

# NATIONAL Assessment Centre Services

(Unit 12/2022)

SWF22AV0008

Date In: 31/10/2022 17:40

Ref No: X138/116 22010792/4

Veh No: GKE 186/A

D.O.A: 30/10/2022 10:40

OD (TP) Reporting Only

TP Insured:

Job description

SAS e-filing

E-mail (within 2hrs, A/C 2hrs)

I-Motor Claim Form

I-Motor W/O (within 2hrs, A/C 2hrs)

I-Photo Uploaded

Assessment/Survey Report

Ass't Report by Fax / Hand to Owner/Whse

Date & Time Completed

Done by

Preferred Wksp / INC Assgn Wksp / QW: (

Tel:

Fax:

TP Particulars: Vch No: STJ 888/1

INC ( ) / Non-INC ( )

Tel:

Owner / Driver: (

Policy No: (

Period: (

Cover Type: (

Confirmed by: (

Date:

Time:

Insured/Driver Liability: (

%) (Note: Hst Status (WO): N: 0-2011, P: 21-7994, P: 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 ( )

2) QC Check / Post Repair Inspection ( )

3) Upload Resurvey Photo (Repair Cost > \$3000) ( )

Injury: (

Date: Time: Actions:

NA2203049

Insured's Particulars:

Owner/Owner:

Contact No:

Damaged Portion:

Checked by (Engr-In-Charge):

Remarks/Comments:

## Invoice Preparation Checklist

1) AR: Accident Reporting	(\$30)	
2) DA: Damage Assessment	(\$100)	INC (\$50)
3) TP: Towing Fee		\$40/\$40
4) PT: Follow-Through Survey		\$150
5) PT: Follow-Through Survey (Resurvey)		\$30
6) TR: Re-inspection		\$75
7) NI: NI/DA + SMRT Survey		\$140
8) NTUC Additional Services:		
* NI: Courtesy Car / Tol Allowance		\$5
* NI: Repair Coordination		\$15
* NI: Post Repair Inspection		\$25
* NI: DV / Collect Express Coordination		\$5
* TP (Nil): TP (Non-INC) against INC		\$20
* TP (Nil): No Motor		\$0

Fee Charged

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 Actual 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	31/10/2022 17:40 (SGT)
Reported by	Driver
Date of Accident	30/10/2022 10:10 (SGT)
Exact Location of Accident	Bendemeer Rd, Singapore
Additional Location Information	BEFORE WHAMPOA SOUTH
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	akbbnb@gmail.com
Mobile Phone No	(Phone) +65-93851273
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	2754

### INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	7210094145-01

### DRIVER

Name of Driver	TAY KENAG SENG
NRIC No	SXXXX111B
Date Of Birth	29/01/1970
Occupation	Outdoor

Date Of Driving Pass .....	05/12/1987
Driving experience .....	34 YEARS AND 10 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-93851273
Alt. Phone Number .....	-
Email Address .....	akbbnb@gmail.com
Address .....	9 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 .....	Collision - Change/cross lane
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
Translator's name .....	-
Translator's ID .....	-
Translator's phone number .....	-
Translator's email .....	-
Original language used in the statement .....	-

#### 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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SFJ388H
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) ..... -



## 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 Actual 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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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.

B&J Trading & Manufacturing Pte Ltd

Reg. No.: 200514777G

Tel: 6475 7150 Fax: 6475 7152

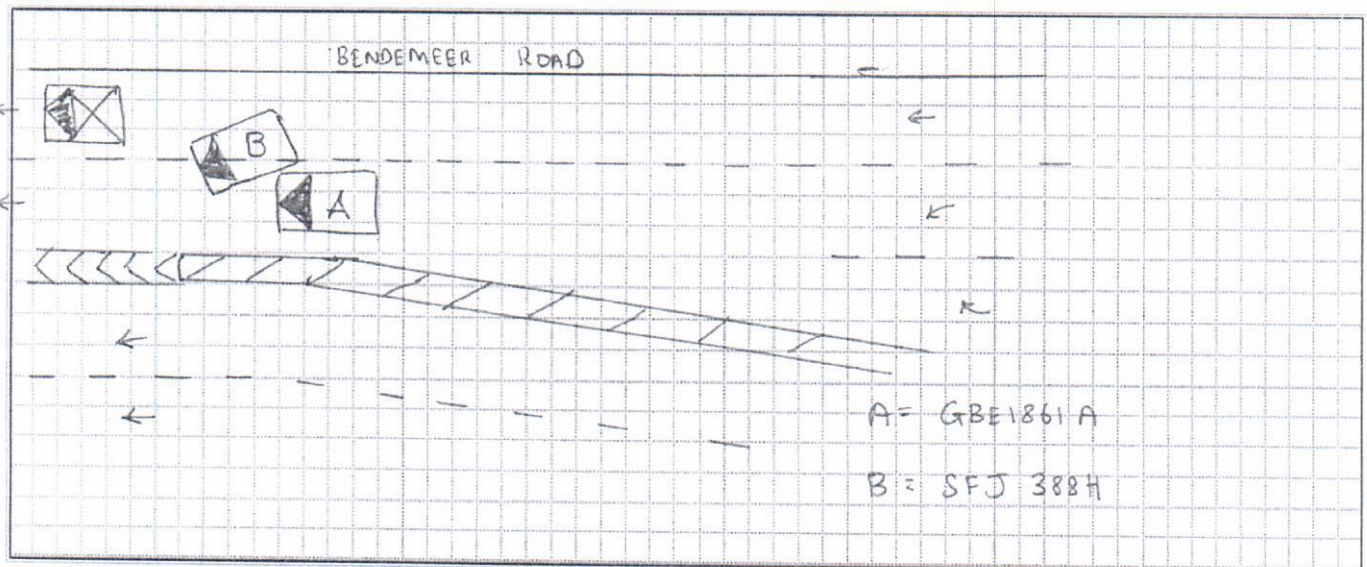
E-mail: bnjtrading@yahoo.com.sg

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)

#### Sketch Plan



Describe Circumstance of the Accident

I WAS DRIVING ON 2<sup>nd</sup> LANE WHEN SUDDENLY  
VEHICLE B(SFD 388H) CUT INTO MY LANE AND HIT FRONT RIGHT  
PORTION OF MY VEHICLE "A". WE STOPPED AT THE ROAD SIDE AND  
EXCHANGED PARTICULARS. I WISH TO STATE VEHICLE 'B' WAS DRIVING  
ON THE FIRST LANE AND SWERVED TO THE SECOND LANE.

Declaration

I/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

Unit 3016 #04-01 Bedok North Ave 4 S'por

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)





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: 30 / 10 / 2022 (dd/mm/yy) Time of Accident: 10 : 10 (24-HR-FORMAT)

Vehicle No.: G8E1861A Vehicle Make & Model / Engine (cc): TOYOTA HIACE / 2982 CC Private Hire: (Y/N) (N)

Exact location of Accident: ALONG BENDEMEER ROAD BEFORE WHAMPOA SOUTH

Policyholder's Name / IC No.: B8J TRADING & MANUFACTURING PTE LTD ROC/UEN (Company) 200514777G

Driver's Name / IC No.: JAY KWANG SENG / S7006111B (As Above) ☐

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

Driver's Address: 3 VAUGHAN ROAD SINGAPORE 358077

Owner Email address: akbbnb@gmail.com Insurance Company: AIG

Driver Email address: akbbnb@gmail.com 29/01/1970 08/12/1987

**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: SZE KOON KIAT / S17398191 Vehicle No: SFJ 388H

Driver's Contact No: 8288 0005 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 2022 To 22 Sep 2023  
Engine No. : 1KD2545472  
Chassis No. : KDH2010174527

Vehicle No. : GBE1861A  
Policy No. : 7210094145-01  
Endorsement No. :  
Issued Date : 12 Aug 2022 12:01

### 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 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.

Loss Of Use (10 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

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).

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.

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