

NATIONAL Assessment Centre Services.

[wef 1 Jan 2005]

48153216

Date In: 26/11/2018 17:33	Job description	Date & Time Completed	Done by
Ref No: NBA/01618021333/4	SAS e-filing		
Veh No: GSG 7001 R	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 23/11/2018 06:45	I-Motor Claim Form		
OID: 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 Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:

Veh No:

SLS 21204

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: (Use only for repairer's use)

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

2) QC Check / Post Repair Inspection ()

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

Injury: ()

Date/Time: ()

Signature: ()

Signature: ()

Signature: ()

Signature: ()

Signature: ()

Signature: ()

Signature: ()

Signature: ()

Signature: ()

Signature: ()

Signature: ()

Signature: ()

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Signature: ()

Signature: ()

Signature: ()

Invoice Particulars		Amount
1) AR: Accident Reporting (\$30)		
2) DA: Damage Assessment (\$100)	INC (\$80)	
3) TP: Towing Fee	\$40/\$45	
4) FT: Follow-Through Survey	\$120	
5) PT: Follow-Through Survey (Resurvey)	\$30	
For claiming against INC Only (wef 10 Jan 2005)		
6) TR: Re-inspection	\$75	
7) NI: Issue DA + SMRT Survey	\$160	
8) NTUC Additional Services:		
Q1:		
*N5: Courtesy Car / Tpt Allowance	\$3	
*N6: Repair Co-ordination	\$10	
*N7: Post Repair Inspection	\$25	
*N8: DV / Collect Excess Coordination	\$3	
TP (N11): TP (N11) INC against INC	\$20	
9) N12: Idea Mobile	\$0	
Invoice dated	Fee Charged	
Invoice dated	Fee Charged	

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditor's Comments:

Ref: 1

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 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. 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	26/11/2018 16:39
Date Of Accident	23/11/2018 06:45
Exact Location Of Accident	JUNCTION OF SENGKANG WEST ROAD/FERNVALE ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG7001R
Insured/Policyholder	
Name Of Registered Owner	DYNAMEX ENGINEERING PTE LTD
Co Reg No	200007451G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98503722
Alternative Phone No	OFFICE-98503722

Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	1800103666
Cover Note Number	

Driver

Name of Driver	SEE TOW CHEE CHIEW
NRIC No	S1649582D
Date Of Birth	15/07/1964
Occupation	OUTDOOR
Date Of Driving Pass	04/11/2003
Driving Experience	15 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98503722
Fax Number	
Contact Number	OTHERS-98503722
Email Address	NOEMAIL

Address	30 TUAS VIEW SQUARE #01-05
Postcode	637071
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	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	YES
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	TECK GHEE NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 321 ANG MO KIO STREET 31 , POSTCODE: 560321 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4599999 - FAX NO: 64574478
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20181123/2046

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	SLS2120R
Vehicle Make/Model/Colour	HONDA STREAM
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name SEE TOW CHEE CHIEW

Approximate Age

Injuries Sustain SLIGHT INJURY

Injured person in which vehicle? GBG7001R

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

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 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.



Policyholder's Signature
Date & Time:

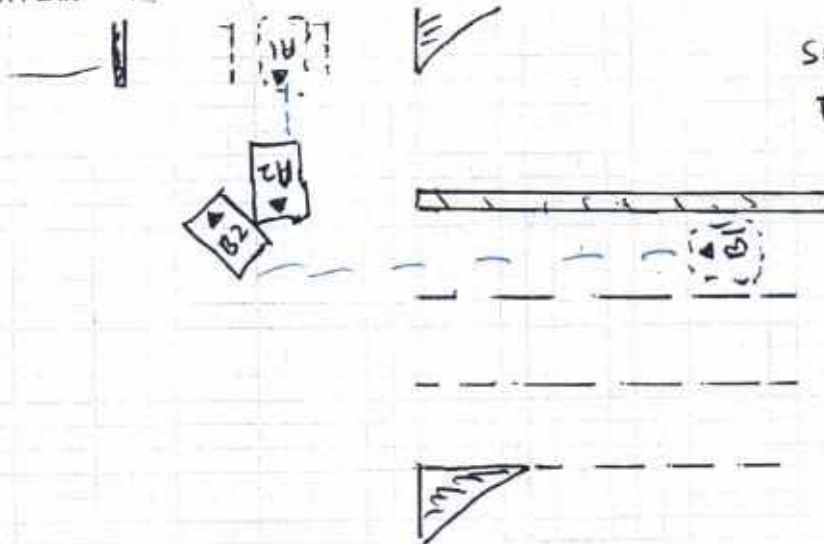
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

26/11/2018

Rod. Watson

SKETCH PLAN



Sengkang West Road
Fernvale Road X
Junction

(A) : GBG 7001R

(B) SLS 2120 G

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report T/20181123/2046

DECLARATION

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

7

Policyholder's Signature
Date & Time:



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

[Signature]

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

[Signature] 26/11/2018
[Signature]



SINGAPORE POLICE FORCE



T/20181123/2046

1 of 3

Police Station Of Origin:
Teck Ghee NPP
321 Ang Mo Kio Street 31 SINGAPORE
560321
Tel No: 1800-4599999

Report No. T/20181123/2046

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/11/2018 12:10	Vide Report No.: F/20181123/0080	Station Diary No.: 9
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Informant's Particulars			
Name of Informant: SEE TOW CHEE CHIEW		Address: APT BLK 568 HOUGANG STREET 51 #12-79 SINGAPORE 530568	
ID Type / ID No.: NRIC NO / S1649582D		Contact No.: Home/Office: Mobile: 98503722	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 54	Date of Birth: 15/07/1964	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: SITE COORDINATOR		Driving Licence Information: Class: 3,4 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 23/11/2018 06:45	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 SENGKANG WEST ROAD FERNVALE ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: No Traffic
Type of Collision: Between Moving Vehicles - Side Swipe - Opposite Direction.				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
GBG7001R	Lorry	TOYOTA	Dyna	Silver	Seriously Damaged	0
SLS2120G	Car	HONDA	Stream	Grey	Seriously Damaged	3

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



**SINGAPORE
POLICE FORCE**



T/20181123/2046

2 of 3

Police Station Of Origin:
Teck Ghee NPP
321 Ang Mo Kio Street 31 SINGAPORE
560321
Tel No: 1800-4599999

Report No. T/20181123/2046

CONTINUATION OF REPORT

Driver			
Name	SEE TOW CHEE CHIEW	ID No.	S1649582D
Related Vehicle	GBG7001R (Lorry)	Contact No.	98503722
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.	Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: NIL
Date Treatment	23/11/2018	Date Discharge	23/11/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 23/11/2018 at about 0645hrs, I was driving my silver colour Toyota Dyna lorry (GBG7001R) and travelling along Sengkang West Road, I saw that the traffic light at the cross junction of Sengkang West Road and Fernvale Road was green in my favour. As such, I drove straight. Suddenly, one dark grey colour Honda Stream (SLS2120G), which was travelling from Fernvale Road on my left, turned right and its rear left portion hit onto my lorry's front right portion.

Due to this, my lorry's front right portion was damaged. Traffic police and ambulance came to scene. I felt giddy while the other driver had difficulty in hearing on his right ear due to the air bag. He admitted that it was his fault as he was confused. I was then conveyed to Sengkang General Hospital and was issued 3 days of Medical Leave.



**SINGAPORE
POLICE FORCE**



T/20181123/2046

3 of 3

Report No. T/20181123/2046

Police Station Of Origin:

Teck Ghee NPP

321 Ang Mo Kio Street 31 SINGAPORE

560321

Tel No: 1800-4599999

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:
F /
Staff Sgt MUHAMMAD AZRI BIN ABDUL RAHIM

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
SI YEO CHUN JIAN
Contact No.: 65476213

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
23/11/2018 12:10

Classification Of Case:

Signature

Singapore Police Force

Email: sm@idac.com.sg

Tel no: 6555 6888 Fax no: 6454 3279

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 22/11/2018 (dd/mm/yy) Time of Accident: 06:45 (24-HR-FORMAT)
Vehicle No.: GBG 7001 R Vehicle Make & Model: Toyota Dyna
Exact location of Accident: Sengkang West Road Fernvale road
Policyholder's Name / IC No.: Dynamex Engineering Pte Ltd 200007541G
Driver's Name / IC No.: See Tow Chee Chiew S1649582D (As Above) ☐
Driver's Contact No.: 9850 3722 Company Contact No.: _____
Driver's Address: 30 TUAS VIEW SQUARE #01-05 Singapore 637071
Insurance Company: AIG Email address (if any): _____

Relationship between Owner & Driver: Employee or Others specify: _____

What do you wish to claim? (Please TICK one only)

☐ Own Insurance / ☒ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)

**Exact purpose for which the vehicle
Was being used at time of accident?**

☐ Private use / ☒ Work purpose

Occupation (nature of job) ☐ Indoor/ ☒ Outdoor

No. of Passengers (Including Driver): 01

Passenger Name : _____

Gender : _____

Passenger Name : _____

Gender : _____

Weather condition & Road conditions? (On the day of accident)

☒ Clear & Dry / ☐ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others: _____

Was there any video captured by your Car Camera? ☐ Yes / ☒ No

Any Injuries: ☒ Yes / ☐ No (If YES) Injured Person's Name: See Tow Chee Chiew

Injuries Sustain: Head Injured Person in Which Vehicle: GBG 7001 R

Police Report filed: ☒ Yes / ☐ No (If YES) Which Police Station: Teck Ghee NPP

The Other Party(s) Details:

1. Driver's Name / IC No.: _____ Vehicle No: SLS 2120 G

Driver's Contact No: _____ Insurance Company (If any): _____

2. Driver's Name / IC No.: _____ Vehicle No: _____

Driver's Contact No: _____ Insurance Company (If any): _____

*Independent Witness (If Any): _____ Contact No: _____

Preferred Workshop Name: _____ Contact No: _____

*If no proper documents are produced, IDAC should not file the report. Information will be discarded after one week.

REPUBLIC OF SINGAPORE

Identity Number: S1649582D

Name: SEE TOW CHEE CHIEW

Birth Date: 15 Jul 1964

Issue Date: 04 Nov 2003

1000976789J




REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S1649582D

Name: SEE TOW CHEE CHIEW

司徒志超

Race: CHINESE


Date of birth: 15-07-1964

Sex: M

Country/Place of birth: SINGAPORE

S1649582D



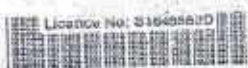



CLASS 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

CLASS 4 Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kilograms

01 Sep 1997

Licence No: S1649582D

1250609

1649582D

20-12-2013

APT BLK 545 HOUGANG STREET 51

#12-72

SINGAPORE 530568






CERTIFICATE OF INSURANCE

COMMERCIAL AUTOPLUS COMMERCIAL VEHICLE

Name of Policyholder : Dynamex Engineering Pte Ltd
Period of Insurance : 28 Sep 2018 To 27 Sep 2019
Engine No. : 1KD2749023
Chassis No. : JTFAT35Y40K209104

Vehicle No. : GBG7001R
Policy No. : 1800103666
Endorsement No. : 00000000226266
Issued Date : 05 Sep 2018

ABOUT THE COVER

Make/Model : TOYOTA DYNA 150 1.8 ton (Lorry)
Engine Capacity/Tonnage : 1.78 Tonnage
Driver Restriction : NA
Sum Insured : Market Value
Off Peak Car : No
First Year of Registration : 2017
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 \$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; and b) use whilst drawing a trailer except the towing of anyone disabled using a mechanically propelled vehicle. c) 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 (Cap. 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), 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 5200. Alternatively, You may refer to AIG website www.aig.com.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: MERCEDES BENZ FINANCE CO 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) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

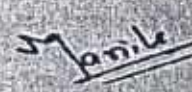
0502263000

SAFE HARBOUR ASSURANCE AGENCY

BLK 208 HOUGANG ST 21 #04-207

SINGAPORE 530208

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.


AIG Asia Pacific Insurance Pte. Ltd.
AUTHORISED REPRESENTATIVE

SSP8LD

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 : MIA418153216 Vehicle Registration No: 9BG 7001 R
Name (as shown in NRIC) : See Koo Chee Chuan NRIC/FIN/Passport No : S1649582D
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore()
Contact (Tel) : _____ Mobile No.: 98503722
Email Address : _____
Date of Accident : 23/11/2018 Time of Accident : 08:45
Place of Accident : JUNCTION OF SINGAPORE ROAD WITH RO / FERRAN ROAD
Insurance Company : OLY

(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:

DATE OF ACCIDENT TO 23/11/2018

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: Keshu Kumar
NRIC/FIN No.:
Date: 26/11/2018