

# NATIONAL Assessment Centre Services

Date In: <b>15/02/22</b>	Job description:	Date & Time Completed:	Done by:
Ref No: <b>NA/A1422001459/13</b>	SAs e-filing		
Veh No: <b>GBJ3604L</b>	E-mail (w/da, SAs, AP, 2hrs)		
D.O.A: <b>14/02/22 1407</b>	i-Motor Claim Form		
OD: <b>TP</b> 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: <b>QBC3381R</b>	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

**NA2200401**

## Invoice Preparation Checklist

Amt (\$) 1st Bill Amt (\$) Add Bill

### Claimant's Particulars :-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

### Auditors' Comments :-

Cat. 1:

Cat. 2 / 3:

- AR : Accident Reporting (\$30);
- DA : Damage Assessment (\$100); INC (\$80)
- TF : Towing Fee \$40/\$45
- FT : Follow-Through Survey \$120
- FT : Follow-Through Survey (Resurvey) \$30
- TR : Re-inspection \$75
- N1 : (dsc DA + SMRT Survey) \$160
- 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
- N12: Idac Mobile \$30

Invoice dated

Invoice dated

Fee Charged

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	15/02/2022 15:54 (SGT)
Date of Accident	14/02/2022 14:07 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ALONG PUNGGOL WAY TWDS PUNGGOL FIELD
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBJ3604L
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#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	WOWIN MARKETING
Company Reg No	5XXXX399J
Email Address	a6679b@gmail.com
Mobile Phone No	(Phone) +65-97887264
Alternative Phone No	+65-97887264

#### VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Nv350
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	Auto
CC	2488

#### INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	1900079647-02
Cover Note Number	-

#### DRIVER

Name of Driver	LIAW WHA WENG
NRIC No	SXXXX555I



Date Of Birth	17/02/1972
Occupation	Outdoor
Date Of Driving Pass	26/04/2000
Driving experience	21 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97887264
Alt. Phone Number	-
Email Address	a6679b@gmail.com
Address	BLK 299 PUNGGOL CENTRAL
Address complement	#14-447
Postcode	820299
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	Chain Collision
Weather Conditions	AFTER RAIN
Road Surface	Wet

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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

PLS REFER TO THE ATTACHED STATEMENT.

#### 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	GBC3381R
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle

Name of Driver	LOH HENG HUA
NRIC No	SXXXX679I
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	GBH7803M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	SUN ZHONG LI
Passport No/FIN	GXXXX546N
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	LIAW WHA WENG
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	GBJ3604L
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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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' law yers/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 w ith 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 w ell as on the external cover of envelopes/mail packages); and/or

(v) complying w ith applicable law in administering, processing, handling and/or dealing w ith my claims.  
(collectively the "Purposes")

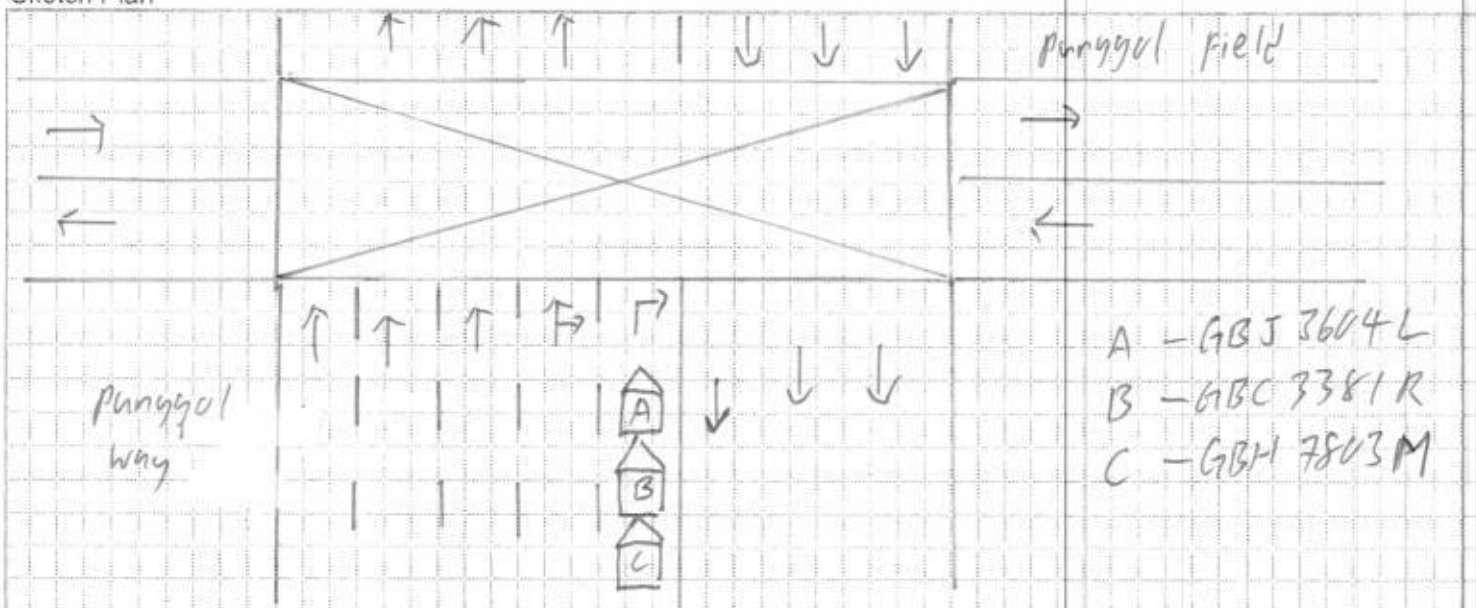
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(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 

 15/02/22  
Witnessed by Reporting Centre Personnel

#### Sketch Plan



On the mentioned date and time, I was travelling along Punggoi Way on the extreme right lane. Due to the red traffic light ahead, front vehicle stopped and stationary, I followed suit. Suddenly I felt a great impact from the rear of my vehicle A, when I alighted I realised it was the last vehicle failed to stop on time, causing the collision. It was a chain collision involving 3 vehicles. After the collision, I felt unwell and might consult doctor later.


Please help to add police report T / 20220214 / 7053

#### 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

 15/02/22  
Witnessed by Reporting Centre Personnel



**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No: SN09222F0009      Vehicle Registration No: GBT3604L  
 Name (as shown in NRIC): LIAW WHA WENG      NRIC/FIN/Passport No: SXXXX5557  
 (\*Vehicle Driver/Vehicle Owner) (\*) Please delete as appropriate  
 Address: BLK 299 PUNGGOL CENTRAL #14-447      Singapore ( 820299 )  
 Contact (Tel): \_\_\_\_\_      Mobile No.: 97887264  
 Email Address: \_\_\_\_\_  
 Date of Accident: 14/02/22      Time of Accident: 14:07  
 Place of Accident: ALONG PUNGGOL WAY TWD5 PUNGGOL FIELD  
 Insurance Company: AIG

**(B) ADDITIONAL INFORMATION /AMENDMENTS:**

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

AMEND VEH C NO AT SKETCH PLAN

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\_\_\_\_\_  
 Policyholder / Driver's Signature  
 Date:

shym 15/02/22  
 Reporting Centre Personnel's Signature  
 Name:  
 NRIC/FIN No.:  
 Date:



# SINGAPORE POLICE FORCE



T/20220214/7053

1 of 3

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

Report No. T/20220214/7053

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 14/02/2022 21:38	Vide Report No.:	Station Diary No.:
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**Informant's Particulars**

Name of Informant: LIAW WHA WENG			Address: 299 PUNGGOL CENTRAL #14-447 PUNGGOL GROVE SINGAPORE 820299		
ID Type / ID No.: NRIC NO / S7276555I			Contact No.: Home/Office: Mobile: 97887264		
Nationality: MALAYSIAN			Email: wowin96@yahoo.com		
Sex: Male	Age: 49	Date of Birth: 17/02/1972	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Sales and marketing manager			Driving Licence Information: Class: 2B,3 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 14/02/2022 14:07	Type of Location: X-Junction
Location:  PUNGGOL WALK				
Weather: Clear		Road Surface: Wet		Road Speed Limit: 60 Km/h
Traffic Flow:		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
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
GBC3381R	Van	HYUNDAI	H100	Black	Slightly Damaged	0
GBH7803M	Van	TOYOTA	Hiace	Black	Slightly Damaged	0





**SINGAPORE  
POLICE FORCE**



T/20220214/7053

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

2 of 3

Report No. T/20220214/7053

**CONTINUATION OF REPORT**

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
GBJ3604L	Van	NISSAN	NV350	Grey	Slightly Damaged	0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
GBJ3604L	AIG ASIA PACIFIC INSURANCE PTE. LTD.	1900079647-02	22/03/2021	21/03/2022

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LIAW WHA WENG		ID No. S7276555I
Related Vehicle	GBJ3604L (Van)		Contact No. 97887264
Hospital/Clinic	MY FAMILY CLINIC (PUNGGOL CENTRAL)		Class of Driving Licence & Expiry Class: 2B,3 Date of Expiry: NIL
Date	14/02/2022		Date NIL
No. of Days granted Medical Leave		03	Degree of Slight

**Brief Details.**

On 14/2/22 at about 1407hrs while traveling along Punggol Way at the junction turning into Punggol Field, on the extreme right lane, I was stopped stationary waiting to make the turn. The vehicle behind me GBC3381R suddenly knocked into my vehicle (GBJ3604L) from behind. I suffered injuries to my back and neck area and I was given 3 days MC by my doctor. No Police or ambulance assistance was required. When I alighted to check, there was another car (GBH7803M) behind GBC 3381R that hit GBC3381R which caused GBC3381R to hit my vehicle.



**SINGAPORE  
POLICE FORCE**



T/20220214/7053

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

3 of 3

Report No. T/20220214/7053

**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 / TPB /  
ANG YI TING, STEPHANIE  
Contact No.: 65476414

This report is lodged at Punggol NPC Kiosk 1  
NP163

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

Date/Time:  
14/02/2022 21:38

Classification Of Case:

Date of Accident : 14-02-2022 Accident Time: 14 07 (24-HR-Format)  
 Accident Place : Along Punggol Way towards Punggol Field  
 Vehicle No. (Car Plate No.) : G3J 3604 L Make/Model: NISSAN NV350  
 Insurance Company : AIG Policy No: 1900079647-02  
 Owner or Company Name / IC No. : WOWIN marketing 53169399 J  
 Owner or Company Contact No. : 9788 7264 Owner's Hp \_\_\_\_\_ Company Tel \_\_\_\_\_  
 DRIVER'S Name/IC No. : LIAN WHA WENG S7276555 I  
 DRIVER'S Date of Birth : 17-02-1972 DRIVER'S License Pass Date: 26-04-2000  
 Relationship of Owner & Driver : Spouse / Parents / Children / Sibling / Employee / Others: \_\_\_\_\_  
 DRIVER'S Address : Blk 299 Punggol Central, #14-447, S(820299)  
 DRIVER'S Contact No./ Alt No. : 1) 9788 7264 2) \_\_\_\_\_  
 DRIVER'S Occupation : INDOOR / OUTDOOR (e.g. working inside or outside office)  
 Email Address : A6679 B @ 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): 01 driver LIAN WHA WENG  
 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, Please state): YES. Driver LIAN WHA WENG, S7276555 I

**Other Party Driver's Particular (if any)**

Vehicle No	: <u>GBC 3381R</u> (B)	Vehicle No	: <u>GBH 7803M</u> (C)
Vehicle Make/Model	: <u>Hyundai H100</u>	Vehicle Make/Model	: <u>Toyota Hiace</u>
Name Driver	: <u>LOH Heng Hui</u>	Name Driver	: <u>Sun Zhongli</u>
IC No. Driver/Contact:	: <u>S1336679 I</u>	IC No. Driver/Contact:	: <u>G1156546 N</u>

Passenger's name & gender:

15/02/22  
 waiting 2nd page  
 of police report.

## NISSAN COMMERCIAL AUTO PROTECTOR COMMERCIAL VEHICLE

**Name of Policyholder** : Wowin Marketing  
**Period of Insurance** : 22 Mar 2021 To 21 Mar 2022  
**Engine No.** : YD250453268  
**Chassis No.** : JN1MC2E26Z0030951

**Vehicle No.** : GBJ3604L  
**Policy No.** : 1900079647-02  
**Endorsement No.** :  
**Issued Date** : 16 Mar 2021

## ABOUT THE COVER

**Make/Model** : NISSAN NV350 PANEL VAN  
**Engine Capacity/Tonnage** : 1.5 Tonnage  
**Driver Restriction** : NA  
**Person or Classes of Persons Entitled to Drive\*** :  
**Sum Insured** : Market Value  
**Off Peak Car** : No  
**First Year of Registration** : 2019  
**Insuring with COE/PARF** : Yes

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

**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 589623 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 62822212  
5. Tan Chong Motor Sales Add: 17 Lor 8 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](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).

0500610557

TAN CHONG CREDIT PTE LTD - PAT

911 BUKIT TIMAH ROAD TAN CHONG MOTOR CENTRE  
SINGAPORE 589622 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.

Eng Kiat See