

NATIONAL Assessment Centre Services. Part 1 Jan 2003 **NA200047874**

Date In: 21/05/2020 17:09	Job description	Date & Time Completed	Done by
Ref No: NA/A1620005878/4	SAS e-filing		
Veh No: SLK 4817J	E-mail (Sjda 3hrs, AIC 2hrs)		
DOA: 20/05/2020 14:20	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/When		

Preferred Wksp / INC Assign Wksp / QW: ()

TP Particulars: Vch No: **SLK 58729** INC () / Non-INC ()

Owner / Driver: () Tel: ()

Policy No: () Period: () Cover Type: ()

Confirmed by: () Dates: () Times: ()

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: ()

General Instructions:

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

Injury: ()

Date: ()

Time: ()

Location: ()

NA2002963

Driver/Owner: ()

Contact No: ()

Damaged Portion: ()

QC Checked by (Engr-In-Charge): ()

Additional Comments: ()

2 of 2

1) AR: Accident Reporting (\$30)	INC (\$10)
2) DA: Damage Assessment (\$100)	\$40/\$45
3) TP: Towing Fee	\$120
4) PT: Follow-Through Survey	\$30
5) PT: Follow-Through Survey (Resurvey)	\$30
For claiming against INC Only (ver 10 Jan 2003)	\$75
6) TR: Re-inspection	\$160
7) NI: Idea DA + SMRT Survey	
8) NTUC Additional Services:	
ON:	
*NS: Courtesy Car / Tpl Allowance	\$5
*NG: Repair Coordination	\$10
*NT: Post Repair Inspection	\$25
*NB: DV / Collect Excess Coordination	\$5
TP (Nil): TP (Non INC) against INC	\$20
9) NI2: Idea 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	21/05/2020 17:09
Date Of Accident	20/05/2020 14:20
Exact Location Of Accident	ALONG WOODLANDS AVENUE 10 BEFORE GAMBAS AVENUE
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLK4817J
Insured/Policyholder	
Name Of Registered Owner	HUP HENG POULTRY INDUSTRIES PTE LTD
Co Reg No	1XXXXX442Z
Email Address	CALVIN.YEO@HUPHENG.P.COM.SG
Mobile Phone No	(LOCAL) +65-96725402
Alternative Phone No	OFFICE-96725402
Vehicle Particulars	
Manufacturer	TOYOTA
Model	COROLLA ALTIS-1.6 (A)
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	2100498487-003
Cover Note Number	
Driver	
Name of Driver	ENG KEE HOCK
NRIC No	SXXXX845Z
Date Of Birth	24/10/1962
Occupation	OUTDOOR
Date Of Driving Pass	09/12/1993
Driving Experience	26 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96725402
Fax Number	
Contact Number	OTHERS-96725402
EMail Address	CALVIN.YEO@HUPHENG.P.COM.SG

Address	BLK 219A BDOK CENTRAL #04-06
Postcode	461219
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?	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	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
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

PEASE REFER TO SKETCH AND POLICE REPORT T/20200521/7001

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	SKT5872G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
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	ENG KEE HOCK
Approximate Age	
Injuries Sustain	BACK & NECK
Injured person in which vehicle?	SLK4817J
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.

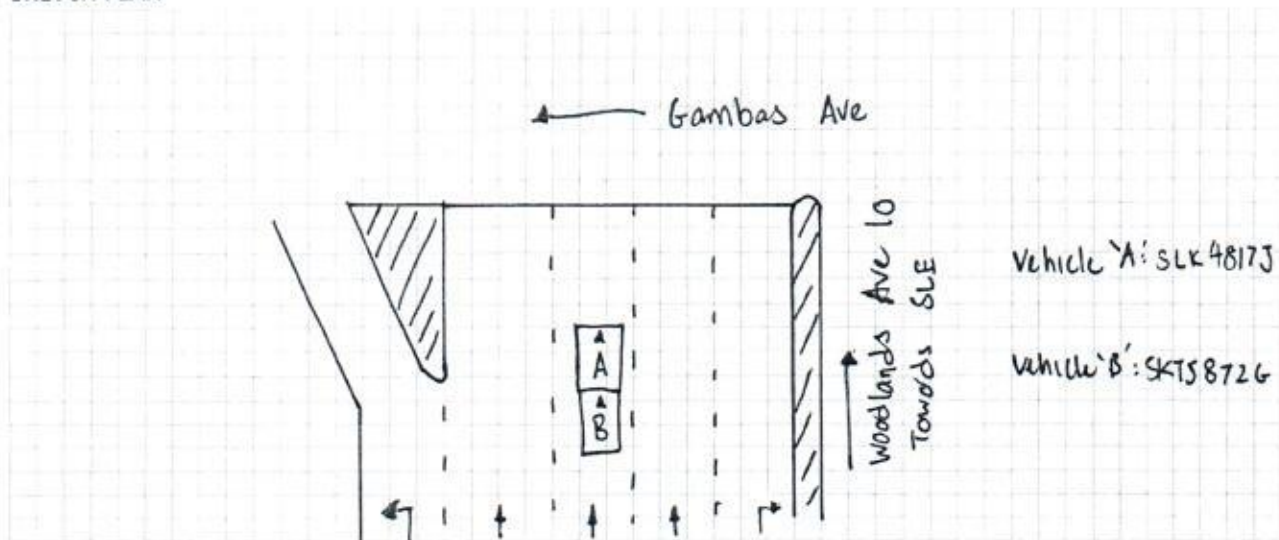


Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on the stated date and time, i vehicle 'A' was travelling along my
designated lane along woodlands Ave 10 towards SLE before gambas Ave
Junction. The traffic light ahead was red and the vehicle in front of
me slowed down to a stop as such i followed suit. After coming
to a stop and being stationary for about 5 seconds i felt a
huge impact hitting me from the rear of my vehicle. I got down to
realized that vehicle 'B' has collided into me. That is all.

POLICE REPORT T/20200521/7001

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]
21/05/2020
[Handwritten signature]

Email: sm@idac.com.sg

Tel no: 6555 6888 Fax no: 6454 3279

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 20/05/2020 (dd/mm/yy) Time of Accident: 14 20 (24-HR-FORMAT)
Vehicle No.: SLK4817J Vehicle Make & Model: TOYOTA ALTIS
Exact location of Accident: WOODLANDS AVE 10 BEFORE GAMBAS AVE JUNCTION (TWDS SL
Policyholder's Name / IC No.: HUP HENG POULTRY INDUSTRIES 199004442Z.
Driver's Name / IC No.: ENG KEE HOCK S1537845Z (As Above) ☒
Driver's Contact No.: 96725402 Company Contact No.:
Driver's Address: APT BLK 219A BEDOK CENTRAL #04-06, SINGAPORE 461219
Insurance Company: AIG Email address (if any): calvin.yeo@huphengp.com.sg

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): 1

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' Name: _____

Injuries Sustain: _____ Injured Person in Which Vehicle: _____

Police Report filed: ☒ Yes / ☐ No (If YES) Which Police Station: _____

The Other Party(s) Details:

1. Driver's Name / IC No: _____ Vehicle No: SKT5872G (B)

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.



SINGAPORE POLICE FORCE



T/20200521/7001

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

1 of 3

Report No. T/20200521/7001

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/05/2020 13:59		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: ENG KEE HOCK			Address: APT BLK 219A BEDOK CENTRAL #04-06 SINGAPORE 461219		
ID Type / ID No.: NRIC NO / S1537845Z			Contact No.: Home/Office: Mobile: 96725402		
Nationality: SINGAPORE CITIZEN			Email: calvin.yeo@huphengp.com.sg		
Sex: Male	Age: 57	Date of Birth: 24/10/1962	Type of Informant: Driver		
Race: Chinese		Language: English		Institution / School Name:	
Occupation: SALES DIRECTOR		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: 20/05/2020 14:20	Type of Location: Straight Road
Location: WOODLANDS AVENUE 10				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
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
SKT5872G	Car					0
SLK4817J	Car					0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20200521/7001

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

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Report No. T/20200521/7001

CONTINUATION OF REPORT

Driver			
Name	ENG KEE HOCK	ID No.	S1537845Z
Related Vehicle	SLK4817J (Car)	Contact No.	96725402
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	21/05/2020	Date Discharge	21/05/2020
No. of Days granted Medical Leave	07	Degree of Injury	Serious

Brief Details.

ON THE STATED DATE AND TIME, I VEHICLE A WAS TRAVELLING ALONG MY DESIGNATED LANE ALONG WOODLANDS AVE 10 BEFORE GAMBAS AVE TOWARDS SLE. THE TRAFFIC LIGHT IN FRONT WAS RED AND THE VEHICLE IN FRONT OF ME SLOWED DOWN TO A STOP AS SUCH I FOLLOWED SUIT. AFTER STOPPING AND BEING STATIONARY FOR ABOUT 5 SECONDS, I FELT A HUGE IMPACT HITTING ME FROM THE REAR. I GOT DOWN TO REALIZED THAT VEHICLE B HAS COLLIDED INTO ME. THAT IS ALL. AFTER THE ACCIDENT, I FELT ABIT OF DISCOMFORT ON MY NECK AND LOWER BACK AND HENCE WENT TO SEEK MEDICAL TREATMENT AT MOUNT ALVERNIA AND WAS GIVEN 7 DAYS OF MEDICAL LEAVE.



**SINGAPORE
POLICE FORCE**



T/20200521/7001

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

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Report No. T/20200521/7001

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPHQ /
ONG YONG HOCK
Contact No.: 65476436

Authentication Stamp
NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
21/05/2020 13:59

Classification Of Case:



Name of Policyholder : Hup Heng Poultry Industries Pte Ltd
Period of Insurance : 18 Jan 2020 To 17 Jan 2021
Engine No. : 1ZRY346355
Chassis No. : MR053REH104562328

Vehicle No. : SLK4817J
Policy No. : 2100498487-03
Endorsement No. :
Issued Date : 06 Jan 2020

Make/Model : TOYOTA COROLLA ALTIS 1.6 DUAL

Engine Capacity/Tonnage : 1,598.00 CC

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* :

Person or Classes of Persons Entitled to Drive:
Any person who is driving on the Policyholder's order or with their permission. This Policy will indemnify the Policyholder or any authorised driver only if he/she

This Policy will indemnify the Policyholder or any authorised driver only if the driver meets the specified age and other criteria.

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*

Use only for social, domestic and pleasure purposes and for the Policyholder's business. This Policy does not cover use for hire or reward, driving tuition, driving test, racing, pace-making, reliability trial or speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with Motor Trade.

Loss of Use 1500cc - 1600cc Optional

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 186), Section 95 of the Road Transport Act, 1987 (Malaysia) and Road Transport (Amendment) Act 2019, are not to be included under these headings

Section 1

Fire - \$0 Own Damage - \$800 Theft - \$0 Flood Cover - \$800

Section 2

Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

Approved Reporting Centres/ AIG Authorised Repairers (For claims related repairs)

Approved Reporting Centres/ AIG Authorised Repairers (For claims related repairs)
Any accident repairs to the Vehicle must be carried out by one of our Authorised Repairers. Within the first 3 years of the first registration of the Vehicle in Singapore, You have the option of having the accident repairs carried out at the Sole Agent's workshop.

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.sg or AIG SG Mobile App. Simply search and download "AIG SG" from iTunes or Google Play

Hire Purchase Company/Employer's Loan: United Overseas Bank Limited

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. 165), Part IV of the Road Transport Act, 1987 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0501760000

HAN TEE TOON

AIG BUILDING 78 SHENTON WAY #07-18

SINGAPORE 079120

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

БЕРУНО