

Date In: <b>07/09/2021 15:55</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NB/11/16210094064</b>	SAS e-illing		
Veh No: <b>G35 3510K</b>	E-mail (by date time, A/C # etc)		
D.O.A: <b>06/09/2021 11:28</b>	1-Motor Claim Form		
(1) <b>(TP)</b> Reporting Only	1-Motor W/O (Within 60 days TP 4hrs)		
TP Insurer:	1-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/W/Visa		

Preferred Pickup / NO Ass'n / Pickup / QW: ( )  
 TP Insurer: ( ) Vch No: **G35 501R** INC ( ) / Non-INC ( )  
 Owner / Driver: ( )  
 Policy No: ( ) Period: ( ) Cover Type: ( )

Confirmed by: ( ) Date: ( )  
 Insured/Driver Liability: ( ) % [Note- Est Status (WO): N: 0-20%; P: 21-79%; F: 80-100%]  
 Year of Registration: ( ) Warranty: YES ( ) / NO ( )  
 Deductible: ( ) Loading: \$1,000 ( ) / \$2,000 ( )

( ) Walk-In Customer: Customer's Information strictly Confidential & Subject to No Referral of Repatriation  
 ( ) Total Loss Case: to a small Insurer URGENTLY  
 Drive-In ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Cost: ( )

- 1) Apply for Transport Allowance ( ) / Courtesy Car ( )
- 2) QC Check / Post Repair Inspection ( )
- 3) Upload Resurvey Photo (Repair Cost > \$3000) ( )

Injury: ( )  
 ( )  
 ( )  
 ( )

**NA2103795**

Driver/Owner:	1) All Accident Report (06)	
Contact No:	2) DA Damage Assessment (\$1000)	NO (0)
Damaged Portion:	3) FR Following Up	\$100
	4) PT Follow through Survey	\$30
	5) PT Follow through Survey (Resurvey)	\$30
	6) PT Follow through Survey (Resurvey) For additional (incl) NO Only (with 10 min 200)	\$75
	7) TR Inspection	\$160
	8) NI IDA + SMRS Survey	
	9) NUC Additional Services	
	10) NI Courtesy Car / Tol Allowance	\$5
	11) NI Repair Coordination	\$10
	12) NI Post Repair Inspection	\$25
	13) NI DV / Callout / Loss Coordination	\$5
	14) NI TP (4 hrs) + 1 hr 15 min	\$20
	15) NI 1 hr 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 ..... 07/09/2021 15:55 (SGT)  
Date of Accident ..... 06/09/2021 11:25 (SGT)  
Exact Location of Accident ..... Hougang Ave 3, Singapore  
Additional Location Information ..... TOWARDS EUNOS LINK  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... GBH3570K

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... YI SAN NG KEE TRADING  
Company Reg No ..... 4XXXX700C  
Email Address ..... scotchhere123@gmail.com  
Mobile Phone No ..... (Phone) +65-96497942  
Alternative Phone No ..... +65-96497942

### VEHICLE PARTICULARS

Manufacturer ..... Nissan  
Model ..... Nv350  
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 ..... 2488

### INSURANCE COMPANY

Name of Insurance Company ..... AIG Asia Pacific Insurance Pte. Ltd.  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... 1800050265-02  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... NG HAN SHAN  
NRIC No ..... SXXXX342H

Date Of Birth .....	05/11/1955
Occupation .....	Outdoor
Date Of Driving Pass .....	07/03/1980
Driving experience .....	41 YEARS AND 6 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-96497942
Alt. Phone Number .....	-
Email Address .....	scotchhere123@gmail.com
Address .....	BLK 528 HOUGANG AVENUE 6 #05-241
Address complement .....	-
Postcode .....	530528
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	DIRECTOR
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 .....	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 vehicle 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 .....	Traffic Police
Police Station Phone No .....	(Phone) +65-65470000
Alt. Police Station Phone No .....	(Fax) +65-65474900
Police Station Address .....	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH PLAN AND POLICE REPORT T/20210906/7030

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 .....	GBB5011B
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) ..... -

### INJURED PERSONS DETAILS

INJURED 1

Name of injured person .....	NG HAN SHAN
Gender .....	Male
Phone No .....	(Phone) +65-96497942
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT INJURY
Injured person in which vehicle? .....	GBH3570K
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

**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.

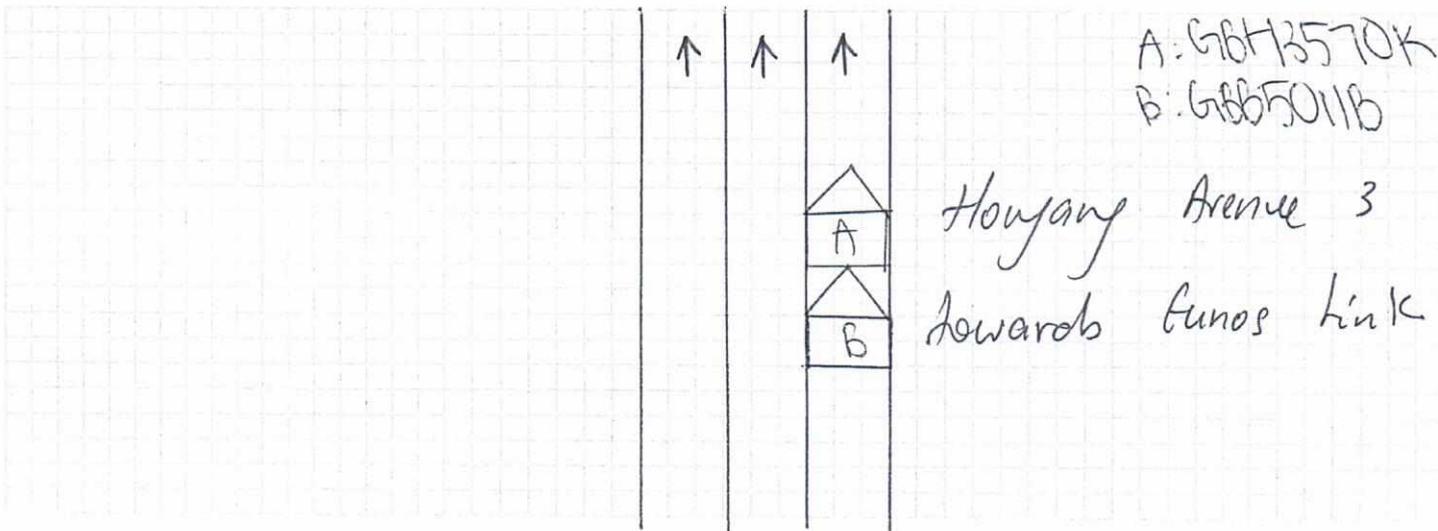
**易山黃記貿易**  
**YI SAN NG KEE TRADING**

*07/09/2021*  
Witnessed by Reporting Centre Personnel

Policyholder's Signature / Date & Time

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

**Sketch Plan**



Describe Circumstances of the Accident

A: GHT3570K  
B: 6BB50116

I WAS DRIVING VEHICLE A GOING STRAIGHT ON HOUGANG AVENUE 3 TOWARDS EUNOS LINK BEFORE BARTLEY ROAD EAST WHEN I WAS SUDDENLY HIT ON THE BACK BY VEHICLE B WHILE WAITING FOR THE TRAFFIC LIGHT TO TURN GREEN. I GOT DOWN MY VEHICLE AND FOUND THAT I WAS INVOLVED IN A 2 CAR COLLISION ACCIDENT. WE TOOK PICTURES, EXCHANGED PARTICULARS AND LEFT.

POLICE REPORT T/20210906/7030

Declaration

We declare the foregoing particulars are true in every respect.

易山黃記貿易  
YI SAN NG KEE TRADING

07/09/2021  
Witnessed by Reporting Centre Personnel

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Date of Accident : 06/09/2021 Accident Time: 11:25 (24-HR-FORMAT)  
 Accident Place : HOUGANG AVE 3 TOWARDS EUNOS LINK  
 Vehicle Reg. No (Car plate No.) : 6B13570K Vehicle Make/Model: NISSAN NV350  
 Insurance Company : Alfa Policy No. 1800050265-02  
 Name of Registered Owner : Company / Individual YI SAN NG TRADING  
 ID of Registered Owner : Co Reg No: 54956700C Owner's NRIC No: \_\_\_\_\_  
 : Co Contact No: \_\_\_\_\_ Owner's Contact No: 9697942  
 DRIVER'S Name : NG HAN SHAN DRIVER'S NRIC No: S1205342H  
 DRIVER'S Date of Birth : 05/11/1955 DRIVER'S License Pass Date 07/03/1780  
 Relationship bet. Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Director of company  
 DRIVER'S Address : 528 HOUGANG AVE 6 #05-21 S520528  
 DRIVER'S Contact No./ Alt No. : 1) 9697942 2) \_\_\_\_\_  
 DRIVER'S Occupation : INDOOR OUTDOOR (eg. working inside or outside of an ofc)  
 Email Address : \_\_\_\_\_ Scotchhere 123 @ Gmail.com  
 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): \_\_\_\_\_ Name & Gender; \_\_\_\_\_  
 Was the accident reported to the police? YES \ NO  
 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 injuries, if yes (name of the injured person) \_\_\_\_\_ 1) DRIVER

**Other Party Driver's Particulars (if any)**

Vehicle Reg No: <u>6BB5011B (B)</u>	Vehicle Reg No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name DRIVER: _____	Name DRIVER: _____
IC No. DRIVER: _____	IC No. DRIVER: _____
DRIVER'S Contact & add: _____	DRIVER'S Contact & add: _____



**SINGAPORE  
POLICE FORCE**



T/20210906/7030

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

1 of 3

Report No. T/20210906/7030

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 06/09/2021 14:44		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: NG HAN SHAN			Address: 528 HOUGANG AVENUE 6 #05-241 SINGAPORE 530528		
ID Type / ID No.: NRIC NO / S1205342H			Contact No.:		Mobile: 96497942
Nationality: SINGAPORE CITIZEN			Email: royfication@hotmail.sg		
Sex: Male	Age: 65	Date of Birth: 05/11/1955	Type of Informant: Driver		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: self employed			Driving Licence Information: Class:		Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 06/09/2021 11:25	Type of Location: Straight Road
Location: HOUGANG AVENUE 3				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 60 Km/h
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Conditio	No of
GBB5011B	Lorry				Seriously Damaged	1
GBH3570K	Van				Seriously Damaged	1



**SINGAPORE  
POLICE FORCE**



T/20210906/7030

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

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Report No. T/20210906/7030

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	NG HAN SHAN	ID No.	S1205342H
Related Vehicle	GBH3570K (Van)	Contact No.	96497942
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	03	Degree of	Serious

**Brief Details.**

I was driving Vehicle A bearing number plate GBH3570K going straight on Hougang Avenue 3 towards Eunos Link when i was suddenly hit on the back by Vehicle B bearing number plate GBB5011B while waiting for the traffic light to turn green. I got down my vehicle and find that i was involved in a 2 car collision accident - head to rear. The large impact caused me discomfort on my neck, shoulders waist and left leg. I consulted a local GP and was given 3 days MC.



**SINGAPORE  
POLICE FORCE**



T/20210906/7030

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

3 of 3

Report No. T/20210906/7030

**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 / TPIB /  
TAN JEOK LENG  
Contact No.: 65476151

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by Singpass. No signature is  
required.

Date/Time:  
06/09/2021 14:44

Classification Of Case:



# CERTIFICATE OF INSURANCE

## NISSAN COMMERCIAL AUTO PROTECTOR COMMERCIAL VEHICLE

**Name of Policyholder** : Yi San Ng Kee Trading  
**Period of Insurance** : 07 May 2021 To 06 May 2022  
**Engine No.** : YD25423210A  
**Chassis No.** : JN1MC2E26Z0008740

**Vehicle No.** : GBH3570K  
**Policy No.** : 1800050265-02  
**Endorsement No.** :  
**Issued Date** : 03 May 2021

### ABOUT THE COVER

**Make/Model** : NISSAN NV350 PANEL VAN  
**Engine Capacity/Tonnage** : 1.5 Tonnage  
**Driver Restriction** : NA  
**Person or Classes of Persons Entitled to Drive\*** :  
**Sum Insured** : Market Value  
**Off Peak Car** : No  
**First Year of Registration** : 2018  
**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.

**Loss Of Use (7 Days) Commercial Auto**

\* 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 - \$1100 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)

1. Tan Chong Motor Sales Add: 913 Bt Timah Road Singapore 589623 64694091 64694092 64694093
2. Autolution Industrial Add: 19 Ubi Road 4 Singapore 408623 64909666
3. TC AutoClinic Add: 25 Leng Kee Road Singapore 159097 67038511 67038512 67038513
4. TC AutoClinic Add: No.1, Sixth Lok Yang Road Singapore 628099 62622212
5. Tan Chong Motor Sales Add: 17 Lor 8 Toa Payoh Singapore 319254 63570753 63570754

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:** TAN CHONG CREDIT PTE LTD

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).

0500610360

TAN CHONG CREDIT PTE LTD-NAC

911 BUKIT TIMAH ROAD TAN CHONG MOTOR CENTRE  
SINGAPORE 589622 ANSP-MOTOR

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

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

This computer generated document does not require a signature.