

# NATIONAL Assessment Centre Services

SW0822CF000A

Date In: 15/11/2022 16:46	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: N158/AIG 22/25614	E-mail (within 3hrs, AIC this)		
Veh No: G8BE 2815 D	I-Motor Claim Form		
D.O.A: 18/11/2022 14:00	I-Motor W/O (within 3hrs, AIC this)		
OO (TP) Reporting Only	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whar		

Preferred Wksp / INC Assign Wksp / QW:	Tel:	Fax:
TP Particulars: Veh No: XP 46535	INC ( ) / Non-INC ( )	
Owner / Driver: ( )	Tel: ( )	
Policy No: ( )	Period: ( )	Cover Type: ( )
Confirmed by: ( )	Date: ( )	Time: ( )
Insured/Driver Liability: ( )	(Note: Bst Status (WO): 11-0-2011, P: 21-79%, 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 repeler.

( ) 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: ( )

<p>1/142203485</p> <p>Insured's Particulars:</p> <p>Owner/Owner:</p> <p>Contact No:</p> <p>Insured Portion: ( )</p> <p>Checked by (Engr-In-Charge):</p> <p>Comments:</p>	<p>Invoice Preparation Checklist:</p> <p>1) AK: Accident Reporting (\$30)</p> <p>2) DA: Damage Assessment (\$100) INC (\$50)</p> <p>3) TF: Towing Fee \$10/\$40</p> <p>4) PT: Follow-Through Survey \$100</p> <p>5) PT: Follow-Through Survey (Resurvey) \$30</p> <p>6) TR: Re-inspection \$70</p> <p>7) NI: NI: DA + EMRT Survey \$140</p> <p>8) NTUC Additional Services:</p> <p>GP:</p> <p>*NI: Courtesy Car / Tot Allowance \$5</p> <p>*NI: Repair Coordination \$10</p> <p>*NI: Post Repair Inspection \$20</p> <p>*NI: DV / Collect Excess Coordination \$5</p> <p>TP (NI): TP (Non-INC) against INC \$10</p> <p>5) NI: Drive Mains</p> <p>Invoice total</p> <p>Fee Charged</p>
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## 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	15/12/2022 16:46 (SGT)
Reported by	Driver
Date of Accident	18/11/2022 14:00 (SGT)
Exact Location of Accident	16 Senoko Way, Singapore 758038
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE2315D
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	101 FOODS SUPPLIES
Company Reg No	5XXXX702E
Email Address	elin.cqw@gmail.com
Mobile Phone No	(Phone) +65-90909629
Alternative Phone No	-

### VEHICLE PARTICULARS

Manufacturer	Isuzu
Model	Nhr85aue4a
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	2999

### INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	2070062825-02

### DRIVER

Name of Driver	TAN KIM IN
NRIC No	SXXXX390I
Date Of Birth	05/12/1983
Occupation	Outdoor

Date Of Driving Pass .....	26/04/2003
Driving experience .....	19 YEARS AND 7 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-90909629
Alt. Phone Number .....	-
Email Address .....	elin.cqw@gmail.com
Address .....	1550 BEDOK NORTH AVENUE 4 #02-14
Address complement .....	-
Postcode .....	489950
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) .....	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 .....	-

#### 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 .....	YP4653J
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
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.

101  
FUGAS  
SUPPLIES

Policyholder's Signature / Date & Time

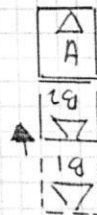
Driver's Signature (if driver is not the policyholder) / Date & Time

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

Sketch Plan

Vehicle A: GBE2315D

Vehicle B: YP4653J



Describe Circumstance of the Accident

We parked our vehicle along the stalled vehicle as we were collecting payment in the office. We heard a loud bang and came out. We then realised that vehicle 'B', YP4653J, had reversed into our vehicle's rear portion. The party wanted to private settle but could not agree til much later, thus we are filing the report now.

Declaration

I/We declare the foregoing particulars are true in every respect

01  
Foods  
SUPPLIES

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)

# ACCIDENT STATEMENT

ACCIDENT DATE: 18 11 / 2022 (DD/MM/YYYY) TIME: 14 00 (HH:MM)

LOCATION: 16 Senoko Way

## 1. DETAILS OF VEHICLE

a) VEHICLE NUMBER: GBE2315D  
 b) INSURANCE COMPANY: AIG  
 c) POLICY NUMBER: 2070062825-02  
 d) TYPE: ☒ COMPREHENSIVE / ☐ THIRD PARTY / ☐ THIRD PARTY FIRE & THEFT  
 e) MAKE & MODEL: ☐ SEDAN / ☐ COUPE / ☐ MPV / ☐ VAN / ☐ Lorry / ☐ MOTORCYCLE / OTHERS  
 f) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 g) PURPOSE OF USING AT ACCIDENT TIME: Work  
 h) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)? ☒  
 i) IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

## 2. INSURED / POLICY HOLDER

a) NAME: 101 Foods Supplies (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: 53231702E CONTACT: 9090 9629  
 c) ADDRESS: 1550 Bedok North Ave 4, #02-14 S(489950)

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

## DRIVER

a) NAME: NO Driver. Tan Kim Tee (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S83823901 CONTACT:  
 c) ADDRESS:

\* d) DATE OF BIRTH: 5 / 12 / 1983 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 26 years 2003

g) WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) ☒

h) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:

i) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

j) ROAD SURFACE: (DRY / WET / OTHERS)

k) WAS ANYBODY INJURED (YES / NO) ☒

l) DID REPORTED TO POLICE (YES / NO) ☒

m) IF YES, PLEASE STATE WHICH POLICE STATION:

## 3. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: YP4653J MODEL:  
 b) DRIVER'S NAME:  
 c) NRIC/FIN/PASSPORT: CONTACT:  
 d) THIRD PARTY VEHICLE  
 e) VEHICLE NUMBER: MODEL:  
 f) DRIVER'S NAME:  
 g) NRIC/FIN/PASSPORT: CONTACT:

Email: elin.cqw@gmail.com

fax:





# CERTIFICATE OF INSURANCE

## COMMERCIAL AUTOPLUS COMMERCIAL VEHICLE

Name of Policyholder : 101 FOODS SUPPLIES  
 Period of Insurance : 03 Apr 2022 To 02 Apr 2023  
 Engine No. : 4JJ11X9989  
 Chassis No. : JAANHR85EF7100159

Vehicle No. : GBE2315D  
 Policy No. : 2070062825-02  
 Endorsement No. :  
 Issued Date : 15 Mar 2022

### ABOUT THE COVER

Make/Model : ISUZU NHR85AUE4AC [Lorry]  
 Engine Capacity/Tonnage : 1 Tonnage  
 Driver Restriction : NA  
 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\$53,000 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 5 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 169), 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. 169), Part IV of the Road Transport Act, 1987 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0504641000  
 ASSURE INSURANCE AGENCY  
 29 KELANTAN ROAD #01-111 KELANTAN COURT  
 SINGAPORE 200029  
 Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

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

Assure Insurance Agency Pte Ltd