

NATIONAL Assessment Centre Services		Date & Time Completed	Done by
Date In: 20/01/2023 12:42	Job description		
Ref No: X/BA/PIG2300688/4	SAS e-filing		
Vehicle No: GRF 66631	E-mail (within 3hrs, A/C this)		
D.O.A: 19/01/2023 15:15	1-Motor Claim Form		
00 / TP / Reporting Only	1-Motor W/O (within 3hrs, 24 hrs)		
	1-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Whse		

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] ( )	

Invoice Preparation Checklist	
1) AR: Accident Reporting (\$300)	
2) DA: Damage Assessment (\$1000)	INC (\$550)
3) TP: Towing Fee	\$100/\$45
4) FT: Follow-Through Survey	\$150
5) FT: Follow-Through Survey (Resurvey)	\$50
Excluding system INC Only (Nov 15 to 2023)	
6) TR: Re-inspection	\$75
7) NI: New DA / SMRT Survey	\$140
8) NTUC Additional Services:	
*NI: Courtesy Car / Trip Allowance	\$5
*NI: Repair Coordination	\$10
*NI: Post Repair Inspection	\$25
*NI: DV / Collect Excess Coordination	\$5
*NI: TP (Non INC) Ignites INC	\$10
9) NI: 1500 Mobile	
Invoice Total	Fee Charged
Amount Paid	Due Amount

## 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	20/01/2023 12:42 (SGT)
Reported by	Driver
Date of Accident	19/01/2023 15:15 (SGT)
Exact Location of Accident	Chancery Ln, Singapore
Additional Location Information	AFTER BUKIT TUNGGAL ROAD
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF6613L
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#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SZ & W (SOUTHEAST ASIA) PTE LTD
Company Reg No	2XXXXX439G
Email Address	frankiekoh@outlook.com
Mobile Phone No	(Phone) +65-98801981
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Nv200
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	1597

#### INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	2100499694-05

#### DRIVER

Name of Driver	KOH JOO MENG
NRIC No	SXXXX203B
Date Of Birth	06/01/1966
Occupation	Indoor

Date Of Driving Pass .....	10/07/1984
Driving experience .....	38 YEARS AND 6 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-96331819
Alt. Phone Number .....	-
Email Address .....	frankiekoh@outlook.com
Address .....	BLK 159 TAMPINES STREET 12 #07-101
Address complement .....	-
Postcode .....	521159
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 - Head to Rear
Weather Conditions .....	Raining
Road Surface .....	Wet

#### 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? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	No
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 .....	Traffic Police
Police Station Phone No .....	(Phone) +65-65470000
Alt. Police Station Phone No .....	(Fax) +65-65474900
Police Station Address .....	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20230120/7017

#### 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 .....	SMJ4375K
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-

Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	AJEET SINGH
Contact Number .....	(Phone) +65-91911184
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person .....	KOH JOO MENG
Gender .....	Male
Phone No .....	(Phone) +65-96331819
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT INJURY
Injured person in which vehicle? .....	GBF6613L
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

## 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.



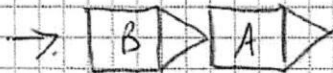
Policyholder's Signature / Date & Time

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

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

Sketch Plan

CHANCHRY LANE FROM BUKIT MEGHAL ROAD



A-GBF6613L

B-3MJ4375K

Describe Circumstance of the Accident

AS per police report attached T/20230120/7017.

Declaration

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



Policyholder's Signature / Date & Time

*[Signature]*

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

*[Signature]* 20/01/2023  
Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)





**SINGAPORE  
POLICE FORCE**



T/20230120/7017

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

1 of 3

Report No. T/20230120/7017

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 20/01/2023 11:37		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: KOH JOO MENG			Address: 159 TAMPINES STREET 12 #07-101 SINGAPORE 521159		
ID Type / ID No.: NRIC NO / S1768203B			Contact No.: Home/Office: Mobile: 96331819		
Nationality: SINGAPORE CITIZEN			Email: FRANKIEKOH@OUTLOOK.COM		
Sex: Male	Age: 57	Date of Birth: 06/01/1966	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation:			Driving Licence Information: Class: 3		Date of Expiry:

<b>General Information of the Accident</b>				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 19/01/2023 15:15	Type of Location: Straight Road
Location:  BUKIT TUNGAL ROAD				
Weather: Raining		Road Surface: Wet	Road Speed Limit: 40 Km/h	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
GBF6613L	Van					0
SMJ4375K	Car	KIA	CERATO	White		1

<b>Details of Person Involved</b>	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE  
POLICE FORCE**



T/20230120/7017

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

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Report No. T/20230120/7017

**CONTINUATION OF REPORT**

<b>Driver</b>			
Name	KOH JOO MENG	ID No.	S1768203B
Related Vehicle	GBF6613L (Van)	Contact No.	96331819
Hospital/Clinic	TAMPINES CLINIC AND SURGERY PTE LTD	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	05	Degree of	Serious
<b>Driver</b>			
Name	AJEET SINGH	ID No.	S8943297I
Related Vehicle	SMJ4375K (Car)	Contact No.	91911184
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

MY VEHICLE A (GBF6613L) WAS TRAVELING ALONG CHANCERY LANE AFTER THE TURNING TO BUKIT TUNGGAL ROAD. THE VEHICLE IN FRONT, BRAKE AND CAME TO A STOP AS THE VEHICLE WANTS TO TURN INTO CHANCERY LANE HOUSE NUMBER 31B-D. I ALSO BRAKE AND CAME TO A STOP. SUDDENLY I FELT A HUGE JERK AND HEARD A LOUD BANG FROM MY REAR. I CAME OUT OF MY VEHICLE A AND FOUND OUT VEHICLE B (SMJ4375K) FRONT PORTION HAD COLLIDED INTO THE REAR OF MY VEHICLE A. I FELT A SHARP PAIN AT MY NECK AREA AND I WENT TO SEE A DOCTOR THE NEXT DAY AND I WAS GIVEN 5 DAYS MC.





**SINGAPORE  
POLICE FORCE**



T/20230120/7017

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

3 of 3

Report No. T/20230120/7017

**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIB /  
MOHAMAD ZULFAZDLI BIN ABDULLAH  
Contact No.: 65476204

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by Singpass. No signature is  
required.

Date/Time:  
20/01/2023 11:37

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.**

Date of Accident: 19/01/2023 (dd/mm/yy) Time of Accident: 15:15 (24-HR-FORMAT)  
Vehicle No.: GBF6613L Vehicle Make & Model / Engine (cc): Nissan NV200 1498 Private Hire: (Y/N) (N)  
Exact location of Accident: After Bukit Tunggul Road  
Policyholder's Name / IC No.: SZ & W (Southeast Asia) Pte Ltd ROC/UEN (Company): 2016324396  
Driver's Name / IC No.: Koh Joo Meng S1768203 B (As Above) ☐  
Driver's Contact No.: 96331819 Company Contact No / Owner Contact No: 98801981  
Driver's Address: BLK 159 Tampines st12 #07-101 S/521159 (m)  
Owner Email address: Frankiekoh@outlook.com Insurance Company: AIG  
Driver Email address: Frankiekoh@outlook.com 06/01/1966 10/07/1984

**Relationship between Owner & Driver:** (Please **CIRCLE** one only)

Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify: (Employee)

**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):** \_\_\_\_\_

**\*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: Koh Joo Meng

Injuries Sustain: \_\_\_\_\_ Injured Person in Which Vehicle: GBF6613L

**Police Report filed:** ☒ Yes / ☐ No (If YES) Which Police Station: Traffic Police

### **The Other Party(s) Details:**

1. Driver's Name / IC No: Ajeet Singh Vehicle No: SMJ4375K

Driver's Contact No: 91911184 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

## NISSAN COMMERCIAL AUTO PROTECTOR COMMERCIAL VEHICLE

Name of Policyholder : SZ & W (Southeast Asia) Pte Ltd  
Period of Insurance : 01 Feb 2022 To 31 Jan 2023  
Engine No. : HR16075463D  
Chassis No. : VM20100790

Vehicle No. : GBF6613L  
Policy No. : 2100499694-05  
Endorsement No. :  
Issued Date : 17 Dec 2021

### ABOUT THE COVER

Make/Model : NISSAN NV 200 PETROL

Engine Capacity/Tonnage : 0.8 Tonnage

Driver Restriction : NA

Sum Insured : Market Value

Off Peak Car : No

First Year of Registration : 2017

Insuring with COE/PARF : 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\$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 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)

1. Tan Chong Motor Sales Add: 913 Bt Timah Road Singapore 589623 64694091 64694092 64694093

2. Autolotion Industrial Add: 19 Ubi Road 4 Singapore 408623 64909666

3. TC AutoClinic Add: 25 Leng Kee Road Singapore 159097 67038511 67038512 67038513

4. TC AutoClinic Add: No. 1, Sixth Lok Yang Road Singapore 628099 62622212

5. Tan Chong Motor Sales Add: 19 Lorong 8 Toa Payoh Singapore 318255 63570753

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: ETHOZ Capital 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).

0500610417

TAN CHONG CREDIT PTE LTD-TYT

913 BUKIT TIMAH ROAD TAN CHONG MOTOR CENTRE  
SINGAPORE 589623 ANSP-MOTOR

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

**AIG Asia Pacific Insurance Pte. Ltd.**

This computer generated document does not require a signature.

AIGSGMOBILEAPP