

NATIONAL Assessment with Certain Employers, 10/1/2021, **SMO 21B10008**

Date In:	Job description	Date & Time Completed	Done by
01/11/2021 18:57	SAS Billing		
Ref No: <b>NA 2104300</b>	Trailer (S/size 1100, 1100)		
Ych No: <b>GBH 6710D</b>	1-Motor Glider Xpress		
DOA: <b>30/10/2021 13:40</b>	1-Motor W/O (W/tilt 00 1100, TP 1000)		
<input checked="" type="checkbox"/> Reporting Only	1-Photo Uploaded		
TP Insurer	Assessment/Survey Report		
	Asst Report by Hwy / Stand to Owner / Visitor		

Preferred Wksp / NO Availn Wksp / OW: ( ) Toll Fax: ( )

TP Insur ( ) Ych No: **SLU 1067M**, INC ( ) / Non-INC ( ) Toll: ( )

Owner / Driver ( )

Policy No: ( ) Period: ( ) Cover Type: ( )

Confirmed by: ( ) Date: ( )

Insured/Driver Liability: ( ) % (Note: Est Glows (WO) NI 0-20%, PI 21-79%, P 80-100%)

Year of Registration: ( ) Warrant: YES ( ) / NO ( )

Deduct: ( \$ ) Loading: \$1,000 ( ) / \$2,000 ( )

( ) Write-In Comments: Customer's information strictly confidential & solely NO report of reputation.

( ) Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In ( ) / Towed-In ( ) / Invoiced: YES ( ) / NO ( ) / Towed: COI ( )

- 1) Apply for Transport Allowance ( ) / Courtesy Car ( )
- 2) QO Check / Post Repair Inspection ( )
- 3) Upload Recovery Photo (Repair Cost > \$3,000) ( )

Injury: ( )

**NA 2104300**

Item	Amount
1) All Accident Workline (300)	
2) DA Benefit (1000)	\$1000
3) P1 Follow Up	\$100
4) P1 Follow Up (Survey)	\$100
5) P1 Follow Up (Survey) (2104300)	\$100
6) P1 Follow Up (Survey) (2104300)	\$100
7) P1 Follow Up (Survey)	\$100
8) P1 Follow Up (Survey)	\$100
9) P1 Follow Up (Survey)	\$100
10) P1 Follow Up (Survey)	\$100
11) P1 Follow Up (Survey)	\$100
12) P1 Follow Up (Survey)	\$100
13) P1 Follow Up (Survey)	\$100
14) P1 Follow Up (Survey)	\$100
15) P1 Follow Up (Survey)	\$100
16) P1 Follow Up (Survey)	\$100
17) P1 Follow Up (Survey)	\$100
18) P1 Follow Up (Survey)	\$100
19) P1 Follow Up (Survey)	\$100
20) P1 Follow Up (Survey)	\$100
21) P1 Follow Up (Survey)	\$100
22) P1 Follow Up (Survey)	\$100
23) P1 Follow Up (Survey)	\$100
24) P1 Follow Up (Survey)	\$100
25) P1 Follow Up (Survey)	\$100
26) P1 Follow Up (Survey)	\$100
27) P1 Follow Up (Survey)	\$100
28) P1 Follow Up (Survey)	\$100
29) P1 Follow Up (Survey)	\$100
30) P1 Follow Up (Survey)	\$100

Driver/Owner: ( )

Company No: ( )

Damaged Portion: ( )

QC Checked by (Wgn-In-Client): ( )

Notes: ( )

# 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 .....	01/11/2021 18:51 (SGT)
Date of Accident .....	30/10/2021 13:40 (SGT)
Exact Location of Accident .....	Bukit Timah Rd, Singapore
Additional Location Information .....	U-TURN TOWARDS DUNEARN ROAD
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	GBH6710D
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### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	EN WORKSHOP PTE. LTD.
Company Reg No .....	TXXXXX019D
Email Address .....	lowchengboon@gmail.com
Mobile Phone No .....	(Phone) +65-91554835
Alternative Phone No .....	(Office) +65-67444175

### 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 .....	1900108713-02
Cover Note Number .....	-

### DRIVER

Name of Driver .....	LOW CHENG BOON
NRIC No .....	SXXXX075D

Date Of Birth .....	08/12/1970
Occupation .....	Outdoor
Date Of Driving Pass .....	17/01/1989
Driving experience .....	32 YEARS AND 9 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-91554835
Alt. Phone Number .....	-
Email Address .....	lowchengboon@gmail.com
Address .....	BLK 473D UPPER SERANGOON CRESCENT #10-355
Address complement .....	-
Postcode .....	538473
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 - 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? .....	No
Was any injured conveyed to hospital by ambulance? .....	-
Was any other vehicle or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	WORKER
Gender .....	Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	No
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH PLAN

#### 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 .....	SLW1067M
Vehicle Manufacturer .....	Toyota
Vehicle Model .....	Wish
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car

Name of Driver .....	YAN SHI XING
NRIC No .....	SXXXX492G
Contact Number .....	(Phone) +65-97110386
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**.
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

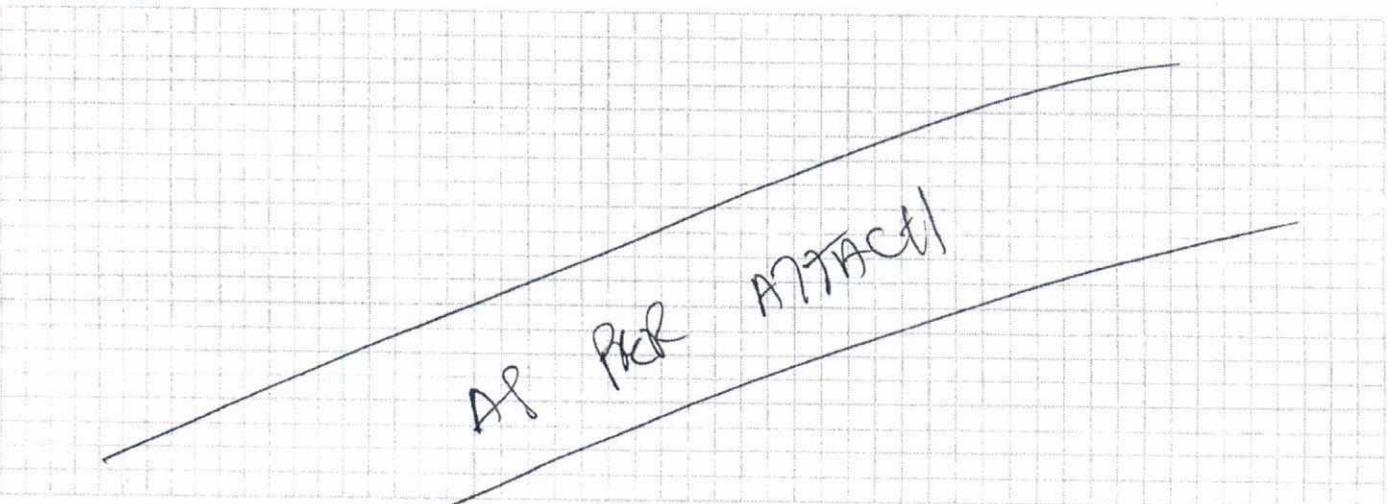
*[Signature]* 01/11/2021

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

*[Signature]* 01/11/2021

Witnessed by Reporting Centre Personnel

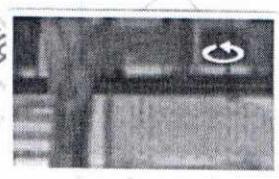
### Sketch Plan





A) 4BH6710D  
B) SW 1067M

oil/iron



Madison Residence  
The Legend  
Swiss Cottage Estate  
Dunearn Rd  
Rochor River  
Timah Rd  
Bukit Timah  
Dunearn Rd  
Swiss Cottage Estate



A  
B



Describe Circumstances of the Accident

I was at the U-turn ~~turning from~~ turning from Bukit Tanah Road into Dunearn Road <sup>near the</sup> Madison Residences on 30 Oct 2021, 1340 hrs. As I approach the U-turn get. As I advanced towards the exit of the U-turn, I paused to look out for on-going cars. After stopping the car for about 5 seconds, at that junction, ~~to~~ my vehicle, GBHG710D was hit at the rear by a white Toyota Wish, SLW1067M.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

*[Signature]* 31/11/2021

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

*[Signature]* 01/11/2021

Witnessed by Reporting Centre Personnel

# ACCIDENT STATEMENT

ACCIDENT DATE: (30/10/2021) (DD/MM/YYYY), TIME: (13:40) (HH:MM)

LOCATION: U-turn from Bukit Timah to Dunearn Road near the Madson Residence

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBH 6710 D  
b) INSURANCE COMPANY: AIG  
c) POLICY NUMBER: 1900108713-02  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: Toyota Dyna 150  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: Work  
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) (NO)  
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

## 2. INSURED / POLICY HOLDER

- A) NAME: EN Workshop Pte Ltd (MALE / FEMALE)  
B) NRIC/FIN/PASSPORT: T10PE0019D CONTACT: 6744 4175  
C) ADDRESS: 3 Loyang Wayb, Singapore 507077

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

### DRIVER

- a) NAME: LOW CHENG BOON (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S7043075D CONTACT: 91554835  
c) ADDRESS: Blk 473D, Upper Serangoon Crescent, #10-355  
S(53847B)

\*d) DATE OF BIRTH: (08/12/1970) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 1990

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: SLW1067M MODEL: Toyota Wish  
b) DRIVER'S NAME: Yan Shi Xing  
c) NRIC/FIN/PASSPORT: S8177492G CONTACT: 97110386

## 9. THIRD PARTY VEHICLE

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

email = lowchengboon@gmail.com

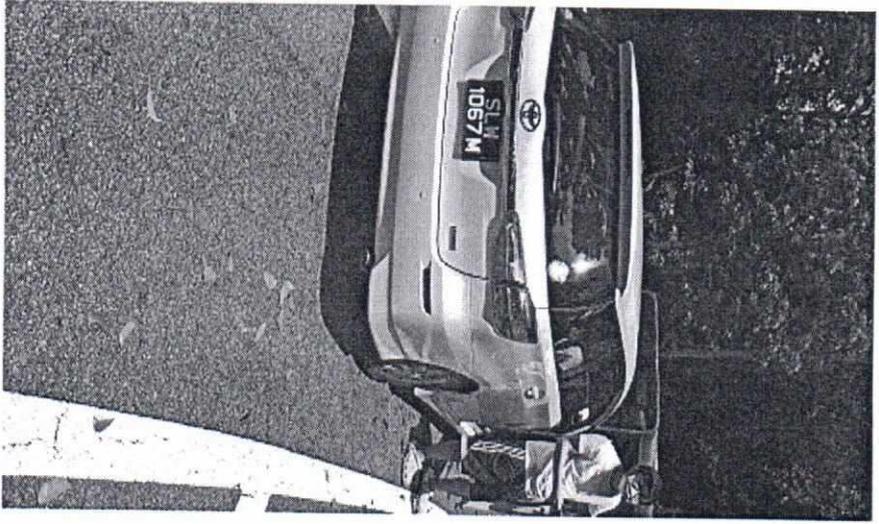
VIDEO

No of passenger  
(Including driver)  
(1)

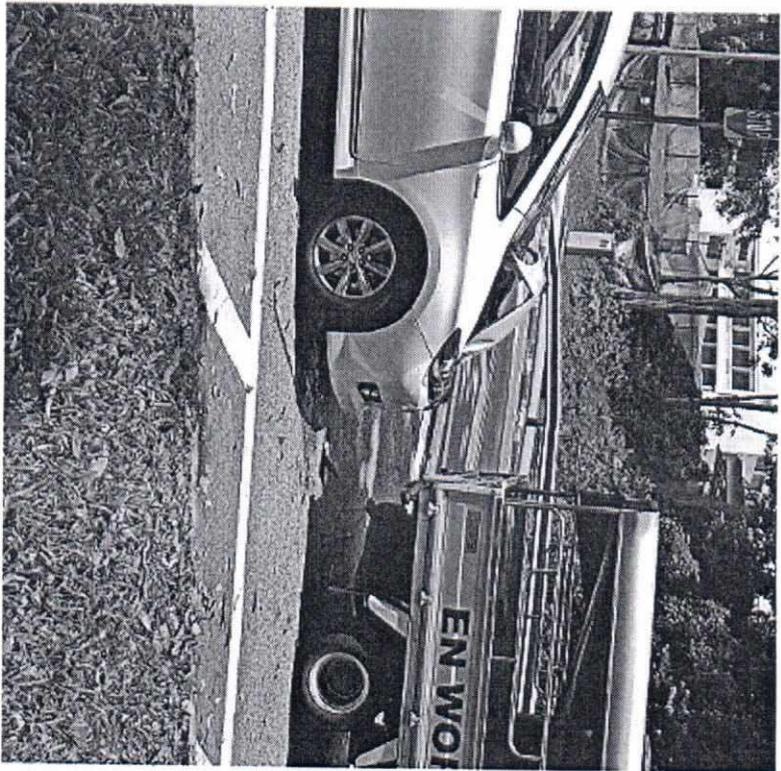
No of passenger  
(Including driver)  
( )

No of passenger  
(Including driver)  
( )

WORKER (M)



*QW  
01/11/2021*





# CERTIFICATE OF INSURANCE

## COMMERCIAL AUTOPLAN COMMERCIAL VEHICLE

**Name of Policyholder** : EN WORKSHOP PTE. LTD.  
**Period of Insurance** : 13 Jun 2021 To 12 Jun 2022  
**Engine No.** : 1KD2791134  
**Chassis No.** : JTFAT35Y80K210045

**Vehicle No.** : GBH6710D  
**Policy No.** : 1900108713-02  
**Endorsement No.** :  
**Issued Date** : 01 Jun 2021

### ABOUT THE COVER

**Make/Model** : TOYOTA DYNA 150 1.8 ton [Lorry]  
**Engine Capacity/Tonnage** : 1.74 Tonnage      **Sum Insured** : Market Value      **First Year of Registration** : 2018  
**Driver Restriction** : NA      **Off Peak Car** : No      **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 - \$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 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: Maybank Singapore Limited

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).

0500718000  
 JG MOTOR AGENCY  
 80 CHANGI ROAD #04-06 CENTROPOD @ CHANGI  
 SINGAPORE 419715  
**Underwritten by AIG Asia Pacific Insurance Pte. Ltd.**

**AIG Asia Pacific Insurance Pte. Ltd.**  
 This computer generated document does not require a signature.

Sook Foong Joanne Goi