

# NATIONAL ASSURANCE CORP. SAMPLES

Sum of 21,650.00

Date Ins: 16/4/2021 15:30  
 Ref No: 438/16/2101676/4  
 Val No: 438/16308  
 S.O.A: 15/4/2021 13:40

Job description	Damage to Vehicle	Done by
SAS e-tiling		
Terminal (by date time, A/S time)		
Motor Claim Xpress		
Motor W/O (Vehicle ID, TP, etc)		
Police Uploaded		
Assessment Survey Report		
Atty Report by Max/Standby Owner/Victim		

(1) TP Reporting Only

TP Insurer

Produced Wkt/180 A/S/180 Wkt/180 A/S/180

TP Insured/Driver ( ) Val No: 438/16308, INC ( ) / Non-INC ( )  
 Owner/Driver ( ) Tel ( )  
 Policy No ( ) Period ( ) Cover Type ( )  
 Confirmed by ( ) Date ( ) Time ( )

Insured/Driver Liability ( ) % (Not-Use SOW (WO) N/A-20%, P1 21,794, P1 80,100%)  
 Year of Registration ( ) Warranty Y/N ( ) / NO ( )  
 License (\$ ) Loading \$1,000 ( ) / \$2,000 ( )

( ) Walker-In Customer: Customer's information is highly confidential & strictly NO Ref or Repoker  
 ( ) Total Loss Case: To e-mail Insurer URGENTLY  
 Driver-In ( ) / Towed-In ( ) / Involves VNS ( ) / NO ( ) / Towed Out ( )

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

Injury ( )  
 ( )  
 ( )  
 ( )

NA2104456	1) All Additional Damage (\$0)	
Driver/Owner	2) BA Damage Allowance (\$100) NO ( )	
Continual No	3) P1 Following ( )	\$125
Continual Portion	4) P1 Following ( )	\$125
QO Checked by (Engin-In-Charge)	5) P1 Following ( )	\$125
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	100) P1 Following ( )	\$125



## 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	16/11/2021 15:30 (SGT)
Date of Accident	15/11/2021 13:40 (SGT)
Exact Location of Accident	5 Kaki Bukit Ave 6, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF630B
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#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	LIU'S BROTHER AUTO WORK SHOP
Company Reg No	4XXXX600K
Email Address	liusbro@ymail.com
Mobile Phone No	(Phone) +65-96549512
Alternative Phone No	(Office) +65-67411730

#### 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	2070075467-01
Cover Note Number	-

#### DRIVER

Name of Driver	LOW ENG KWEE
NRIC No	SXXXX599G

Date Of Birth	09/05/1956
Occupation	Outdoor
Date Of Driving Pass	11/01/1974
Driving experience	47 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96549512
Alt. Phone Number	-
Email Address	liusbro@ymail.com
Address	BLK 10 HAIG ROAD #10-363
Address complement	-
Postcode	430010
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?	Yes
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 AND POLICE REPORT T/20211116/7014

#### 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 OWNER
Was there any audio recorded?	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMN4061U
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category	Private car
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	LOW ENG KWEE
Gender	Male
Phone No	(Phone) +65-96549512
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	GBF630B
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes



## 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

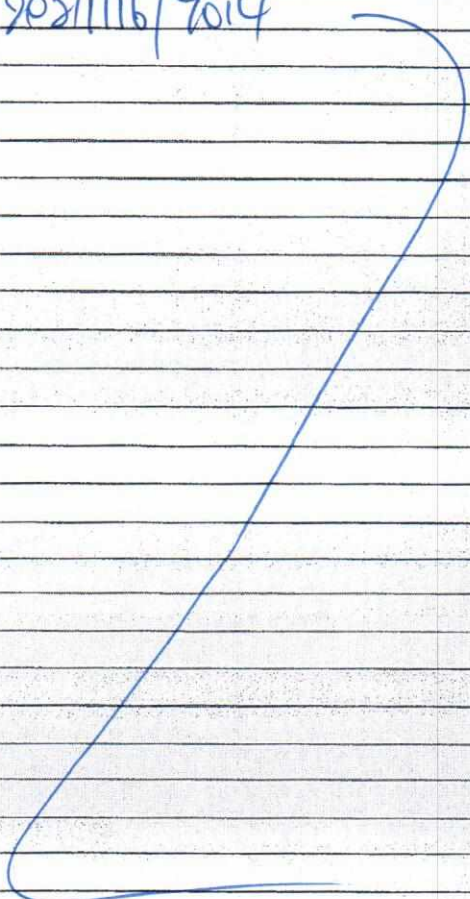
5 KAKI BURK17 AVENUE 6

A GBF 630B  
B SMN4061U

**Describe Circumstances of the Accident**

On 15/11/2021 at about 13:40pm. I was travelling along 5  
Kaki Bukit Ave 6. I was travelling straight. Suddenly, vehicle B  
encroached into my lane and hit the front portion of my vehicle.

Police Report 1/9021116/2014



**Declaration**

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date &  
Time

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

Witnessed by Reporting Centre  
Personnel

16/11/2021



J

Date of Accident : 15/11/2021 Accident Time: 13:40PM (24-HR-Format)  
Accident Place : 5 Kaki Bukit Ave 6  
Vehicle No. (Car Plate No.) : 98F 6308 Make/Model: Toyota Dyna 150 Manual  
Insurance Company : AIG Policy No: 2070075467-01  
Owner or Company Name /IC No. : LIU'S Brother Auto Work Shop (42674600K) Partnership  
Owner or Company Contact No. : 6741 1730 Owner's Hp \_\_\_\_\_ Company Tel \_\_\_\_\_  
DRIVER'S Name / IC No. : Low Eng Kwee (S1196599G)  
DRIVER'S Date Of Birth : 09/05/1956 DRIVER'S License Pass Date 11/01/1974  
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Owner  
DRIVER'S Address : B1K10 Hing Road #10-363 S(430010)  
DRIVER'S Contact No. / Alt No. : 1) 9654 9512 2) \_\_\_\_\_  
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)  
Email Address : liusbros@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): 1 Driver  
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 Injury (If YES, Pls state): Yes (1 Driver)

Other Party Driver's Particular (if any)

Vehicle No: SMN 4061U (vehB) - OAC	Vehicle No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver/Contact: _____	IC No. Driver/Contact: _____

\* NEW - Passenger's name & gender:



# SINGAPORE POLICE FORCE



T/20211116/7014

1 of 3

Report No. T/20211116/7014

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

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/11/2021 11:26		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: LOW ENG KWEE		Address: 10 HAIG ROAD #10-363 SINGAPORE 430010			
ID Type / ID No.: NRIC NO / S1196599G		Contact No.: Home/Office:		Mobile: 96549512	
Nationality: SINGAPORE CITIZEN		Email: LIUSBRO@YMAIL.COM			
Sex: Male	Age: 65	Date of Birth: 09/05/1956	Type of Informant: Driver		
Race: Chinese		Language: English		Institution / School Name:	
Occupation: CAR MECHANIC		Driving Licence Information: Class: 2B,2A,2,3,4		Date of Expiry:	

## General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 15/11/2021 13:40	Type of Location: Straight Road
Location:  KAKI BUKIT AVENUE 6				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
GBF630B	Lorry					0
SMN4061U	Car	PORSCHE		Grey	Seriously Damaged	0





**SINGAPORE  
POLICE FORCE**



T/20211116/7014

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

2 of 3

Report No. T/20211116/7014

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	LOW ENG KWEE	ID No.	S1196599G
Related Vehicle	GBF630B (Lorry)	Contact No.	96549512
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry	Class: 2B,2A,2,3,4 Date of Expiry: NIL
Date	15/11/2021	Date	15/11/2021
No. of Days granted Medical Leave	03	Degree of	Serious

**Brief Details.**

ON 15/11.2021 AT ABOUT 13:40PM. I WAS TRAVELLING ALONG 5 KAKI BUKIT AVENUE 6. I WAS TRAVELLING STRAIGHT. SUDDENLY, VEHICLE SMN 4061U ENCROACHED INTO MY LANE AND HITTED THE FRONT PORTION OF MY VEHICLE GBF 630B. I WAS INJURED, I HITTED MY HEAD AND FELT PAIN TO MY NECK, BODY AND BACK. I WAS CONVEYED TO CHANGI GENERAL HOSPITAL BY AMBULANCE AND WAS GIVEN 3 DAYS MC. THERE IS A IN-CAR VIDEO.



**SINGAPORE  
POLICE FORCE**



T/20211116/7014

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

3 of 3

Report No. T/20211116/7014

**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 /  
MOHAMMED FERAZ BIN HUSSIAN  
Contact No.: 65476206

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

Date/Time:  
16/11/2021 11:26

Classification Of Case:





# CERTIFICATE OF INSURANCE

## COMMERCIAL AUTOPLAN COMMERCIAL VEHICLE

Name of Policyholder : LIU'S BROTHER AUTO WORK SHOP  
Period of Insurance : 16 Jun 2021 To 15 Jun 2022  
Engine No. : 1KD2606237  
Chassis No. : JTFAT35Y90K206361

Vehicle No. : GBF630B  
Policy No. : 2070075467-01  
Endorsement No. :  
Issued Date : 26 Apr 2021

### ABOUT THE COVER

Make/Model : TOYOTA DYNA 150 1.8 ton [Lorry]  
Engine Capacity/Tonnage : 1.8 Tonnage  
Driver Restriction : NA  
Sum Insured : Market Value  
Off Peak Car : No  
First Year of Registration : 2016  
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. 180), 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 - \$500 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: 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).

0503706000

ALPET AGENCY

7030 ANG MO KIO AVE 5 #08-07 NORTHSTAR @ AMK

SINGAPORE 569880

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

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

This computer generated document does not require a signature.

Pui San Lee