

**NATIONAL Assessment Centre Services** (Call 1300 22 22 0003) *Ref: 220003*

Date In: <i>20/07/2023 10:39</i>	Job Description	Date & Time Completed	Done by
Ref No: <i>HPM AIG 2200188714</i>	SAS e-filing		
Yeh No: <i>CRSE 4349</i>	E-mail (within 3hrs, A/C 2hrs)		
D.O.A: <i>20/07/2023 17:00</i>	1-Motor Claim Form		
OD: <i>TP</i> Reporting Only	1-Motor W/O (Within 30 Days, 30 Days)		
TP Insurer:	1-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whse		

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

TP Particulars: Yeh No: *816 209C* INC ( ) / Non-INC ( )

Owner / Driver: ( ) Tel: ( )

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

Confirmed by: ( ) Date: ( ) Title: ( )

Insured/Driver Liability: ( ) % (Note: Hsc Status (WO): N: 0-30%, F: 21-70%, P: 80-100%)

Year of Registration: ( ) Warranty: YES ( ) / NO ( )

Excess: (\$ ) Loading: \$1,000 ( ) / \$2,000 ( )

General Remarks:

( ) Walk-In Customer / Customers 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 10/10/2023 (015)*

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

2) QC Check / Post Repair Inspection ( )

3) Upload Repairer Photo [Repair Cost > \$3000] ( )

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

Date/Time	Action

<i>2200544 / 2200565</i>	Invoice/Preparation Charge	
Insured's Particulars	1) A/R: Accident Passbook (\$300)	
Owner/Owner	2) DA: Damage Assessment (\$1000) INC (\$55)	
Contact No:	3) TP: Towing Fee \$10545	
Damaged Portion:	4) PT: Follow Through Survey (\$150)	
Checked by (Engr-In-Charge):	5) TR: Debris Fee \$25	
	6) NTLD Additional Services	
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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 ..... 21/02/2023 10:34 (SGT)  
Reported by ..... Driver  
Date of Accident ..... 20/02/2023 12:00 (SGT)  
Exact Location of Accident ..... Holland Dr, Singapore  
Additional Location Information ..... TOWARDS NORTH BUONA VISTA ROAD  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... GBE434G

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... SATOYU TRADING PTE LTD  
Company Reg No ..... 1XXXXX101R  
Email Address ..... xqubica.bowl@gmail.com  
Mobile Phone No ..... (Phone) +65-90661290  
Alternative Phone No ..... -

### VEHICLE PARTICULARS

Manufacturer ..... Hyundai  
Model ..... Starex  
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 ..... Private car  
Transmission ..... Auto  
CC ..... 2497

### INSURANCE COMPANY

Name of Insurance Company ..... AIG Asia Pacific Insurance Pte. Ltd.  
Policy Number / Cover Note Number ..... 1900117796-03

### DRIVER

Name of Driver ..... MOHAMED IRFAN S/O MOHAMED SIKANDAR  
NRIC No ..... SXXXX452C  
Date Of Birth ..... 25/01/1982  
Occupation ..... Indoor

Date Of Driving Pass .....	13/01/2016
Driving experience .....	7 YEARS AND 1 MONTH
Gender .....	Male
Mobile Number .....	(Phone) +65-91291444
Alt. Phone Number .....	-
Email Address .....	xqubica.bowl@gmail.com
Address .....	BLK 236 YISHUN RING ROAD #06-1000
Address complement .....	-
Postcode .....	760236
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 - U-Turn
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 POLICE REPORT T/20230202/7108

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 .....	SHB2109C
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-

Vehicle Colour ..... -  
 Vehicle Category ..... Taxi  
 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 ..... MOHAMED IRFAN S/O MOHAMED SIKANDAR  
 Gender ..... Male  
 Phone No ..... (Phone) +65-91291444  
 Address ..... -  
 Address Complement ..... -  
 Post Code ..... -  
 Approximate Age Years Old ..... -  
 Injuries Sustained ..... SLIGHT INJURY  
 Injured person in which vehicle? ..... GBE434G  
 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 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.

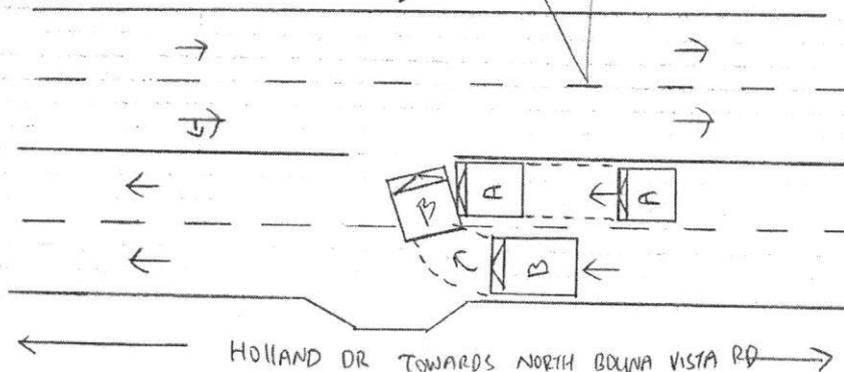


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

**Sketch Plan**



VEH A : GBE 434G

VEH B : SHB 2109C

*[Signature]* 21/02/2023

Describe Circumstances of the Accident

Refer to Police Report. T/20230220/7108

[Large empty lined area for describing the accident circumstances, with a large handwritten 'S' or similar mark.]

**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]* 21/02/2023

Witnessed by Reporting Centre Personnel





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

**CONTINUATION OF REPORT**

Driver			
Name	MOHAMED IRFAN S/O MOHAMED SIKANDAR	ID No.	S8204452C
Related Vehicle	GBE434G (Van)	Contact No.	91291444
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	03	Degree of	Serious

Brief Details.

On the stated date and time I vehicle GBE434G was travelling straight on Holland Drive towards North Buona Vista Road.

I was on lane 1 of the 2 lane road moving straight ahead.

Suddenly vehicle SHB2109C who was on lane 2 on my left, made an abrupt U-turn.

When I saw his action, I immediately jammed my brakes but to no avail. The said vehicle hit onto my vehicle's left front portion.

The impact was great and causes most of the goods in my vehicle to be damaged.

Some of the good flew in front and landed on my left leg and my leg was stuck for a while until some passerby came and help me out of the vehicle.

Later TP and ambulance came to the scene.

After a while I start to feel pain on my neck, shoulder and lower back areas.

I went to Jurong area later to settle my work stuff and then the pain became unbearable.

I then proceeded to Unihealth 24-Hr Clinic Jurong East to seek treatment and I was given 3 days MC.



**SINGAPORE  
POLICE FORCE**



T/20230220/7108

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

3 of 3

Report No. T/20230220/7108

**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 / MOHAMMAD ABDILLAH BIN PALIL Contact No.: 65476246

Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Date/Time: 20/02/2023 21:29
Classification Of Case:

NP168

*Jude*

OWNER EMAIL: MERVINAWYONG@GMAIL.COM

Date of Accident : 20/02/2023 . Accident Time: 12PM . (24-HR-FORMAT)

Accident Place : HOLLAND DRIVE TOWARDS NORTH BOUNA VISTA RD.

Vehicle Reg. No (Car plate No.) : GBE4346 Vehicle Make/Model: HYUNDAI STAREX

Insurance Company : AIG Policy No. 1900117796-03

Name of Registered Owner : Company / Individual SATOYU TRADING PTE LTD

ID of Registered Owner : Co Reg No: 198103101R Owner's NRIC No: \_\_\_\_\_  
 Co Contact No: 9066 1290 Owner's Contact No: \_\_\_\_\_  
MOHAMED IRFAN S/O

DRIVER'S Name : MOHAMED SIKANDAR DRIVER'S NRIC No: 58204452C

DRIVER'S Date of Birth : 25-01-1982 DRIVER'S License Pass Date 13 JAN 2016 .

Relationship bet. Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employer \ Others: Logistics manager .

DRIVER'S Address : Blk 236 Yishun Ring Road #06-1000 S(760236) .

DRIVER'S Contact No./ Alt No. : 1) 9129 1444 . 2) \_\_\_\_\_

DRIVER'S Occupation : INDOOR \ OUTDOOR (eg. working inside or outside of an ofc)

Email Address : xqubica.bowl@gmail.com

Weather & Road Surface : CLEAR & DRY . RAINING & WET \ AFTER RAIN & WET

Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance

Number of Passengers (including Driver): 1 Passenger Name: \_\_\_\_\_ Gender: M/F

Was the accident reported to the police? YES \ NO Passenger Name: \_\_\_\_\_ Gender: M/F

Was there any video Captured by car camera: YES \ NO Any Injuries: YES \ NO Injured Name: \_\_\_\_\_

Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Other Party Driver's Particulars (if any)

Vehicle Reg No: <u>SHB 2109 C</u>	Vehicle Reg No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name DRIVER: _____	Name DRIVER: _____
IC No. DRIVER: _____	IC No. DRIVER: _____
DRIVER'S Contact & add: _____	DRIVER'S Contact & add: _____

Other Party Driver's Particulars (if any)

Vehicle Reg No: _____	Vehicle Reg No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name DRIVER: _____	Name DRIVER: _____
IC No. DRIVER: _____	IC No. DRIVER: _____
DRIVER'S Contact & add: _____	DRIVER'S Contact & add: _____



# CERTIFICATE OF INSURANCE

## COMMERCIAL AUTOPLUS COMMERCIAL VEHICLE

**Name of Policyholder** : Satoyu Trading Pte Ltd  
**Period of Insurance** : 21 Aug 2022 To 20 Aug 2023  
**Engine No.** : D4CBE592345  
**Chassis No.** : KMFWBX7KLEU681146

**Vehicle No.** : GBE434G  
**Policy No.** : 1900117796-03  
**Endorsement No.** :  
**Issued Date** : 16 Aug 2022 12:18

### ABOUT THE COVER

**Make/Model** : HYUNDAI STAREX 2.5A  
**Engine Capacity/Tonnage** : 1.3 Tonnage  
**Driver Restriction** : NA  
**Person or Classes of Persons Entitled to Drive\*** :  
**Sum Insured** : Market Value  
**Off Peak Car** : No  
**First Year of Registration** : 2015  
**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 - \$800 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. 189), Part IV of the Road Transport Act, 1987 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0422000000  
CHIA KOK SAU RAYMOND

NO. 8 SALLIM ROAD  
SINGAPORE 387625

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

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

This computer generated document does not require a signature.

KOK SAU RAYMOND CHIA