

June 1, 2005

MA200057328

OD : TP : Reporting Only

TP insurer:

Ass't Report by Eng/Hund to Owner/WK

Preferred Wksp / INC Assign Wksp / QW: (

**Toll:****EWING**

2) Particulars:

Veh Num

SHC 5128 R

INC( ) / Non-INC( )

Owner / Driver: (

**Tel:**

Policy No: (

Period: (

) Cover Type: (

Confirmed by: (

Date: \_\_\_\_\_

*Times*

Insured/Driver Liability: (

%) [Note- Est. Status (WO): N: 0-20%; P: 21-79%. P: 80-100%]

Year of Registration: (

Warranty: YES ( ) / NO ( )

Process: (\$

Loading: \$1,000 ( ) / \$2,000 ( )

( ) 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: ( )

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

## 2) QC Check / Post Repair Inspection

3) Upload Resurvey Photo (Repair Cost &gt; \$3000)

*Injury:*

X/A2003553

Driver/Owner:

Contact No:

Damage Portion:

QC Checked by (Engr-In-Charge):

### Authors' Contributions

2411

213

1) AIR: Accident Reporting (330)	INC (10)
2) DA: Damage Assessment (5100)	INC (10)
3) TPI: Towing Fee	\$425.43
4) PT: Follow-Through Survey	\$110
5) PF: Follow-Through Survey (Resurvey)	\$30
Verbalming against INC Only (over 10 Jan 2005)	
6) TR: Re-inspection	\$73
7) NI: 1 day DA + SMRT Survey	\$160
8) NTUC Additional Services:-	
• N1: Courtesy Car / Tpl Allowance	\$3
• N6: Repairs Coordination	\$10
• N7: Post Repair Inspection	\$23
• N8: DV / Collision Claims Coordination	\$3
• N9: (N11) + (N12) (N13) against INC	\$3
9) N12: 1 day Mobile	
Invoice dated	Fee Charged
Invoice dated	Fee Charged

Fee Charged  
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	06/07/2020 16:37
Date Of Accident	03/07/2020 14:30
Exact Location Of Accident	AYE TOWARDS CLEMENTI AVE 6
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBD827L
<b>Insured/Policyholder</b>	
Name Of Registered Owner	BTC CLOTHIER PTE LTD
Co Reg No	1XXXXX194G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90028662
Alternative Phone No	OFFICE-62718948

### 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	REPORTING ONLY
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	2070090857
Cover Note Number	

### Driver

Name of Driver	SOH KOON SIONG
NRIC No	SXXXX732F
Date Of Birth	16/03/1963
Occupation	OUTDOOR
Date Of Driving Pass	13/04/1987
Driving Experience	33 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90028662
Fax Number	
Contact Number	OFFICE-62718948
Email Address	NOEMAIL

Address	BLK 693 HUOGANG STREET 61 #02-114
Postcode	530693
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?	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)	2
Passenger 1	NAME: : ZAMRI GENDER: : MALE

#### 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	SHC5728R
Vehicle Make/Model/Colour	RENAULT LATITUDE
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	PHILIP CHUA TING YONG
NRIC/Passport Number	SXXXX616A
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

## SKETCH PLAN

Veh A: GBD 827L  
Veh B: SHC 5728R

### 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 shall be a condition 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 insurer to the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) and will be available to all parties of the claim. A fee may be levied on the party with application to interested parties.
7. By the lodging of this report to the insurer, you hereby consent to the including of this report at the centre and to copies of the report being made available stored.
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.

\*\* I AM AWARE THAT MY INSURER MAY HAVE A 14 DAYS TIMEFRAME FOR ME TO SUBMIT AN OWN DAMAGE CLAIM UNDER MY OWN POLICY I WILL CHECK MY POLICY FOR MORE DETAILS

BTC CLOTHIER (S) PTE LTD

Policyholder's Signature

Date & Time: 6/7/20

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

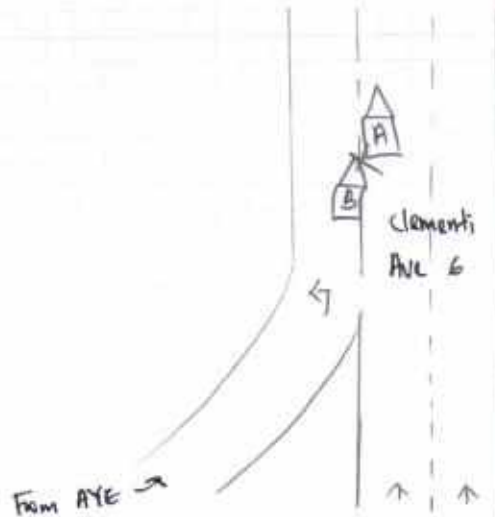
NRIC/FIN No.:



SKETCH PLAN

Veh A: GBD 827L

Veh B: SHC 5728R



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I travelling along AYE towards to Commonwealth Ave West.  
 I slow down my vehicle and check on the traffic LH signal to prepare  
 exit from Clementi Ave 6 to Commonwealth Ave West.  
 Suddenly vehicle B from AYE Fitter lane, I noticed and horn him. However  
 Side Swipe with vehicle B.

DECLARATION

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

ATC CLOTHIER (S) PTE LTD

Policyholder's Signature

Date & Time: 6/7/2020

Driver's Signature

(If driver is not the policyholder)

Date & Time: 6/7/2020 12:30pm

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No:

6/6/2020

Reda Munir

# Accord Auto Services Pte Ltd

Tel: 6271 7433 / 9274 0999 Fax: 6274 5715 Email: [avclaims@mycarworkshop.com](mailto:avclaims@mycarworkshop.com)

## Particular Of Insured/Driver & Details Of The Accident Motor Accident Report

\*Date of Accident: 3/7/2020 \*Time of Accident: 2.30 pm.  
\*Accident Location: AYE TOWARD CLEMENTI AVE 6

### Vehicle Details

\*Vehicle Number: GBO 827L \*Make & Model: Toyota Hiace (Hany)

### Insured / Policyholder

\*Owner Name: BTC Clothier (S) Pte Ltd \*NRIC: 1997041946  
\*Address: 6 Temasek Boulevard #09-05 Suntec Tower Four S 038986  
\*Email: \_\_\_\_\_ \*HP: Wendy  
\*Occupation: \_\_\_\_\_ (Indoor / Outdoor) \*Tel/H/Other: 62718948

### Driver ( ) same as above

\*Driver Name: Soh Koon Siong \*NRIC: S1606732F  
\*Address: Blk 693 Honggang St 61 #02-114 S 530693  
\*Date of Birth: \_\_\_\_\_ \*Driving Pass Date: 13/4/1987 \*HP: 90028662  
\*Email: \_\_\_\_\_ \*Gender: Male / Female  
\*Occupation: \_\_\_\_\_ (Indoor / Outdoor) \*Tel/H/Other: \_\_\_\_\_  
\*Driver an employee: Yes / No (\*If no, what is relationship with the policyholder: \_\_\_\_\_)

### Passengers Details

\*P/Name: Zami (Male/Female) \*P/Name: \_\_\_\_\_ (Male/Female)  
\*P/Name: \_\_\_\_\_ (Male/Female) \*P/Name: \_\_\_\_\_ (Male/Female)

### Insurance Company

\*Insurer: AIG \*Coverage: C / TPFT / TPO \*Policy No: \_\_\_\_\_

### Detail of other vehicle / Property 1

Vehicle No.: SHE 5728R  
Make & Model: Renault  
Vehicle Category: \_\_\_\_\_  
Name of Driver: Philip Chua Ting Yung  
NRIC: S1485616A  
HP: \_\_\_\_\_  
No. of Passengers (Including Driver): \_\_\_\_\_

### Detail of other vehicle / Property 2

Vehicle No.: \_\_\_\_\_  
Make & Model: \_\_\_\_\_  
Vehicle Category: \_\_\_\_\_  
Name of Driver: \_\_\_\_\_  
NRIC: \_\_\_\_\_  
HP: \_\_\_\_\_  
No. of Passengers (Including Driver): \_\_\_\_\_

### For Official Use Only

\*Claiming against Own Ins.: Yes / No (If No, Reporting Only / TP Claims)

### General Information of the accident

\*Type of accident: Head/Bear / Side swipe / others: \_\_\_\_\_  
\*Weather conditions: Clear / Raining / others: \_\_\_\_\_ \*Any video cam: Yes / No  
\*Road Surface: Dry / Wet / others: \_\_\_\_\_  
\*Witness: Yes / No (Name: \_\_\_\_\_ NRIC: \_\_\_\_\_ HP: \_\_\_\_\_)  
\*Accident reported to police: Yes / No \*Summon against whom: \_\_\_\_\_  
\*Injured party: Yes / No \*No. of passengers (include driver): \_\_\_\_\_  
-I/Name: \_\_\_\_\_ \*Fasten seat belt: Yes / No \*Conveyed by Ambulance: Yes / No  
-I/Name: \_\_\_\_\_ \*Fasten seat belt: Yes / No \*Conveyed by Ambulance: Yes / No





# CERTIFICATE OF INSURANCE

## COMMERCIAL AUTOPLUS COMMERCIAL VEHICLE

Name of Policyholder : BTC CLOTHIER (S) PTE LTD  
 Period of Insurance : 09 Jun 2020 To 08 Jun 2021  
 Engine No. : 1KD2406205  
 Chassis No. : JTFHT02P500141352

Vehicle No. : GBD827L  
 Policy No. : 2070090857  
 Endorsement No. :  
 Issued Date : 05 Jun 2020

### ABOUT THE COVER

Make/Model : TOYOTA HIACE 1.1 ton [Lorry]  
 Engine Capacity/Tonnage : 1.1 Tonnage  
 Driver Restriction : NA  
 Sum Insured : Market Value  
 Off Peak Car : No  
 First Year of Registration : 2014  
 Insuring with COE/PAF : 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.

\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189), Section 95 of the Road Transport Act, 1987 (Malaysia) and Road Transport (Amendment) Act 2019, are not to be included under these headings.

### EXCESS

Section 1  
 Fire - \$0 Own Damage - \$800 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)

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 6358 6200. Alternatively, You may refer to AIG website [www.aig.sg](http://www.aig.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: NA

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), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0500540021

ALLINK INSURANCE AGY-TOYOTA CV

BLK 153 BUKIT BATOK ST 11 #02-290

SINGAPORE 650153

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

**AIG Asia Pacific Insurance Pte. Ltd.**

This computer generated document does not require a signature.

Bee Khoo Jennifer Lim