

# NATIONAL Assessment Centre Services

[wef 1 Jan 05] **NA 18 15780**

Date In: <b>4/1/16 - 18:16</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NA/A161802185624</b>	SAS e-filing		
Veh No: <b>6062899A</b>	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: <b>2/1/18-17:45</b>	i-Motor Claim Form		
OD: <b>TP</b> 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: **6062899A**

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: 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

<b>NA 1802940</b>	<b>Invoice Preparation Checklist</b>		Am't (\$) [at Bill]	Am't (\$) [Add Bill]
Claimant's Particulars:	1) AR: Accident Reporting (\$30);			
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)			
Contact No:	3) TF: 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)			
	6) TR: Re-inspection \$75			
	7) N1: Idac DA + SMRT Survey \$160			
	8) NTUC Additional Services:			
	OD:			
	*N5: Courtesy Car / Tpl Allowance \$5			
	*N6: Repair Co-ordination \$10			
	*N7: Post Repair Inspection \$25			
	*N8: DV / Collect Excess Coordination \$5			
	TP (N11): TP (N in INC) against INC \$20			
	9) N12: Idac Mobile 30			
QC Checked by (Engr-In-Charge):	Invoice dated	Fee Charged		
	Invoice dated	Fee Charged		
Auditors' Comments:				
Sat 1:				
Sat 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	04/12/2018 18:16
Date Of Accident	03/12/2018 17:45
Exact Location Of Accident	JUNC AMK AVE 1 TWDS AMK AVE 8
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG2899A
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TOBACCO NETWORK TRADERS PTE LTD
Co Reg No	198202681W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999

### Vehicle Particulars

Manufacturer	CITROEN
Model	BERLINGO L2 1.6 BLUEHDI S&S ETG6
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	1700028534-01
Cover Note Number	

### Driver

Name of Driver	TAY YOW QUEE
NRIC No	S0946571E
Date Of Birth	11/10/1945
Occupation	OUTDOOR
Date Of Driving Pass	15/11/1966
Driving Experience	52 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97322181
Fax Number	
Contact Number	OFFICE-97322181
Email Address	NOEMAIL

Address	BLK 313 ANG MO KIO AVENUE 3 #07-2314
Postcode	560313
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	RAINING
Road Surface	WET

#### 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	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

REFER TO POLICE REPORT - T/20181203/2176.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO FOOTAGE WITH DRIVER
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	PC927X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	BUS
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 TAY YOW QUEE

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? GBG2899A

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

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.

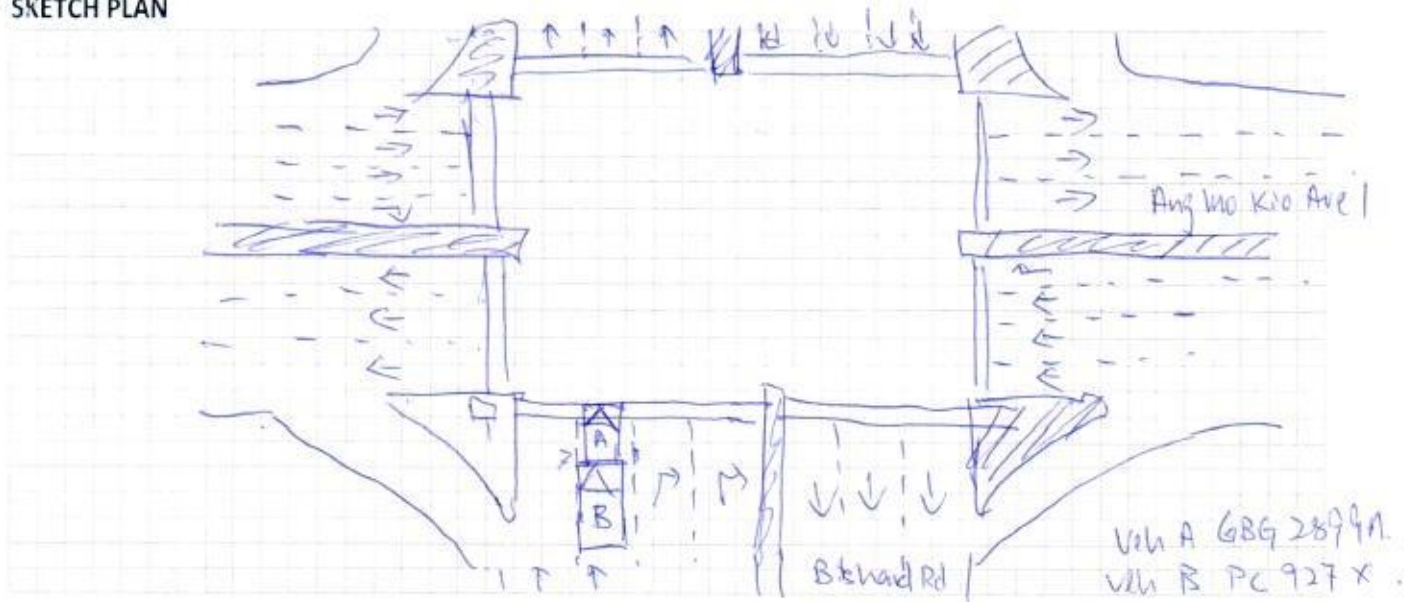
TOBACCO NETWORK TRADERS PTE LTD

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.:

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along Bishan Rd towards Ang Mo Kio Ave 8 on the second ~~left~~ lane from the left of a 4-lane road. Somewhere before junction of Ang Mo Kio Ave 1 and Ang Mo Kio Ave 8, I stopped at the traffic light due to traffic light turning red. Moments after I stopped, I suddenly felt a strong impact from the rear portion of my vehicle. After the accident, I alighted to see that veh B had collided into the rear portion of my vehicle. Hence I was involved in an accident of 2 vehicles.

Veh A: GRG 2899A  
veh B: PC 927X.

## DECLARATION

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

TOBACCO NETWORK TRADERS PTE LTD

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.:



Date of Accident : 3 Dec 2018 Accident Time: 1745hrs (24-HR-Format)  
 Accident Place : Junction of Ang Mo Kio Ave 1 to Ang Mo Kio Ave 8  
 Vehicle No. (Car Plate No.) : G86 2899 A Make/Model: Citroen Berlingo  
 Insurance Company : AIG Policy No: 1700028534-01  
 Owner or Company Name /IC No. : Tobacco Network Traders Pte Ltd. (198202681W)  
 Owner or Company Contact No. : \_\_\_\_\_ Owner's Hp \_\_\_\_\_ Company Tel \_\_\_\_\_  
 DRIVER'S Name / IC No. : Tay Yow Quee (S0946571E)  
 DRIVER'S Date Of Birth : 11 Oct 1945 DRIVER'S License Pass Date 15 Nov 1966  
 Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: \_\_\_\_\_  
 DRIVER'S Address : 81K 513 Ang Mo Kio Ave 3 #07-2314 S(560313)  
 DRIVER'S Contact No./ Alt No. : 1) 973 22181 2) \_\_\_\_\_  
 DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)  
 Email Address : \_\_\_\_\_ sales@wia.com.sg  
 Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET  
 Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance  
 Number of Passengers (Including Driver): 01 - Driver  
 Was there any video Captured by car camera YES \ NO  
 Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose  
 Any Injury (If YES, Pls state): \_\_\_\_\_

**Other Party Driver's Particular (if any)**

Vehicle No: <u>PC 927X</u>	Vehicle No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver/Contact: _____	IC No. Driver/Contact: _____

\* NEW - Passenger's name & gender:



# SINGAPORE POLICE FORCE



T/20181203/2176

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/20181203/2176

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 03/12/2018 21:49	Vide Report No.:	Station Diary No.: 30
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<b>Informant's Particulars</b>			
Name of Informant: TAY YOW QUEE		Address: APT BLK 313 ANG MO KIO AVENUE 3 #07-2314 SINGAPORE 560313	
ID Type / ID No.: NRIC NO / S0946571E		Contact No.: Home/Office: Mobile: 97463066	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 73	Date of Birth: 11/10/1945	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: Motorcycle delivery man		Driving Licence Information: Class: 3 Date of Expiry:	

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 03/12/2018 17:40	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 ANG MO KIO AVENUE 1 ANG MO KIO AVENUE 8 Along Bishan Road near the traffic light				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		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
GBG2899A	Van				Seriously Damaged	0
PC927X	Bus/Coach/Mi nibus				Slightly Damaged	20

**Details of Person Involved**

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





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

Report No. T/20181203/2176

**CONTINUATION OF REPORT**

<b>Driver</b>			
Name	TAY YOW QUEE	ID No.	S0946571E
Related Vehicle	GBG2899A (Van)	Contact No.	97463066
Hospital/Clinic	HEALTHWAY MEDICAL CLINIC	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	03/12/2018	Date Discharge	03/12/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight
<b>Driver</b>			
Name	Hoo Sing Nan	ID No.	F1507500R
Related Vehicle	PC927X (Bus/Coach/Minibus)	Contact No.	98763688
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight

**Brief Details.**

On 03.12.2018 at about 1750hrs, I was driving my van on the way home. While driving along Bishan Road, I saw the traffic light in front of me turning Amber, as such I stop my vehicle and applied my brakes. Out of sudden, one bus from behind hit against my van rear. Due to the accident, my rear van screen was damaged and I was injured as well. I seek my own treatment and have 3 days MC.

I wish to state that this is the 1st time such an incident have happened.



**SINGAPORE  
POLICE FORCE**



T/20181203/2176

3 of 3

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

Report No. T/20181203/2176

**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 /

SI TAN THIAM HUAT

Signature Of Interpreter:

Not applicable

Signature Of Informant:

Date/Time:

03/12/2018 21:49

Officer In Charge Of Case:

TP / AEIT /

Sr Staff Sgt MOHAMAD ZULFAZDL BIN  
ABDULLAH

Contact No.: 65476204

Authentication Stamp

NP168

Classification Of Case:

SIN 00

Signature:

Singapore Police Force



**REPUBLIC OF SINGAPORE** **DRIVING LICENCE**

S0946571E

**TAY YOW QUEE**

Date of birth: 11 Oct 1945  
Date of expiry: 10 Dec 2015

002637187A



**REPUBLIC OF SINGAPORE**  
**IDENTITY CARD NO. S0946571E**



Name  
**TAY YOW QUEE**

**郑耀贵**

Race  
**CHINESE**

Date of birth  
**11-10-1945**

Country of birth  
**SINGAPORE**

Sex  
**M**





**YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)**

**EFFECTIVE DATE**

Class 3 Motor cars with unladen weight  $\leq 3000\text{kg}$  with  $\leq 7$  passengers, exclusive of driver; and other motor vehicles with unladen weight  $\leq 2500\text{kg}$  15 Nov 1966

NP 428A

Licence No: S0946571E



4916259

NRIC No: S0946571E

Date of issue  
22-12-2012

Address  
APT BLK 313 ANG MO KIO AVENUE 3  
#07-2314  
SINGAPORE 560313






# CERTIFICATE OF INSURANCE

## CITROEN COMMERCIAL AUTO PROTECTOR COMMERCIAL VEHICLE

**Name of Policyholder** : Tobacco Network Traders Pte Ltd  
**Period of Insurance** : 18 Jul 2018 To 17 Jul 2019  
**Engine No.** : 10JBHW3008887  
**Chassis No.** : VF77FBHYMGJ881421

**Vehicle No.** : GBG2899A  
**Policy No.** : 1700028534-01  
**Endorsement No.** :  
**Issued Date** : 11 Jun 2018

### ABOUT THE COVER

**Make/Model** : CITROEN Berlingo L2 1.6 (ETG) A  
**Engine Capacity/Tonnage** : 0.6 Tonnage  
**Sum Insured** : Market Value  
**First Year of Registration** : 2017  
**Driver Restriction** : NA  
**Off Peak Car** : No  
**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 - \$800 Theft - \$0 Flood Cover - \$0

#### Section 2

Property Damage - \$0

**Windscreen** : \$100

**Named Driver and Excess** (where applicable)

null

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

1. Cycle & Carriage Body & Paint Centre Add: 209 Pandan Gardens Singapore 609339 65684501  
 2. Cycle & Carriage Authorised Service Centre (For windscreen claim only) Add: 330 Ubi Rd 3 Singapore 408650 67461000  
 3. Cycle & Carriage Authorised Service Centre Add: 20 Leng Kee Rd Singapore 159094 64708600

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.com.sg](http://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:** MayBank

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 (Cap. 189), Part IV of the Road Transport Act, 1987 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0500670050

CYCLE & CARRIAGE FULCO  
 22 UBI ROAD 4 FULCO BUILDING  
 SINGAPORE 408617 ANSP-MOTOR

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

*Manik*

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

SSCAS8