

NATIONAL Assessment Centre Services.

SM 09211 50009

Date Inc: 28/11/21 14:31	Job description	Date & Time Completed	Done by
Ref No: MA/AG 2100 1342/h4	SAS e-filing		
Veh No: GW 6215 D	E-mail (within 2hrs, AIC 2hrs)		
DDA: 27/11/21 10:45	I-Motor Claim Form		
(1) (IP) Reporting Only	I-Motor W/O (within: OD 2hrs, TP 4hrs)		
IP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel: (Fax: (
TP Particulars:	Veh No: PA 9551Y	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%; F: 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 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 > \$3000) ()		

Injury: ()

Date of Injury: ()

Location: ()

Witness: ()

Police: ()

Medical: ()

Other: ()

MA 2101206	Invoice/Registration Charge	30
Driver/Owner:	1) AR: Accident Reporting (\$30)	
Contact No:	2) DA: Damage Assessment (\$100)	INC (\$10)
Damaged Portion:	3) TP: Towing Fee	\$40/\$45
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey	\$120
	5) PT: Follow-Through Survey (Resurvey)	\$30
	6) TR: Re-Inspection	\$75
	7) NI: Idas DA + SMRT Survey	\$160
	8) NTUC Additional Services:	
	OD:	
	*NS: Courtesy Car / Tpt Allowance	\$3
	*NG: Repair Co-ordination	\$10
	*NF: Post Repair Inspection	\$23
	*NI: DV / Collect Excess Coordination	\$3
	TP (NI): TP (Inc INC) against INC	\$20
	9) NI: Idas Mobile	30
	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 Submission	28/01/2021 14:31 (SGT)
Date of Accident	27/01/2021 10:45 (SGT)
Exact Location of Accident	Corporation Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GW6215D
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	CHAI HUAT TRADING PTE LTD
Company Reg No	2XXXXX263N
Email Address	CH8888@SINGNET.COM.SG
Mobile Phone No	(Phone) +65-62646977
Alternative Phone No	+65-62646977

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	-
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle

INSURANCE COMPANY

Name of Insurance Company	AIG
Type of Coverage	ThirdParty
Fleet Policy	No
Policy Number	2100383572-06
Cover Note Number	-

DRIVER

Name of Driver	SHIEW KING HOOI
Work Permit No	GXXXX046R
Date Of Birth	17/09/1988
Occupation	Outdoor

Date Of Driving Pass	22/07/2019
Driving experience	1 YEAR AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91391101
Alt. Phone Number	-
Email Address	CH8888@SINGNET.COM.SG
Address	BLK 561B JURONG WEST #11-1169
Address complement	-
Postcode	642561
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	4
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Jurong East Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18008999999
Alt. Police Station Phone No	(Fax) +65-66655791
Police Station Address	No. 92 Boon Lay Way Singapore 609962
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT T/20210127/2081

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	PA9551Y
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Bus
Name of Driver	-
Contact Number	-

Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SKF4630T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	SHIEW KING HOOI
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY
Injured person in which vehicle?	GW6215D
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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 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.

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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

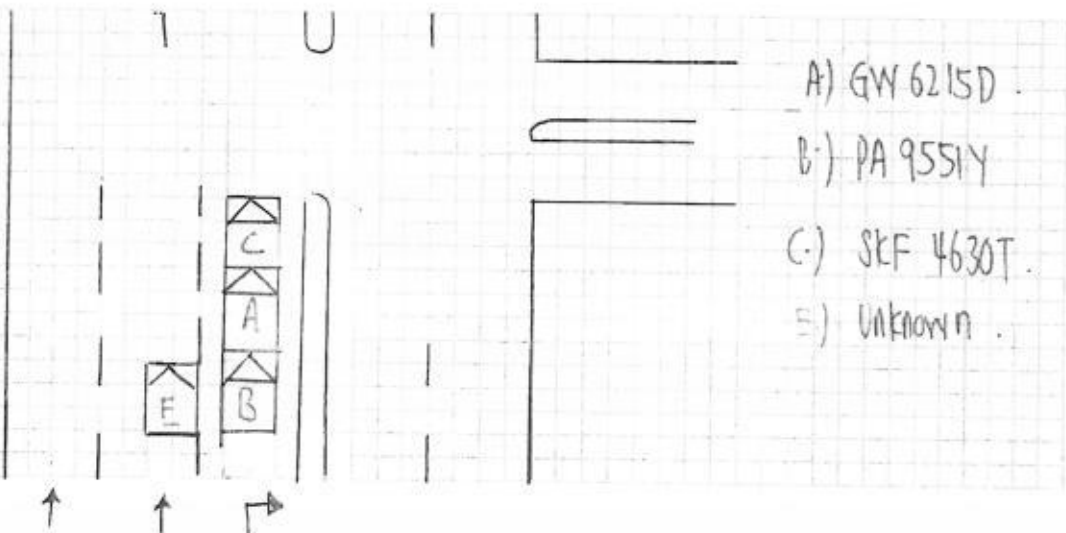


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

* Refer to the attached Police Report No : T/20210127/2081.

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

Witnessed by Reporting Centre Personnel



SINGAPORE POLICE FORCE



T/20210127/2081

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

1 of 3

Report No. T/20210127/2081

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/01/2021 15:45		Vide Report No.: J/20210127/0084		Station Diary No.: 51	
Informant's Particulars					
Name of Informant: SHIEW KING HOOI			Address: APT BLK 561B Jurong West Street 42 #11-1169 SINGAPORE		
ID Type / ID No.: FIN NO / G8014046R			Contact No.: Home/Office: Mobile: 91391101		
Nationality: MALAYSIAN			Email:		
Sex: Male	Age: 32	Date of Birth: 17/09/1988	Type of Informant: Driver		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: Lorry driver			Driving Licence Information: Class: 2B,3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 27/01/2021 10:50	Type of Location: T-Junction
Location: CORPORATION ROAD				
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 - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GW6215D	Lorry	MITSUBISHI	FB511BOJS RDE	White	Slightly Damaged	0
PA9551Y	Van	TOYOTA	TOYOTA HIACE HIGHROOF AUTO 14 SEATER	Silver	Seriously Damaged	0
SKF4630T	Car	MERCEDES BENZ	E250	Black	Slightly Damaged	0



**SINGAPORE
POLICE FORCE**



T/20210127/2081

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

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Report No. T/20210127/2081

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	SHIEW KING HOOI	ID No.	G8014046R
Related Vehicle	GW6215D (Lorry)	Contact No.	91391101
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	27/01/2021	Date Discharge	27/01/2021
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

On 27/01/2021 at about 1050hrs, I was driving my company lorry, one white Mitsubishi, bearing registration plate number: GW6215D along Corporation Road, heading towards Jurong West Avenue 1. I was driving on the most right lane of a 3-lane road, turning right onto Jurong West Avenue 1. There was a black in colour Mercedes in front of my lorry and as we were approaching the T-Junction, the car slowed down and came to a stop. I then slowed down and eventually also came to a stop. All of a sudden, there was a loud bang followed with a impact at the rear of my vehicle. The impact were so strong that it forced my vehicle to moved forward, hitting the rear of the Mercedes. I then alighted out from my lorry and spotted a silver in colour van, colliding onto the rear of my lorry and realized that the driver were trapped inside the vehicle. His vehicle airbag's were also blown out from the impact.

Within few minutes, 1 Traffic Police Expressway Patrol car and 2 Traffic Police Motorbikes arrived at scene, together with ambulance shortly after. SCDF Firefighters also came down to the scene to rescue the van driver out of the vehicle. He was then conveyed away by the ambulance. I also suffered pain from the accident; pain on back of the head and also my left shoulder and arm area. I was then advised to lodge a Police report pertaining the accident and was also given a case card for the incident. The lorry sustained few damages some dents at the back and broken rear lights. The van also sustained bad damages on the front side of the vehicle; bad dents and broken bumper and lights. I then went over to Ng Teng Fong General Hospital for medical check up and was given 5 days of medical leave ref to: 1121184270. I then went over to Jurong East NPC to lodge a Traffic Accident Report.



**SINGAPORE
POLICE FORCE**



T/20210127/2081

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Report No. T/20210127/2081

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

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 /
Staff Sgt SAZALI BIN SAFIE

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
Sgt 3 MUHAMMAD SYARIFUDDIN
MUHAMMAD AJMAIN
Contact No: 65476367

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
27/01/2021 15:45

Classification Of Case:



CERTIFICATE OF INSURANCE

COMMERCIAL AUTO THIRD PARTY ONLY COMMERCIAL VEHICLE

Name of Policyholder : Chai Hui Trading Pte Ltd
Period of Insurance : 02 Sep 2020 To 01 Sep 2021
Engine No. : 4M40GG8271
Chassis No. : FB511BA44451

Vehicle No. : GW8215D
Policy No. : 2100383572-06
Endorsement No. :
Issued Date : 20 Aug 2020

ABOUT THE COVER

Make/Model : MITSUBISHI FB511BOJSRDE 1.4 ton [Lorry]
Engine Capacity/Tonnage : 1.4 Tonnage Sum Insured : NA
Driver Restriction : NA Off Peak Car : No
First Year of Registration : 2003
Insuring with COE/PAF : NA

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.

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 any disabled vehicle 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

Section 2

Property Damage - 50

Windscreen : NA

Named Driver and Excess (where applicable)

CHAI HUAT TRADING PTE LTD

APPROVED REPORTING CENTRES/AUTHORISED REPAIRERS (FOR CLAIMS RELATED REPAIRS)

For Approved Reporting Centres, 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

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).

0503508000
WESTING AGENCY PTE LTD

BLK 260 JALAN MEMBINA #15-164
SINGAPORE 167026

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

Tee Hui Ong

Date of Accident : 27-01-2021 Accident Time: 10.45am - (24-HR-Format)

Accident Place : Corporation Road Towards Jurong West Ave 1

Vehicle No. (Car Plate No.) : GW 6215D Make/Model: Mit FB51180JRDE

Insurance Company : AIG Policy No: 2100383572-06

Owner or Company Name /IC No. : Chai Huat Trading Pte Ltd (200919263N)

Owner or Company Contact No. : 6264 6977 Owner's Hp Company Tel

DRIVER'S Name / IC No. : Shiew King Hooi (G 8014046R)

DRIVER'S Date Of Birth : 17.09.1988 DRIVER'S License Pass Date 22.07.2019

Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling Employee \ Others:

DRIVER'S Address : Blk 561B Jurong West #11-1169 (S) 642561

DRIVER'S Contact No./ Alt No. : 1) 9139 1101 2) -

DRIVER'S Occupation : INDOOR OUTDOOR (e.g. working inside or outside office)

Email Address : ch8888 @ singnet . com . sg

Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET

Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance

Number of Passengers (Including Driver): 1 Driver

Was there any video Captured by car camera: YES \ NO

Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Any Injury (If YES, Pls state): Yes

Vehicle B	Other Party Driver's Particular (if any)	Vehicle C
Vehicle No: PA 9551 Y		Vehicle No: SKF 4630T
Vehicle Make/Model:		Vehicle Make/Model:
Name Driver:		Name Driver:
IC No. Driver/Contact:		IC No. Driver/Contact:

* NEW - Passenger's name & gender:

Vehicle D : Unknown