

# NATIONAL Assessment Centre Services

Part 1 (2003)

MMA 119167737

Date In: 21/12/19 08:45	Job description: SAS e-illing	Date & Time Completed:	Done by:
Ref No: MA1 AIG 19022410/64	E-mail (within 3hrs, AIC 2hrs)		
Veh No: GBH 313 G	I-Motor Claim Form		
TP: 21/10/19 13:55	I-Motor W/O (within: OD 2hrs, TP 4hrs)		
(1) TP / Reporting Only	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: 885 8373 Y	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 to line 6748/6616)	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

MA1909506	Invoice Preparation Checklist	Am (5)	Res Am (3)
Claimant's Particulars:	1) AR: Accident Reporting (\$30);	30.00	
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$30)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) PT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:	For claiming against UNC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idao DA + EMRT Survey \$160		
	8) NTUC Additional Services:		
	ON:		
	*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 (Non INC) against INC \$20		
	9) N12: 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	21/12/2019 08:45
Date Of Accident	21/10/2019 13:55
Exact Location Of Accident	SELEGIE RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH313G
<b>Insured/Policyholder</b>	
Name Of Registered Owner	BS INDUSTRIAL & CONSTRUCTION SUPPLY PTE LTD
Co Reg No	1XXXXX852K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-97532564

### Vehicle Particulars

Manufacturer	NISSAN
Model	NV350
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? YES

If No, Please state action to be taken

Vehicle Category	COMMERCIAL VEHICLE
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### Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	1700093577-01
Cover Note Number	

### Driver

Name of Driver	ABDUL RASHID BIN GANI
NRIC No	SXXXX583C
Date Of Birth	22/03/1968
Occupation	OUTDOOR
Date Of Driving Pass	14/06/1995
Driving Experience	24 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83116920
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 37 CIRCUIT RD #05-443
Postcode	370037
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?	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	TRAFFIC POLICE DIVISION HQ
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT T/20191118/2059

#### 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	SBS8373Y
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	ABDUL RASHID BIN GANI
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	GBH313G
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:

13/12/2019

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

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

SKETCH PLAN

A: GBH313G

B: S888373Y



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Accident Date & Time : 21/10/2019 13:55

Accident Location : Along Road 1, Selegie Road.

Please Refer to Police Report No: T/20191118/2059

☐ Reporting Only ☒ Own Damage ☐ Third Party ☐ Claim at other workshop (OD/TP)

DECLARATION

We declare the foregoing particulars are true in every respect.

\* IMPORTANT NOTE:

You must claim within 14 days of the accident. If you do not claim within 14 days, you will lose your right to claim. (Own Damage Claims must be made within 14 days of the accident. If you do not claim within 14 days, you will lose your right to claim.)

Policyholder's Signature  
Date & Time:

13/12/2019

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

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





# SINGAPORE POLICE FORCE

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000



T/20191118/2059

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Report No. T/20191118/2059

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/11/2019 12:39		Vide Report No.: E/20191021/0079	Station Diary No.:
<b>Informant's Particulars</b>			
Name of Informant: ABDUL RASHID BIN GANI		Address: APT BLK 37 CIRCUIT ROAD #05-443 SINGAPORE 370037	
ID Type / ID No.: NRIC NO / S6811583C		Contact No.: Home/Office: Mobile: 83116920	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 51	Date of Birth: 22/03/1968	Type of Informant: Driver
Race: Malay		Language:	Institution / School Name:
Occupation: OTHERS		Driving Licence Information: Class: 2B,3,4 Date of Expiry:	

## General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 21/10/2019 13:55	Type of Location:
Location: Along Road 1 SELEGIE ROAD				
Weather: Clear	Road Surface: Dry	Road Speed Limit:		
Traffic Flow:	Traffic Control:	Traffic Volume: Light		
Type of Collision:				Anyone conveyed by ambulance: Yes

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
GBH313G	Van					0
SBS8373Y	Bus/Coach/Mi nibus					0

## Details of Person Involved

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



**SINGAPORE  
POLICE FORCE**



T/20191118/2059

Police Station Of Origin:  
Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

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Report No. T/20191118/2059

## CONTINUATION OF REPORT

<b>Driver:</b>			
Name	ABDUL RASHID BIN GANI	ID No.	S6811583C
Related Vehicle	GBH313G (Van)	Contact No.	83116920
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3,4 Date of Expiry: NIL
Date Treatment	21/10/2019	Date Discharge	11/11/2019
No. of Days granted Medical Leave	30	Degree of Injury	Serious

**Brief Details.**

AT THE ABOVEMENTIONED DATE AND TIME,

I WAS DRIVING ALONG SELEGIE ROAD. I HAD A CRAMP ON MY RIBS AND STARTED COUGHING BLOOD.

I LOST CONTROL OF MY VAN AND HIT THE BACK OF THE BUS.

THAT IS ALL.





**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000



T/20191118/2059

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Report No. T/20191118/2059

## 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:  
TP /  
MUHAMMAD MOINUR RAHMAN

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIT /  
SI THABAGESH JEYATHESH  
Contact No.: 65476232

Authentication Stamp  
NP168

Signature Of Informant:

Date/Time:  
18/11/2019 12:39

Classification Of Case:



**SINGAPORE  
POLICE FORCE**

Signature: M

## Personal Particulars

Date of Accident: 21/10/2019 Time of Accident: 13.55  
Exact Location of Accident: Along Road 1, Selegie Road.  
Owner's Name: BS Industrial & Construction Supply Pte Ltd NRIC No: 199307852K HP No: 9753 2564  
Driver's Name: Abdul Rashid Bin Gani NRIC No: S 6811583C HP No: 8311 6920  
Date of Birth: 22/03/1968 Driving Licence Passing Date: \_\_\_\_\_ Occupation: Indoor / Outdoor  
Address: 34 Kallang Place, Singapore 339162  
Relationship of Driver with Insured: \_\_\_\_\_ Email Address: Jackyang @ bansoonhardware .com.sg  
Vehicle No: GBH 313 G Make & Model: Nissan NV350 Panel Van 2.5 5AT 5DR EURO V  
Insurance Co: AIG Asia Pacific Insurance PL Coverage: Comprehensive Policy No: 17000 93577-01

- \*Purpose of Reporting? Own Damage Claim / 3rd Party Claim / Not Claiming, Just Reporting Only
- \*Exact Purpose of The Vehicle Was Being Used At Time Of Accident: Private Use / Work
- \*Weather Condition? Clear / Raining / Others: \_\_\_\_\_ Wet / Dry / Others: \_\_\_\_\_
- \*Any passenger inside vehicle involved? (Yes / No) If yes, Vehicle No & How many pax:  
A: \_\_\_\_\_ B: \_\_\_\_\_ C: \_\_\_\_\_ D: \_\_\_\_\_
- \*Was Anybody Injured? (Yes / No If yes,  
Name / NRIC / In Vehicle: Abdul Rashid Bin Gani / S 6811583C / GBH 313 G
- \*Was The Accident Reported To The Police?  
☐ No ☒ Yes, Which Police Station? \_\_\_\_\_
- \*Does the Driver Own Any Other Vehicle?  
☒ No ☐ Yes, Vehicle Registration No: \_\_\_\_\_ Insurer: \_\_\_\_\_
- \*Was any foreign vehicle involved? (Yes / No) If yes, Vehicle No & Category: \_\_\_\_\_
- \*Was there any video captured by Car Camera? (Yes / No)

## Third Party Driver's Particulars

Vehicle B No: 3BS 83737 Make & Model: Bus / Coach / Minibus  
Driver's Name: \_\_\_\_\_ NRIC No: \_\_\_\_\_ HP No: \_\_\_\_\_  
Vehicle C No: \_\_\_\_\_ Make & Model: \_\_\_\_\_  
Driver's Name: \_\_\_\_\_ NRIC No: \_\_\_\_\_ HP No: \_\_\_\_\_

## Witness Particulars

Name: \_\_\_\_\_ NRIC No: \_\_\_\_\_ HP No: \_\_\_\_\_





# CERTIFICATE OF INSURANCE

## NISSAN COMMERCIAL AUTO PROTECTOR COMMERCIAL VEHICLE

Name of Policyholder : BS Industrial & Construction Supply Pte Ltd  
 Period of Insurance : 27 Dec 2018 To 26 Dec 2019  
 Engine No. : YD25002279B  
 Chassis No. : JN1MC2E26Z0009645

Vehicle No. : GBH313G  
 Policy No. : 1700093577-01  
 Endorsement No. :  
 Issued Date : 05 Dec 2018

### ABOUT THE COVER

Make/Model : NISSAN NV350 PANEL VAN

Engine Capacity/Tonnage : 1.5 Tonnage

Driver Restriction : NA

Sum Insured : Market Value

Off Peak Car : No

First Year of Registration : 2017

Insuring with COE/PAFF : 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.

Loss Of Use (7 Days) Commercial Auto

\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 180) and Section 93 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

### EXCESS

Section 1

Fire - \$0 Own Damage - \$1000 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)

1. Tan Chong Motor Sales Add: 813 Bl Timah Road Singapore 680023 64894091 64894092 64894093

2. TC AutoClinic Add: No. 1, Sixth Lok Yang Road Singapore 620009 62622212

3. Tan Chong Motor Sales Add: 17 Lor 8 Tee Payoh Singapore 316254 63570753 63570754

4. Autolution Industrial Add: 10 Ubi Road 4 Singapore 408623 64969080

5. TC AutoClinic Add: 25 Leng Kee Road Singapore 150007 07038511 07038512 67038513

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: TAN CHONG CREDIT PTE 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. 180) Part IV of the Road Transport Act, 1987 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0500610566

TAN CHONG CREDIT PTE LTD-PGE

011 BUKIT TIMAH ROAD TAN CHONG MOTOR CENTRE  
 SINGAPORE 589822

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

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

Get Chai Sylvia Lim

TE Hotline: 800 807 100 AIG Hotline: 24731201 T+65 6438 1000 ([www.aig.com.sg](http://www.aig.com.sg))

AIG Asia Pacific Insurance Pte. Ltd.