

NATIONAL Assessment Centre Services.

(not a service)

29 MAY 2008 6155

Date In: 02/09/2008 17:46
Ref No: N/A 114 2001 0634/y
Veh No: GBC 3446M
O.O.A: 07/10/2008 15:K

Job description

Date & Time Completed

Done by

SAS e-filing

E-mail (State stat, AIO stat)

I-Motor Claims Form

I-Motor W/O (with or without OD stat, TP stat)

I-Photo Uploaded

Assessment/Survey Report

Ass't Report by Fax/Hand to Owner/Whelan

QID TP Reporting Only

TP Insurer:

Preferred When / INC Assign Wksp / QW:

Tel:

Fax:

TP Particulars:

Veh No:

GBC 3446M

INC () / Non-INC ()

Tel:

Owner / Driver:

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 ()

() 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: ()

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

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo (Repair Cost > \$3,000) ()

Injury:

Item	Amount	INC (stat)
1) AD: Accident Reporting (\$30)		
2) DA: Damage Assessment (\$100)		
3) TP: Towing Fee	\$125	
4) PT: Follow-Through Survey	\$30	
5) PT: Follow-Through Survey (Resurvey)	\$30	
6) PT: Follow-Through Survey (Resurvey) (over 10 hrs 200)	\$75	
7) TR: Re-inspection	\$100	
8) NI: No DA + EMRT Survey		
9) NIUC: Additional Services		
10) NI: Courtesy Car / Tpl Allowance	\$3	
11) NI: Repairs Coordination	\$25	
12) NI: Post Repair Inspection	\$3	
13) NI: DV / Collect Receipts Coordination	\$25	
14) NI: TP Over INC against DRG	\$5	
15) NI: Total Total		
Invoice dated		
Invoice dated		

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Sign-In-Charge):

Signature:

Fee Charged
Fee Charged

Signature

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	02/10/2020 17:46
Date Of Accident	01/10/2020 15:15
Exact Location Of Accident	PIE TOWARDS CHANGI AFTER TOA PAYOH
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH4708A
Insured/Policyholder	
Name Of Registered Owner	SERENE'S FASHIONS
Co Reg No	5XXXX955L
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90621089
Alternative Phone No	OFFICE-90621089

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	2070082584
Cover Note Number	

Driver

Name of Driver	NG ANG HUAY
NRIC No	SXXXX005J
Date Of Birth	29/01/1962
Occupation	INDOOR
Date Of Driving Pass	30/08/1983
Driving Experience	37 YEARS AND 1 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-90621089
Fax Number	
Contact Number	OTHERS-90621089
Email Address	NOEMAIL

Address	BLK 113 JURONG EAST STREET 13 #03-410
Postcode	600113
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	DRIZZLING
Road Surface	WET

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 POLICE REPORT T/20201002/2071

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	GBC3446M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
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 NG ANG HUAY

Approximate Age

Injuries Sustain SLIGHT INJURY

Injured person in which vehicle? GBH4708A

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.

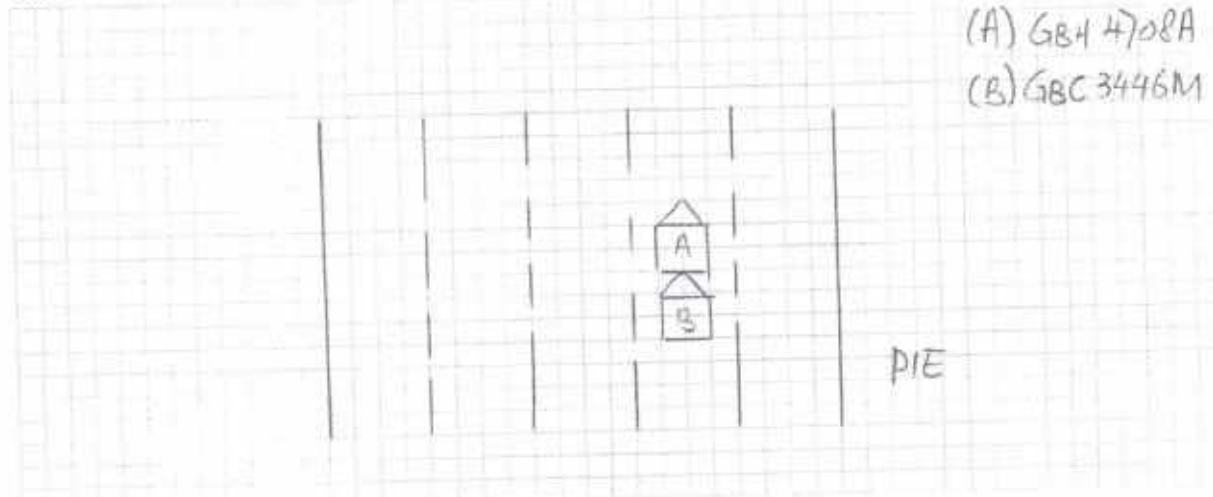


Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please refer to police report (Report x/o. T/2020/002/2071)

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.:

02/10/2020



SINGAPORE POLICE FORCE

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



T/20201002/2071

1 of 4

Report No. T/20201002/2071

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:
02/10/2020 15:46

Video Report No.:

Station Diary No.:
63

Informant's Particulars

Name of Informant:
NG ANG HUAY

Address:
APT BLK 113 JURONG EAST STREET 13 #03-410
SINGAPORE 600113

ID Type / ID No.:
NRIC NO / S1561005J

Contact No.:
Home/Office: Mobile: 90621089

Nationality:
SINGAPORE CITIZEN

Email:

Sex: Age: Date of Birth:
Female 58 29/01/1962

Type of Informant:
Driver

Race:
Chinese

Language: Institution / School Name:

Occupation:
SELF EMPLOYED

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: 01/10/2020 15:15	Type of Location: Straight Road
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Location:

PAN-ISLAND EXPRESSWAY

Weather: Drizzling	Road Surface: Wet	Road Speed Limit:
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Traffic Flow: One Way	Traffic Control:	Traffic Volume: Heavy
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Type of Collision: Between Moving Vehicles - Head To Rear	Anyone conveyed by ambulance: No
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Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBC3446M	Van	NISSAN		White	Slightly Damaged	0
GBH4708A	Van	TOYOTA		Silver	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
GBH4708A	AIG ASIA PACIFIC INSURANCE PTE. LTD.	2070082584	13/06/2020	12/06/2021



**SINGAPORE
POLICE FORCE**



T/20201002/2071

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Report No. T/20201002/2071

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

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	NG ANG HUAY	ID No.	S1561005J
Related Vehicle	GBH4708A (Van)	Contact No.	90621089
Hospital/Clinic	HEARTLANDHEALTH	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	02/10/2020	Date Discharge	02/10/2020
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Driver			
Name	NEO CHIN SOON	ID No.	S1254038H
Related Vehicle	NIL	Contact No.	98988505
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

Brief Details.

On 01.10.2020 at about 1518hrs, I was driving along PIE towards Changi after Kim Keat Exit, on lane 2. The road was wet and traffic was heavy. I noticed that the vehicle in front of me had started slowing down, hence I applied my brake and had come to a stop. Suddenly, I felt an impact at the rear of my van. I alighted from and vehicle to make a check, and discovered that a van bearing registration number 'GBC3446M' had collided into the rear of my van. According to the van's driver, he could not stop in time and had collided on my vehicle.

My van's rear bumper was dented inwards and both the sides of the rear bumper was dislodged. The other van's front left bumper was dislodged slightly. We did not call for any ambulance as no one was injured. We had left the place after exchanging particulars and agreed to settle through insurance claim. However, I started feeling pain and strain on the back of my neck after I went home. I went to consult a doctor at Heartland Health Clinic on 02.10.2020 and was given 5 days of Outpatient Sick Leave.

I wish to state that I had in-built camera installed in my van facing the front however I am unable if the device is working. There is no in-built camera installed at the rear of my van.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Jurong East N.P.C
92 Boon Lay Way SINGAPORE 609952
Tel No: 1800-8999999



T/20201002/2071

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Report No. T/20201002/2071

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**

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



T/20201002/2071

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Report No: T/20201002/2071

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 /

Sgt 3 CATHERINE CHOY CHI CHING

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

02/10/2020 15:46

Officer In Charge Of Case:

TP / AEIT /

SI ANG YI TING, STEPHANIE

Contact No.: 65476414

Classification Of Case:

Authentication Stamp
SINGAPORE POLICE FORCE

SN 34

SIGNATURE

SINGAPORE ACCIDENT STATEMENT

ACCIDENT DATE:	1/10/20	TIME:	1518 hrs	(hh:mm) 24 hrs Format
LOCATION:	PIE TOWARD Changi After Toa Payoh			
VEHICLE NUMBER:	GBH 4708A			
INSURED NAME:	Serene's Fashions			
NRIC / FIN:	531049551	CONTACT:	90621089	
MAKE:	Toyota	MODEL:	Hiace	
Are you claiming under your own insurance policy for repair to your vehicle?				
() Yes, If No, Pls Select: (/) Third Party () Reporting Only				
INSURANCE COMPANY:	AIG			
TYPE OF POLICY	(/) COMPREHENSIVE () THIRD PARTY () TPFT			
POLICY NUMBER:	20070082584			
NAME DRIVER:	Ng Ang Huay			() SAME AS INSURED
NRIC / FIN:	S1561005J	CONTACT:	90621089	
DATE OF BIRTH:	29/01/1962			
DRIVING PASS DATE:	30/08/1983			
OCCUPATION:	(/) INDOOR () OUTDOOR			
GENDER:	() MALE (/) FEMALE			
EMAIL ADDRESS:	(/) NO EMAIL			
ADDRESS OF DRIVER:	Blk 113 Jurong East St 13 # 03-410 S/P 600113			
Number Of Passenger Include Driver:	Driver Only			
Was driver an employee of the Insured's Company? (/) YES () NO				
If No, Relationship Of The Driver With The Insured				
() Owner () Spouse () Friend () Relative () Children () Sibling () Others				
Does The Driver Own Any Other Vehicle? : () Yes (/) No				
If Yes, Vehicle Registration Number Of Driver's Own Vehicle:				
Insurance Company Of Driver's Own Vehicle				
Weather Conditions: () Clear () Raining (/) Drizzling () Other				
Road Surface : () Dry (/) Wet () Other				
Was Any Foreign Vehicle Involved In This Accident? () YES (/) NO				
Was Anybody Injured In The Accident? (/) YES () NO				
If YES, Injured details: Ng Ang Huay S1561005J				
Convey By Ambulance: () YES (/) NO				
Was There Any Video Capture By Car Camera? () YES (/) NO				
Was There Accident Reported To The Police? (/) YES () NO If Yes Attach Police Report				
Police Report Number (if any) T/20201002/2071				
Details Of 3rd Party		Name/NRIC	No. of Paxs (incl' driver)	Contact
Veh B	GBG 3446M	() / Not Sure ()	() / Not Sure ()	() / Not Sure ()
Veh C		() / Not Sure ()	() / Not Sure ()	() / Not Sure ()
Veh D		() / Not Sure ()	() / Not Sure ()	() / Not Sure ()
Veh E		() / Not Sure ()	() / Not Sure ()	() / Not Sure ()
Veh F		() / Not Sure ()	() / Not Sure ()	() / Not Sure ()



CERTIFICATE OF INSURANCE

COMMERCIAL AUTOPLAN COMMERCIAL VEHICLE

Name of Policyholder : SERENE'S FASHIONS
 Period of Insurance : 13 Jun 2020 To 12 Jun 2021
 Engine No. : 1KD2805002
 Chassis No. : JTFHTD2P900242989

Vehicle No. : GBH4708A
 Policy No. : 2070082584
 Endorsement No. :
 Issued Date : 04 Jun 2020

ABOUT THE COVER

Make/Model : TOYOTA HIACE 1.2 ton [Van]
 Engine Capacity/Tonnage : 1.12 Tonnage
 Driver Restriction : NA
 Person or Classes of Persons Entitled to Drive* :
 Sum Insured : Market Value
 Off Peak Car : No
 First Year of Registration : 2018
 Insuring with COE/PAFF : Yes

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 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, riding, 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 6 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 can be carried out at the repairer of your choice (unless specifically excluded by Us).
 For Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6338 6290. Alternatively, you may refer to AIG website www.aig.sg or AIG 5iG Mobile App. Simply search and download "AIG 5iG" from iTunes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: Hitachi Capital Asia Pacific 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. 189), Part IV of the Road Transport Act, 1987 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0501295000

INSURE LINK PTE LTD

2 KALLANG AVE #08-16 CT HUB

SINGAPORE 339407

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

Not Not Shant Aig