

NTUC Assessment Centre Services

Date In 15/02/2023
 Ref No NA1AIG23001688/d4
 Vch No GBK 6937B
 DOA 14/02/2023 07:45
 (TP) Reporting Only
 P Insurer:
 Job description: SAS e-filing
 Date & Time Completed:
 Done by:
 E-mail (w/ Invt Mtr. All Dhrs)
 I-Motor Claim Form
 I-Motor W/O (Within: UB 2hrs, TP 4hrs)
 I-Photo Uploaded
 Assessment/Survey Report
 Ass't Report by Fax / Hand to Owner / Wksn

Particulars: Vch No: SMG 8756J INC () / Non-INC ()
 Owner / Driver: () Tel: ()
 Policy No: () Period: () Cover Type: ()
 Confirmed by: () Date: () Time: ()
 Insured / Driver Liability: () % [Note-Bsl. Stms (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 repaker.
 Total Loss Case: to e-mail insurer URGENTLY.
 Towed-In () / Towed-In (); Invoice: YES () / NO (); Towing Co. ()

Apply for Transport Allowance () / Courtesy Car ()
 Check / Post Repair Inspection ()
 Upload Resurvey Photo [Repair Cost > \$3000] ()
 Date & Time Completed:
 Done by:

Time	Actions

Particulars	Invoice Preparation Checklist	
	1st Bill	Add Bill
Owner:	1) AR: Accident Reporting (\$30);	
No:	2) DA: Damage Assessment (\$100); INC (\$80)	
Portion:	3) TF: Towing Fee \$40/\$45	
Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120	
Comments:	5) FT: Follow-Through Survey (Resurvey) \$30	
	For claiming against INC Only (wef 10 Jan 2005)	
	6) TR: Re-inspection \$75	
	7) NI: Idag DA + SMRT Survey \$160	
	8) NTUC Additional Services:-	
	ON:	
	*NS: Courtesy Car / Tol Allowance \$5	
	*TR: Repair Allowance \$10	
	*NT: Transport Allowance \$2	

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	15/02/2023 14:26 (SGT)
Reported by	Driver
Date of Accident	14/02/2023 07:45 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	MARYMOUNT ROAD TOWARDS PEMIMPIN PLACE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBK6937B

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	EASE LOGISTICS
Company Reg No	5XXXX885D
Email Address	marshallthean@yahoo.com
Mobile Phone No	(Phone) +65-86115741
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	Auto
CC	2754

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	7220057883

DRIVER

Name of Driver	BROSNAN LUA YU XUN
NRIC No	SXXXX315Z
Date Of Birth	22/08/1997
Occupation	Outdoor

Date Of Driving Pass	25/05/2022
Driving experience	9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98325507
Alt. Phone Number	-
Email Address	marshallthean@yahoo.com
Address	APT BLK 647 ANG MO KIO AVENUE 6
Address complement	# 04-4877
Postcode	560647
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	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?	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 THE ATTACHED POLICE REPORT-T/20230215/7019

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	SMG8756J
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	RAJOO SELVAKUMAR
Contact Number	(Phone) +65-96246624
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	BROSNAN LUA YU XUN
Gender	Male
Phone No	(Phone) +65-86115741
Address	APT BLK 647 ANG MO KIO AVENUE 6
Address Complement	# 04-4877
Post Code	560647
Approximate Age Years Old	-
Injuries Sustained	PAIN ON NECK, SHOULDER AND LOWER BACK-GIVEN 7 DAYS OF MC
Injured person in which vehicle?	GBK6937B
Were seat belts worn?	-
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 Authorised 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. The 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.

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

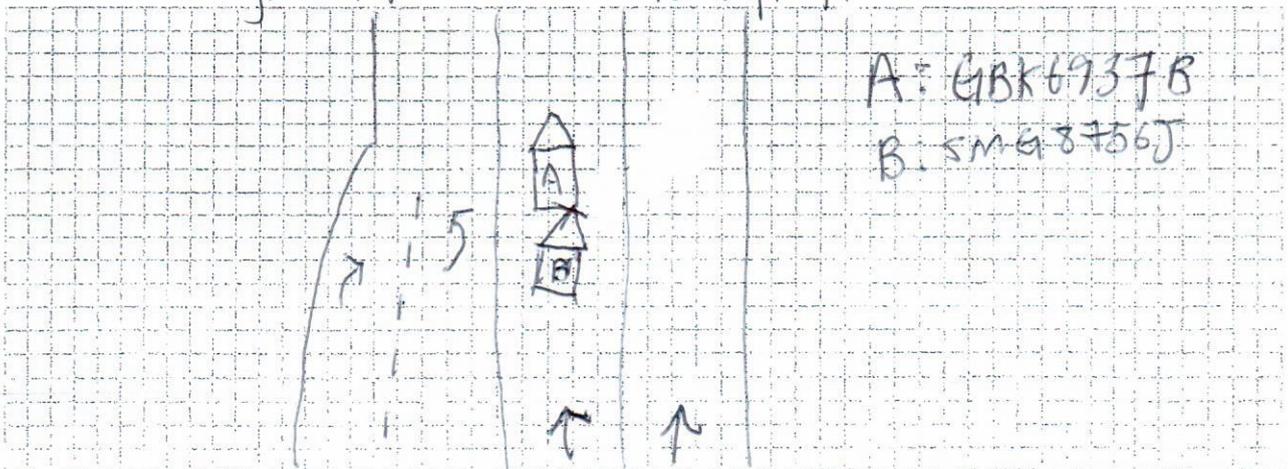
Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

[Handwritten signature]

[Handwritten signature] 15/2/2023

Sketch Plan Manymount Road Towards Pemimpin Place



Describe Circumstances of the Accident

REFER TO POLICE REPORT
- T/20230215/7019 -

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

[Handwritten Signature]

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

[Handwritten Signature] 15/2/2023

Witnessed by Reporting Centre Personnel



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

Report No. T/20230215/7019

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	BROSNAN LUA YU XUN	ID No.	S9728315Z
Related Vehicle	GBK6937B (Van)	Contact No.	98325507
Hospital/Clinic	24 HOUR WALK-IN CLINIC	Class of Driving Licence & Expiry	Class: 3A Date of Expiry: NIL
Date	14/02/2023	Date	14/02/2023
No. of Days granted Medical Leave	07	Degree of	Serious

Brief Details.

ON THE STATED VENUE, DATE AND TIME, I, VEHICLE A, BEARING CAR PLATE GBK6937B WAS TRAVELLING STRAIGHT IN MY LANE ON LANE 2.

THE VEHICLE IN FRONT BRAKE. SO I ALSO BRAKED.

THE VEHICLE B, BEARING CAR PLATE SMG8756J BANG ONTO THE REAR PORTION OF MY VEHICLE.

AFTER THE ACCIDENT, I SUFFERED PAIN ON MY NECK, SHOULDER AND LOWER BACK. SO I WENT TO INTEMEDICAL 24 HR CLINIC AT KOVAN TO CONSULT A DOCTOR. I RECEIVED 7 DAYS OF MC.



**SINGAPORE
POLICE FORCE**



T/20230215/7019

3 of 3

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

Report No. T/20230215/7019

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:
15/02/2023 11:49

Classification Of Case:

VEHICLE NO: GBK 6937B

MAKE & MODEL: TOYOTA HIACE

AUTO/MANUAL

DATE OF ACCIDENT	14 / 02 / 2023	C.C. 2-8
TIME OF ACCIDENT	07:45	AM/PM
LOCATION OF ACCIDENT	MARY MOUNT RD TOWARDS PEMIMPIN PLACE	
EXACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT / PRIVATE USE / PRIVATE HIRE	
NAME OF OWNER	EASE LOGISTICS	
EMAIL	MARSHALLTHEAN@YAHOO.COM	OFFICE: MOBILE: 86115741
NRIC	53253885D	
CLAIM TYPE	OD / THIRTY PARTY / REPORTING ONLY	
FLEET POLICY	YES / NO?	
INCURENCE CO.	AIG	
TYPE OF COVERAGE	Comprehensive / Third Party / Third Party Fire & Theft	
POLICY NO.	7220057883	
NAME OF DRIVER	AS ABOVE / IF NO: BROSNAN LUA YU XUN	
NRIC	597283/5Z	
DATE OF BIRTH	22 / 08 / 1997	
ANY PASSENGER	YES / NO:	
NAME OF PASSENGER	-	
GENDER OF PASSENGER	MALE / FEMALE	
OCCUPATION	Outdoor / Indoor	
DATE OF DRIVING PASS	25 / 05 / 2022	
GENDER	MALE / FEMALE	
CONTACT NO.	Mobile: 98325507 Office: 78325507 Home:	
EMAIL	AS ABOVE	
ADDRESS	647 ANG MO KIO AVE 6 #04-4877 (S) 560647	
DOES DRIVER OWN OTHER VEHICLES?	NO / If yes, Reg No:	INSURE:
RELATIONSHIP	Employee / If No:	
WEATHER CONDITION	Clear / Raining / Other:	
ROAD SURFACE	Dry / Wet / Other:	
ANY INJURIES	No / If yes, Who? DRIVER (Neck & lower back, SHOULDER)	
CONTACT NO.	98325507	
POLICE REPORT	No / (If yes, Where? ONLINE (CUBI))	
NOTICE OF INTENDED PROSECUTION?	No / If yes, Who?	
VEHICLE B NO.	5MG 8756J	Any Passenger: -
NAME	ROJOO SELVATUMAR	
CONTACT NO.	96246624	
VEHICLE C NO.		Any Passenger:
VEHICLE D NO.		Any Passenger:
VEHICLE E NO.		Any Passenger:
VEHICLE F NO.		Any Passenger:
ANY WITNESS		
WITNESS CONTACT NO.		
WAS THERE ANY VIDEO CAPTURE?		YES / NO
WAS THERE ANY AUDIO RECORDED?		YES / NO
SCENE ACCIDENT PHOTOS TAKEN?		YES / NO
WHO IS REPORTING	DRIVER/ OWNER/ BOTH	
Original Language Used	English/ Mandarin/ Others:	
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?		YES / NO



CERTIFICATE OF INSURANCE

COMMERCIAL AUTOPLUS COMMERCIAL VEHICLE

Name of Policyholder : EASE LOGISTICS
Period of Insurance : 21 May 2022 To 20 May 2023
Engine No. : 1GD8607198
Chassis No. : GDH2012014072

Vehicle No. : GBK6937B
Policy No. : 7220057883
Endorsement No. :
Issued Date : 21 May 2022 15:50

ABOUT THE COVER

Make/Model : TOYOTA HIACE [Van]
Engine Capacity/Tonnage : 1.1 Tonnage
Driver Restriction : NA
Sum Insured : Market Value
Off Peak Car : No
First Year of Registration : 2020
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\$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 or AIG SG Mobile App. Simply search and download "AIG SG" from iTunes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: TOKYO CENTURY LEASING (SINGAPORE) PTE 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).

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