

# **NATION 11 Assessment Centre Services**

|                           |  |                       |         |
|---------------------------|--|-----------------------|---------|
| Date In: 22/04/21         | Job description                          | Date & Time Completed | Done by |
| Ref No: NA/A1621004919/13 | SAs e-filing                             |                       |         |
| Veh No: GBT1010M          | E-mail (within 2hrs: 2hrs)               |                       |         |
| DOA: 19/04/21 1420        | i-Motor Claim Form                       |                       |         |
| OD: (P) Reporting Only    | i-Motor W/O (Within 2hrs: 2hrs, TP 4hrs) |                       |         |
| TP 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: SMP40940 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 ( )

## **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 |
|-----------|---------|
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |

NA2102623

## **Claimant's Particulars :-**

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

## **Auditors' Comments :-**

Cat 1:

Cat 2/3:

## **Invoice Preparation Checklist**

|   | Ant (\$) | Ant (\$) |
|---|----------|----------|
|   | 1st Bill | Add Bill |
| 1) AR: Accident Reporting (\$30);               |          |          |
| 2) DA: Damage Assessment (\$100); INC (\$80)    |          |          |
| 3) TF: Towing Fee \$40/\$45                     |          |          |
| 4) FT: Follow-Through Survey \$120              |          |          |
| 5) RT: Follow-Through Survey (Resurvey) \$30    |          |          |
| For claiming against INC Only (wef 10 Jan 2005) |          |          |
| 6) TR: Re-inspection \$75                       |          |          |
| 7) NI: Idle DA + SMRT Survey \$160              |          |          |
| 8) NTUC Additional Services:-                   |          |          |
| Q1:   |          |          |
| • 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: Idle Mobile 30                          |          |          |

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 GI&A Records Management Centre established by the General Insurance Association of Singapore (GI&A) 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              | 20/04/2021 11:49 (SGT) |
| Date of Accident                | 19/04/2021 14:20 (SGT) |
| Exact Location of Accident      | Venus Dr, Singapore    |
| Additional Location Information | -                      |
| Country/State of Loss           | Singapore              |

### DETAILS OF OWN VEHICLE

|                             |                               |
|-----------------------------|-------------------------------|
| Vehicle Registration Number | GBJ1010M                      |
| INSURED/POLICYHOLDER        |                               |
| Is company?                 | Yes                           |
| Name Of Registered Owner    | YEAP MEDICAL SUPPLIES PTE LTD |
| Company Reg No              | 2XXXXX550C                    |
| Email Address               | ROCKORIE@GMAIL.COM            |
| Mobile Phone No             | (Phone) +65-68481010          |
| Alternative Phone No        | (Office) +65-68481010         |

### VEHICLE PARTICULARS

|  |                           |
|--|---------------------------|
| Manufacturer   | Toyota                    |
| Model  | Dyna                      |
| 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        |
| Transmission   | Manual                    |
| CC   | 2982                      |

### INSURANCE COMPANY

|                           |                                      |
|---------------------------|--------------------------------------|
| Name of Insurance Company | AIG Asia Pacific Insurance Pte. Ltd. |
| Type of Coverage          | Comprehensive                        |
| Fleet Policy              | No                                   |
| Policy Number             | 2070142406                           |
| Cover Note Number         | -                                    |

### DRIVER

|                |                     |
|----------------|---------------------|
| Name of Driver | ERNAWAN BIN MOHAMED |
| NRIC No        | SXXXX876H           |

|  |                          |
|--|--------------------------|
| Date Of Birth  | 16/10/1972               |
| Occupation   | Outdoor                  |
| Date Of Driving Pass   | 03/03/2006               |
| Driving experience   | 15 YEARS AND 1 MONTH     |
| Gender   | Male                     |
| Mobile Number  | (Phone) +65-90121353     |
| Alt. Phone Number  | -                        |
| Email Address  | ROCKORIE@GMAIL.COM       |
| Address  | BLK 448 YISHUN RING ROAD |
| Address complement   | #12-86                   |
| Postcode   | 760448                   |
| 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 - Change/cross lane |
| Weather Conditions | Clear                         |
| Road Surface       | Dry                           |

#### OTHER INFORMATION

|   |     |
|---|-----|
| Was any foreign vehicle involved in the accident?   | No  |
| 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  |

#### DETAILS OF POLICE ACTION

|   |                                    |
|---|------------------------------------|
| Was the accident reported to the police?  | Yes                                |
| Police Station Name                       | Woodlands Division Headquarters    |
| Police Station Phone No                   | (Phone) +65-18004660000            |
| Police Station Address                    | 1 Woodlands St 12 Singapore 738622 |
| Was notice of intended Prosecution given? | No                                 |
| If yes, against whom?                     | -                                  |

#### CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT:L/20210420/7008

#### ATTACHMENT(S)

|   |               |
|---|---------------|
| Are accident photos available for attachment?     | Yes           |
| Was there any video captured by Car Camera?       | Yes           |
| Reasons for not uploading a video of the accident | WITH WORKSHOP |
| Was there any audio recorded?                     | No            |

#### DETAILS OF OTHER VEHICLE PROPERTY 1

|                             |             |
|-----------------------------|-------------|
| Vehicle Registration Number | SMP4294D    |
| Vehicle Manufacturer        | -           |
| Vehicle Model               | -           |
| Vehicle Variant             | -           |
| Vehicle Colour              | -           |
| Vehicle Category            | Private car |



|   |                      |
|---|----------------------|
| Name of Driver                          | LEE TECK LOON        |
| NRIC No                                 | SXXX633I             |
| Contact Number                          | (Phone) +65-97483790 |
| 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                              | ERNAWAN BIN MOHAMED |
| Address   | -                   |
| Address Complement                                  | -                   |
| Post Code   | -                   |
| Approximate Age Years Old                           | -                   |
| Injuries Sustained                                  | SLIGHT              |
| Injured person in which vehicle?                    | GBJ1010M            |
| 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' 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.

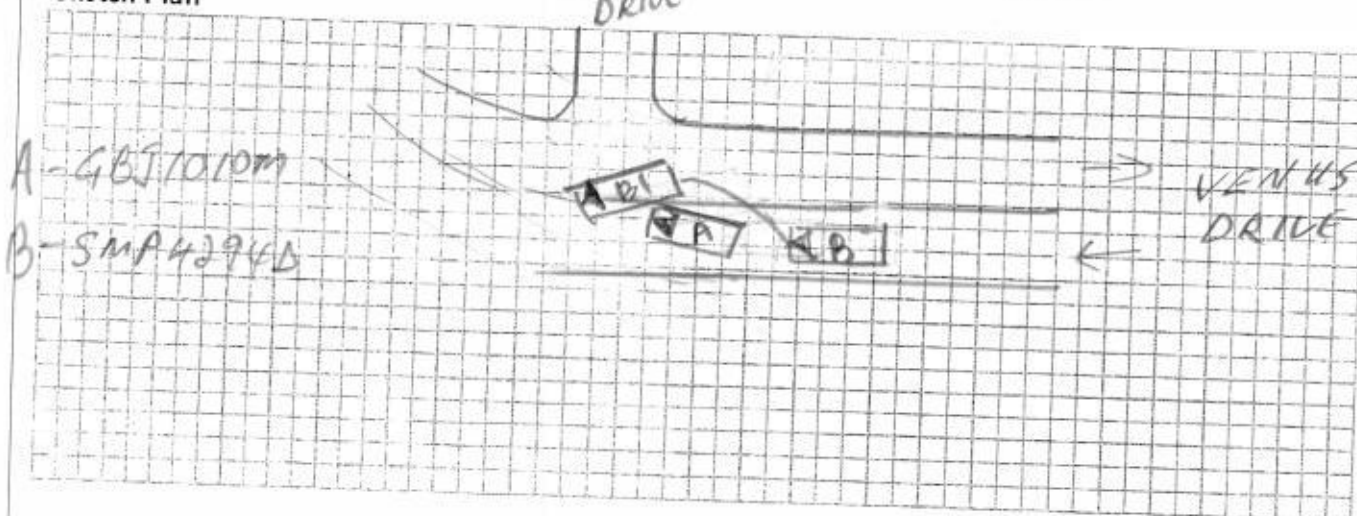


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

#### Sketch Plan



**Describe Circumstances of the Accident**

*P/s refer to the police report L/20210420/7008*

**Declaration**

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



Policyholder's Signature / Date & Time

*[Signature]* 20/04

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

*[Signature]* 20/04/21

Witnessed by Reporting Centre Personnel





L/20210420/7008

1 of 2

**POLICE REPORT (NP299)**

Police Station Of Origin  
Woodlands Division HQ  
1 Woodlands Street 12 SINGAPORE 738622  
Tel No:1800-4660000

Report No. L/20210420/7008

|  |  |                     |                             |                    |
|--|--|---------------------|-----------------------------|--------------------|
| Date/Time Report Made<br>20/04/2021 10:08                    | Vide Report No.  | Station Diary No.   |                             |                    |
| Name Of Informant<br>ERNAWAN BIN MOHAMED                     | Address<br>448 YISHUN RING ROAD #12-86 SINGAPORE 760448              |                     |                             |                    |
| ID Type / ID No.<br>NRIC NO / S7237876H                      | Contact No.<br>Home/Office:  | Mobile:<br>90121353 |                             |                    |
| Nationality<br>SINGAPORE CITIZEN                             | Email Address<br>rockorie@gmail.com                                  |                     |                             |                    |
| Occupation<br>Lorry driver                                   | Sex<br>Male  | Age<br>48           | Date of Birth<br>16/10/1972 | Race<br>Boyanesese |
| Institution/School Name                                      | Language<br>English  |                     |                             |                    |
| Date/Time Of Incident<br>19/04/2021 14:20 - 19/04/2021 14:20 | Location Of Incident<br>448 YISHUN RING ROAD #12-86 SINGAPORE 760448 |                     |                             |                    |
| <b>Brief details</b>   |  |                     |                             |                    |

### Brief details.

I WAS DRIVING MY COMPANY LORRY (GBJ1010M) ALONG VENUS DRIVE. IT WAS A TWO WAY TRAFFIC AND EACH WAY THERE IS ONLY ONE LANE EACH. AS I WAS TURNING RIGHT TO UNIT 71 VENUS DRIVE, SUDDENLY A VEHICLE BEARING (SMP4294D), TRAVELLED AGAINST THE FLOW OF TRAFFIC (WANTING TO OVERTAKE MY VEHICLE FROM MY RIGHT) AND HIS VEHICLE (SMP4294D) LEFT HAND SIDE COLLIDED INTO MY VEHICLE (GBJ1010M) RIGHT HAND PORTION. DUE TO THE IMPACT, MY HEAD HIT ONTO MY DOOR GLASS. I WENT TO SEE A DOCTOR AND WAS GIVEN 3 DAYS MC.

|  |  |
|--|--|
| Signature Of Officer Recording The Report:<br>Not applicable | Signature Of Informant:<br>The identity of the person making this report has been authenticated by SingPass. No signature is required. |
| Signature Of Interpreter:<br>Not applicable                  | Date/Time:<br>20/04/2021 10:08   |
| Officer In-Charge Of Case:                                   | Classification Of Case:  |
| Authentication Stamp   |  |



**SINGAPORE  
POLICE FORCE**



L/20210420/7008

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**POLICE REPORT (NP299)**

**CONTINUATION OF REPORT**

Report No. L/20210420/7008

|                          |   |                           |  |
|--------------------------|---|---------------------------|--|
| <b>Subjects Involved</b> |   |                           |  |
| <b>Suspect</b>           |   |                           |  |
| Person Name              | LEE TECK LOON                                 |                           |  |
| ID Type                  | NRIC NO                                       | ID No                     | S7025633I  |
| Gender                   | Male  | Race                      | Chinese  |
| Address                  | 233 TAMPINES ST21 #03-613<br>SINGAPORE 521233 | Mobile No                 | 97483790   |
| <b>Victim</b>            |   |                           |  |
| Person Name              | ERNAWAN BIN MOHAMED                           |                           |  |
| ID Type                  | NRIC NO                                       | ID No                     | S7237876H  |
| Gender                   | Male  | Age                       | 48   |
| Race                     | Boyanese                                      | Language                  | English  |
| Occupation               | Lorry driver                                  | Address                   | 448 YISHUN RING ROAD #12-<br>86 SINGAPORE 760448 |
| Mobile No                | 90121353                                      | Is Informant A<br>Victim? | Yes  |
| Person Name              | ERNAWAN BIN MOHAMED (Informant)               |                           |  |

Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

Authentication Stamp

Signature Of Informant:

The identity of the person making this report has been authenticated by SingPass. No signature is required.

Date/Time:

20/04/2021 10:08

Classification Of Case:



# ACCIDENT STATEMENT

ACCIDENT DATE: (19/04/21) (DD/MM/YYYY), TIME: (19:20) (HH:MM)

LOCATION: VENUS DRIVE

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBJ1010M  
 b) INSURANCE COMPANY: AIG  
 c) POLICY NUMBER: 2070142406  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: TOYOTA DYNA (M)  
 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)  
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

## 2. INSURED / POLICY HOLDER

- A) NAME: YEAP MEDICAL SUPPLIES PTE LTD (LTD)  
 b) NRIC/FIN/PASSPORT: 200009550C (MALE / FEMALE)  
 c) ADDRESS: CONTACT: 68481010

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

### DRIVER

- a) NAME: ERNAWAN BIN MUHAMMED (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: 572378764 CONTACT: 90121353  
 c) ADDRESS:

\* d) DATE OF BIRTH: (16/10/1972) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 03/03/2006

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)

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

IF YES, PLEASE STATE WHICH POLICE STATION:

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SMA4294A MODEL:  
 b) DRIVER'S NAME: LEE TECK LOON  
 c) NRIC/FIN/PASSPORT: 570356331 CONTACT: 97483790

## 9. THIRD PARTY VEHICLE

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

\* No of passenger  
 (Including driver)  
 ( )

\* No of passenger  
 (Including driver)  
 ( )

\* No of passenger  
 (Including driver)  
 ( )

Email = rockcoria@gmail.com

fax =

VIDEO = yes, with workshop



# CERTIFICATE OF INSURANCE

## COMMERCIAL AUTOPLAN COMMERCIAL VEHICLE

Name of Policyholder : YEAP MEDICAL SUPPLIES PTE LTD  
Period of Insurance : 11 Oct 2020 To 10 Oct 2021  
Engine No. : 1KD2824391  
Chassis No. : JTFAT35Y30K211555

Vehicle No. : GBJ1010M  
Policy No. : 2070142406  
Endorsement No. :  
Issued Date : 07 Oct 2020

### ABOUT THE COVER

Make/Model : TOYOTA DYNA 150 VAN

Engine Capacity/Tonnage : 1.8 Tonnage

Driver Restriction : NA

Sum Insured : Market Value

Off Peak Car : No

First Year of Registration : 2018

Insuring with COE/PAFF : 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 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 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).

0030305000

G&M PTE LTD

8 SHENTON WAY #13-03 AXA TOWER

SINGAPORE 068811

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

G&M Pte Ltd