

NATIONAL Assessment Centre Services. (wef 1 Jan'05) **NA120098248**

| | | | |
|--------------------------------|--|-----------------------|---------|
| Date In: 6/1/10-12:40 | Job description | Date & Time Completed | Done by |
| Ref No: NA120098248 | SAS e-filing | | |
| Veh No: 6094H96 | E-mail (within 3hrs, AIC 2hrs) | | |
| D.O.A: 29/10/10-15:40 | i-Motor Claim Form | | |
| OD: (TP) Reporting Only | i-Motor W/O (Within: OD 2hrs, TP 4hrs) | | |
| | i-Photo Uploaded | | |
| | Assessment/Survey Report | | |
| TP Insurer: | Ass't Report by Fax / Hand to Owner/Wksp | | |

| | | | |
|---|-------------------------|-----------------------|-------|
| Preferred Wksp / INC Assign Wksp / QW: (| | Tel: | Fax: |
| TP Particulars: | Veh No: FDN8T8EX | 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 hotline: 6788 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 |
|-----------|---------|
| | |
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| | | | | |
|---|---|--------------------------------|----------------------------|-----------|
| NA206136 Claimant's Particulars: Driver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge): Auditors' Comments: | Invoice Preparation Checklist: | | Am't (\$) | Am't (\$) |
| | 1) AR: Accident Reporting (\$30); | | 1st Bill | Add Bill |
| | 2) DA: Damage Assessment (\$100); INC (\$80) | | | |
| | 3) TF: Towing Fee \$40/\$45 | | | |
| | 4) FT: Follow-Through Survey \$120 | | | |
| | 5) FT: Follow-Through Survey (Resurvey) \$30 | | | |
| | For claiming against INC Only (wef 10 Jan 2005) | | | |
| | 6) TR: Re-inspection \$75 | | | |
| | 7) N1: Idac DA + SMRT Survey \$160 | | | |
| | 8) NTUC Additional Services:- | | | |
| QD: *N5: Courtesy Car / Tpt Allowance \$5 *N6: Repair Co-ordination \$10 *N7: Post Repair Inspection \$25 *N8: DV / Collect Excess Coordination \$5 TP (N11): TP (Non INC) against INC \$20 9) N12: Idac Mobile 30 | | | | |
| Date 1: Date 2/3: | | Invoice dated Invoice dated | 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 | 06/11/2020 12:40 |
| Date Of Accident | 29/10/2020 15:40 |
| Exact Location Of Accident | PIE (TUAS) BEFORE EXIT 20 |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|-----------------|
| Vehicle Registration Number | GBF4129G |
| Insured/Policyholder | |
| Name Of Registered Owner | TRADERSPERMITS |
| Co Reg No | 5XXXX600X |
| Email Address | NOEMAIL |
| Mobile Phone No | |
| Alternative Phone No | OFFICE-89999999 |

Vehicle Particulars

| | |
|--|--------------------|
| Manufacturer | TOYOTA |
| Model | DYNA 3.0 M |
| 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? | 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 | 1800150579-01 |
| Cover Note Number | |

Driver

| | |
|----------------------|-----------------------|
| Name of Driver | TAN LYE SOON |
| NRIC No | SXXXX596D |
| Date Of Birth | 03/09/1962 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 07/06/1980 |
| Driving Experience | 40 YEARS AND 4 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-90047566 |
| Fax Number | |
| Contact Number | OFFICE-90047566 |
| Email Address | NOEMAIL |

| | |
|---|----------------------------------|
| Address | BLK 25 WOODLEIGH CLOSE #02-10 |
| Postcode | 357920 |
| 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? | |
| 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

REFER TO POLICE REPORT - T/20201030/7024.

Attachment(s)

| | |
|---|-----|
| Are accident photos available for attachment? | YES |
| Was there any video captured by Car Camera? | YES |
| Was there any audio recorded? | NO |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------|------------|
| Vehicle Registration Number | FBN8588X |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | MOTORCYCLE |
| Name of Driver | |
| NRIC/Passport Number | |
| Contact Number | |
| Address | |
| Postcode | |
| Insurance Company Name | |

Nature Of Damage

No. Of Passenger (Including Driver)

1

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.

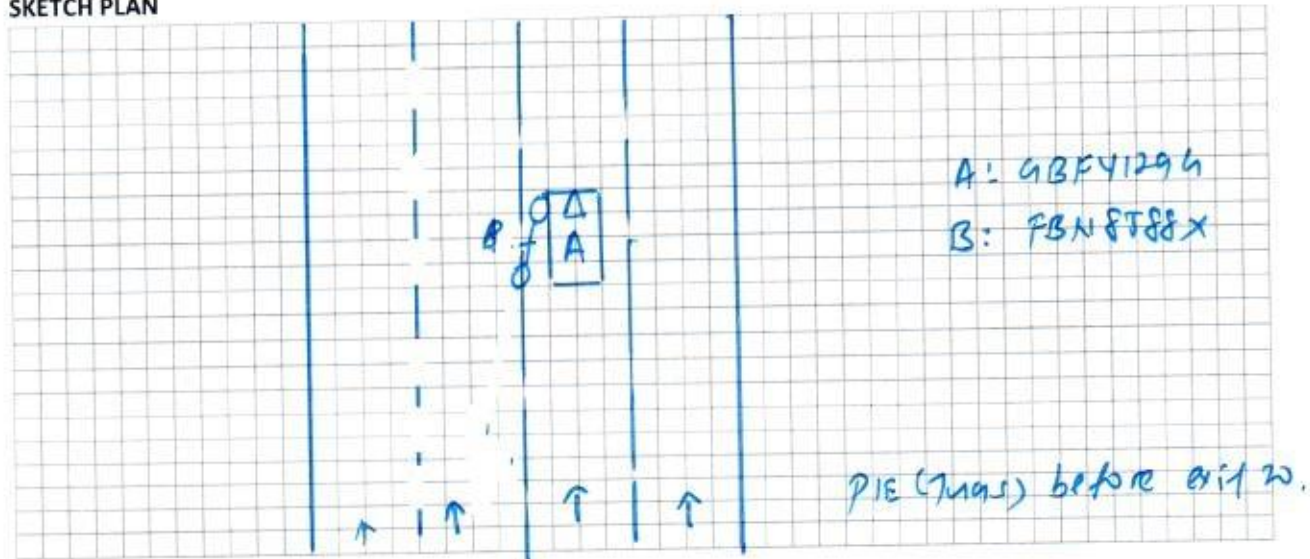


Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - 1/2201030/2024.

DECLARATION

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



Policyholder's Signature
Date & Time:

[Signature]

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

[Signature]

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

ACCIDENT STATEMENT

ACCIDENT DATE: 29/10/20 (DD/MM/YYYY), TIME: 15:40 (HH:MM)

LOCATION: PIE (795) Le Pre Exit 20

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: NBF 4196
b) INSURANCE COMPANY: Alfa
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: _____
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: _____
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) (NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: Traders permits (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 9004780
c) ADDRESS: _____

*d) DATE OF BIRTH: (____/____/____) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: _____

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) _____

b) ROAD SURFACE: (DRY / WET / OTHERS) _____

6. WAS ANYBODY INJURED (YES / NO) (NO)

7. a) REPORTED TO POLICE (YES / NO) (YES)

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: PBNS85X MODEL: _____
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
e) DRIVER'S NAME: _____
f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

* No of passenger
(Including driver)
(1)

* No of passenger
(Including driver)
(1)

* No of passenger
(Including driver)
(1)

Email =

fax =

VIDEO = ☒



SINGAPORE POLICE FORCE



T/20201030/7024

1 of 4

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

Report No. T/20201030/7024

REPORT OF A TRAFFIC ACCIDENT

| | | | | | |
|--|------------|------------------------------|--|--------------------|----------------------------|
| Date/Time Report Made: 30/10/2020 15:49 | | Vide Report No.: | | Station Diary No.: | |
| Informant's Particulars | | | | | |
| Name of Informant: TAN LYE SOON | | | Address: 25 WOODLEIGH CLOSE #02-10 SINGAPORE 357920 | | |
| ID Type / ID No.: NRIC NO / S1524596D | | | Contact No.: Home/Office: Mobile: 90047566 | | |
| Nationality: SINGAPORE CITIZEN | | | Email: TLYESOON@GMAIL.COM | | |
| Sex: Male | Age: 58 | Date of Birth: 03/09/1962 | Type of Informant: Driver | | |
| Race: Chinese | | | Language: English | | Institution / School Name: |
| Occupation: Management executive | | | Driving Licence Information: Class: 3,4,5 | | Date of Expiry: |

General Information of the Accident

| | | | | |
|---|-----------------------------|------------------------------------|--|---|
| Type of Accident: | Non-Injury Drink & Drive | Drink Drive: Yes | Date/Time of Accident: 29/10/2020 15:40 | Type of Location: PIE towards Tuas (before exit 20) |
| Location: PIE Towards TUAS | | | | |
| Weather: Clear | | Road Surface: Dry | | Road Speed Limit: 80 Km/h |
| Traffic Flow: One Way | | Traffic Control: Not Controlled | | Traffic Volume: Moderate |
| Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction | | | | Anyone conveyed by ambulance: No |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Conditio | No of |
|-------------|------------|--------|-------|--------|-------------------|-------|
| FBN8588X | Motorcycle | | | Blue | Slightly Damaged | 0 |
| GBF4129G | Lorry | TOYOTA | Dyna | Silver | Seriously Damaged | 0 |



**SINGAPORE
POLICE FORCE**



T/20201030/7024

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

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Report No. T/20201030/7024

CONTINUATION OF REPORT

| Details of Vehicle Insurance | | | | |
|------------------------------|--------------------------------------|---------------------|------------|-------------|
| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
| GBF4129G | AIG ASIA PACIFIC INSURANCE PTE. LTD. | AIG - 1800150579-01 | 11/04/2020 | 10/04/2021 |

| Details of Person Involved | | | | |
|-----------------------------------|------------------|--|-----------------------------------|-------------------------------------|
| Any Pedestrian Involved: No | | | | |
| No. of Pedestrians Injured: NIL | | | Use of Pedestrian Crossing: NA | |
| Driver | | | | |
| Name | TAN LYE SOON | | ID No. | S1524596D |
| Related Vehicle | GBF4129G (Lorry) | | Contact No. | 90047566 |
| Hospital/Clinic | NIL | | Class of Driving Licence & Expiry | Class: 3,4,5 Date of Expiry: NIL |
| Date | NIL | | Date | NIL |
| No. of Days granted Medical Leave | NIL | | Degree of | NIL |

Brief Details.

On 29OCT2020 at about 3.39pm I was driving along PIE on the middle lane towards Tuas before Exit 20 when a motor cycle, FBN8588X suddenly and deliberately swerved onto the left side of my vehicle, a Toyota Dyna, GBF4129G and clashed onto the Left Side of my truck causing serious damage to it. The Rider of FBN8588X then signaled me to stop at the side of the road which I did, he then approached me and I wind down the left side window to enquire if he is injured.

I can see that he does not seem to be injured but he wanted me to make monetary compensation to him claiming that I drove carelessly and ram into him.

I then shifted my truck closer to the side of the PIE for safety before getting down to inspect the damage to my truck and discuss the matter with him.

He was very aggressive and keep insisting that I compensate him for his "Injuries and Damages" when I told him that I would prefer to make a Police Report as this truck belongs to my company and let the Insurance company and police handle the matter as my bosses would want to know how the damage to my truck has come about.

Initially, he agreed to my suggestion to make a formal police report, however when I told him that there in an In Car Camera in my truck which has captured the whole incident, he looked into my truck cabin and immediately rode off without exchanging particulars with me.

I wish to upload the Video from my In Car Camera to you but I was unsuccessful.

He rode off so fast that I do not have time to respond.

After reviewing the video footage of the accident, I suspect that he has actually planned and staged this accident to happen to extort money from me because he failed to realise that there is an In Car Camera in my truck which has captured the whole accident.

I wish to claim for the extensive damages that was done to my truck from him.



**SINGAPORE
POLICE FORCE**



T/20201030/7024

3 of 4

Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

Report No. T/20201030/7024

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20201030/7024

4 of 4

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

Report No. T/20201030/7024

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 / TPHQ /
MUHAMMAD KHAIRIL BIN KAMAL
Contact No.: 65476368

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:
30/10/2020 15:49

Classification Of Case:

COMMERCIAL AUTOPLUS COMMERCIAL VEHICLE

Name of Policyholder : TRADERSPERMITS
Period of Insurance : 11 Apr 2020 To 10 Apr 2021
Engine No. : 1KD2620522
Chassis No. : KDY2318025247

Vehicle No. : GBF4129G
Policy No. : 1800150579-01
Endorsement No. :
Issued Date : 03 Apr 2020

ABOUT THE COVER

Make/Model : TOYOTA DYNA 3.0 M
Engine Capacity/Tonnage : 1.6 Tonnage
Driver Restriction : NA
Sum Insured : Market Value
Off Peak Car : No
First Year of Registration : 2016
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

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 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.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: NA

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

0504641000

ASSURE INSURANCE AGENCY

29 KELANTAN ROAD #01-111 KELANTAN COURT

SINGAPORE 200029

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

AIGSGMOBILEAPP