

# NATIONAL Assessment Centre Services

(wef 1 Jan 2005)

Date In	25/03/2019 16:37	Job description	Date & Time Completed	Done by
Ref No	NA/AIG19005300/KY	SAS e-filing		
Ch No	GBD8068H	E-mail (within 8hrs, AIC 2hrs)		
DOI	25/3/2019 11:20	i-Motor Claim Form		
TP Reporting Only		i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer		i-Photo Uploaded		
Preferred Wksp / INC Assign Wksp / QW:		Assessment/Survey Report		
TP Particulars:	Yeli No: GBT1389X INC ( ) / Non-INC ( )	Ass't Report by Fax / Hand to Owner/Wksp		
Owner / Driver: ( )		Tel:		Fax:
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

NA1902176

Claimant's Particulars:	Invoice Preparation Checklist		Amc (\$)	Amc (\$)
Owner/Owner	1) AR: Accident Reporting (\$30);		In Bill	Add. Bill
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)			
Uninsured Portion:	3) TP: Towing Fee \$40/\$45			
Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120			
Comments:	5) FT: Follow-Through Survey (Resurvey) \$30			
	Forfeiting against INC Only (wef 10 Jan 2005)			
	6) TR: Re-inspection \$75			
	7) N1: Idao DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
	ON*			
	*N3: 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: Idao Mobile 30			
	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 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	25/03/2019 16:37
Date Of Accident	25/03/2019 11:20
Exact Location Of Accident	259 JALAN AHMAD IBRAHIM ( ENTRANCE)
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GBD8068H
<b>Insured/Policyholder</b>	
Name Of Registered Owner	POKKA INTERNATIONAL PTE LTD
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81866933
Alternative Phone No	OFFICE-81866933
<b>Vehicle Particulars</b>	
Manufacturer	TOYOTA
Model	-
Exact Purpose for which vehicle was being used at time of accident	WORK
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE
<b>Insurance Company</b>	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	999994643/100857997
Cover Note Number	
<b>Driver</b>	
Name of Driver	CHANG YONG MENG
NRIC No	S8017184F
Date Of Birth	16/06/1980
Occupation	OUTDOOR
Date Of Driving Pass	05/04/2001
Driving Experience	17 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81866933
Fax Number	
Contact Number	OTHERS-81866933
Email Address	NOEMAIL

Address	BLK 455 YISHUN STREET 41 #02-43
Postcode	760455
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 (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	NO
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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLS REFER TO THE ATTACHED STATEMENT.

#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBJ1389X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	LU FULIANG
NRIC/Passport Number	G6892929L
Contact Number	96612461
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	



## SKETCH PLAN

### IMPORTANT NOTICE


1. Please report **correctly** the details of the accident to speed up the claims process.
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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 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)**

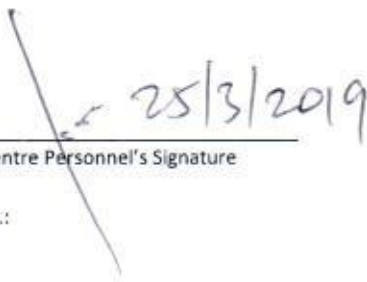
I understand, acknowledge, agree and consent that:

- (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.:

# SKETCH PLAN

AHMAD BIN MOHAMMAD OSMAN  
 (VTL ENABLING Technologies  
 Group (S) P/L)

259 JALAN AHMAD IBRAHIM  
 (ENTRANCE)

A - GBD8068H

B - GBT1389X



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 25/3/2019 at around 11.15am - 11.20am, the accident took place at this 259 Jalan Ahmad Ibrahim, company VTL. As I was turning in to the building of this company, I did not check clearly that the van in front of me stop completely as I was looking at the security guard and did not noticed the van in front of me completely stoped and hit his van. My Lorry damaged was at the left front side bumper and the left door abit hard to open.

### DECLARATION

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



Policyholder's Signature  
 Date & Time:

*[Signature]*

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

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

*[Signature]* 25/3/2019



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S8017184F



Name  
CHANG YONG MENG

曾 永 明

Race  
CHINESE

Date of birth  
16-06-1980

Sex  
M

Country of birth  
SINGAPORE




REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S8017184F

Name  
CHANG YONG MENG

Birth Date: 16 Jun 1980

Issue Date: 01 Oct 2016




4591702




NRIC No. S8017184F

Date of issue  
23-06-2010

APT BLK 455 YISHUN STREET 41 #02-43  
SINGAPORE 760455


NRIC No: S8017184F Date: 03/03/2012 No: 7069278

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

	EFFECTIVE DATE
Class 3 - Motor cars with unladen weight $\leq$ 3000kg with $\leq$ 7 passengers, exclusive of driver; and other motor vehicles with unladen weight $\leq$ 2500kg	05 Apr 2001
Class 4 - Motor vehicles which are constructed to carry load or passengers and the unladen weight $>$ 2500kg	15 Jul 2008
Class 5 - Motor vehicles which are not constructed to carry load or passengers and the unladen weight $\leq$ 7250kg	06 Nov 2008
Class 5 - Motor vehicles not constructed to carry any load and the unladen weight $>$ 7250kg	

NP 428A

Licence No: S8017184F





HOTLINE TEL (65) 6419-3000  
FAX (65) 6415-3723

## CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)  
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960  
ROAD TRANSPORT ACT, 1987 (MALAYSIA)  
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

M.Z.300

COMPREHENSIVE COMMERCIAL MOTOR  
CERTIFICATE NO. 999994643/100857997

OWN DAMAGE EXCESS S\$500.00 (1)  
WINDSCREEN EXCESS S\$100.00

(for policies with effect from 1st November 2002)

SUM INSURED S\$1.00

INSURING WITH COE/PARF Yes

GBD8068H

Pokka International Pte Ltd

- 1) VEHICLE REGISTRATION NO.
- 2) NAME OF INSURED
- 3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE PURPOSES OF THE ACT 8 Apr 2018
- 4) DATE OF EXPIRY OF INSURANCE 7 Apr 2019
- 5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE \*

Any person who is driving on the Insured's order or with their permission.

An additional Young and Inexperienced Driver (YIDR) Excess of S\$3,000 (unless otherwise stated) applies to any drivers (named and unnamed) who is below age 23 or has less than 2 years driving experience.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

### 6) LIMITATION AS TO USE \*

- 1) Use in connection with the Insured's business.
  - 2) Use for the carriage of passengers (other than for hire or reward) in connection with the Insured's business.
  - 3) Use for social, domestic or pleasure purposes.
- The Policy does not cover
- a) Use for hire or reward or for racing, pace-making, reliability trial or speed-testing.
  - b) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

LOSS OF USE NOT INCLUDED

\* NAMED DRIVER N/A

HIRE PURCHASE COMPANY NA

\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

I / We hereby Certify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).


Issued In Singapore 19 Apr 2018

503982-000

KHC HOLDINGS PTE. LTD.

389A BALESTIER ROAD SINGAPORE 329796

AIG ASIA PACIFIC INSURANCE PTE. LTD

  
Authorised Representative

ORIGINAL

SSCDSK