

NATION 11 Assessment Centre Services

SA10822100003

Date In: 10/01/2022 13:02	Job Description	Date & Time Completed	Done by
Ref No: N181/220002791	SAS e-filing		
Veh No: GR4 7182X	E-mail (within 2hrs. At 2hrs)		
DDA: 01/01/2022 16:35	I-Motor Claim Form		
OD: TP Reporting Only	I-Motor W/O (within 01. 2hrs. 1P 2hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: GN6138R	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 () / Towel-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

Claimant's Particulars:-	Invoice Preparation Checklist	Am't (\$) 1st Bill	Am't (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30)		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$30)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors' Comments:-	5) FT: Follow-Through Survey (Resurvey) \$30		
Cat. 1:	For claiming against INC Only (wef 10 Jan 2005)		
Cat. 2 / 3:	6) TR: Re-inspection \$75		
	7) NI: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
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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	10/01/2022 13:02 (SGT)
Date of Accident	07/01/2022 16:55 (SGT)
Exact Location of Accident	Seletar North Link, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH7182X
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	NEW ERA CYCLE LLP
Company Reg No	TXXXXX197D
Email Address	zell8955@gmail.com
Mobile Phone No	(Phone) +65-97277924
Alternative Phone No	+65-97277924

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Nv200
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	1598

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	1800103310-03
Cover Note Number	-

DRIVER

Name of Driver	CHEW JING MING
NRIC No	SXXXX823F

Date Of Birth	23/05/1989
Occupation	Indoor
Date Of Driving Pass	19/08/2008
Driving experience	13 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97277924
Alt. Phone Number	-
Email Address	zell8955@gmail.com
Address	BLK 460D BUKIT BATOK WEST AVENUE 9 #11-83
Address complement	-
Postcode	654460
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	OWNER
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 - Cross Junction
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 POLICE REPORT T/20210107/7024

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	GN6138R
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	CHEW JING MING
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	GBH7182X
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 willful 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.

NEW ERA
New Era Cycle LLP
14 Arumugam Road
14 Arumugam Road

Policyholder's Signature / Date & Time
Driver's Signature (if driver is not the policyholder) / Date & Time
Tel: +65 8100 8645 Email: sales@neweracycle.com

Witnessed by Reporting Centre Personnel

A - GBH 7182 X

B - 4N 6138 R

seletar west
link

Describe Circumstances of the Accident

As per police report. 7/20210107/2024

Declaration

We declare the foregoing particulars are true in every respect.

NEW ERA CYCLES LTD
14 Arumugam Road
Singapore 110001

Policyholder's Signature / Date / Time: [Signature] / 10/01/2022 / 10:00 AM
Driver's Signature (If driver is not the policyholder) / Date & Time: [Signature] / 10/01/2022 / 10:00 AM
Tel: +65 6100 8845 Email: sales@neweracycle.com
www.neweracycle.com

Witnessed by Reporting Centre Personnel

5

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 07/01/2022 (dd/mm/yy) Time of Accident: 16:55 (24-HR-FORMAT)
 Vehicle No: GBH 7182 X Vehicle Make & Model: Nissan NV200
 *Transmission: ☒ Manual ☐ Auto *C.C.: 1.5
 Exact location of Accident: Seletar North Link
 Policyholder's Name: New Era Cycle Lp NRIC/FIN/REG No.: T13LL2197 D
 *Policyholder's email address: zell8955@gmail.com
 Driver's Name: Chew Jing Ming NRIC/FIN/REG No.: S8916823F
 *Driver's email address: zell8955@gmail.com
 Driver's Contact No.: 97277924 Company Contact No (if any): -
 Date of birth: 23/05/1989 Driving Pass Date: 19/08/2008
 Driver's Address: Blk 460D Bukit Batok West ave 9 #11-83 S(654460)
 Insurance Company: AIG
 Policy No.: 1800103310-03 Type of Coverage: Comprehensive / Third Party / Third Party, Fire & Theft
 Relationship between Owner & Driver: (Please CIRCLE one only)
 Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify: -
 What do you wish to claim? (Please TICK one only)
☐ Own Insurance / ☒ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)
 Type of Accident
☐ Chain Collision ☐ Head To Rear ☐ Side Swipe ☒ Other Head to side
 Occupation (nature job) ☒ Indoor ☐ Outdoor *No. of Passengers / Including Driver: 01
 *Passenger Name: - Gender: Male / Female
 *Passenger Name: - Gender: Male / Female
 Weather condition & Road conditions? (On the day of accident)
☒ Clear & Dry / ☐ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others: -
 Was there any video captured by your car Car camera? ☒ Yes / ☐ No
 Any Injuries: ☒ Yes / ☐ No (If YES) Injured Person's Name: -
 Injuries Sustain: - Injured Person in Which Vehicle: -
 Police Report filed: ☒ Yes / ☐ No (If YES) Which Police Station: -

The Other Party (S) Details:

1. Driver's Name / IC No: - Vehicle No: GN 6138R
 Driver's Contact No: - Insurance Company: -
 2. Driver's Name / IC No (If Any): - Vehicle No: -
 Driver's Contact No: - Insurance Company: -
 *Independent Witness (If Any): - Contact No: -
 Preferred Workshop Name: - Contact No: -



**SINGAPORE
POLICE FORCE**



T/20220107/7024

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

1 of 3
Report No. T/20220107/7024

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/01/2022 19:13		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: CHEW JING MING			Address: 460D BUKIT BATOK WEST AVENUE 9 #11-83 SINGAPORE 654460		
ID Type / ID No.: NRIC NO / S8916823F			Contact No.: Home/Office:		Mobile: 97277924
Nationality: SINGAPORE CITIZEN			Email: ZELL8955@GMAIL.COM		
Sex: Male	Age: 32	Date of Birth: 23/05/1989	Type of Informant: Driver		
Race: Chinese		Language: English		Institution / School Name:	
Occupation: Self employed		Driving Licence Information: Class: 3		Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 07/01/2022 16:55	Type of Location: X-Junction
Location: SELETAR NORTH LINK				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
GBH7182X	Van					0
GN6138R	Van					0

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



**SINGAPORE
POLICE FORCE**



T/20220107/7024

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

2 of 3

Report No. T/20220107/7024

CONTINUATION OF REPORT

Driver:				
Name	CHEW JING MING		ID No.	S8916823F
Related Vehicle	GBH7182X (Van)		Contact No.	97277924
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	07/01/2022		Date	07/01/2022
No. of Days granted Medical Leave	05	Degree of	Slight	

Brief Details.

On the above mentioned date time and location I was traveling in my vehicle (a). As the traffic light was in my favour i then proceed to go straight. Vehicle (b) from the opposite direction did not wait to give way and proceed to make a right turn hence resulting in a collusion with my vehicle (a) causing damages to my vehicle (a).

I felt pain on my neck and lower back and my hand so I went to our family physician clinic to seek consultation and was given 5days mc.

Vehicle (a) gbh7182x

Vehicle(b) gn6138r



**SINGAPORE
POLICE FORCE**



T/20220107/7024

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

3 of 3

Report No. T/20220107/7024

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 /
TAY CHUN KEEN
Contact No.: 65476436

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

Date/Time:
07/01/2022 19:13

Classification Of Case:



CERTIFICATE OF INSURANCE

NISSAN COMMERCIAL AUTO PROTECTOR COMMERCIAL VEHICLE

Name of Policyholder	: New Era Cycle Llp	Vehicle No.	: GBH7182X
Period of Insurance	: 30 Aug 2021 To 29 Aug 2022	Policy No.	: 1800103310-03
Engine No.	: K9KE628D610260	Endorsement No.	:
Chassis No.	: VSKYBAM20Z0170284	Issued Date	: 13 Aug 2021

ABOUT THE COVER

Make/Model	: NISSAN NV 200	Sum Insured	: Market Value	First Year of Registration	: 2018
Engine Capacity/Tonnage	: 0.6 Tonnage	Off Peak Car	: No	Insuring with COE/PAFF	: Yes
Driver Restriction	: NA				

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)

- 1 Tan Chong Motor Sales Add: 913 Bt Timah Road Singapore 599623 64694091 64694092 64694093
- 2 Autolution Industrial Add: 19 Ubi Road 4 Singapore 408623 64909668
- 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 6 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 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).

0500610537

TAN CHONG CREDIT PTE LTD - KCK

911 BUKIT TIMAH ROAD TAN CHONG MOTOR CENTRE

SINGAPORE 599622 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.

Pang Zhi Hwey