

NATIONAL Assessment Centre Services

Date In: 06/10/21	Job description	Date & Time Completed	Done by
Ref No: NA/A1621010298/13	SAS e-filing		
Veh No: QBF15417	E-mail (within 3hrs: A/C 2hrs)		
D.O.A: 03/10/21 2100	i-Motor Claim Form		
OD: (P) 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: QBG3844B	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

NA2104144

Invoice Preparation Checklist

Ant (\$)
1st Bill

Ant (\$)
Add Bill

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments :-

Cat 1:

Cat 2 / 3:

- 1) AR: Accident Reporting (\$30);
- 2) DA: Damage Assessment (\$100); INC (\$30)
- 3) TF: Towing Fee \$40/\$45
- 4) FT: Follow-Through Survey \$120
- 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 \$0

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	06/10/2021 12:45 (SGT)
Date of Accident	03/10/2021 21:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	BUKIT BATOK ST 34 OPEN SPACE CARPARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF1541T
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	REGIONAL D TRANS
Company Reg No	5XXXX717A
Email Address	regine_yau@hotmail.com
Mobile Phone No	(Phone) +65-93657855
Alternative Phone No	+65-93657855

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	REGIUS ACE SUPER GL DARK PRIME
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	2070094350-01
Cover Note Number	-

DRIVER

Name of Driver	LIM TIONG GUAN(LIN ZHONGYUAN)
NRIC No	SXXXX072A

Date Of Birth	10/01/1973
Occupation	Outdoor
Date Of Driving Pass	19/05/1993
Driving experience	28 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93657855
Alt. Phone Number	-
Email Address	regine_yau@hotmail.com
Address	BLK 445B BUKIT BATOK WEST AVE 8
Address complement	#09-433
Postcode	652445
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	Collided into Parked Vehicle
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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	0
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	Hong Kah North Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18005679999
Alt. Police Station Phone No	(Fax) +65-65652508
Police Station Address	Blk 370 Bukit Batok Street 31 #01-201 Singapore 650370
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT:T/20211004/2076

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 DRIVER
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBG3844B
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.
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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.

Regional D' Trans

9 ENG KONG TERRACE

SINGAPORE 598981

H/P: 9695 5325 FAX: 6397 1613

Email: regionaldtrans@gmail.com

ROC NO. 52987717A

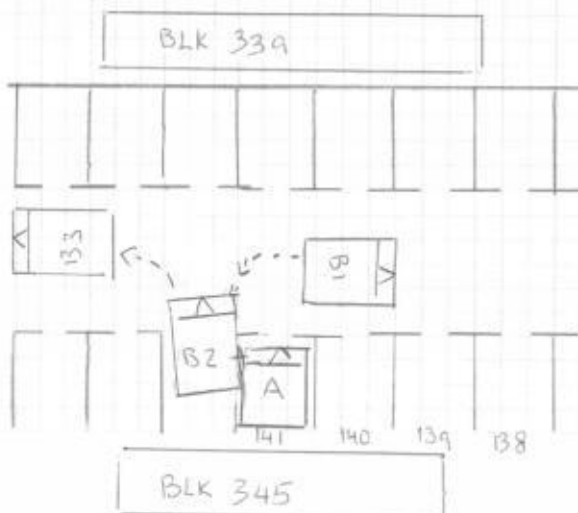
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Lim
06/10/21

Sketch Plan



VEHICLE A: ADF 1541 T

VEHICLE B: GBA 3844 B

BURIT BATOR ST 34 OPEN SPACE CARPARK

Describe Circumstances of the Accident

PLEASE REFER TO POLICE REPORT ATTACHED 5/20211004/2076

Declaration

We declare the foregoing particulars are true in every respect.

9 ENG KONG TERRACE
SINGAPORE 598981
H/P: 9695 5325 FAX: 6397 1613
Email: regionaldtrans@gmail.com
ROC NO. 52987717A

X

Policyholder's Signature / Date &
Time

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

Witnessed by Reporting Centre
Personnel



Police Station Of Origin:
Hong Kah North NPP
370 Bukit Batok Street 31 #01-201
SINGAPORE 650370
Tel No: 1800-5679999

Report No. T/20211004/2076

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/10/2021 16:27		Vide Report No.:		Station Diary No.: 24
Informant's Particulars				
Name of Informant: RACHEL LIM FANG YI		Address: 345 BUKIT BATOK STREET 34 #09-270 SINGAPORE 650345		
ID Type / ID No.: NRIC NO / S9546587J		Contact No.: Home/Office: Mobile: 90926651		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Female	Age: 25	Date of Birth: 13/12/1995	Type of Informant: Passenger	
Race: Chinese		Language: English	Institution / School Name:	
Occupation: SALES OPERATION		Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident				
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 03/10/2021 22:00	Type of Location: Car Park
Location: BUKIT BATOK STREET 34				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: No Traffic	
Type of Collision: Moving Vehicle Against - Parked Vehicle			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBF1541T	Van	TOYOTA		Grey	Slightly Damaged	0

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



Police Station Of Origin:
Hong Kah North NPP
370 Bukit Batok Street 31 #01-201
SINGAPORE 650370
Tel No: 1800-5679999

Report No. T/20211004/2076

CONTINUATION OF REPORT

Vehicle Owner			
Name	Steven	ID No.	NIL
Related Vehicle	GBF1541T (Van)	Contact No.	96955325
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
Passenger			
Name	RACHEL LIM FANG YI	ID No.	S9546587J
Related Vehicle	GBF1541T (Van)	Contact No.	90926651
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
Driver			
Name	Lim Tiong Guan	ID No.	S7301072A
Related Vehicle	GBF1541T (Van)	Contact No.	93657855
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

Brief Details.

I am lodging his report as the Vehicle Owner, Steven is diagnosed with Covid19 and is unable to report this traffic accident online. I am lodging this report as I was the one who discovered the damages on the vehicle.

On the 03 September 2021 at about 1400hrs, The vehicle , GBF1541T , was parked at Parking Lot 141 at the Open-Space Carpark U25 . Everything was normal and intact. The last driver who had used the vehicle was my mother's boyfriend namely: Lim Tiong Guan, H/P:93657855

On the same day at about 2200hrs, When I returned to the vehicle, I discovered that the front left headlight, front left bumper and also the left passenger door was damaged. It seems that another vehicle could have hit our vehicle.

There is an in-car camera in our vehicle that have recorded the incident it shows that on the 3rd September at 2113hrs, there was a Nissan pick-up truck could have reversed into the parking lot on the



Police Station Of Origin:
Hong Kah North NPP
370 Bukit Batok Street 31 #01-201
SINGAPORE 650370
Tel No: 1800-5679999

CONTINUATION OF REPORT

left and in the process of it driving out from the lot, it had hit our vehicle and drove away, I wish to state that based on the registration plate number in the video, the registration plate number could be GBG3844B, we had also went to the One motoring website to further verify the validity of this registration plate number.



SINGAPORE
POLICE FORCE



T/20211004/2076

Police Station Of Origin:
Hong Kah North NPP
370 Bukit Batok Street 31 #01-201
SINGAPORE 650370
Tel No: 1800-5679999

4 of 4

Report No. T/20211004/2076

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 MUHAMMAD FAUZI BIN
MOHD ZAIN

Signature Of Informant:

Kali

Signature Of Interpreter:

Not applicable

Date/Time:

04/10/2021 16:27

Officer In Charge Of Case:
TP / HRT /
Sr Staff Sgt NEO ZHI YUAN
Contact No.: 65476079



Classification Of Case:

Authentication Stamp
NP168

SIGNATURE



Traffic Police
AMENDMENT

Traffic Police Department
Charge Office
10 Ubi Avenue 3
Singapore 408865

NPI68 No:	<u>T/20211004/2076</u>	Name:	<u>Rachel Lim Fang Yi</u>
Accident Date/Time:	<u>03/10/2021@2200hrs</u>	Address:	<u>Blk 345 Bukit Batok St 34</u>
Vehicle(s) Involved :	<u>V1) GBF1541T</u>		<u>#09-270</u>
	<u>V2) GBG3844B</u>		<u>S(650345)</u>
		NRIC No:	<u>S9546587J</u>
		Tel No :	<u>90926651</u>
		Date :	<u>04/10/2021</u>

Dear Sir / Madam

I wish to amend as follows:

Reference to the initial report: T/20211004/2076, I would like to add on that another vehicle owner has come forward and produce a clearer footage of the accident and it could be clearly seen that the pick up that has hit our vehicle was V2) GBG3844B

Rachel
Yours faithfully

Jen SS 11/20/21



Traffic Police
AMENDMENT

Traffic Police Department
Charge Office
10 Ubi Avenue 3
Singapore 408865

NP168 No: T/20211004/2076 Name: Rachel Lim Fang Yi
Accident Date/Time: 03/10/2021 @2200hrs Address: Blk 345 Bukit Batok Street 34
Vehicle(s) Involved: V1) GBF1541T #09-270
V2) GBG3844B S(650345)
NRIC No: S9546587J
Tel No: 90926651
Date: 05/10/2021

Dear Sir / Madam

I wish to amend as follows:

Reference to the initial report: T/20211004/2076, I would like to change in the following: brief facts that the correct date is 03 October 2021 instead of 03 September 2021.

Ram

Yours faithfully

HONG KAH NORTH NPP
BLK 370 BUKIT BATOK STREET 31
SINGAPORE 650370
TEL: 1800-567 9999

Date of Accident : 3/10/2021 Accident Time: 3:00 HRS (24-HR-Format)
 Accident Place : BUKIT BATOK STREET 34 OPEN SPACE CARPARK
 Vehicle No. (Car Plate No.) : GBF 1541T Make/Model: TOYOTA HIACE
 Insurance Company : AIG Policy No: 2070 094350-01
 Owner or Company Name /IC No. : REGIONAL D TRANS (5298 7717A)
 Owner or Company Contact No. : 9365 7855 Owner's Hp _____ Company Tel _____
 DRIVER'S Name / IC No. : LIM TIONG GUAN (543 01072A)
 DRIVER'S Date Of Birth : 10/1/1973 DRIVER'S License Pass Date 19/5/1993
 Relationship of Owner & Driver : Spouse\Parent\Children\Sibling\Employee\Others: _____
 DRIVER'S Address : BLK 445 B BUKIT BATOK WEST AVENUE 8 (09-433)
 DRIVER'S Contact No./ Alt No. : (1) 9365 7855 2) _____
 DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
 Email Address : REGINE_YAU@HOTMAIL.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): 0
 Was there any video Captured by car camera: YES \ NO STATIONARY @ PARKING LOT
 Exact purpose for which vehicle was being used at time of accident: Private use \ Work Purpose
 Any Injury (If YES, Pls state): NIL

Other Party Driver's Particular (if any)

Vehicle. No: <u>GBG 3844 B</u>	Vehicle. No: _____
Vehicle Make \Model: <u>NISSAN CABSTAR</u>	Vehicle Make \Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver/Contact: _____	IC No. Driver/Contact: _____

* **NEW – Passenger's name & gender:**

COMMERCIAL AUTOPLUS COMMERCIAL VEHICLE

Name of Policyholder : REGIONAL D TRANS
Period of Insurance : 08 Jul 2021 To 07 Jul 2022
Engine No. : 1KD2598722
Chassis No. : KDH2010192313

Vehicle No. : GBF1541T
Policy No. : 2070094350-01
Endorsement No. :
Issued Date : 08 Jun 2021

ABOUT THE COVER

Make/Model : TOYOTA REGIUS ACE 2.5 M

Engine Capacity/Tonnage : 1.25 Tonnage

Sum Insured : Market Value

First Year of Registration : 2016

Driver Restriction : NA

Off Peak Car : No

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" ("YIDER") 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 - \$600 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 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 or AIG SG Mobile App. Simply search and download "AIG SG" from iTunes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: MayBank

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).