

# NATIONAL Assessment Centre Services:

(wef 1 Jan 08)

8408226/0003

|                           |  |                       |         |
|---------------------------|--|-----------------------|---------|
| Date in: 17/06/2022 18:57 | Job description                          | Date & Time Completed | Done by |
| Ref No: N13A/C72220051954 | SAS e-filing                             |                       |         |
| Veh No: GBE 1861A         | E-mail (within 3hrs, A/C 2hrs)           |                       |         |
| D.O.A: 17/06/2022 14:05   | I-Motor Claim Form                       |                       |         |
| OD: TP / Reporting Only   | I-Motor W/O (Within: OD 2hrs, TP 4hrs)   |                       |         |
|                           | I-Photo Uploaded                         |                       |         |
|                           | Assessment/Survey Report                 |                       |         |
| TP Insurer:               | Ass't Report by Fax / Hand to Owner/Wksp |                       |         |

|   |                                    |                                 |
|---|------------------------------------|---------------------------------|
| Preferred Wksp / INC Assgn Wksp / QW: ( | Tel:                               | Fax:                            |
| TP Particulars:                         | Veh No: GBE 3030M                  | 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 |
|-----------|---------|
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|           |         |
|           |         |

|  |  |
|--|--|
| <p>1182201692</p> <p>Claimant's Particulars:</p> <p>Driver/Owner:</p> <p>Contact No:</p> <p>Damaged Portion:</p> <p>C Checked by (Engr-In-Charge):</p> <p>Auditors Comments:</p> <p>1.1:</p> <p>1.2/3:</p> | <p>Invoice Preparation Checklist:</p> <p>1) AR: Accident Reporting (\$30);</p> <p>2) DA: Damage Assessment (\$100); INC (\$80)</p> <p>3) TF: Towing Fee \$40/\$45</p> <p>4) FT: Follow-Through Survey \$120</p> <p>5) FT: Follow-Through Survey (Resurvey) \$30</p> <p>For claiming against INC Only (wef 10 Jan 2005)</p> <p>6) TR: Re-inspection \$75</p> <p>7) N1: Idac DA + SMRT Survey \$160</p> <p>8) NTUC Additional Services:-</p> <p>ON*</p> <p>*N3: Courtesy Car / Tpt Allowance \$5</p> <p>*N6: Repair Co-ordination \$10</p> <p>*N7: Post Repair Inspection \$25</p> <p>*N8: DV / Collect Excess Coordination \$5</p> <p>TP (N11): TP (N11 INC) against INC \$20</p> <p>9) N12: Idac Mobile \$30</p> <p>Invoice dated</p> <p>Invoice dated</p> <p>Fee Charged</p> <p>Fee Charged</p> |
|--|--|





## 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 ..... 17/06/2022 18:51 (SGT)  
 Date of Accident ..... 17/06/2022 14:05 (SGT)  
 Exact Location of Accident ..... Hill St, Singapore  
 Additional Location Information ..... (VICTORIA ST)AFTER JUNCTION OF COLEMAN ST  
 Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... GBE1861A

## INSURED/POLICYHOLDER

Is company? ..... Yes  
 Name Of Registered Owner ..... B&J TRADING & MANUFACTURING PTE. LTD.  
 Company Reg No ..... 2XXXXX777G  
 Email Address ..... bnjtrading@yahoo.com.sg  
 Mobile Phone No ..... (Phone) +65-93851273  
 Alternative Phone No ..... +65-93851273

## 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 ..... Auto  
 CC ..... 2982

## INSURANCE COMPANY

Name of Insurance Company ..... AIG Asia Pacific Insurance Pte. Ltd.  
 Type of Coverage ..... Comprehensive  
 Fleet Policy ..... No  
 Policy Number ..... 7210094145  
 Cover Note Number ..... -

## DRIVER

Name of Driver ..... TAY KWANG SENG  
 NRIC No ..... SXXXX111B



|  |                         |
|--|-------------------------|
| Date Of Birth .....  | 29/01/1970              |
| * Occupation .....   | Outdoor                 |
| Date Of Driving Pass .....   | 05/12/1987              |
| Driving experience .....   | 34 YEARS AND 6 MONTHS   |
| Gender .....   | Male                    |
| Mobile Number .....  | (Phone) +65-93851273    |
| Alt. Phone Number .....  | -                       |
| Email Address .....  | bnjtrading@yahoo.com.sg |
| Address .....  | 3, VAUGHAN ROAD         |
| Address complement .....   | -                       |
| Postcode .....   | 358077                  |
| 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 .....   | Side Swipe |
| 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? .....  | No  |
| Was any injured conveyed to hospital by ambulance? .....  | -   |
| 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? .....  | No |
| Was notice of intended Prosecution given? ..... | No |
| If yes, against whom? .....                     | -  |

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH PLAN

#### 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 ..... | SBF3030M    |
| 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) .....       | - |



**IMPORTANT NOTICE**

1. Please report correctly the details of the accident to speed up the claims process.
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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)**

(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.

B&J Trading & Manufacturing Pte Ltd

Reg. No.: 200514777 G

Tel : 6475 7150 Fax : 6475 7152

E-mail: [bnjtrading@yahoo.com.sg](mailto:bnjtrading@yahoo.com.sg)

Blk 3016 #04-01 Bedok North Ave 4 S'pore 489947

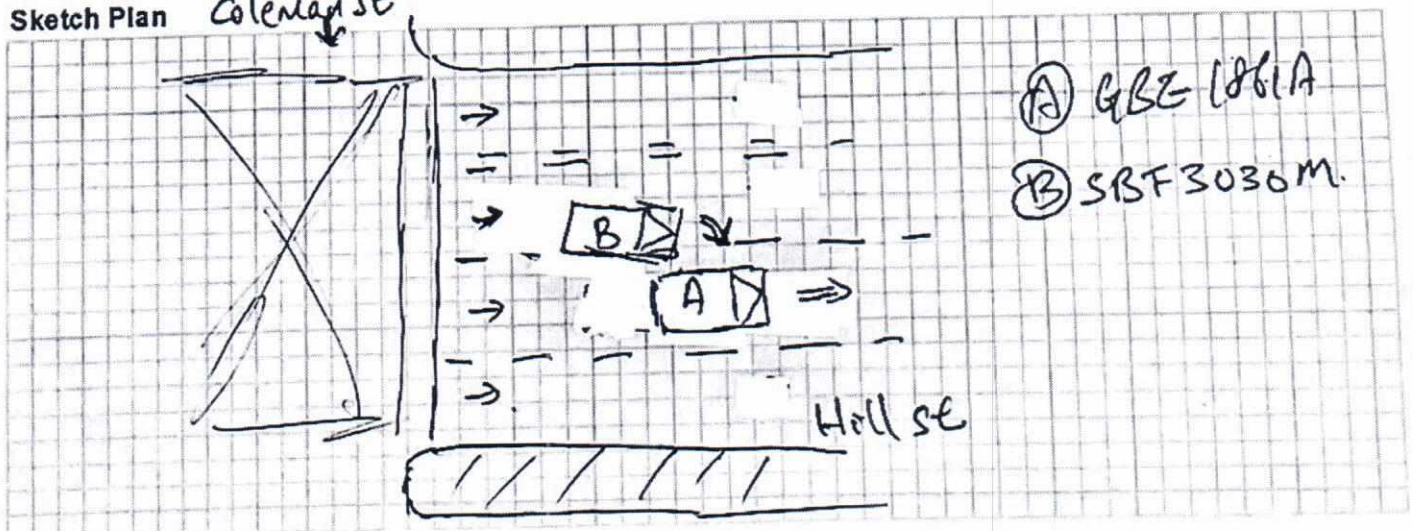
Policyholder's Signature / Date &amp; Time

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

Witnessed by Reporting Centre  
Personnel

### Sketch Plan

Coleman se





**Describe Circumstances of the Accident**

On mentioned date and time, I was  
travelling along Hill St on lane 2 towards  
Victoria St direction. After Junction of Coleman St,  
suddenly I feel an impact from the rear of my vehicle.  
I got down from my vehicle and took some photos  
at the accident scene (as attached) and spoke  
to the vehicle that collided onto my vehicle.

**Declaration**

We declare the foregoing particulars are true in every respect.

**B&J Trading & Manufacturing Pte Ltd**

Reg. No.: 200514777G

Tel : 6475 7150 Fax : 6475 7152

E-mail: bnjtrading@yahoo.com.sg

Blk 3016 #04-01 Bedok North Ave 4 S'pore 489947

Policyholder's Signature / Date &  
Time

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

Witnessed by Reporting Centre  
Personnel

Email: 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.

Date of Accident: 17/06/2022 (dd/mm/yy)

Time of Accident: 14:05 (24-HR-FORMAT)

Vehicle No.: G1BE1861A Vehicle Make & Model / Engine (cc): Toyota Hiace Private Hire: (Y / N)

Exact location of Accident: Hill St (Victoria St) After Junction of Coleman St

Policyholder's Name / IC No.: BJS Trading & Manufacturing Pte Ltd ROC/UEN (Company): 2005147776

Driver's Name / IC No.: Tay Kwang Seng / S7006111B (As Above) ☐

Driver's Contact No.: 93851273 Company Contact No / Owner Contact No: \_\_\_\_\_

Driver's Address: 3, Vaughan Rd. S (358077)

Owner Email address: bjs trading@yahoo.com.sg Insurance Company: \_\_\_\_\_

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): 1

\*Passenger Name: \_\_\_\_\_

Gender: Male / Female x( )

\*Passenger Name: \_\_\_\_\_

Gender: Male / Female x( )

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 Remarks: \_\_\_\_\_

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: SBF3030M

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 AUTOPLUS COMMERCIAL VEHICLE

Name of Policyholder : B&J TRADING & MANUFACTURING PTE. LTD.  
Period of Insurance : 23 Sep 2021 To 22 Sep 2022  
Engine No. : 1KD2545472  
Chassis No. : KDH2010174527

Vehicle No. : GBE1861A  
Policy No. : 7210094145  
Endorsement No. :  
Issued Date : 25 Aug 2021

### ABOUT THE COVER

Make/Model : TOYOTA HIACE 1.6 ton [Van]  
Engine Capacity/Tonnage : 1.6 Tonnage Sum Insured : Market Value First Year of Registration : 2015  
Driver Restriction : NA Off Peak Car : No Insuring with COE/PAF : Yes  
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" ("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; 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.

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)

Any accident repairs to the Vehicle must be carried out by one of our Authorised Repairers. Within the first 3 years of the first registration of the Vehicle in Singapore, You have the option of having the accident repairs carried out at the Sole Agent's workshop.  
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: NA

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).

0500678000  
THOMSON CREDIT (S) PTE LTD  
310 THOMSON ROAD  
SINGAPORE 307657 ANSP-NONLIFE  
Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.  
This computer generated document does not require a signature.

0500678000