

NATIONAL Assessment Centre Services: (wef 1 Jan 08) **SN0822670002**

Date In: 02/06/2022 16:03	Job description	Date & Time Completed	Done by:
Ref No: N981667220053384	SAS e-filing		
Veh No: GRG 3060X	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 27/05/2022 02:00	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: SLE Y060 G 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	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

NA2201535

Statement Particulars	Invoice Preparation Checklist	Inc (S)	AST (S)
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		
	5) PT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2009)		
	6) TR: Re-inspection \$75		
	7) NI: Idao 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 (Non INC) against INC \$20		
	9) N12: Idao Mobile 30		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

Auditors' Comments:

t. 1:

t. 2 / 3:



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 02/06/2022 16:03 (SGT)
 Date of Accident 27/05/2022 02:00 (SGT)
 Exact Location of Accident Sembawang Rd, Singapore
 Additional Location Information TOWARDS YISHUN AVENUE 7 (JUNCTION OF YISHUN AVENUE 3)
 Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBG3060X

INSURED/POLICYHOLDER

Is company? Yes
 Name Of Registered Owner BNK TRADING
 Company Reg No 5XXXX603W
 Email Address kiftoh@gmail.com
 Mobile Phone No (Phone) +65-96709355
 Alternative Phone No +65-96709355

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 - Claiming third party
 Vehicle Category Commercial vehicle
 Transmission Manual
 CC 2754

INSURANCE COMPANY

Name of Insurance Company ERGO Insurance Pte. Ltd.
 Type of Coverage Comprehensive
 Fleet Policy No
 Policy Number DMCG22001314
 Cover Note Number -

DRIVER

Name of Driver KIF TOH HONG ZAI

NRIC No	SXXXX211C
Date Of Birth	03/01/1988
Occupation	Outdoor
Date Of Driving Pass	16/02/2007
Driving experience	15 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96709355
Alt. Phone Number	-
Email Address	kiftoh@gmail.com
Address	BLK 310 YISHUN RING ROAD #08-1230
Address complement	-
Postcode	760310
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 POLICE REPORT T/20220527/7046

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	SLE4060G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category	Private car
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	KIF TOH HONG ZAI
Gender	Male
Phone No	(Phone) +65-96709355
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	GBG3060X
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.



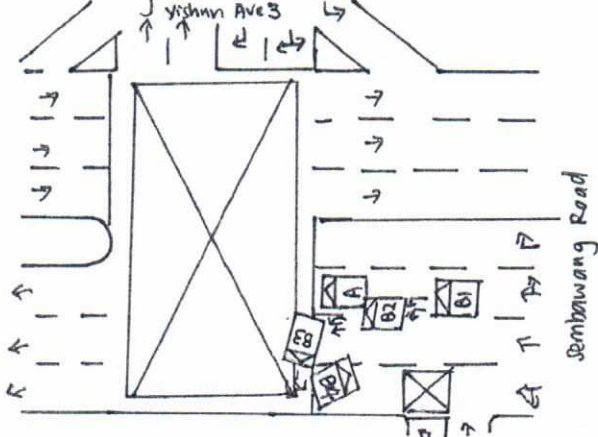
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Sembawang Rd towards Yishun Ave 7 (Junction of Yishun Ave 3)



Vehicle A - GBG 3060X

Vehicle B - SLE 4060G

Describe Circumstances of the Accident

Refer to the police report.

7/20220527/7046

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/20220527/7046

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

1 of 3

Report No. T/20220527/7046

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/05/2022 22:28		Vide Report No.: L/20220527/0022		Station Diary No.:	
Informant's Particulars					
Name of Informant: KIF TOH HONG ZAI			Address: 310 YISHUN RING ROAD #08-1230 SINGAPORE 760310		
ID Type / ID No.: NRIC NO / S8800211C			Contact No.: Home/Office: Mobile: 96709355		
Nationality: SINGAPORE CITIZEN			Email: kiftoh@gmail.com		
Sex: Male	Age: 34	Date of Birth: 03/01/1988	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Trading			Driving Licence Information: Class: 2B,2A,2,3		Date of Expiry: 01/01/2099

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 27/05/2022 02:00	Type of Location: T-Junction
Location: YISHUN AVENUE 3				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 60 Km/h
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: No Traffic
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
GBG3060X	Van					0

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



**SINGAPORE
POLICE FORCE**



T/20220527/7046

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Report No. T/20220527/7046

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

CONTINUATION OF REPORT

Driver			
Name	KIF TOH HONG ZAI	ID No.	S8800211C
Related Vehicle	GBG3060X (Van)	Contact No.	96709355
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry	Class: 2B,2A,2,3 Date of Expiry: 01/01/2099
Date	27/05/2022	Date	27/05/2022
No. of Days granted Medical Leave	05	Degree of	Slight

Brief Details.

I'm (KIF TOH HONG ZAI S8800211C) driver of Van GBG3060X, was the victim of an accident which occurred on 27/05/2022 2.00am at T-junction of sembawang road & yishun ave 3. (There were no pedestrian crossing at the site of the accident)

Driver (MOHAMED MUBARAQ S/O CHAMANLAL S8540915H) of Shariot car (SLE4060E) collided into the rear of my van at a estimated speed of 80km/hr as mentioned by the driver when I was stationary before the white line of a right turn lane as per proper traffic procedure since the traffic light was red and I was waiting for the red arrow to turn green. The impact was so great that it caused me to bow forward and hit my forehead on the steering wheel and my van slid forward by approximately 1.5 vehicle length. There were no external injuries, however, I sustained internal bruises to my head and a momentary concussion upon impact.

When I regained consciousness, I felt much better and waited for the TP to arrive for the necessary procedures regarding the situation.

Before the TP arrived, the driver approached me while I was exiting my vehicle and he apologized to me and pleaded guilty to colliding into me due to his misjudgement and carelessness. He even mentioned that he will bear all costs and that we can proceed with the insurance claims. I noticed that his vehicle spun 180 degree and his airbag burst.

However the next day when I woke up, I was feeling uncomfortable on my upper spine and my head was in a daze. Therefore, I went to the hospital and was admitted to A&E.

(I have photos of the accident as attached)



**SINGAPORE
POLICE FORCE**

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



T/20220527/7046

3 of 3

Report No. T/20220527/7046

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 /
VILTON HIA WEE SIANG
Contact No.: 65476232

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

Date/Time:
27/05/2022 22:28

Classification Of Case:

Date of Accident : 27/05/2022 Accident Time: 0200 (24-HR-FORMAT)
 Accident Place : Sembawang Rd towards Yishun Ave 7 (Junction of Yishun Ave 3)
 Vehicle Reg. No (Car plate No.) : G8G3060X Vehicle Make/Model: Toyota Hiace
 Insurance Company : Ergo Policy No. DMCG 22001314
 Name of Registered Owner : Company / Individual BNK Trading
 ID of Registered Owner : Co Reg No: 53248603W Owner's NRIC No: -
 : Co Contact No: - Owner's Contact No: 9670 9355
 DRIVER'S Name : Kif Toh Hong Zai DRIVER'S NRIC No: S8800211C
 DRIVER'S Date of Birth : 03 Jan 1988 DRIVER'S License Pass Date 16 Feb 2007
 Relationship bet. Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: owner
 DRIVER'S Address : APT BLK 310 Yishun Ring Road #04-1230 Singapore 760310
 DRIVER'S Contact No./ Alt No. : 1) 9670 9355 2) -
 DRIVER'S Occupation : INDOOR \ OUTDOOR (eg. working inside or outside of an ofc)
 Email Address : kiftoh@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 Passenger Name: - Gender: M/F
 Was the accident reported to the police? YES \ NO Passenger Name: - Gender: M/F
 Was there any video Captured by car camera: YES \ NO Any Injuries: YES \ NO Injured Name: Kif Toh Hong Zai
 Injured Name: -
 Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Other Party Driver's Particulars (if any)

Vehicle Reg No: <u>SLE4060G</u>	Vehicle Reg No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name DRIVER: _____	Name DRIVER: _____
IC No. DRIVER: _____	IC No. DRIVER: _____
DRIVER'S Contact & add: _____	DRIVER'S Contact & add: _____

Other Party Driver's Particulars (if any)

Vehicle Reg No: _____	Vehicle Reg No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name DRIVER: _____	Name DRIVER: _____
IC No. DRIVER: _____	IC No. DRIVER: _____
DRIVER'S Contact & add: _____	DRIVER'S Contact & add: _____

Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)
ROAD TRANSPORT (AMENDMENT) ACT 2019 (MALAYSIA)

Certificate/Policy Number : DMCG22001314
Vehicle Registration Number : GBG3060X
Cover Type : Comprehensive
Policy Type : Commercial Vehicle (Pte Use)
Name of Policyholder/Insured : BNK TRADING
Commencement Date of Insurance : 19/01/2022
Expiry Date of Insurance : 18/01/2023
Excess :
EXCESS: (SECTION I)..... S\$ 500.00
ADD'L EXCESS: NON-AUTH WORKSHOPS (SECTION I). S\$ 300.00
EXCESS: WINDSCREEN COVER(VEH BELOW 10 TONS).. S\$ 100.00
YOUNG&INEXP DRIVERS(SECTION I) S\$ 2,500.00

FLASH
Fast-Response Accident Reporting Hotline™

24-Hour Helpline: 6100 1620

Finance Company/Hire Purchase Owner : HUI HUA CREDIT PTE LTD

*Persons or Classes of Persons entitled to drive:

1. The Policyholder
2. Any Person who is driving on the Policyholder's order or permission

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle. And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.

* Limitations as to Use:

- 1) Use in connection with the Policyholder's business
- 2) Use for carriage of passengers (other than for hire or reward) in connection with the Policyholder's business
- 3) Use for social domestic and pleasure purposes

This Policy does not cover :

- 1) Use for hire or reward, racing, pace-making, reliability trial or speed-testing
- 2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle

Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia) are not to be included under these headings (*).

WE HEREBY CERTIFY that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189), the Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia), Part IV of the Road Transport Act, 1987 (Malaysia) and Road Transport (Amendment) Act 2019 (Malaysia).

For and on behalf of ERGO Insurance Pte. Ltd.
Approved Insurer

Karl-Heinz Jung

Authorized Signature

A000530	HUI HUA ENTERPRISE	Contact Number: 64696611
Vehicle Chassis Number : KDH2010218384, Vehicle Engine Number : 1KD2693387		CP1, 12/01/2022 13:45