

NATIONAL Assessment Centre Services. Inst 1 Jan 2005

MA1620096747

Date In: 03/11/2020 11:32	Job description	Date & Time Completed	Done by
Ref No: X/BA/016/200119744	SAS e-illing		
Veh No: GBD 449E	E-mail (By date 2hrs, AIC 2hrs)		
D.O.A: 30/10/2020 11:10	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/VHRSZ		

Preferred Wkep / INC Assign Wkep / QW: () Tels: () Fax: ()

TP Particulars: Vch No: SLE STOP INC () / Non-INC () Tels: ()

Owner / Driver: () Cover Type: ()

Policy No: () Period: ()

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 ()

() Walk-In Customer: Customer's Information strictly Confidential & Strictly NO refer of rapolier.

() 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 > \$3000] ()

Injury: _____

MA2005004	1) AIC Accident Reporting (\$30)	
Driver/Owner:	2) DA + Damage Assessment (\$100)	INC (\$10)
Contact No:	3) TP Towing Fee	\$40/\$45
Damaged Portion:	4) PT Follow-Through Survey	\$120
QC Checked by (Engr-In-Charge):	5) PF Follow-Through Survey (Resurvey)	\$30
	For claiming against INC Only (Inst 10 Jan 2005)	\$75
	6) TR: Re-inspection	\$160
	7) NI: Idap DA + EMRT Survey	
	8) NTUC Additional Service	
	OD:	\$3
	*NI: Courtesy Car / Tpl Allowance	\$10
	*NI: Repair Coordination	\$25
	*NI: Post Repair Inspection	\$5
	*NI: DV / Collect Excess Coordination	\$20
	TP (NI) / TP (Non INC) against INC	\$0
	9) NI: Idap Mobile	
	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	03/11/2020 11:32
Date Of Accident	30/10/2020 11:10
Exact Location Of Accident	JUNCTION OF JALAN BAHAR AND JURONG WEST AVENUE 2
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBD4419E
Insured/Policyholder	
Name Of Registered Owner	HENG HUP HUAT FOODSTUFFS TRADING PTE LTD
Co Reg No	2XXXXX464Z
Email Address	DESMOND8992@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98167732
Alternative Phone No	OFFICE-98167732

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	1900232580-01
Cover Note Number	

Driver

Name of Driver	SOW JUN HAO
Passport No/FIN	GXXXX787P
Date Of Birth	09/09/1991
Occupation	OUTDOOR
Date Of Driving Pass	03/04/2018
Driving Experience	2 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98167732
Fax Number	
Contact Number	(LOCAL) 98167732

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	COLLISION - HEAD ON COLLISION
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 - 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

PLEASE REFER TO POLICE REPORT T/20201030/7017

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	SLE540P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name UNKNOWN DRIVER

Approximate Age

Injuries Sustain SLIGHT INJURY

Injured person in which vehicle? SLE540P

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

DETAILS OF INJURED PERSON 2

Name SOW JUN HAO

Approximate Age

Injuries Sustain SLIGHT INJURY

Injured person in which vehicle? GBD4419E

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:
NRIC/FIN No.:

Email: sm@idac.com.sg
Tel no: 6555 6888 Fax no: 6454 3279

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 30/10/2020 (dd/mm/yy) Time of Accident: 11:10 (24-HR-FORMAT)
Vehicle No.: GBD 4419 E Vehicle Make & Model: TOYOTA TOYOTA HIACE VAN TUE
Exact location of Accident: JUNCTION OF JALAN BAHAR & JURONG WEST AVE 2
Policyholder's Name / IC No.: HENG HUP HUAT FOODSTUFFS TRADING PTE LTD 201736464Z
Driver's Name / IC No.: SOW JUN HAO G6752787P (As Above)
Driver's Contact No.: 9816 7732 Company Contact No.: _____
Driver's Address: 2 GAMBAS CRESCENT #03-09 NORDCOM TWO S(757044)
Insurance Company: AIG Email address (if any): DESMOND8992@GMAIL.COM

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?

Occupation (nature of job) Indoor / Outdoor

Private use / Work purpose

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: SLE 540P

Injuries Sustain: _____ Injured Person in Which Vehicle: _____

Police Report filed: Yes / No (If YES) Which Police Station: 10 UBI AVE 3

The Other Party(s) Details:

1. Driver's Name / IC No: _____ Vehicle No: SLE 540 P

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.



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

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/10/2020 13:36		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: SOW JUN HAO			Address:		
ID Type / ID No.: FIN NO / G6752787P			Contact No.:		Mobile: 60166836436
Nationality: MALAYSIAN			Email: desmond8992@gmail.com		
Sex: Male	Age: 29	Date of Birth: 09/09/1991	Type of Informant: Driver		
Race: Chinese		Language: English		Institution / School Name:	
Occupation: Driver		Driving Licence Information: Class: 2B,3,4		Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 30/10/2020 11:10	Type of Location: X-Junction
Location: JALAN BAHAR				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Side Swipe - Opposite Direction				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
GBD4419E	Van	TOYOTA	HIACE VAN TURBO	Black	Seriously Damaged	0
SLE540P	Car	TOYOTA	WISH		Seriously Damaged	0



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

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	SOW JUN HAO	ID No.	G6752787P
Related Vehicle	GBD4419E (Van)	Contact No.	60166836436
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 2B,3,4 Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
Driver			
Name	Unknown Driver	ID No.	NIL
Related Vehicle	SLE540P (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 2B,3,4 Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	Slight

Brief Details.

ON THE 30TH OCTOBER 2020 AT ABOUT 1110HRS I WAS DRIVING MY COMPANY'S VEHICLE GBD4419E ALONG JALAN BOONLAY TOWARDS JALAN BAHAR. I WAS DRIVING ALONG THE FIRST LANE TURNING LEFT. I ENTERED THE TURNING POCKET AND CHECK ROAD WAS CLEAR AND GREEN LIGHT IN FAVOUR HENCE I PROCEED TO MAKE MY TURN. UPON REACHING THE JUNCTION, I NOTICE A VEHICLE CAME AT A VERY FAST SPEED, UPON SEEING I SWERVED MY VEHICLE TOWARDS THE RIGHT TO AVOID A COLLISION HOWEVER VEHICLE B STILL COLLIDED AGAINST MY VEHICLE FRONT PORTION. AFTER THE IMPACT MY VEHICLE WENT TOWARDS THE OPPOSITE DIRECTION. SHORTLY TRAFFIC POLICE AND AMBULANCE CAME TO THE SCENE AND THE DRIVER OF SLE540P WAS CONVEYED TO HOSPITAL BY AMUBLANCE. THE TRAFFIC POLICE GAVE ME A CASE CARD NO. J/20201030/0063 I.O CLARANCE. I WAS TOLD TO LODGE A POLICE REPORT. I WISH TO STATE THAT THE OPPOSITE LANE WHERE VEHICLE SLE540P IS TRAVELLING ON HAD ROAD WORKS GOING ON LANE 2. IT COULD BE THE ROAD WORK BLOCKING BOTH OF OUR VIEW. AFTER THE ACCIDENT I DID FELT PAIN AROUND MY LEFT ARM AND RIGHT LEG AND I MIGHT BE SEEKING DOCTOR LATER.



**SINGAPORE
POLICE FORCE**



T/20201030/7017

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

3 of 3

Report No. T/20201030/7017

CONTINUATION OF REPORT

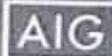
Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report: Not applicable
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / TPIB / JOFILIANO BIN MOHAMED ALI Contact No.: 65476960

Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Date/Time: 30/10/2020 13:36
Classification Of Case:

Authentication Stamp
NP168



CERTIFICATE OF INSURANCE

COMMERCIAL AUTOPLAN COMMERCIAL VEHICLE

Name of Policyholder : HENG HUP HUAT FOODSTUFFS TRADING PTE LTD
 Period of Insurance : 28 Oct 2020 To 27 Oct 2021
 Engine No. : 1KD2448859
 Chassis No. : JTFHT02P000150895

Vehicle No. : GBD4419E
 Policy No. : 1900232580-01
 Endorsement No. :
 Issued Date : 15 Sep 2020

ABOUT THE COVER

Make/Model : TOYOTA HIACE 1.1 ton [Van]
 Engine Capacity/Tonnage : 1.06 Tonnage
 Driver Restriction : NA
 Person or Classes of Persons Entitled to Drive* :
 Sum Insured : Market Value
 Off Peak Car : No
 First Year of Registration : 2014
 Insuring with COE/PARF : 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 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 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 LK).
 For Approved Reporting Centres/AIG Authorised Repairers, please contact our 24 hour accident emergency hotline at +65 6336 8200. 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.

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, 1999 (Malaysia).

0500718000

JG MOTOR AGENCY

80 CHANGI ROAD #04-06 CENTROPOL @ CHANGI

SINGAPORE 419715

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

Sock Fong Joanne Goh