

NTUC NA Assessment Centre Services

Date In 13/02/2023	Job description	Date & Time Completed	Done by
Ref No NA/MIG 23001486/d4	SAS e-filing		
Veh No GB4 8857B	E-mail (within 8hrs. Aft 2hrs)		
DOA 10/02/2023 07:50	i-Motor Claim Form		
OD/TP Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

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

TP Particulars: Vch No: SMA 5444K 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: (INC hotline: 6788 6616)	Date & Time Completed	Done by
Apply for Transport Allowance ( ) / Courtesy Car ( )		
QC Check / Post Repair Inspection ( )		
Upload Resurvey Photo [Repair Cost > \$3000] ( )		

Injury: \_\_\_\_\_

Time	Actions

NA 2300429	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
Insurant's Particulars:		1st Bill	Add Bill
Insurer/Owner:	1) AR: Accident Reporting (\$30);		
Policy No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Insured Portion:	3) TP: Towing Fee \$40/\$45		
Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Insurer's Comments:	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) NI: Ideal DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON		
	*N5: Courtesy Car / Tpl Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Repair Coordination \$5		

# 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 .....	13/02/2023 08:14 (SGT)
Reported by .....	Driver
Date of Accident .....	10/02/2023 07:50 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	CROSS JUNCTION OF SENGKANG IND AVE 1 AND SENGKANG WEST ROAD
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... GBH8857B

### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	EVER SAN CIVIL ENGINEERING
Company Reg No .....	5XXXX213J
Email Address .....	simonlaw76@gmail.com
Mobile Phone No .....	(Phone) +65-96465529
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Toyota
Model .....	Hiace
Variants .....	-
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 .....	7210123664-01

### DRIVER

Name of Driver .....	LIM YEW LEE
NRIC No .....	SXXXX843I
Date Of Birth .....	15/09/1962

Occupation .....	Indoor
Date Of Driving Pass .....	16/02/1981
Driving experience .....	42 YEARS
Gender .....	Male
Mobile Number .....	(Phone) +65-96465529
Alt. Phone Number .....	-
Email Address .....	simonlaw76@gmail.com
Address .....	APT BLK 632C PUNGGOL DRIVE
Address complement .....	# 06-669
Postcode .....	823632
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 .....	Side Swipe
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? .....	No
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO THE ATTACHED STATEMENT

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 .....	SMA5444K
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) ..... -

**INJURED PERSONS DETAILS**

INJURED 1

Name of injured person .....	LIM YEW LEE
Gender .....	Male
Phone No .....	(Phone) +65-96465529
Address .....	APT BLK 632C PUNGGOL DRIVE
Address Complement .....	# 06-669
Post Code .....	823632
Approximate Age Years Old .....	-
Injuries Sustained .....	BODY PAIN
Injured person in which vehicle? .....	GBH8857B
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	No

**SKETCH PLAN**

**IMPORTANT NOTICE**

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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.



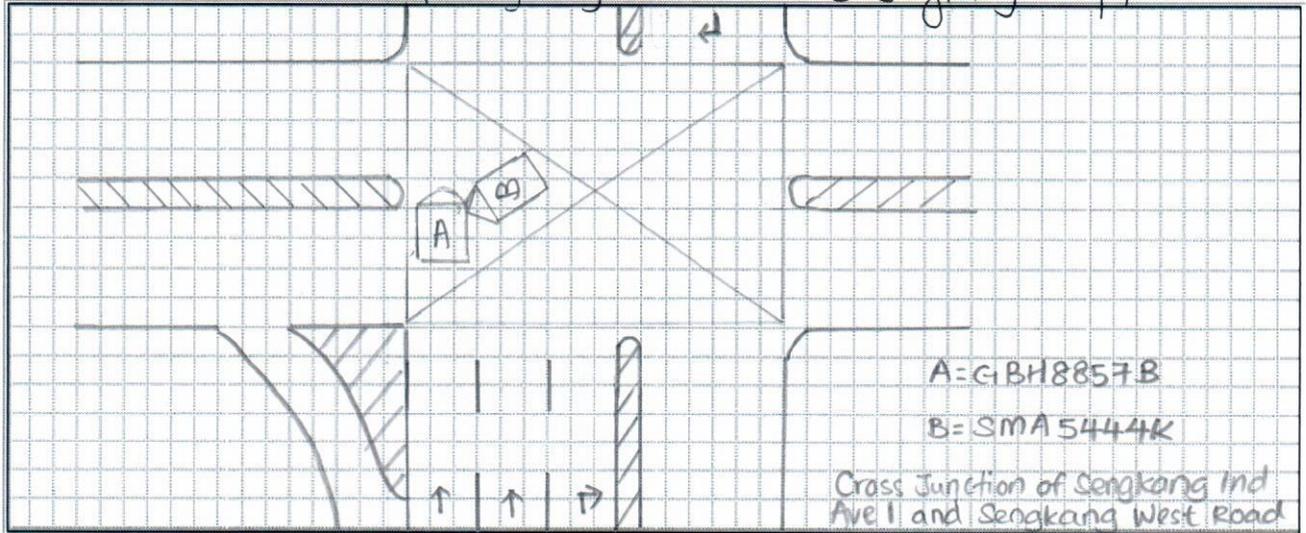
Policyholder's Signature / Date & Time

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

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

*gmm* 13/2/2023

Sketch Plan Cross Junction of Sengkang Ind Ave 1 and Sengkang West Road



Describe Circumstance of the Accident

Refer to attached

Declaration

I/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

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

On 10.02.2023 at about 07:50 hours at Cross Junction of Sengkang Ind Ave 1 and Sengkang West Road, when I was travelling straight on my lane 3 (along Sengkang Ind Ave 1 towards Sengkang West Ave), suddenly I felt a great impact from my right hand side.

When I alighted, I realized vehicle (B) came out from the opposite direction hence collided onto my front right-hand portion of my vehicle (A).

Vehicle (A): GBH 8857B

Vehicle (B): SMA 5444K



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# SINGAPORE ACCIDENT STATEMENT

Accident Date: 10/02/2023		Time: 07:50 a.m. (hh:mm) 24 hr format	
Location Cross Junction of Sengkang Ind Ave 1 and Sengkang West Road			
Vehicle Number 6BH 8857B			
Insured Name Ever San Civil Engineering			
NRIC /FIN 52974213J		Contact Number 9669 7526	
Make Toyota		Model Hiace	
Are you claiming under your own insurance policy for repair to your vehicle?			
( ) Yes If No, Pls select: ( / ) Third Party ( ) Reporting			
Insurance Company AIG			
Type of Policy ( ) Comprehensive ( ) Third Party Fire & Theft ( ) TP Only			
Policy Number 7210123664-01			
Name of Driver Lim Yew Lee			( ) Same as Insured
NRIC / FIN S1549843I		Contact Number 9646 5529	
Date of Birth 15/09/1962			
Driving Pass Date 16/02/1981			
Occupation ( / ) Indoor ( ) Outdoor			
Gender ( / ) Male ( ) Female			
Email Address simonlaw76@gmail.com			( ) NO EMAIL
Address of Driver Blk 632C Punggol Drive #06-669 Singapore 823632			
Was driver an employee of the Insured's Company? ( / ) Yes ( ) No			
If No, Relationship of the Driver with the Insured			
( ) Owner ( ) Spouse ( ) Friend ( ) Relative ( ) Children ( ) Sibling			
Does the Driver Own Any Other Vehicle? ( ) Yes ( / ) No			
If Yes, Vehicle Registration Number of Driver's Own Vehicle -			
Insurance Company of Driver's Own Vehicle			
Weather Conditions ( ) Clear ( / ) Raining ( ) Others			
Road Surface ( ) Dry ( / ) Wet ( ) Others			
Was any foreign vehicle involved in this accident? ( ) Yes ( / ) No			
Was anybody injured in the accident? ( / ) Yes ( ) No			
If yes, injured detail body pain			
Was there any video captured by Car Camera? ( ) Yes ( / ) No			
Was the Accident reported to the Police? ( ) Yes ( / ) No If yes attach police report			
DETAILS OF 3 <sup>rd</sup> party		Name / Nric Contact	
Veh B SMA 5444K			
Veh C			
Veh D			
Veh E			
Veh F			



# CERTIFICATE OF INSURANCE

## COMMERCIAL AUTOPLUS COMMERCIAL VEHICLE

**Name of Policyholder** : EVER SAN CIVIL ENGINEERING  
**Period of Insurance** : 16 Oct 2022 To 15 Oct 2023  
**Engine No.** : 1KD2828278  
**Chassis No.** : JTFHT02P900245567

**Vehicle No.** : GBH8857B  
**Policy No.** : 7210123664-01  
**Endorsement No.** :  
**Issued Date** : 11 Aug 2022 13:06

### ABOUT THE COVER

**Make/Model** : TOYOTA HIACE [Van]  
**Engine Capacity/Tonnage** : 1.1 Tonnage  
**Driver Restriction** : NA  
**Person or Classes of Persons Entitled to Drive\*** :  
**Sum Insured** : Market Value  
**Off Peak Car** : No  
**First Year of Registration** : 2018  
**Insuring with COE/PARF** : Yes

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)

null - \$600 (Own Damage)

### 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:** MITSUBISHI HC CAPITAL ASIA PACIFIC PTE. LTD

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).

0504710000  
 1F INSURANCE AGENCY PTE LTD

8 KAKI BUKIT AVE 4 #07-39 PREMIER @ KAKI BUKIT  
 SINGAPORE 415875

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

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

This computer generated document does not require a signature.

1F Insurance Agency Pte Ltd