

# NATIONAL Assessment Centre Services

Date In: 03/04/2023 12:25	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NA2800955	E-mail (with 3rd, 4th, 5th)		
Yeh No: GBH 9401B	1-Motor Claim Form		
D.O.A: 28/03/2023 13:25	1-Motor W/O (With: OD 1st, 2nd, 3rd)		
OD: (TP) Reporting Only	1-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whse		

Preferred Wksp / INC Assign Wksp / QW: (	Tel: (	Fax: (
TP Particulars: Yeh No: VN 5045X	INC: ( ) / Non-INC: ( )	
Owner / Driver: (	Tel: (	
Policy No: (	Period: (	Cover Type: (
Confirmed by: (	Date: (	Place: (
Insured/Driver Liability: (	95) (Note: 1st Status (WO): 10-0-30%, 11-21-72%, 12-30-140%)	
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 No: 0788-0015)	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) ( )		

Injury: ( )  
 Date Turn: ( )  
 Action: ( )

NA2800955	Invoice Preparation Checklist
1) All: Accident Paperwork (\$300)	
2) DA: Damage Assessment (\$1000)	INC (\$56)
3) TP: Towing Fee (\$10/\$45)	
4) PT: Follow-Through Survey (\$132)	
5) FT: Follow-Through Survey (Barterway) (\$30)	
6) TR: Rep/Survey (\$71)	
7) NI: New DA + SMRT Survey (\$145)	
8) NTUC Additional Fee (\$10)	
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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	03/04/2023 12:35 (SGT)
Reported by	Actual Driver
Date of Accident	28/03/2023 13:25 (SGT)
Exact Location of Accident	Mandai Link, Singapore
Additional Location Information	MANDAI FOOD LINK LEVEL 2
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH9401B
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	ONE OCEAN FOOD PTE. LTD.
Company Reg No	2XXXXX134H
Email Address	winson_tingwei@hotmail.com
Mobile Phone No	(Phone) +65-90118033
Alternative Phone No	-

### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Dyna
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	2982

### INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	7220116061

### DRIVER

Name of Driver	PALANIAPPAN NAGARAJ
Passport No/FIN	GXXXX094N
Date Of Birth	16/05/1995
Occupation	Outdoor

Date Of Driving Pass	06/05/2019
Driving experience	3 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-83542814
Alt. Phone Number	-
Email Address	winson_tingwei@hotmail.com
Address	BLK 28 MARSILING DRIVE #09-257
Address complement	-
Postcode	730028
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	3
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)	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 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	YN5044X
Vehicle Manufacturer	Mitsubishi
Vehicle Model	Canter
Vehicle Variant	-
Vehicle Colour	White
Vehicle Category	Commercial vehicle
Name of Driver	ARIVAZHAGAN ARUNKUMAR
Passport No/FIN	GXXXX324L

Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number .....	GBF1136E
Vehicle Manufacturer .....	Toyota
Vehicle Model .....	Dyna
Vehicle Variant .....	-
Vehicle Colour .....	White
Vehicle Category .....	Commercial vehicle
Name of Driver .....	GOH YONG KENG
NRIC No .....	SXXXX757C
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.



Policyholder's Signature / Date & Time

*Heng*



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

*Pam*

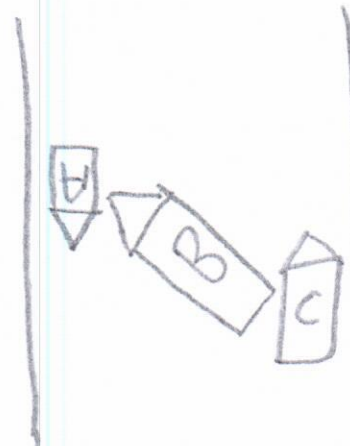
Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)

*03/04/2023*

Sketch Plan

MANDAI FOOD LINK LEVEL 2

vehicle A GBH 9401B  
vehicle B YN 5044X  
vehicle C GBF 1136E



Describe Circumstance of the Accident

On 28/03/2023 about 13:25pm my vehicle was stationary parked at level 2 Mandai Food link. Suddenly I heard a loud bang and notice vehicle B "YN 5444X" lorry skidded and collided onto my vehicle and another vehicle C "GBF 1136E"

Declaration

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



*Kens*

Policyholder's Signature / Date & Time

*Paw*

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



Witnessed by Reporting Centre Personnel  
\*Name as in NRIC ID card

*[Signature]* 03/04/2023

# ACCIDENT DATE & LOCATION

Date & Time of Accident \* Date: 28/03/2023 Time: 13.25pm (24 hr format)  
 Exact Location of Accident \* MANDAI Food link level 2

## INSURED / POLICY HOLDER / VEHICLE PARTICULARS / DETAILS OF OWN VEHICLE

Vehicle Registration Number \* GBH 9401B Make & Type \*: TOYOTA DYNA  
 Name of Registered Owner \* ONE Ocean Food PTE. LTD.  
 NRIC / FIN / Passport / Co Regn No. \* 201407134H  
 Contact Number \* 9011 8033 Email/Fax No: Winson\_tingwei@hotmail.com  
 Exact Purpose for which vehicle was being used at Time of Accident ☐ Private Usage / ☒ Commercial or Company's Usage  
 Are you claiming under your own ☐ Yes / ☒ No If No, Please state action to be taken  
 Insurance policy for repair to your vehicle? \* ☒ Third Party Claim (SYH / Other workshop?) / ☐ Reporting Only

## INSURANCE COMPANY (OWN VEHICLE)

Name of Insurance Company \* China / EQ / Etiqa / MSIG / Tokio Marine / Great American / AIG  
 Type of Policy \* Comprehensive / Third Party / Third Party Fire & Theft  
 Policy No. (Certificate No.) / Cover Note No. 7220116061

## DRIVER

Name of Driver \* PALANIAPPAN NAGARAJ Gender \* Male / Female  
 NRIC / FIN / Passport Number \* G2760094N  
 Date of Birth \* 16/05/1995 (dd/mm/yyyy)  
 Occupation \* ☐ Indoor / ☒ Outdoor  
 Date of Driving Pass (Pass Date) \* 06/05/2019  
 Contact Number \* 8354 2814  
 Address 28 Marsiling Drive #09-257 S (730028)  
 Email Address / Fax Number \* Email: Winson\_tingwei@hotmail.com Fax: \_\_\_\_\_  
 Relationship of the Driver with the Insured \* Owner / Employee / Spouse / Friend / Others:  
 Does Driver Own any Vehicle, if YES pls indicate Vehicle Number & Insurance Company \* Veh No: 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_  
 Ins Co: 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_

## GENERAL INFORMATION OF THE ACCIDENT

Type of Collision Chain Collision / Side-Swipe / Front to Rear / Others:  
 Weather Conditions \* Clear / Raining / Others:  
 Road Surface \* Wet / Dry / Others:

## OTHER INFORMATION

Was anybody injured in the accident? \* ☒ No / ☐ Yes (Police Report required)  
 Was any injured conveyed to hospital by ambulance? ☒ No / ☐ Yes  
 Was any foreign vehicle involved in this accident? \* ☒ No / ☐ Yes Veh No: \_\_\_\_\_ Veh Category: \_\_\_\_\_  
 Number of vehicles involved in the accident (03)  
 Was there any witness? ☒ No / ☐ Yes  
 Was any other VEHICLE / Property involve / damage? \* ☐ No / ☒ Yes  
 Was there any video captured by Car Camera? ☒ No / ☐ Yes

## DETAILS OF POLICE ACTION

Was the Accident Reported to the Police? \* ☒ No / ☐ Yes If Yes, Please state which Police Station:  
 Was Notice of Intended Prosecution given? \* ☒ No / ☐ Yes If Yes, against whom? \_\_\_\_\_  
 Number of Passengers (including DRIVER)? (01)  
 Passengers Name: \_\_\_\_\_ Gender: Male / Female  
 Name: \_\_\_\_\_ Gender: Male / Female  
 Have you been approached by unknown person(s) soliciting/offering accident claims assistance? Yes / No

DETAILS OF OTHER VEHICLE(S) / PROPERTIES		
Vehicle Registration Number *	1) YN 5044X	2) GBF 1136E
Vehicle Make / Model / Colour	Mitsubishi Fuso Canter / white	Toyota DYNA / white
Damage to Vehicle/Property?		
Vehicle Category *		
Name of Driver	ARIVAZHAGAN ARUNKUMAR	Goh Yeng Keng
NRIC/Passport Number	G 2988324L	S 6439757C
Contact Number		
Address		
Insurance Company Name		
DETAILS OF WITNESS		
Name		
Contact No. / Email Address		



# CERTIFICATE OF INSURANCE

## COMMERCIAL AUTOPLUS COMMERCIAL VEHICLE

Name of Policyholder : ONE OCEAN FOOD PTE. LTD.  
Period of Insurance : 01 Nov 2022 To 06 Nov 2023  
Engine No. : 1KD2828836  
Chassis No. : JTFAT35Y50K211721

Vehicle No. : GBH9401B  
Policy No. : 7220116061  
Endorsement No. :  
Issued Date : 06 Oct 2022 15:47

### ABOUT THE COVER

Make/Model : TOYOTA DYNA 150 [Lorry]  
Engine Capacity/Tonnage : 1.7 Tonnage  
Driver Restriction : NA  
Sum Insured : Market Value  
Off Peak Car : No  
First Year of Registration : 2018  
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 \$553,000 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](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

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).

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

78 Shenton Way #08-16 AIG Building 6079120 T: 65 6419 3000 [www.aig.sg](http://www.aig.sg)

AIG Asia Pacific Insurance Pte. Ltd.