

NATIONAL Assessment Centre Services

| | | | |
|------------------------------|--|-----------------------|---------|
| Date In: 20/12/2021 | Job description | Date & Time Completed | Done by |
| Ref No: NA / AIG 21012900/r3 | SAS e-filing | | |
| Veh No: GBD 9706T | E-mail (within Mon, AM, 2hrs) | | |
| D.O.A: 17/12/2021 10:30 | 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: Ym 9747E | 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 |
|-----------|---------|
| | |
| | |
| | |
| | |
| | |

| NA 2104730 | Invoice Preparation Checklist | Ant (\$) | Ant (\$) |
|---------------------------------|---|-------------|----------|
| Claimant's Particulars :- | | 1st Bill | Add Bill |
| Driver/Owner: | 1) AR : Accident Reporting (\$30); | | |
| Contact No: | 2) DA : Damage Assessment (\$100); INC (\$80) | | |
| Damaged Portion: | 3) TF : Towing Fee \$40/\$45 | | |
| QC Checked by (Engr-In-Charge): | 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:- | | |
| | ON* | | |
| | *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 | | |
| Cat. 1: | Invoice dated | Fee Charged | |
| Cat. 2 / 3: | 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 | 20/12/2021 15:51 (SGT) |
| Date of Accident | 17/12/2021 10:30 (SGT) |
| Exact Location of Accident | Singapore |
| Additional Location Information | JUNCTION OF KRANJI ROAD AND JALAN LAM HUAT |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|---|
| Vehicle Registration Number | GBD9706T |
| INSURED/POLICYHOLDER | |
| Is company? | Yes |
| Name Of Registered Owner | FASTWELD ENGINEERING CONSTRUCTION PTE LTD |
| Company Reg No | 1XXXXX603W |
| Email Address | kohchyeuat8828@gmail.com |
| Mobile Phone No | (Phone) +65-96332191 |
| Alternative Phone No | +65-96332191 |

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 | 7210073852 |
| Cover Note Number | - |

DRIVER

| | |
|----------------|---------------|
| Name of Driver | KOH CHYE HUAT |
| NRIC No | SXXXX359D |

| | |
|--|---------------------------|
| Date Of Birth | 04/03/1947 |
| Occupation | Outdoor |
| Date Of Driving Pass | 27/01/1966 |
| Driving experience | 55 YEARS AND 11 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-96332191 |
| Alt. Phone Number | - |
| Email Address | kohchyehuat8828@gmail.com |
| Address | BLK 21 GHIM MOH ROAD |
| Address complement | #08-151 |
| Postcode | 270021 |
| 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 | DRIZZLING |
| Road Surface | Wet |

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

REFER TO THE POLICE REPORT : T/20211217/7033

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 | YM9747E |
| 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 | KOH CHYE HUAT |
| Gender | Male |
| Phone No | (Phone) +65-96332191 |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | SERIOUS |
| Injured person in which vehicle? | GBD9706T |
| Were seat belts worn? | Yes |
| Was this injured conveyed to hospital by ambulance? | No |

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

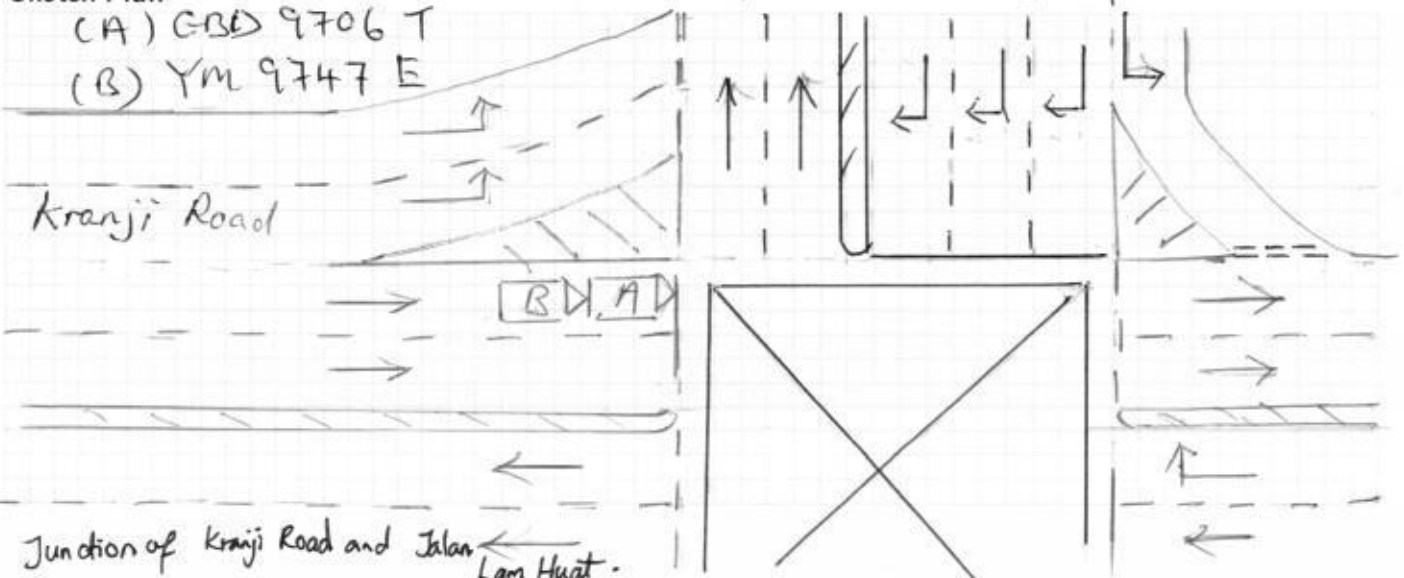
Witnessed by Reporting Centre Personnel

Sketch Plan

(A) GBD 9706 T
(B) YM 9747 E


Jalan Lam Huat

Rm 20/12/21



Describe Circumstances of the Accident

Refer to Police Report
Report No:-
T/20211217/7033



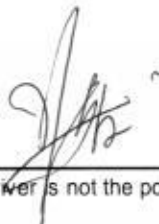
Note: Please note that your insurer may have 14 days time frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check your policy for more information.

Declaration

I/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

Rm 20/12/21

Witnessed by Reporting Centre Personnel



**SINGAPORE
POLICE FORCE**



T/20211217/7033

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

1 of 3

Report No. T/20211217/7033

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--|------------------|--------------------|
| Date/Time Report Made: 17/12/2021 15:08 | Vide Report No.: | Station Diary No.: |
|--|------------------|--------------------|

| | | | |
|--|------------|---|------------------------------|
| Informant's Particulars | | | |
| Name of Informant: KOH CHYE HUAT | | Address: 21 GHIM MOH ROAD #08-151 SINGAPORE 270021 | |
| ID Type / ID No.: NRIC NO / S0455359D | | Contact No.: Home/Office: Mobile: 96332191 | |
| Nationality: SINGAPORE CITIZEN | | Email: kohchyeuat8828@gmail.com | |
| Sex: Male | Age: 74 | Date of Birth: 04/03/1947 | Type of Informant: Driver |
| Race: Chinese | | Language: English | Institution / School Name: |
| Occupation: DRIVER | | Driving Licence Information: Class: | Date of Expiry: |

| | | | | |
|--|------------------|-----------------------|--|-------------------------------------|
| General Information of the Accident | | | | |
| Type of Accident: | Injury Others | Drink Drive: No | Date/Time of Accident: 17/12/2021 10:30 | Type of Location: T-Junction |
| Location: KRANJI ROAD | | | | |
| Weather: Drizzling | | Road Surface: Wet | Road Speed Limit: | |
| Traffic Flow: | | Traffic Control: | Traffic Volume: | |
| 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 |
| GBD9706T | Lorry | | | | | 0 |
| YM9747E | Lorry | | | | | 0 |

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



**SINGAPORE
POLICE FORCE**



T/20211217/7033

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

2 of 3

Report No. T/20211217/7033

CONTINUATION OF REPORT

| Driver | | | |
|-----------------------------------|------------------|-----------------------------------|-----------------------------------|
| Name | KOH CHYE HUAT | ID No. | S0455359D |
| Related Vehicle | GBD9706T (Lorry) | Contact No. | 96332191 |
| Hospital/Clinic | SIN MIN CLINIC | Class of Driving Licence & Expiry | Class: NIL Date of Expiry: NIL |
| Date | 17/12/2021 | Date | NIL |
| No. of Days granted Medical Leave | 07 | Degree of | Serious |

Brief Details.

On 17/12/2021 at about 1030 hours at along T junction of Kranji Road and Jalan Lam Huat towards Kranji Loop. I was travelling on the extreme left lane at along Kranji Road and came to a complete stop due to Red traffic light. Suddenly, I felt a great impact from the rear and when I alighted, I realized that it was vehicle (b) who hit onto the rear portion of my vehicle (a) causing damages to my vehicle. I have 7 days MC for my injury.

Vehicles involving in the situation:

(A) GBD9706T

(B) YM9747E



**SINGAPORE
POLICE FORCE**



T/20211217/7033

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

3 of 3

Report No. T/20211217/7033

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 /
BOON YEN KIAN
Contact No.: 65476172

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

Date/Time:
17/12/2021 15:08

Classification Of Case:

SINGAPORE ACCIDENT STATEMENT

| | | | | |
|---|--|---------------------|--------------------------|----------------------|
| Accident Date: | 17/12/2021 | Time: | 1030 hrs | (hh:mm) 24 hr format |
| Location | Junction of Kranji Road and Jalan Tam Huat | | | |
| Vehicle Number | GBD 9706T | | | |
| Insured Name | FASTWELD ENGINEERING CONSTRUCTION PTE LTD | | | |
| NRIC / FIN | 199905603W | Contact Number | | |
| Make | TOYOTA | Model | DYNA 150 MANUAL (2982cc) | |
| Are you claiming under your own insurance policy for repair to your vehicle? | | | | |
| () Yes If No, Pls select: (/) Third Party () Reporting | | | | |
| Insurance Company | AIG | | | |
| Type of Policy (/) Comprehensive () Third Party Fire & Theft () TP Only | | | | |
| Policy Number | 721 0073852 | | | |
| Name of Driver | KOH CHYE HUAT | () Same as Insured | | |
| NRIC / FIN | S0455359D | Contact Number | 9633 2191 | |
| Date of Birth | 04/03/1947 | | | |
| Driving Pass Date | 27 JAN - 1966 | | | |
| Occupation () Indoor (/) Outdoor | | | | |
| Gender (/) Male () Female | | | | |
| Email Address | kohchye.huat@gmail.com () NO EMAIL | | | |
| Address of Driver | BLK 21 GHIM MOH ROAD #08-151 S(270021) | | | |
| Was driver an employee of the Insured's Company? (/) Yes () No | | | | |
| If No, Relationship of the Driver with the Insured EMPLOYEE | | | | |
| () Owner () Spouse () Friend () Relative () Children () Sibling | | | | |
| Does the Driver Own Any Other Vehicle? () Yes (/) No | | | | |
| If Yes, Vehicle Registration Number of Driver's Own Vehicle | | | | |
| Insurance Company of Driver's Own Vehicle | | | | |
| Weather Conditions (/) Clear () Raining () Others | | | | |
| Road Surface () Dry (/) Wet () Others | | | | |
| Was any foreign vehicle involved in this accident? () Yes (/) No | | | | |
| Was anybody injured in the accident? () Yes (/) No | | | | |
| If yes, injured detail driver 7 days ml. | | | | |
| Was there any video captured by Car Camera? () Yes (/) No | | | | |
| Was the Accident reported to the Police? (/) Yes () No If yes attach police report | | | | |
| DETAILS OF 3 rd party | | Name / Nric | Contact | |
| Veh B | YM 9747E | | | |
| Veh C | | | | |
| Veh D | | | | |
| Veh E | | | | |
| Veh F | | | | |

- including driver 1 person only

COMMERCIAL AUTOPLUS COMMERCIAL VEHICLE

Name of Policyholder : FASTWELD ENGINEERING CONSTRUCTION PTE LTD **Vehicle No.** : GBD9706T
Period of Insurance : 06 Aug 2021 To 05 Aug 2022 **Policy No.** : 7210073852
Engine No. : 1KD2543808 **Endorsement No.** :
Chassis No. : JTFAT35Y80K204763 **Issued Date** : 21 Jul 2021

ABOUT THE COVER

Make/Model : TOYOTA DYNA 150 1.7 ton [Lorry]
Engine Capacity/Tonnage : 1.7 Tonnage **Sum Insured** : Market Value **First Year of Registration** : 2015
Driver Restriction : NA **Off Peak Car** : No **Insuring with COE/PAF** : 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.

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

Windscreens : \$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: 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).

0691991000

MOH KOK HENG

AIG BUILDING, 78 SHENTON WAY #01-K1 GEM ROOM
SINGAPORE 079120 SP-MOH

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

KOK HENG MOH