

# NATIONAL Assessment Centre Services.

(until 1 Jan 2021)

84082/20005

Date In: 08/03/2021 17:19	Job description	Date & Time Completed	Done by
Ref No: NBA/AG210030524	SAS e-Milling		
Veh No: GBC 23221	E-mail (by date time, A/C time)		
D.O.A: 05/03/2021 11:30	I-Motor Claims Form		
QID: TP: Reporting Only	I-Motor W/O (within 00 hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner / VHSR		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Principal/s: Vch No: JTE 6980	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 ( )	
( ) 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: ( )		

1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo (Repair Cost > \$9000) ( )		

Injury: ( )	

NA2101690	1) All Accident Reporting (30)	
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (20)	
Contact No:	3) TP: Towing Fee	\$120
Damaged Portion:	4) PT: Follow-Through Survey	\$30
QC Checked by (Bugs-In-Charge):	5) PT: Follow-Through Survey (Resurvey)	\$30
	Var: Number against INC Only (w/ 10 Jan 2100)	\$75
	6) TR: Re-inspection	\$160
	7) NI: Idea DA + EMRT Survey	
	8) NTUC Additional Services	
	ON:	
	• NS: Courtesy Car / Tpl Allowance	\$5
	• NG: Repair Coordination	\$25
	• NR: Post Repair Inspection	\$5
	• ND: DV / Collect Wreck Coordination	\$20
	TP (NI) / TP (NG) INC: at least 210	\$0
	9) NI: Idea Mobile	
	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 Submission	08/03/2021 17:19 (SGT)
Date of Accident	05/03/2021 11:30 (SGT)
Exact Location of Accident	Woodlands Rd, Singapore
Additional Location Information	JUNCTION OF SENJA WAY
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBC2322T
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### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	VEGETARIAN WORLD FOOD PTE LTD
Company Reg No	2XXXXX348K
Email Address	vegetarianworldfoods@gmail.com
Mobile Phone No	(Phone) +65-83354003
Alternative Phone No	(Office) +65-62871771

### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Hiace
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	Comprehensive
Fleet Policy	No
Policy Number	1900235192-01
Cover Note Number	-

### DRIVER

Name of Driver	DONG WENQIANG
Passport No/FIN	GXXXX407L

Date Of Driving Pass	27/02/2019
Driving experience	2 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-83354003
Alt. Phone Number	-
Email Address	vegetarianworldfoods@gmail.com
Address	6 TAGORE DRIVE #01-08
Address complement	-
Postcode	787623
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	Collision - Cross Junction
Weather Conditions	Clear
Road Surface	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident?	Yes
Number of vehicles involved in the accident	2
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

#### FOREIGN VEHICLE 1

Vehicle Registration Number	JTE6980
Vehicle Category	Motorcycle

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Bukit Panjang Neighbourhood Police Centre
Police Station Address	No.1 Segar Road #01-05 Singapore 677738
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20210305/2061

#### 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	JTE6980
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Name of Driver	LEE WEI SOON
Passport No/FIN	GXXXX001M
Contact Number	(Phone) +65-88497181
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	LEE WEI SOON
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	JTE6980
Were seat belts worn?	-
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' 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.

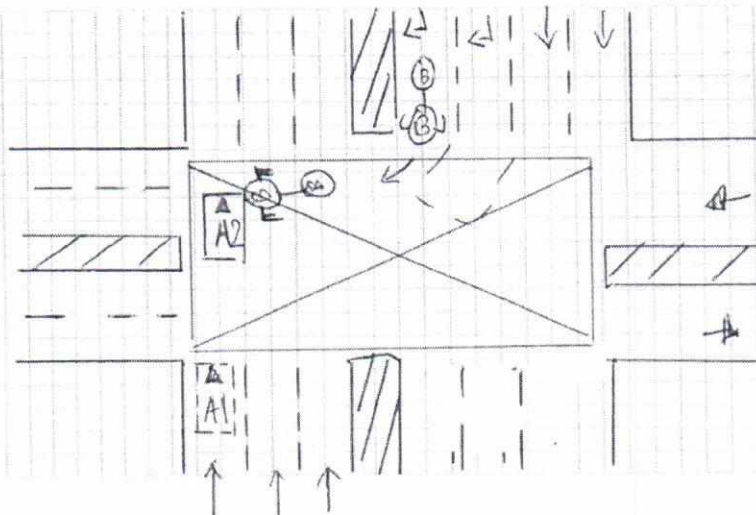


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



V: A) GBC 2322T

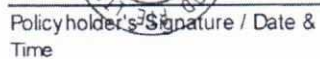
V: B) ITE 6980

Shuja way

Woodlands Road

Refer to police report  
NO. T/20210305/2061

We declare the foregoing particulars are true in every respect.



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

Witnessed by Reporting Centre  
Personnel





**SINGAPORE  
POLICE FORCE**



T/20210305/2061

Police Station Of Origin:  
Bukit Panjang N.P.C  
1 Segar Road #01-05 SINGAPORE 677738  
Tel No: 1800-8929999

1 of 4

Report No. T/20210305/2061

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 05/03/2021 14:41	Vide Report No.: J/20210305/0063	Station Diary No.: 59
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**Informant's Particulars**

Name of Informant: DONG WENQIANG			Address:	
ID Type / ID No.: FIN NO / G8726407L			Contact No.: Home/Office:	Mobile: 83354033
Nationality: CHINESE			Email:	
Sex: Male	Age: 31	Date of Birth: 16/10/1989	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupation: DELIVERY DRIVER			Driving Licence Information: Class:	Date of Expiry:

**General Information of the Accident**

Type of Accident:	Non-Injury Foreign Vehicle	Drink Drive: No	Date/Time of Accident: 05/03/2021 11:30	Type of Location:
Location:  SENJA WAY				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:			Anyone conveyed by ambulance: No	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBC2322T	Van				Slightly Damaged	0
JTE6980	Motorcycle				Slightly Damaged	0

**Details of Person Involved**

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE  
POLICE FORCE**



T/20210305/2061

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Police Station Of Origin:  
Bukit Panjang N.P.C  
1 Segar Road #01-05 SINGAPORE 677738  
Tel No: 1800-8929999

Report No. T/20210305/2061

**CONTINUATION OF REPORT**

<b>Driver</b>				
Name	DONG WENQIANG		ID No.	G8726407L
Related Vehicle	GBC2322T (Van)		Contact No.	83354033
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
<b>Rider</b>				
Name	LEE WEI SOON		ID No.	G2221001M
Related Vehicle	JTE6980 (Motorcycle)		Contact No.	88497181
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	Slight

**Brief Details.**

On 5th March 2021 at around 11:30AM I was driving along Woodlands Road (towards Upper Bukit Timah Road) on the third lane at about 50KM/HR, intending to go straight. I maintained my speed at the traffic light as it was still green. The traffic light only turned amber when I crossed the stop line, at the halfway point of the yellow box I observed at motorbike (JTE6980) to my right coming towards me. I immediately performed emergency brake and attempted to avoid hitting the motorbike, by steering to my left. Unfortunately, it was too late and my van collided with said motorbike. The impact of the collision caused the rider (Mr Lee Wei Soon) to fall from the bike. I immediately alighted my vehicle and went over to check on him. By the time I got down, the rider was already standing up. The rider informed me that he was ok. I took pictures of the incident and the rider proceeded to pick up his motorbike and push it to the side.

My van suffered damages of broken right headlight, and cracked front-right bumper. The motorbike had broken right brake lever, scratches and cracks on right side cover-set. Ambulance service arrived shortly after, followed by a Traffic Police officer. There are no damages to government property and I have no injuries. My van has a front facing camera, the footage of which the TP officers have retrieved from me. Traffic Police officer advised both parties to lodge a report at the nearest NPC.





**SINGAPORE  
POLICE FORCE**



T/20210305/2061

Police Station Of Origin:  
Bukit Panjang N.P.C  
1 Segar Road #01-05 SINGAPORE 677738  
Tel No: 1800-8929999

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Report No. T/20210305/2061

CONTINUATION OF REPORT



**SINGAPORE  
POLICE FORCE**



T/20210305/2061

Police Station Of Origin:  
Bukit Panjang N.P.C  
1 Segar Road #01-05 SINGAPORE 677738  
Tel No: 1800-8929999

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Report No. T/20210305/2061

**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:

J/

Sgt 2 NAZRUL CHIN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

SI ANG YI TING, STEPHANIE

Contact No.: 65476414

Signature Of Informant:

Date/Time:

05/03/2021 14:41

Classification Of Case:

Authentication Stamp

NP168



Email: [sm@idac.com.sg](mailto:sm@idac.com.sg) Tel no: 6555 6888

\*If no proper documents are produced, IDAC shall not file the report. Information will be discarded after one week.

**Personal Particulars of Owner & Driver (Vehicle A)**

Date of Accident: 05/03/2021 (dd/mm/yy) Time of Accident: 11 : 30 (24-HR-FORMAT)

Vehicle No.: GBC 2322 T Vehicle Make & Model / Engine (cc): Toyota Hiace 2982 cc Private Hire: (Y/N) (N)

Exact location of Accident: JUNCTION OF WOODLANDS ROAD & SENJA WAY

Policyholder's Name / IC No.: VEGETARIAN WORLD FOOD PTE LTD 201921348K

Driver's Name / IC No.: DONG WENQIANG G8726407L (As Above) ☐

Driver's Contact No.: 8335 4033 Company Contact No / Owner Contact No: 6287 1771

Driver's Address: 6 Tagore Dr, #01-08, Singapore 787623

Owner Email address: vegetarianworldfoods@gmail.com Insurance Company: AIG

Driver Email address: giareporting@gmail.com

**Relationship between Owner & Driver:** (Please **CIRCLE** one only)

Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify: EMPLOYEE

**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

\*Passanger Name: \_\_\_\_\_

Gender: \_\_\_\_\_

\*Passanger Name: \_\_\_\_\_

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: JTE6980 Rider

Injuries Sustain: \_\_\_\_\_ Injured Person in Which Vehicle: \_\_\_\_\_

**Police Report filed:** ☒ Yes / ☐ No (If YES) Which Police Station: BUKIT PANJANG N.P.C

**The Other Party(s) Details:**

1. Driver's Name / IC No: \_\_\_\_\_ Vehicle No: JTE6980

Driver's Contact No: \_\_\_\_\_ Insurance Company: \_\_\_\_\_

2. Driver's Name / IC No (If Any): \_\_\_\_\_ Vehicle No: \_\_\_\_\_

Driver's Contact No: \_\_\_\_\_ Insurance Company: \_\_\_\_\_

\*Independent Witness (If Any): \_\_\_\_\_ Contact No: \_\_\_\_\_

Preferred Workshop Name: \_\_\_\_\_ Contact No: \_\_\_\_\_

## COMMERCIAL AUTOPLUS COMMERCIAL VEHICLE

Name of Policyholder : VEGETARIAN WORLD FOOD PTE LTD  
Period of Insurance : 09 Sep 2020 To 08 Sep 2021  
Engine No. : 1KD2115782  
Chassis No. : JTFHT02P200079165

Vehicle No. : GBC2322T  
Policy No. : 1900235192-01  
Endorsement No. :  
Issued Date : 14 Aug 2020

## ABOUT THE COVER

Make/Model : TOYOTA HIACE 1 ton [Van]

Engine Capacity/Tonnage : 1 Tonnage

Driver Restriction : NA

Sum Insured : Market Value

Off Peak Car : No

First Year of Registration : 2011

Insuring with COE/PARF : 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](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

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).

0030210000

AIG ASIA PACIFIC INSURANCE PL

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

8 Shenton Way #09-16 AIG Building S079120 | T +65 6419 3000 | [www.aig.sg](http://www.aig.sg)

AIGSGMOBILEAPP

AIG Asia Pacific Insurance Pte. Ltd.