

NATIONAL Assessment Centre Services (011 222 1000) **81082221000**

| | | | |
|----------------------------------|---|-----------------------|---------|
| Date In: 01/11/2022 15:35 | Job description | Date & Time Completed | Done By |
| Ref No: NRA/NA22010842/Y | SAS e-illing | | |
| Val No: GPB 1861A | E-mail (with Part, AOC Sign) | | |
| D.O.A: 28/10/2022 19:25 | I-Motor Claim Form | | |
| QC: (TP) Repaying Only | I-Motor W/O (with od meter, etc) | | |
| | I-Photo Uploaded | | |
| | Assessment/Survey Report | | |
| | Asst Report by Fax / Hand to Owner/Willis | | |

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

TP Particulars: Vch No: **SKU 1163R** INC () / Non-INC ()

Owner / Driver: () Tel: ()

Policy No: () Period: () Cover Type: ()

Confirmed by: () Date: () Time: ()

Insured Driver Liability: () (Note: Not Signs (WC) N 0-20% P 21-70% 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 repeller.

() Total Loss Case: to e-mail Insurer URGENTLY.

Driver-In () Tow-In () ; Invoice: YES () / NO () Towing Cost: ()

Remarks: () (INC Hotline: 0788 0018) Date/Time Completed: () Done by: ()

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

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

Injury: ()

Date/Time: () Address: ()

NA2203063

Vehicle Particulars: ()

Owner/Driver: ()

Contact No: ()

Assigned Person: ()

Checked by (Sng-In-Charge): ()

Assessment/Recovery: ()

| Invoice Preparation Checklist | | Amount | Ass'd By |
|--|-----------|--------|----------|
| 1) AR - Accident Reporting (330) | | | |
| 2) DA - Damage Assessment (\$1,000) | INC (150) | | |
| 3) TP - Towing Fee | \$100 | | |
| 4) PT - Follow Through Survey | \$150 | | |
| 5) PT - Follow Through Survey (Recovery) | \$30 | | |
| 6) TR - Re-inspection | \$10 | | |
| 7) NI - NI/DA FORMET Survey | \$150 | | |
| 8) NI/UC - Initial Towing | | | |
| 9) NI - NI/UC - Initial Towing | | | |
| 10) NI - NI/UC - Initial Towing | | | |
| 11) NI - NI/UC - Initial Towing | | | |
| 12) NI - NI/UC - Initial Towing | | | |
| 13) NI - NI/UC - Initial Towing | | | |
| 14) NI - NI/UC - Initial Towing | | | |
| 15) NI - NI/UC - Initial Towing | | | |
| 16) NI - NI/UC - Initial Towing | | | |
| 17) NI - NI/UC - Initial Towing | | | |
| 18) NI - NI/UC - Initial Towing | | | |
| 19) NI - NI/UC - Initial Towing | | | |
| 20) NI - NI/UC - Initial Towing | | | |

Free Charges: ()

Total: ()

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 | 01/11/2022 15:35 (SGT) |
| Reported by | Driver |
| Date of Accident | 28/10/2022 19:25 (SGT) |
| Exact Location of Accident | Bartley Rd East, Singapore |
| Additional Location Information | TOWARDS BRADDELL |
| 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 | 2982 |

INSURANCE COMPANY

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

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 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 | Hit and run / Vandalism / Damaged whilst parked |
| 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? | Yes |
| Police Station Name | Ang Mo Kio North Neighbourhood Police Centre |
| Police Station Phone No | (Phone) +65-18004849999 |
| Alt. Police Station Phone No | (Fax) +65-62181399 |
| Police Station Address | 51 Ang Mo Kio Avenue 9 Singapore 569784 |
| Was notice of intended Prosecution given? | No |
| If yes, against whom? | - |

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH AND POLICE REPORT T/20221031/2107

ATTACHMENT(S)

| | |
|---|-----|
| Are accident photos available for attachment? | Yes |
| Was there any video captured by Car Camera? | Yes |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------|----------|
| Vehicle Registration Number | SKU1163R |
| 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

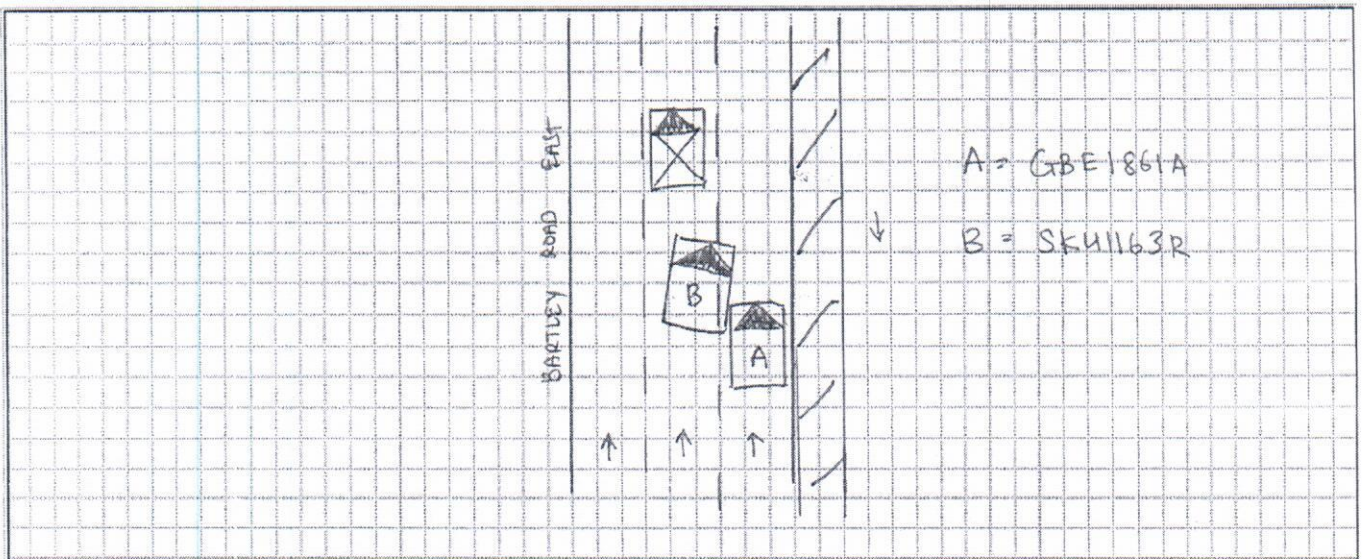
B11 3016 #04-01 Reda North Ave 4 S'pore

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 ALONG BARTLEY ROAD EAST TOWARD BRADDELL ROAD ON THE FIRST LANE WHEN SUDDENLY A VEHICLE 'B'(SKU1163R) HIT ONTO FRONT LEFT PORTION OF MY VEHICLE. VEHICLE 'B'(SKU1163R) CAME FROM MY LEFT AND SUDDENLY SWERVED TO MY LANE WITHOUT SIGNALLING, RESULTING OUR VEHICLE COLLIDED. I've SLOW DOWN, BUT THE OTHER PARTY CONTINUED DRIVING AND DIDN'T STOP. I FOLLOWED VEHICLE 'B' UNTIL BRADDELL ROAD TRAFFIC JUNCTION, BUT VEHICLE B STILL CONTINUED TO DRIVE WITHOUT ANY INTENTION TO STOP. I AM FILING THIS REPORT AS A HIT AND RUN FOR INSURANCE CLAIM PURPOSE.

★ REFER POLICE REPORT.

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

Blk 304, #01-01, Block North Ave 4 Singapore 110304

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

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



**SINGAPORE
POLICE FORCE**



T/20221031/2107

Police Station Of Origin:
Ang Mo Kio North N.P.C
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-4849999

1 of 3

Report No. T/20221031/2107

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--|------------------|---------------------------|
| Date/Time Report Made: 31/10/2022 22:07 | Vide Report No.: | Station Diary No.: 104 |
|--|------------------|---------------------------|

Informant's Particulars

| | | | | | |
|--|------------|------------------------------|---|----------------------------|--|
| Name of Informant: TAY KWANG SENG | | | Address: 3 VAUGHAN ROAD SINGAPORE 358077 | | |
| ID Type / ID No.: NRIC NO / S7006111B | | | Contact No.: Home/Office: Mobile: 93851273 | | |
| Nationality: SINGAPORE CITIZEN | | | Email: | | |
| Sex: Male | Age: 52 | Date of Birth: 29/01/1970 | Type of Informant: Driver | | |
| Race: Chinese | | | Language: | Institution / School Name: | |
| Occupation: SALESMAN | | | Driving Licence Information: Class: 2B,3 Date of Expiry: | | |

General Information of the Accident

| | | | | |
|---|---------------------------|------------------------------------|--|-----------------------------|
| General Information of the Accident | | | | |
| Type of Accident: | Non-Injury Hit and Run | Drink Drive: No | Date/Time of Accident: 28/10/2022 19:25 | Type of Location: Bridge |
| Location: BARTLEY ROAD EAST | | | | |
| Weather: Clear | | Road Surface: Dry | Road Speed Limit: | |
| Traffic Flow: One Way | | Traffic Control: Not Controlled | Traffic Volume: Moderate | |
| Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction | | | Anyone conveyed by ambulance: No | |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
|-------------|------|------|-------|-------|------------------|-----------------|
| GBE1861A | Van | | | | Slightly Damaged | 0 |
| SKU1163R | Car | | | | | 0 |



SINGAPORE
POLICE FORCE



T/20221031/2107

2 of 3

Report No. T/20221031/2107

Police Station Of Origin:
Ang Mo Kio North N.P.C
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-4849999

CONTINUATION OF REPORT

Brief Details.

On 28/10/2022 at about 1925hrs, I was driving my van GBE1861A along Bartley East Road towards Toa Payoh area (Braddell Rd) when a vehicle SKU1163R, suddenly cut into my lane without signalling and hit onto my car. I was travelling on the right most lane (1st lane) of the 3 lanes, and he was from the middle lane (2nd lane). As he had abruptly turned into my lane, we collided and I slowed down. However, the driver continued driving. I then tried to give a chase to the driver however I did not manage to get the driver's particulars as he kept driving. I have reported the matter to my insurance company. My van's left door is unable to open properly and also have dents and paint scrapes as damages. I have an in-car camera working at that point of time and handed over the footage to my insurance company. There was no injuries nor any police called to this incident.

I am lodging this police report as told by my insurance company.



**SINGAPORE
POLICE FORCE**



T/20221031/2107

Police Station Of Origin:
Ang Mo Kio North N.P.C
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-4849999

3 of 3

Report No. T/20221031/2107

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:

F /
SGT 3 NUR FARAHIN BINTE
RAHIM

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

31/10/2022 22:07

Officer In Charge Of Case:

TP / HRT /
SR STAFF SGT IRMAN BIN MOHAMAD SAID
Contact No.: 65476145

Classification Of Case:

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: 28 / 10 / 2022 (dd/mm/yy)

Time of Accident: 19 : 25 (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 BARTLEY ROAD EAST TOWARDS BRADDELL

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

Driver's Name / IC No.: TAY KWANG SENG / S700611B (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

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: SK41163R

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 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/PAFF : 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\$33,000 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 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.

0500678000