

NATIONAL Assessment Centre Services.

[ver 1 Jan 05]

MAAY 90 7112

Date In: 31/05/2009 15:29	Job description	Date & Time Completed	Done by
Ref No: NPA/AG/9009684/7	SAS e-filing		
Veh No: GZ 8582	E-mail (within 2hrs, AIC 2hrs)		
D.O.A: 29/05/2009 17:50	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/Whse		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: GBC 4501E	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 repair.
() Total Loss Case : to e-mail Insurer URGENTLY.
Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

Remarks:	Completed by:
1) Apply for Transport Allowance () / Courtesy Car ()	
2) QC Check / Post Repair Inspection ()	
3) Upload Resurvey Photo [Repair Cost > \$3000] ()	

Injury: _____

Date/Time	Assign

Claimant's Particulars:	1) AR: Accident Reporting (\$30)	
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (\$10)	
Contact No:	3) TP: Towing Fee \$40/\$43	
Damaged Portion:	4) PT: Follow-Through Survey \$120	
QC Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey) \$30	
Auditor's Comments:	For claiming against INC Only (ver 10 Jan 2005)	
Sub 1:	6) TR: Re-inspection \$75	
2/3:	7) NI: Idao DA + SMRT Survey \$160	
	8) NTUC Additional Services:-	
	ON:	
	*N5: Courtesy Car / Tpt Allowance \$3	
	*N6: Repair Co-ordination \$10	
	*N7: Post Repair Inspection \$23	
	*N8: DV / Collect Excess Coordination \$3	
	TP (NI): TP (Non INC) against INC \$20	
	9) NI2: Idao Mobile \$0	
	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 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	31/05/2019 15:29
Date Of Accident	29/05/2019 17:50
Exact Location Of Accident	SENOKO SOUTH ROAD SLIP RD TO WOODLANDS AVE 8
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GZ8583L
Insured/Policyholder	
Name Of Registered Owner	GOURMET CHEFS PTE LTD
Co Reg No	201531796N
Email Address	HANCARREPAIRS@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96257230
Alternative Phone No	OFFICE-96257230
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	L300
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	999994514/100864043
Cover Note Number	
Driver	
Name of Driver	LOOK TAT HWA
NRIC No	S1568731B
Date Of Birth	13/11/1962
Occupation	INDOOR
Date Of Driving Pass	23/04/1984
Driving Experience	35 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96257230
Fax Number	
Contact Number	OTHERS-96257230
Email Address	HANCARREPAIRS@GMAIL.COM

Address	BLK 656B JURONG WEST STREET 61 #12-311
Postcode	642656
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
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?	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	JURONG EAST NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: NO. 92 BOON LAY WAY , POSTCODE: 609962 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8999999 - FAX NO: 66655791
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH AND POLICE REPORT T/20190530/2124

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	GBC4501E
Vehicle Make/Model/Colour	ISUZU
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	AANIMUTHU PALANICHAMY
NRIC/Passport Number	G3157775L
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

1

DETAILS OF INJURED PERSON 1

Name

LOOK TAT HWA

Approximate Age

Injuries Sustain

SLIGHT INJURY

Injured person in which vehicle?

GZ8583L

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

SKETCH PLAN

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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:

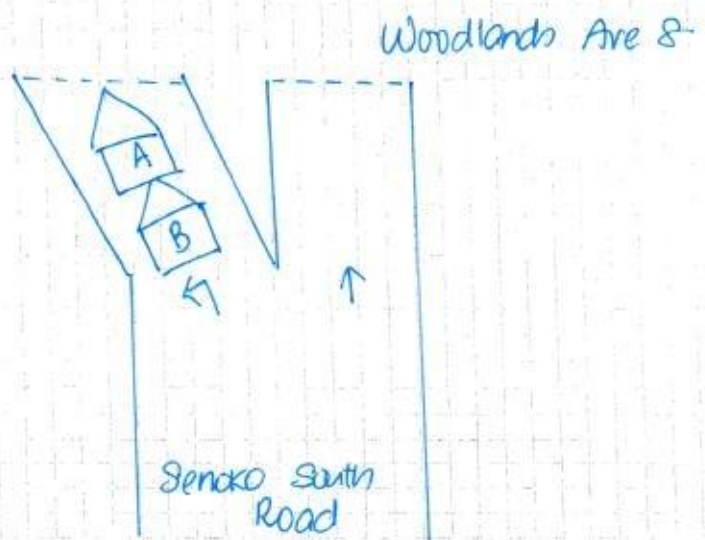
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

31/05/2019
Berli Wong

SKETCH PLAN

Seroko South Rd
(Slip road to Woodlands Ave 8)

Vehicle A: GZ8583L
Vehicle B: GBC4501E



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the mentioned date and time on Seroko South Road (Slip road to Woodlands Ave 8).

I stopped to give way to incoming traffic. Suddenly, Vehicle B came from behind and hit onto me.

Police Report T/20190530/2124

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:

[Handwritten signature]

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

[Handwritten signature] 31/05/2019
Resd Horton



**SINGAPORE
POLICE FORCE**



T/20190530/2124

1 of 3

Police Station Of Origin:
Jurong East N.P.C
92 Boon Lay Way SINGAPORE 609962
Tel No: 1800-8999999

Report No. T/20190530/2124

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/05/2019 18:22		Vide Report No.:		Station Diary No.: 87	
Informant's Particulars					
Name of Informant: LOOK TAT HWA			Address: APT BLK 656B JURONG WEST STREET 61 #12-311 SINGAPORE 642656		
ID Type / ID No.: NRIC NO / S1568731B			Contact No.: Home/Office: Mobile: 96257230		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 56	Date of Birth: 13/11/1962	Type of Informant: Driver		
Race: Chinese			Language: Chinese		Institution / School Name:
Occupation: Manufacturing plant/production manager			Driving Licence Information: Class: 2B,3,4 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 29/05/2019 17:50	Type of Location:
Location: Along Road 1 Traveling Toward Road 2 SENOKO SOUTH ROAD WOODLANDS AVENUE 8 After Golden Bridge Foods Manufacturing Pte Ltd company				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One 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
GBC4501E	Lorry	ISUZU		White	Slightly Damaged	0
GZ8583L	Van	MITSUBISHI	L300	Beige	Seriously Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
GZ8583L	AIG ASIA PACIFIC INSURANCE PTE. LTD.	999994514/100864 043	02/08/2018	01/08/2019



**SINGAPORE
POLICE FORCE**



T/20190530/2124

Police Station Of Origin:
Jurong East N.P.C
92 Boon Lay Way SINGAPORE 609962
Tel No: 1800-8999999

3 of 3

Report No. T/20190530/2124

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:

D /

Staff Sgt GUHANESH S/O S JAYAKUMAR

Signature Of Interpreter:

Look Yi Jun /

S9500265Z

Officer In Charge Of Case:

TP / AEIT /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151

Signature Of Informant:

Date/Time:

30/05/2019 18:22

Classification Of Case:

Authentication Stamp

NP168

PERSONAL PARTICULARS

(1 Driver)

Date of Accident: 29 / 5 / 2019

Time of Accident: 17 : 50 (24Hrs)

Vehicle No: GZ8583L

Vehicle Make/Model: mit L300

Exact Location of Accident: Sengkang South Road (Slip Road to Woodland Ave 3)

Owner's Name/NRIC: Gourmet chefs Pte Ltd 201531796N

Driver's Name/NRIC: Look Tat Hwa IC No: S1568731B

Driver's Contact: 9625 7230

Insurance Co & Policy No: AKG Ins: 999994514 / 100864043

Driver's Email Address: Hancorepairs@gmail.com

Relationship between Owner & Driver: Spouse/Children/Friend/Parents/Others specify: Employee

What do you wish to claim (Please circle one only)

1) Own Insurance 2) Other Vehicle (The one you want to claim against) 3) Reporting (For Recording Purposes)

Exact Purpose for which the vehicle was being used at time of accident? (Please circle one only)

Private Use / Work Purpose

Weather Condition & Road Conditions?

Clear & Dry / Raining & Wet / After-Rain & Wet / Drizzling & Wet

Occupation

Indoor / Outdoor

Any Injuries? (MC of 3 Days or more, police report is required)

Yes / No

If Yes, which police station? Jurong East N.P.C.

(1 Driver)

The Other Party (Vehicle B) Details

Driver's Name/IC: Animuthu Palanichamy

G3157775L

Vehicle No: GBC 4501 E

Insurance Company: _____

Driver's Contact: _____

(If more than 2 vehicles involved, please indicate the other party vehicle numbers below)

Other Vehicle (Vehicle C): _____


Independent Witness (If Any): _____ Contact: _____

Preferred Workshop (If Any): _____ Contact: _____


* If no proper document are produced, IDAC should not file the report.

* Information will be discarded after one week.

REPUBLIC OF SINGAPORE DRIVING LICENCE


 Licence Number: **S-1568731B**
 Name: **LOOK TAT HWA**
 Birth Date: **13 Nov 1962**
 Issue Date: **27 Sep 2006**

001447660H



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1568731B



Name

LOOK TAT HWA

骆達华

Race

CHINESE

Date of birth

13-11-1962

Sex

M

S1568731B

Country/Place of birth

SINGAPORE

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

		PASS DATE
Class 2B	Motorcycles =< 200 cc	19 Nov 1980
Class 3	Motor Cars=< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg	23 Apr 1984
Class 4	*Motor vehicles which are constructed to carry load or passengers and the unladen weight > 2500kg *Motor vehicles which are not constructed to carry load and the unladen weight < 7250kg	12 Feb 1985

NP 428A



NRIC No: **S1568731B**



Date of issue

08-12-2017

Address

**APT BLK 656B JURONG WEST STREET 61
 #12-311
 SINGAPORE 642656**

For LKK/NAC Use Only



HOTLINE TEL (65) 6410 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, 1969
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1989 (MALAYSIA)

M.Z. 200

TPFT COMMERCIAL MOTOR

CERTIFICATE NO. 999994514/100864043

OWN DAMAGE EXCESS S\$0.00 (1)
WINDSCREEN EXCESS N/A

(for policies with effect from 1st November 2002)

SUM INSURED S\$1.00

INSURING WITH COE/PARF Yes

1) VEHICLE REGISTRATION NO.

GZ8583L

2) NAME OF INSURED

Gourmet Chefs Pte Ltd

3) EFFECTIVE DATE OF THE COMMENCEMENT
OF INSURANCE FOR THE PURPOSES OF THE ACT

2 Aug 2018

4) DATE OF EXPIRY OF INSURANCE

1 Aug 2019

5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE *

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

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 28 Jul 2018

AIG ASIA PACIFIC INSURANCE PTE. LTD

030101-000

AVA INSURANCE BROKERS PTE LTD

81 BENCOLEEN STREET #08-03 SUNSHINE PLAZA SINGAPORE 160052

Authorised Representative

ORIGINAL

SSCDSK