

Date In: <b>12/05/2022 10:30</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NBA/0142004456/Y</b>	SAS e-filing		
Veh No: <b>GBH 1442K</b>	E-mail (within 8hrs, AIC 2hrs)		
D.O.A : <b>14/03/2022 00:15</b>	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: **PEDESTRIAN** INC ( ) / Non-INC ( )

Owner / Driver: ( ) Tel: ( )

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

Confirmed by: ( ) Date: ( ) Time: ( )

Insured/Driver Liability: ( ) % [Note-Bst. 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:	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 (\$) Inc Bill	Am't (\$) 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		
	4) FT : Follow-Through Survey \$120		
C. Checked by (Engr-In-Charge):	5) FT : Follow-Through Survey (Resurvey) \$30		
	6) TR : Re-inspection \$75		
Auditors' Comments :-	7) NI : Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
t. 1:	9) NI2: Idao Mobile 30		
	*N3: Courtesy Car / Tpt Allowance \$5		
t. 2 / 3:	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11) : TP (Non INC) against INC \$20		
	Invoice dated	Fee Charged	
	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	12/05/2022 10:30 (SGT)
Date of Accident	14/03/2022 00:15 (SGT)
Exact Location of Accident	Serangoon Ave 2, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH1442K
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### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	HENG HUP HUAT FOODSTUFFS TRADING PTE LTD
Company Reg No	2XXXXX464Z
Email Address	charlesongjl@gmail.com
Mobile Phone No	(Phone) +65-93987519
Alternative Phone No	+65-93987519

### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Hiace
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 - Reporting only
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	2754

### INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	1900254866-02
Cover Note Number	-

### DRIVER

Name of Driver	QIU PENGFEI
Passport No/FIN	GXXXX618L

Date Of Birth .....	11/04/1985
Occupation .....	Outdoor
Date Of Driving Pass .....	23/08/2017
Driving experience .....	4 YEARS AND 7 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-93987519
Alt. Phone Number .....	-
Email Address .....	charlesongjl@gmail.com
Address .....	BLK 416 ANG MO KIO AVENUE 10 #12-985
Address complement .....	TECK GHEE HEARTLANDS
Postcode .....	560416
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 .....	Collided into Pedestrian
Weather Conditions .....	Clear
Road Surface .....	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	1
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) .....	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

PASSENGER 1

Name .....	HO SENG PIN
Gender .....	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Toa Payoh Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18002519999
Alt. Police Station Phone No .....	(Fax) +65-63548749
Police Station Address .....	93 Toa Payoh Central Toa Payoh Community Building #01-02 Singapore 319194
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20220314/2010

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 .....	-
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Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	NA / Unknown
Name of Driver .....	UNKNOWN PEDESTRIAN
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 .....	UNKNOWN PEDESTRIAN
Gender .....	-
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT INJURY
Injured person in which vehicle? .....	-
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	Yes

**SKETCH PLAN**

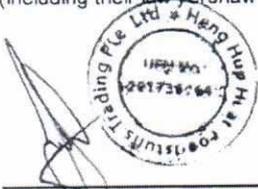
**IMPORTANT NOTICE**

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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.



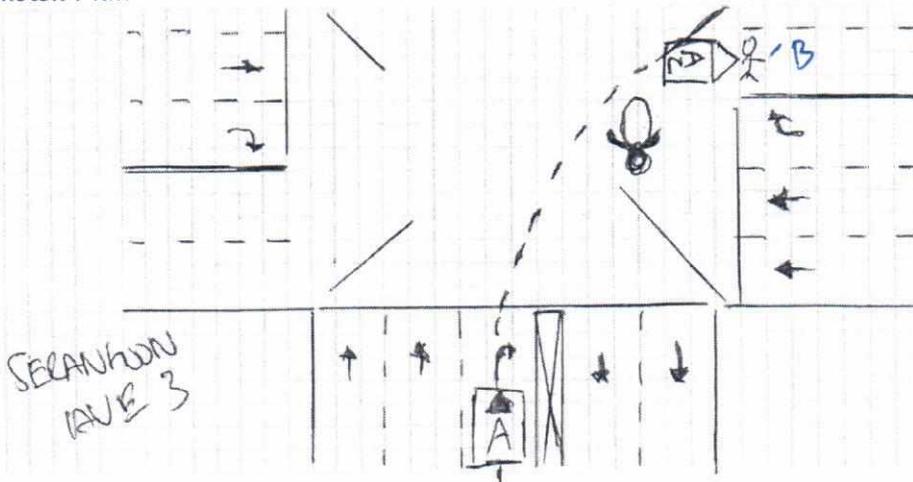
Policyholder's Signature / Date & Time



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

Witnessed by Reporting Centre Personnel  
12/05/2022

**Sketch Plan**



SERANGUON AVE 2

Motor

(B) Pedestrian

(A) GRH 1442K

**Describe Circumstances of the Accident**

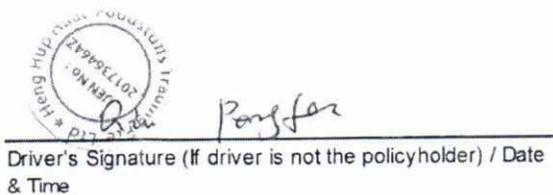
AS per Police Report. 7/20220314/2010

**Declaration**

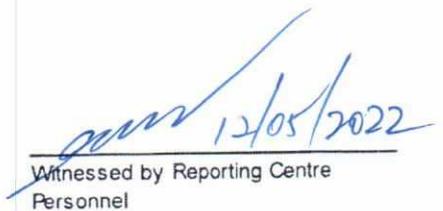
We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time



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



Witnessed by Reporting Centre Personnel



**SINGAPORE  
POLICE FORCE**



T/20220314/2010

Police Station Of Origin:  
Toa Payoh N.P.C  
93 Toa Payoh Central #01-02 Toa Payoh  
Community Building SINGAPORE 319194  
Tel No: 1800-2519999

1 of 3

Report No. T/20220314/2010

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 14/03/2022 03:53	Vide Report No.:	Station Diary No.: 14
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**Informant's Particulars**

Name of Informant: QIU PENGFEI		Address: APT BLK 416 ANG MO KIO AVENUE 10 #12-985 TECK GHEE HEARTLANDS SINGAPORE 560416	
ID Type / ID No.: FIN NO / G3294618L		Contact No.:	Mobile: 93987519
Nationality: CHINESE		Home/Office:	
		Email:	
Sex: Male	Age: 36	Date of Birth: 11/04/1985	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: DELIVERY DRIVER		Driving Licence Information: Class: 3	Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 14/03/2022 00:15	Type of Location: Bend
Location: SERANGOON AVENUE 2				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Pedestrian Crossing		Traffic Volume: Light
Type of Collision: Moving Vehicle Against - Pedestrian				Anyone conveyed by ambulance: Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBH1442K	Van	TOYOTA	HIACE DX 3.0 M	Silver	No Damage	1

**Details of Person Involved**

Any Pedestrian Involved: Yes	
No. of Pedestrians Injured: 1	Use of Pedestrian Crossing: Used



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Toa Payoh N.P.C  
93 Toa Payoh Central #01-02 Toa Payoh  
Community Building SINGAPORE 319194  
Tel No: 1800-2519999



T/20220314/2010

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Report No. T/20220314/2010

**CONTINUATION OF REPORT**

Driver			
Name	QIU PENGFEI	ID No.	G3294618L
Related Vehicle	GBH1442K (Van)	Contact No.	93987519
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Passenger			
Name	HO SENG PIN	ID No.	G2986224P
Related Vehicle	GBH1442K (Van)	Contact No.	86167093
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 14/03/2022 at 0015hrs, I was driving my company van turning right from Serangoon Avenue 3 to Serangoon Avenue 2 towards Nex Shopping Mall direction. As the traffic light turned green, I proceeded to make a right turn. I was at lane 1 (right most lane) and I observed that a motorbike which was travelling straight at my opposite direction was riding at a fast speed. As such, I paid attention to the motorbike while driving forward to make the right turn.

Out of a sudden, I hit against a female pedestrian crossing the road. the pedestrian crossing was green. I immediately got off my vehicle with my passenger to render my assistance and assist her to the side of the road.

Police and ambulance was called to the scene. The pedestrian was believed to be conveyed to Sengkang Hospital. My van does not have a working in car camera system. My vehicle did not sustain any damage. I am lodging this report as informed by the police.

I am currently staying at Blk 538 Ang Mo Kio Ave 5 #02-4048 Singapore 560538, and have updated MOM regarding the address.



**SINGAPORE  
POLICE FORCE**



T/20220314/2010

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Report No. T/20220314/2010

Police Station Of Origin:  
Toa Payoh N.P.C  
93 Toa Payoh Central #01-02 Toa Payoh  
Community Building SINGAPORE 319194  
Tel No: 1800-2519999

CONTINUATION OF REPORT

**Sketch Plan**

Informant is not able to provide sketch plan

**IMPORTANT:** Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature of Officer Recording The Report:  
E / SGT 2 ROLAN LEE KOON  
LENG

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIT /  
STAFF SGT LEE GUANG HUI  
Contact No.: 65476423

Signature Of Informant:

Date/Time:  
14/03/2022 03:53

Classification Of Case:

NP168

SINGAPORE  
POLICE FORCE  
SN 168  
  
SIGNATURE

Email: [sm@idac.com.sg](mailto:sm@idac.com.sg) Tel no: 6555 6888

\*If no proper documents are produced, IDAC shall not file the report. Information will be discarded after one week.

### Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 14/03/22 (dd/mm/yy) Time of Accident: 00 : 15 (24-HR-FORMAT)

Vehicle No.: G8H 1442 K Vehicle Make & Model / Engine (cc): TOYOTA HIACE 30 Manual Private Hire: (Y/N)

Exact location of Accident: SERANJUN AVE 2

Policyholder's Name / IC No.: HENG HUP HUAT FOODSTUFFS TRADING Pte.Ltd / 201736464 Z

Driver's Name / IC No.: Qiu Peng Fei / G3294618L (As Above)

Driver's Contact No.: 93987519 Company Contact No / Owner Contact No: \_\_\_\_\_

Driver's Address: BK: 538 Ang Mo Kio Ave 5 #02-4648 S(160530)

Owner Email address: Charlesongj1@gmail.com Insurance Company: A2G

Driver Email address: \_\_\_\_\_

**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)

**Exact purpose for which the vehicle was being used at time of accident?**

**Occupation (nature of job)**  Indoor /  Outdoor

Private use /  Work purpose

**\*No. of Passengers (Including Driver):** 02

\*Passanger Name: Ho Seng Pin

Gender: Male

\*Passanger Name: \_\_\_\_\_

Gender: \_\_\_\_\_

**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 Camera?**  Yes /  No

**Any Injuries:**  Yes /  No (If YES) Injured Person's Name: pedestrian

Injuries Sustain: \_\_\_\_\_ Injured Person in Which Vehicle: Pedestrian

**Police Report filed:**  Yes /  No (If YES) Which Police Station: TPY NPC

### The Other Party(s) Details:

1. Driver's Name / IC No: \_\_\_\_\_ Vehicle No: \_\_\_\_\_

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: \_\_\_\_\_



# CERTIFICATE OF INSURANCE

## COMMERCIAL AUTOPLAN COMMERCIAL VEHICLE

<b>Name of Policyholder</b>	: HENG HUP HUAT FOODSTUFFS TRADING PTE LTD	<b>Vehicle No.</b>	: GBH1442K
<b>Period of Insurance</b>	: 31 Jan 2022 To 30 Jan 2023	<b>Policy No.</b>	: 1900254866-02
<b>Engine No.</b>	: 1KD2735592	<b>Endorsement No.</b>	:
<b>Chassis No.</b>	: KDH2010229747	<b>Issued Date</b>	: 16 Dec 2021

### ABOUT THE COVER

<b>Make/Model</b>	: TOYOTA HIACE VAN 1.4 ton [Van]	<b>Sum Insured</b>	: Market Value	<b>First Year of Registration</b>	: 2018
<b>Engine Capacity/Tonnage</b>	: 1.43 Tonnage	<b>Off Peak Car</b>	: No	<b>Insuring with COE/PARF</b>	: Yes
<b>Driver Restriction</b>	: NA				
<b>Person or Classes of Persons Entitled to Drive*</b> :					
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 S\$53,000 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.					
<b>Age Condition</b>	: All Age Condition				
<b>Limitation as to use*</b> :					
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; b) use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle; and 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 or AIG SG Mobile App. Simply search and download "AIG SG" from iTunes or Google Play.

### IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: Hitachi Capital Asia Pacific 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).

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 Gai