

**NATIONAL Assessment Centre Services:**

[ver 1 Jan 2005]

22017680001

Date In: 21/06/2002 U/S	Job description	Date & Time Completed	Done by
Ref No: NA2201768000613114	SAS e-filing		
Veh No: GBS 6435D	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 23/06/2002 01:18	1-Motor Claim Form		
OD TP Reporting Only	1-Motor W/O (within: OD 2hrs, TP 4hrs)		
	1-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: ( ) 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

Claimant's Particulars	Invoice Preparation Checklist	AM(S)	Remarks
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF: Towing Fee \$60/\$45		
C Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
	5) FT: Follow-Through Survey (Resurvey) \$30;		
Auditors Comments:	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
t. 1:	7) NI: Idao DA + SMRT Survey \$160		
t. 2/3:	8) NTUC Additional Services:		
	OD:		
	*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 (from INC) against INC \$20		
	9) N12: Idao Mobile 30		
	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	28/06/2022 11:55 (SGT)
Reported by	Driver
Date of Accident	23/06/2022 01:18 (SGT)
Exact Location of Accident	30 Eunos Cres, Eunos Station, Singapore 409423
Additional Location Information	OUTSIDE MRT STATION
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG6435D
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) +65-91218800
Alternative Phone No	-

### 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	2982

### INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	2070029529-02

### DRIVER

Name of Driver	MOHD FUZAIMIE FAIZAN BIN MOHD FUZY
Passport No/FIN	GXXXX708L
Date Of Birth	06/02/1986
Occupation	Outdoor

Date Of Driving Pass	15/07/2014
Driving experience	7 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92432966
Alt. Phone Number	-
Email Address	charlesongjl@gmail.com
Address	2 GAMBAS CRESCENT #03-09
Address complement	NORDCOM TWO
Postcode	757044
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	Hit and run / Vandalism / Damaged whilst parked
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	Yes
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)	0
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

FOREIGN VEHICLE 1

Vehicle Registration Number	JSK7896
Vehicle Category	Commercial vehicle

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Sembawang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005549999
Police Station Address	4 Sembawang Crescent Singapore 757633
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20220623/2018

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	JSK7896
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Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	FAKRUL
Passport No/FIN	8XXXXXXXXX5939
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

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.



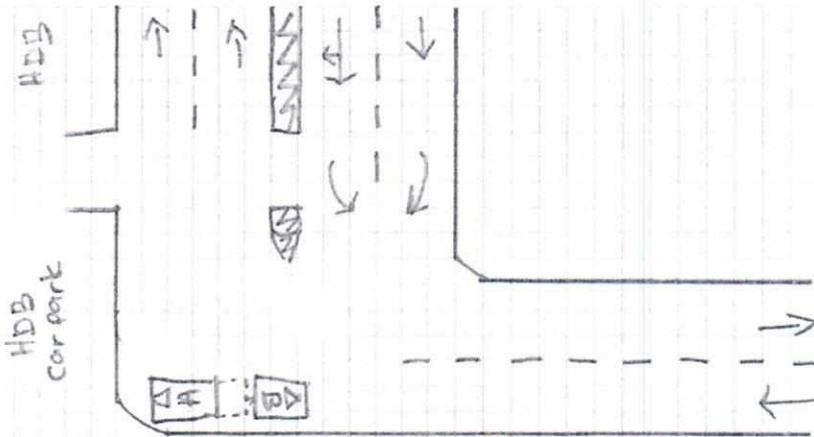
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

*[Signature]*  
28/06/2022

Sketch Plan



veh A: GBG 6435 D  
veh B: JSK 7896

Outside Eunos Crescent mrt station

Describe Circumstances of the Accident

refer to police report  
T/20220623 / 2018

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

28/06/2022

Witnessed by Reporting Centre Personnel



**SINGAPORE  
POLICE FORCE**



T/20220623/2018

Police Station Of Origin:  
Sembawang N.P.C  
4 Sembawang Crescent SINGAPORE  
757633  
Tel No: 1800-5549999

1 of 3

Report No. T/20220623/2018

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 23/06/2022 06:15		Vide Report No.:		Station Diary No.: 14
<b>Informant's Particulars</b>				
Name of Informant: MOHD FUZAIMIE FAIZAN BIN MOHD FUZY		Address:		
ID Type / ID No.: FIN NO / G2487708L		Contact No.: Home/Office:		Mobile: 92432966
Nationality: MALAYSIAN		Email:		
Sex: Male	Age: 36	Date of Birth: 06/02/1986	Type of Informant: Driver	
Race: Malay		Language:		Institution / School Name:
Occupation: Van driver		Driving Licence Information: Class: 2B,2A,2,3,4A		Date of Expiry:

**General Information of the Accident**

Type of Accident:	Non-Injury Foreign Vehicle	Drink Drive: No	Date/Time of Accident: 23/06/2022 01:20	Type of Location: Car Park
Location:  EUNOS CRESCENT				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control:	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	Condition	No of Passenger
GBG6435D	Van				Slightly Damaged	0
JSK7896 (Not Accurate)					Slightly Damaged	0



**SINGAPORE  
POLICE FORCE**



T/20220623/2018

Police Station Of Origin:  
Sembawang N.P.C  
4 Sembawang Crescent SINGAPORE  
757633  
Tel No: 1800-5549999

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Report No. T/20220623/2018

**CONTINUATION OF REPORT**

**Brief Details.**

On 23/06/2022 at 0118hrs, I parked my company vehicle, GBG 6435D, at the loading and unloading bay of Block 2A Eunus Crescent. I was at the rear of my vehicle packing the delivery items and I overheard a thudding sound. I turned back and saw a lorry, JSK 7896, hit onto my rear bornet. The lorry still carried on reversing as such I shouted at him to make a stop. The lorry then stopped.

The driver then came out of the vehicle and wishes to resolve amicably with me. We access the damages together. My vehicle rear bornet came off after the accident while the lorry suffered dents and scratches on the rear. We exchanged particulars and decided to go for insurance claims. However, my employer informed me to lodge a report as the lorry is a foreign vehicle.

I wish to mention no one was injured via the accident. I do not have any in-car camera installed in my vehicle.

The driver name is Fakrul, Malaysian ID: 831114-03-5939, HP: 017 761 8128. He is working for Ngee Teck Huat Plantation Pte Ltd.



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Sembawang N.P.C  
4 Sembawang Crescent SINGAPORE  
757633  
Tel No: 1800-5549999



T/20220623/2018

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Report No. T/20220623/2018

**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: L/ SGT 2 TOH YOU SHENG, FABIAN	
Signature Of Interpreter: Not applicable	
Officer In Charge Of Case: TP / AEIT / SI TAN JEOK LENG Contact No.: 65476151	

Signature Of Informant:	
Date/Time: 23/06/2022 06:15	
Classification Of Case:	

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: 23/06/2022 (dd/mm/yy) Time of Accident: 01 : 18 (24-HR-FORMAT)  
Vehicle No.: GBG 6435 D Vehicle Make & Model / Engine (cc): TOYOTA HIACE 2982cc Private Hire: ( Y / N )  
Exact location of Accident: OUTSIDE OF EUNOS CRESCENT MRT STATION  
Policyholder's Name / IC No.: HENG HUP HUAT FOODSTUFFS TRADING PTE. LTD. 201736464Z  
Driver's Name / IC No.: MOHD FUZAIMIE FAIZAN BIN MOHD FUZY G2487708L (As Above)   
Driver's Contact No.: 92432966 Company Contact No / Owner Contact No: 9121 8800  
Driver's Address: 2 GAMBAS CRESCENT #03-09 NORDCOM TWO S 757044  
Owner Email address: Charlesongjl@gmail.com Insurance Company: AIG  
Driver Email address: Charlesongjl@gmail.com

**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):** 0

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

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' Name: \_\_\_\_\_

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

**Police Report filed:**  Yes /  No (If YES) Which Police Station: Sembawang N.P.C

### The Other Party(s) Details:

1. Driver's Name / IC No: FAKRUL Vehicle No: JSK 7896

Driver's Contact No: 017 761 8128 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: \_\_\_\_\_

## COMMERCIAL AUTOPLAN COMMERCIAL VEHICLE

<b>Name of Policyholder</b> : HENG HUP HUAT FOODSTUFFS TRADING PTE LTD	<b>Vehicle No.</b> : GBG6435D
<b>Period of Insurance</b> : 26 Mar 2022 To 25 Mar 2023	<b>Policy No.</b> : 2070029529-02
<b>Engine No.</b> : 1KD2740866	<b>Endorsement No.</b> :
<b>Chassis No.</b> : KDH2010230599	<b>Issued Date</b> : 04 Feb 2022

### 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> : 2017
<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\$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.

\* 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](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: ABS FINANCIAL 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 Juanne Goi