NO		
Was There Accident Reported To The Police? () YES () NO If Yes Attach Police Report		
Police Report Number (if any): T/20180623/7016		
Details Of 3rd Party		
Name / NRIC		Contact
Veh B: G.B.G. 7469A	Ong Sen Hwa	98565519
Veh C:		
Veh D:		
Veh E:		
Veh F:		
Veh G:		

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1260911F



LIM ENG YEW

林愿友

Race

CHINESE

Date of Birth

06-09-1957

Sex

M

Country of Birth

SINGAPORE

S1260911F

REPUBLIC OF SINGAPORE DRIVING LICENCE



Identity Card No. S1260911F

LIM ENG YEW

Date of Birth: 06 Sep 1957

Valid until: 12/12/2003



004078330



0892846



NRIC No. S1260911F

Blood Group Date of issue

A+ 14-04-1993

Address

APT BLK 40 TELOK BLANGAH RISE
#15-009
SINGAPORE 0409

YOU ARE LICENCED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

VALID UNTIL

Class 3	Motor Cars and Motor Tractors the weight of which (including does not exceed 2500 kilograms)	15 May 1978
Class 4	Heavy Motor Cars and Motor Tractors the weight of which (including does not exceed 2500 kilograms)	12 Jan 1981



Licence No: S1260911F

14P 1295

AIG

CERTIFICATE OF INSURANCE

COMMERCIAL AUTO THIRD PARTY FIRE AND THEFT COMMERCIAL VEHICLE

Name of Policyholder : Y3 Enterprise
 Period of Insurance : 23 Nov 2017 To 22 Nov 2018
 Engine No. : 4D56LB6307
 Chassis No. : JMAJNP15V6A001208

Vehicle No. : GZ4980A
 Policy No. : 2100344973-04
 Endorsement No. :
 Issued Date : 09 Nov 2017

ABOUT THE COVER

Make/Model : MITSUBISHI L300 1.1 ton [Van]
 Engine Capacity/Tonnage : 1.1 Tonnage
 Driver Restriction : NA
 Sum Insured : Market Value
 Off Peak Car : No
 First Year of Registration : 2006
 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 extend to the Policyholder or an authorized driver only if he/she enters the specified age condition

Age Condition : All Age Condition

Limitation as to use*

1) Use in connection with the Policyholder's business
 2) Use for the carriage of passengers (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 its use for hire or reward, delivery, driving test, racing, pack making, mobility hire or speed testing and for use when making a table except the towing of any combination using a mechanically propelled vehicle or use for any purpose in connection with Motor Trade

* Limitations relevant to Section 2 of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 120) and Section 95 of the Road Transport Act, 1987 (Malaysia) and not to be removed until these headings

EXCESS

Section 1

Fire - \$0 Theft - \$0

Section 2

Property Damage - \$0

Windscreen - NA

Named Driver and Excess (where applicable)

Y3 Enterprise

APPROVED REPORTING CENTRES/AUTHORISED REPAIRERS (FOR CLAIMS RELATED REPAIRS)

Any accident reports to the Vehicle Unit be covered under the insurance of Your choice unless specifically indicated by AIG.

For Approved Reporting Centres/Authorised Repairers, please contact our 24-hour incident emergency hotline at +65 6338 6200. Alternatively, you may refer to AIG website www.aig.com.sg or AIG 100 Motorists Assistance Service and AIG 100 Motorists Assistance Policy.

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. 120), Part IV of the Road Transport Act, 1987 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1989 (Malaysia).

0503444000

MEDI INSURANCE AGENCY PTE LTD
 48 STRATHMORE AVENUE #18-225
 SINGAPORE 140048

M. J. J. J.

AIG Asia Pacific Insurance Pte. Ltd.

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MA468082005 Vehicle Registration No: GZ4980A
Name (as shown in NRIC) : Lim Euk Yaw NRIC/FIN/Passport No : S1260911F
(* Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore ()
Contact (Tel) : _____ Mobile No.: 98168453
Email Address : _____
Date of Accident : 23/06/2018 Time of Accident: 18:00
Place of Accident : PIK JAWARAS WAS ~~AWAY~~ BLK C7A (LNY) EXIT
Insurance Company: ALG

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

DRIVER NAME TO Lim Euk Yaw

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: Rashy anjor
NRIC/FIN No.:
Date: 25/06/2018