

**NATIONAL Assessment Centre Services:** (ver 1 Jan 08) **Shof225-V0002**

Date in: <b>31/05/2022 15:17</b>	Job description	Date & Time Completed	Done by:
Ref No: <b>NBA/AG2205150/Y</b>	SAS e-filing		
Veh No: <b>GBF 630B</b>	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: <b>28/05/2022 11:43</b>	I-Motor Claim Form		
OD: <b>(TP) Reporting Only</b>	I-Motor W/O (Within: OD, 2hrs, TP 4hrs)		
	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by <u>Fax / Hand to Owner/Wksp</u>		

Preferred Wksp / INC Assign Wksp / QW: ( ) Tel: ( ) Fax: ( )

TP Particulars: Vch No: **S8C 7665x** 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)

1) Apply for Transport Allowance ( ) / Courtesy Car ( )	Date & Time Completed	Done by
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo [Repair Cost > \$3000]: ( )		

Injury: \_\_\_\_\_

Date/Time	Actions

**NA2201486**

Claimant's Particulars:	Driver/Owner:	Contact No:	Damaged Portion:	C Checked by (Engi-In-Charge):	Auditors' Comments:

Invoice Preparation Checklist		Am (S)	Van (S)
1) AR: Accident Reporting (\$30);			
2) DA: Damage Assessment (\$100); INC (\$80)			
3) TF: Towing Fee \$40/\$45			
4) FT: Follow-Through Survey \$120			
5) PT: Follow-Through Survey (Resurvey) \$30			
For claiming against INC Only (wef 10 Jan 2009)			
6) TR: Re-inspection \$75			
7) N1: Idac DA + SMRT Survey \$160			
8) NTUC Additional Services:			
ON*			
*N3: Courtesy Car / Tpt Allowance \$5			
*N6: Repair Co-ordination \$10			
*N7: Post Repair Inspection \$25			
*N8: DV / Collect Excess Coordination \$5			
TP (N11): TP (N4n INC) against INC \$20			
9) N12: Idac Mobile \$0			
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	31/05/2022 15:17 (SGT)
Date of Accident	28/05/2022 11:43 (SGT)
Exact Location of Accident	Woodlands Ave 5, Singapore
Additional Location Information	TOWARDS WOODLANDS AVENUE 3
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@gmail.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	48 YEARS AND 4 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	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 - Head to Rear
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 SKETCH PLAN AND POLICE REPORT T/20220531/7087

#### 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	SJL7668X
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category .....	Private car
Name of Driver .....	-
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	NTUC Income Insurance Co-operative Ltd
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? .....	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.

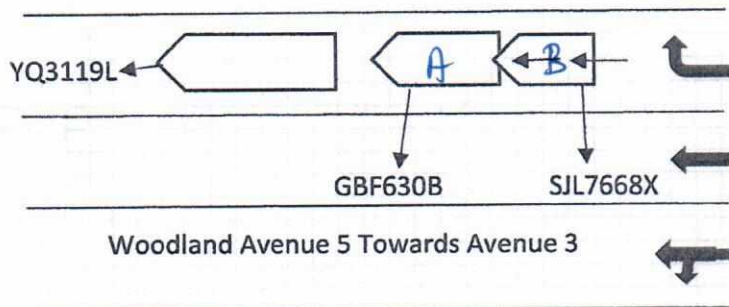


Policyholder's Signature / Date &  
Time Liu's Brother Auto Workshop  
42674600K

Sketch Plan

Driver's Signature (If driver is not the policyholder) / Date  
& Time Low Eng Kwee - SXXXX599G

Witnessed by Reporting Centre  
Personnel



A) GBF630B  
B) SJL7668X

**Describe Circumstances of the Accident**

On 28/05/2022 at about 11:43 am, my lorry GBF630B was stationary and waiting behind a truck YQ3119L to move before I could managed to move further. When I was still waiting behind the truck, there was a car SJL7668X driving and coming from behind had hit and collided onto my lorry GBF630B rear portion suddenly. My lorry rear portion was damaged after the collision.

POLICE REPORT T/20220531/7087

Note:- Please note that your insurer may have 14 days' time frame for you to submit an own claim under your own policy, please check your policy for mo information.

Please state:-

( ) Claim Own Policy (✓) Claim Third Party ( ) ClaimsOD/TP at other workshop ( ) Reporting Only

**Declaration**

I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time  
Liu's Brother Auto Workshop  
42674600K

Driver's Signature (If driver is not the policyholder) / Date & Time  
Low Eng Kwee - SXXXX599G

Witnessed by Reporting Centre Personnel  
31/05/2022





# SINGAPORE POLICE FORCE



T/20220531/7087

1 of 3

Report No. T/20220531/7087

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

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 31/05/2022 13:33		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: 66	Date of Birth: 09/05/1956	Type of Informant: Driver		
Race: Chinese		Language: English		Institution / School Name:	
Occupation: CAR REPAIRER		Driving Licence Information: Class: 2,3,4 Date of Expiry:			

<b>General Information of the Accident</b>				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 28/05/2022 11:45	Type of Location: Straight Road
Location:  WOODLANDS AVENUE 5				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
GBF630B	Lorry	TOYOTA	DYNA 150 MANUAL			0
SJL7668X	Car					0

<b>Details of Vehicle Insurance</b>				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date



# SINGAPORE POLICE FORCE



T/20220531/7087

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

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Report No. T/20220531/7087

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
GBF630B	AIG ASIA PACIFIC INSURANCE PTE. LTD.			
SJL7668X	NTUC Income Insurance Co-Operative Limited			

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
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: 2,3,4 Date of Expiry: NIL
Date	30/05/2022		Date 30/05/2022
No. of Days granted Medical Leave		04	Degree of Serious

**Brief Details.**

ON 28.05.2022 AT ABOUT 11:45AM. I WAS TRAVELLING ALONG WOODLANDS AVENUE 5 TOWARDS WOODLAND AVENUE 3. MY VEHICLE (GBF630B) WAS STATIONARY DUE TO THE TRAFFIC LIGHT AHEAD. SUDDENLY, I FELT AN IMPACT. VEHICLE BEARING (SJL7668X) HIT THE REAR PORTION OF MY VEHICLE. THE NEXT DAY AFTER THE ACCIDENT, I FELT PAIN ON MY NECK AND LEFT ARM. I WENT TO BALKIS FAMILY CLINIC TO SEE A DOCTOR ON 30TH MAY 2022 AS THE CLINIC WAS NOT OPEN ON THE 29TH MAY 2022 AND WAS GIVEN A 3 DAYS MC, I WAS ALSO REFERRED TO CHANGI GENERAL HOSPITAL TO DO AN X-RAY, I WAS ALSO GIVEN A 4 DAYS MC.  
THERE IS AN IN-CAR CAMERA FOOTAGE.





**SINGAPORE  
POLICE FORCE**



T/20220531/7087

3 of 3

Report No. T/20220531/7087

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

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

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

Date/Time:  
31/05/2022 13:33

Classification Of Case:

Date of Accident : 28/05/2022 Accident Time: 11:43AM (24-HR-Format)  
Accident Place : Woodlands Ave 5 twd Woodland Ave 3  
Vehicle. No. (Car Plate No.) : GBF 630B Make/Model: Toyota Dyna 150 Manual  
Insurance Company : ALG Policy No: 2070075467-01  
Owner or Company Name /IC No. : LIV'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 : BIK 10 Haig Rd #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 : liusbro@ymail.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: <u>SJL 7668X (ntuc)</u>	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:





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

Make/Model	: TOYOTA DYNA 150 1.8 ton [Lorry]		
Engine Capacity/Tonnage	: 1.8 Tonnage	Sum Insured	: Market Value
Driver Restriction	: NA	Off Peak Car	: No
		Insuring with COE/PARF	: Yes

**Person or Classes of Persons Entitled to Drive\* :**

- 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<sup>a</sup> :

- 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. 189), Section 95 of the Road Transport Act, 1987 (Malaysia) and Road Transport (Amendment) Act 2019, are not to be included under these headings.

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)

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 569580

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