

# NATIONAL Assessment Centre Services (wef: 1 Jan 2005)

Date In: 07/05/21	Job description	Date & Time Completed	Done by
Ref No: NA/A1621005589/13	SAS e-filing		
Veh No: 4BF2827M	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 06/05/21	i-Motor Claim Form		
OD / TP: Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: JTK9133	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

NA2102834	<b>Invoice Preparation Checklist</b>	Ant (\$) 1st Bill	Ant (\$) Add Bill
Claimant's Particulars :-	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	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:-		
	OD*		
	*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		
Auditors' Comments :-	Invoice dated	Fee Charged	
Cat. 1:	Invoice dated	Fee Charged	
Cat. 2 / 3:			

## 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	07/05/2021 12:21 (SGT)
Date of Accident	06/05/2021 14:55 (SGT)
Exact Location of Accident	BKE, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF2827M
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#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	JM SUPPLIES LLP
Company Reg No	TXXXXX208B
Email Address	sales@jmsupplies.com.sg
Mobile Phone No	(Phone) +65-96942729
Alternative Phone No	+65-96942729

#### 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?	Yes
Vehicle Category	Commercial vehicle
Transmission	Auto
CC	2982

#### INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	2070115459
Cover Note Number	-

#### DRIVER

Name of Driver	LIM KUN DE
NRIC No	SXXXX730I

Date Of Birth	20/11/1980
Occupation	Indoor
Date Of Driving Pass	09/09/1999
Driving experience	21 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96942729
Alt. Phone Number	-
Email Address	sales@jmsupplies.com.sg
Address	BLK 335 SERANGOON AVE 3
Address complement	#06-333
Postcode	550335
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Other
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 - Head to Rear
Weather Conditions	AFTER RAIN
Road Surface	Wet

#### 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?	No
Was any injured conveyed to hospital by ambulance?	-
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	JTK9133
Vehicle Category	Commercial vehicle

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Tanglin Division Headquarters
Police Station Phone No	(Phone) +65-18003910000
Alt. Police Station Phone No	(Fax) +65-63964900
Police Station Address	21 Kampong Java Road Singapore 228892
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

pls refer to the police report:E/20210507/7005

#### 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	JTK9133
Vehicle Manufacturer	-

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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)	-

## 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.
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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.

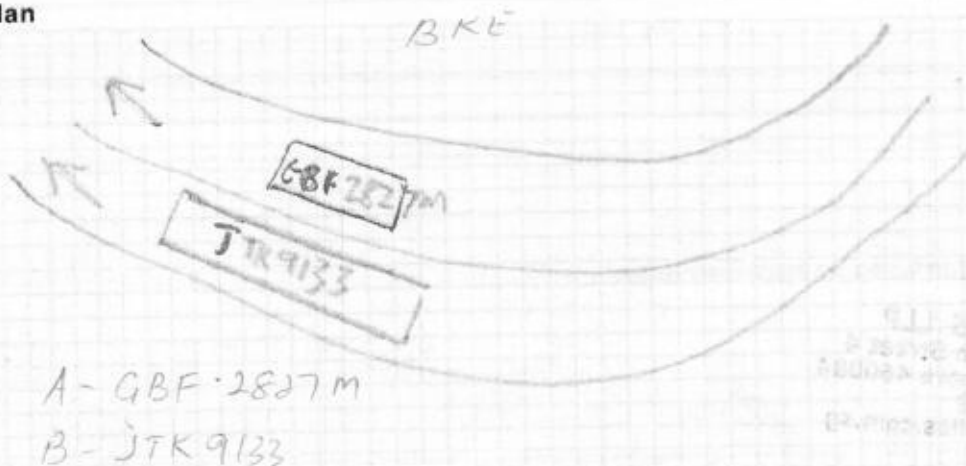
JM SUPPLIES LLP  
84 Bedok North Street 4  
#01-19 Singapore 460084  
Tel: 6816 9388  
sales@jmsupplies.com.sg

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 Police Report: E/20210507/7005

We declare the foregoing particulars are true in every respect.

**JM SUPPLIES LLP**  
84 Bedok North Street 4  
#01-19 Singapore 460084  
Tel: 6816 9388  
sales@jmsupplies.com.sg

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

Witnessed by Reporting Centre  
Personnel





**SINGAPORE  
POLICE FORCE**



E/20210507/7005

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**POLICE REPORT (NP299)**

Report No. E/20210507/7005

Police Station Of Origin  
Tanglin Division HQ  
21 Kampong Java Road SINGAPORE  
228892  
Tel No:1800-3910000

Date/Time Report Made 07/05/2021 08:38	Vide Report No.	Station Diary No.
Name Of Informant LIM KUN DE	Address 335 SERANGOON AVENUE 3 #06-333 SINGAPORE 550335	
ID Type / ID No. NRIC NO / S8036730I	Contact No. Home/Office:                      Mobile: 96942729	
Nationality SINGAPORE CITIZEN	Email Address MARKVIPER@KUNGL.NET	
Occupation Working proprietor (wholesale trade)	Sex Male	Age 40
Institution/School Name	Date of Birth 20/11/1980	Race Chinese
Date/Time Of Incident 06/05/2021 14:55 - 06/05/2021 15:00	Location Of Incident BUKIT TIMAH EXPRESSWAY	

**Brief details.**

Accident between vehicle GBF2827M and Malaysia vehicle JTK9133

Location: PIE toward BKE, approximate positing, google map, 1.3484610828175103,  
103.79214216550585

Time: 6 May 2021, around 1455hr

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 07/05/2021 08:38
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp



**POLICE REPORT (NP299)**

**CONTINUATION OF REPORT**

Report No. E/20210507/7005

Left rear side of GBF2827M was suspected to have been entangled by protruding end of vehicle JTK9133 around the bend resulting in the aftermath of the said accident.

JTK9133 was traveling in the 2nd lane, and GBF2827M was traveling in the 1st lane along the said flyover.

Weather condition: Rain stop, wet road surface.

<b>Subjects Involved</b>			
<b>Suspect</b>			
Person Name	Unknown		
Gender	Male	Race	Malay
Language	English	Occupation	Trailer-truck driver
Complexion	Dark	Build	Plump
Height About	168cm	Attire Last Worn	Black T Shirt with logo johor gabungan truckers group, long blue jeans, black boot
Hair Style	Bald	Relation To Informant	Stranger
<b>Victim</b>			
Person Name	LIM KUN DE		
ID Type	NRIC NO	ID No	S80367301
Gender	Male	Age	40
Race	Chinese	Language	English

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: 07/05/2021 08:38
Classification Of Case:





**SINGAPORE  
POLICE FORCE**



E/20210507/7005

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**POLICE REPORT (NP299)**

**CONTINUATION OF REPORT**

Report No. E/20210507/7005

Occupation	Working proprietor (wholesale trade)	Address	335 SERANGOON AVENUE 3 #06-333 SINGAPORE 550335
Mobile No	96942729	Is Informant A Victim?	Yes
Person Name	LIM KUN DE (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:

07/05/2021 08:38

Classification Of Case:

### Personal Particulars

Date of Accident: 6/5/21 Time of Accident: 1455hrs  
Exact Location of Accident: BKE  
Owner's Name: JM Supplies LLP NRIC No: \_\_\_\_\_ HP No: \_\_\_\_\_  
Driver's Name: Lim Kun De NRIC No: 580367307 HP No: 96942729  
Date of Birth: 20/11/1980 Driving Licence Passing Date: 9/9/1999 Occupation: Indoor / Outdoor  
Address: 335 Serangoon Ave 3 #06-333 C 550335  
Relationship of Driver with Insured: Owner Email Address: \_\_\_\_\_  
Vehicle No: GBF 2827M Make & Model: Toyota  
Insurance Co: AIG Coverage: \_\_\_\_\_ Policy No: \_\_\_\_\_

\*Purpose of Reporting? ☒ Own Damage Claim / ☐ 3rd Party Claim / ☐ Not Claiming, Just Reporting Only

\*Exact Purpose of The Vehicle Was Being Used At Time Of Accident: ☒ Private Use / ☐ Work

\*Weather Condition? ☒ Clear / ☐ Raining / Others: \_\_\_\_\_ ☒ Wet / ☐ Dry / Others: \_\_\_\_\_

\*Any passenger inside vehicle involved? (Yes / No) If yes, Vehicle No & How many pax:

A: 1+0 B: 1+0 C: \_\_\_\_\_ D: \_\_\_\_\_

\*Was Anybody Injured? (Yes / No) If yes,

Name / NRIC / In Vehicle: \_\_\_\_\_

\*Was The Accident Reported To The Police?

☐ No ☒ Yes, Which Police Station? \_\_\_\_\_

\*Does the Driver Own Any Other Vehicle?

☐ No ☒ Yes, Vehicle Registration No: \_\_\_\_\_ Insurer: \_\_\_\_\_

\*Was any foreign vehicle involved? (Yes / No) If yes, Vehicle No & Category: \_\_\_\_\_

\*Was there any video captured by Car Camera? (Yes/No) ☒

### Third Party Driver's Particulars

Vehicle B No: JTK 9133 Make & Model: \_\_\_\_\_  
Driver's Name: \_\_\_\_\_ NRIC No: \_\_\_\_\_ HP No: \_\_\_\_\_  
Vehicle C No: \_\_\_\_\_ Make & Model: \_\_\_\_\_  
Driver's Name: \_\_\_\_\_ NRIC No: \_\_\_\_\_ HP No: \_\_\_\_\_

### Witness Particulars

Name: \_\_\_\_\_ NRIC No: \_\_\_\_\_ HP No: \_\_\_\_\_



# CERTIFICATE OF INSURANCE

## COMMERCIAL AUTOPLAN COMMERCIAL VEHICLE

**Name of Policyholder** : JM SUPPLIES LLP  
**Period of Insurance** : 24 Aug 2020 To 23 Aug 2021  
**Engine No.** : 1KD2644885  
**Chassis No.** : JTFHT02P800204282

**Vehicle No.** : GBF2827M  
**Policy No.** : 2070115459  
**Endorsement No.** :  
**Issued Date** : 03 Aug 2020

### ABOUT THE COVER

**Make/Model** : TOYOTA HIACE VAN 1 ton [Van]  
**Engine Capacity/Tonnage** : 1.14 Tonnage  
**Driver Restriction** : NA  
**Person or Classes of Persons Entitled to Drive\*** :  
**Sum Insured** : Market Value  
**Off Peak Car** : No  
**First Year of Registration** : 2016  
**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 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 8200. 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:** United Overseas Bank Limited

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).

0503982000

KHC HOLDINGS PTE. LTD.

389A BALESTIER ROAD

SINGAPORE 329796

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

**AIG Asia Pacific Insurance Pte. Ltd.**

This computer generated document does not require a signature.

Che Ying Lim