

NATIONAL Assessment Centre Services. [ref 1 Jan 05] **NA19041976**

Date In: 18/01/09 10:33	Job description	Date & Time Completed	Done by
Ref No: NA19041901240574	SAS e-filing		
Veh No: 9BD 9023 Y	E-mail (Admin 3hrs, AIC 2hrs)		
O.O.A: 06/01/2009 06:20	I-Motor Claims Form		
OD: TP Repairing 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/Whizz		

Preferred Wksp / INC Assgn Wksp / QW: () Tel: () Fax: ()

TP Particulars: Vch No: **BY 3153** INC () / Non-INC ()

Owner / Driver: () Tel: ()

Policy No: () Period: (**3**) 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 repolar.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

Remarks:

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

2) QC Check / Post Repair Inspection ()

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

Injury: _____

Date:	Time:	Ass'n:	By:

NA1905211		
Driver/Owner:	1) AR: Accident Reporting (\$30)	INC (\$10)
Contact No:	2) DA: Damage Assessment (\$100)	\$40/\$45
Damaged Portion:	3) TP: Towing Fee	\$120
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey	\$30
Auditor's Comments:	5) PT: Follow-Through Survey (Resurvey)	\$75
Date:	6) TR: Re-inspection	\$160
	7) NI: Idas DA + SMRT Survey	
	8) NTUC Additional Services:-	
	OD:	
	*NS: Courtesy Car / Tpl Allowance	\$5
	*NG: Repair Coordination	\$10
	*NT: Post Repair Inspection	\$25
	*NB: DV / Collect Excess Coordination	\$5
	TP (Nil) ; TP (55-n INC) against INC	\$20
	9) NI: Idas 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 willful 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	13/07/2019 10:33
Date Of Accident	04/07/2019 06:20
Exact Location Of Accident	WOODLANDS AVENUE 9 TOWARDS WOODLANDS CRESCENT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBD9043Y
Insured/Policyholder	
Name Of Registered Owner	HENG HUP HUAT FOODSTUFFS TRADING PTE LTD
Co Reg No	201736464Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93622139
Alternative Phone No	OFFICE-93622139

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE
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	1800073282-01
Cover Note Number	

Driver

Name of Driver	TAN GIAM SENG
Passport No/FIN	F8024212M
Date Of Birth	06/05/1976
Occupation	OUTDOOR
Date Of Driving Pass	16/06/2008
Driving Experience	11 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93622139
Fax Number	
Contact Number	OTHERS-93622139
EMail Address	NOEMAIL

Address	2 GAMBAS CRESCENT #03-09 NORDCOM TWO
Postcode	757044
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?	YES
Foreign Vehicle Registration Number	BLY3153 (PRIVATE CAR)
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

PLEASE REFER TO SKETCH PLAN

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	BLY3153
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	UNKNOWN DRIVER
NRIC/Passport Number	
Contact Number	+60197588962
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2

Passenger 1

NAME: :

GENDER: :

SKETCH PLAN

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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.

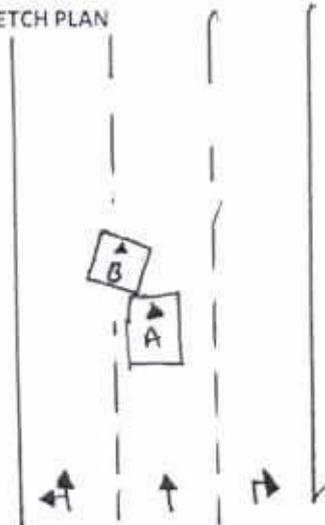


Policyholder's Signature
Date & Time:

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

13/07/2019
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No:

SKETCH PLAN



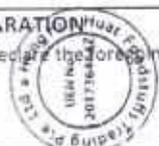
Woodlands Ave 9 towards
 Woodlands Crescent
 Vehicle A: GBD 9043Y
 Vehicle B: BLY 3153

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per police report: T/20190705/2155

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:

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

[Handwritten signature]

[Handwritten signature] 13/07/2019
[Handwritten signature]



Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

Report No. T/20190705/2155

CONTINUATION OF REPORT

Driver			
Name	Unknown Driver	ID No.	NIL
Related Vehicle	BLY3153 (Lorry)	Contact No.	+60-197588962
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	TAN GIAM SENG	ID No.	F8024212M
Related Vehicle	GBD9043Y (Van)	Contact No.	93622139
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 04/07/2019 at about 0620hrs, I was driving my company's van GBD9043Y along Woodlands Avenue 9 towards Woodlands Crescent and it was a three lanes road. I was driving straight and the traffic light signal also shown green, so I proceeded to drive straight. Before reaching the said traffic junction, one Malaysian vehicle BLY3153 which travelling on the left side of my vehicle and it suddenly switched lane to the right, entering my lane and both the vehicles collided.

I did not sustain any injuries from this incident. The driver of BLY3153 s a male Malay Malaysian named Rohaimi Bin Ramli (Malaysia IC number: 7402070166545) did not provide me with his mobile number, but another passenger who is a male Chinese in his 40s to 50s, provided me with his mobile number as +60-1957586962. There was a total of 2 passengers onboard and all parties of BLY3153 does not observed to sustain any visible injuries.

No Traffic Police officers and ambulance came to scene. After the incident, my employer informed me to lodge a Police report. There is no vehicle camera installed on my company's van. This is the first time such an incident happened.



**SINGAPORE
POLICE FORCE**



T/20190705/2155

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

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Report No. T/20190705/2155

CONTINUATION OF REPORT

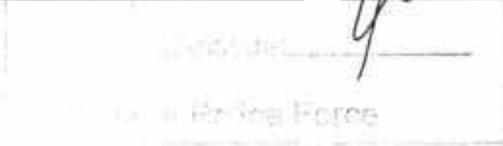
Sketch Plan

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: L / Staff Sgt LAU JIXIANG	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 05/07/2019 19:50
Officer In Charge Of Case: 65470000 TP / AEIT / Sgt 2 SHARIFAH NOR FARIZAN BINTE SYED MOHD SAID Contact No.: 65476172	Classification Of Case: 

Authentication Stamp
NP168



Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 4/7/19 (dd/mn/yy) Time of Accident: 06:20 (24-HR-FORMAT)
Vehicle No.: G6D 9043Y Vehicle Make & Model: Toyota Hiace
Exact location of Accident: Woodlands Ave 9 towards Woodlands Crescent.
Policyholder's Name / IC No.: Heng Hup Huat Foodstuffs Trading Pte Ltd / 201736464Z
Driver's Name / IC No.: Tan Giam Seng / F8024212M (As Above)
Driver's Contact No.: 9362 2139 Company Contact No.: _____
Driver's Address: 2 Gombas Crescent #03-09 Nordcom Two S(757044)
Insurance Company: AIIC 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: _____
Passenger Name: _____

Gender: _____
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: _____

Injuries Sustain: _____ Injured Person in Which Vehicle: _____

Police Report filed: Yes / No (IF YES) Which Police Station: Yishun North NPC

The Other Party(s) Details:

1. Driver's Name / IC No: _____ Vehicle No: BLY 3153

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.

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

Class	Description	Effective Date
Class 2B	Motorcycles <= 200 cc	16 Jun 2008
Class 3	Motor cars with unladen weight <= 3000kg with <= 7 passengers, exclusive of driver; and other motor vehicles with unladen weight <= 2500kg	16 Jun 2008

For LKK/NAC Use Only

NP 428A

Licence No: F8024212M

WORK PERMIT
Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore

Employer: HENG LEE BEAN CAKE MAKING

For LKK/NAC Use Only

Name: TAN GIAM SENG

Work Permit No: 5 33692346

Sector: MANUFACTURING

K0316317

VISIT PASS
Immigration Regulations

Name: TAN GIAM SENG

For LKK/NAC Use Only

Download SGWorkPass App to check status

FIN: F8024212M

Date of Birth: 06-05-1976

Sex: M

Nationality: MALAYSIAN

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: F8024212M

Name: TAN GIAM SENG

For LKK/NAC Use Only

Date of Birth: 06 May 1976

Issue Date: 24 Jul 2016

Valid Till: 26/07/2020



CERTIFICATE OF INSURANCE

COMMERCIAL AUTOPLAN COMMERCIAL VEHICLE

Name of Policyholder	: HENG HUP HUAT FOODSTUFFS TRADING PTE LTD	Vehicle No.	: GBD9043Y
Period of Insurance	: 25 Jun 2019 To 24 Jun 2020	Policy No.	: 1800073282-01
Engine No.	: 1KD2499538	Endorsement No.	:
Chassis No.	: KDH2015017078	Issued Date	: 16 May 2019

ABOUT THE COVER

Make/Model	: TOYOTA HIACE VAN 1.5 ton [Van]	Sum Insured	: Market Value	First Year of Registration	: 2015
Engine Capacity/Tonnage	: 1.5 Tonnage	Off Peak Car	: No	Insuring with COE/PARF	: Yes
Driver Restriction	: NA				

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" ("YIDIE") if You are or Your Authorised Driver (named or unnamed) is under the age of 25 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 driving a trailer except the towing of any craft/skated using a mechanically propelled vehicle c) use for any purpose in connection with Motor Tracks.

* Limitations, hindrances, inoperative by Section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 189) and Section 18 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.

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 can be carried out at the expense of Your driver (unless specifically excluded by UA). For 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 or AIG SG Mobile App. Simply search and download "AIG SG" from iTunes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: NTUC INCOME INS. CO-OPERATIVE 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, 1989 (Malaysia).

0510718000

JG MOTOR AGENCY
80 CHANGI ROAD #01-06 CENTROPOD @ CHANGI
SINGAPORE 497115

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

J. J. J. J.

AIG Asia Pacific Insurance Pte. Ltd.
AUTHORISED REPRESENTATIVE