

# NATIONAL Assessment Centre Services

Date In: 14/04/2023 13:26  
 Ref No: NPA/AG 22002874/Y  
 Vch No: GBC 71TB  
 D.O.A: 13/04/2023 16:26  
 QC: TP Repeating Only  
 TP Insured:

Job description: SAS e-illing  
 Date & Time Completed:  
 Done by:

E-mail (within 3hrs, A/C 2hrs)  
 1-Motor Claim Form  
 1-Motor W/O (Within: 24 hrs, TP 1hrs)  
 1-Photo Uploaded  
 Assessment/Survey Report  
 Ass't Report by Fax / Hand in Owner/VL:

Preferred Wksp / INC Assgn Wksp / QW: Tel: Fax:  
 TP Particulars: Vch No: GBC 71TB INC ( ) / Non-INC ( )  
 Owner / Driver: Tel: )  
 Policy No: ( ) Period: ( ) Cover Type: ( )  
 Confirmed by: ( ) Date: Time: )  
 Insured/Driver Liability: ( ) (Note: Inc Status (W/O): H: 0-30%, F: 21-70%, 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 repair.  
 ( ) Total Loss Case: to e-mail Insurer URGENTLY.  
 Drive-In ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co: ( )

Remarks: N/A  
 1) Apply for Transport Allowance ( ) / Courtesy Car ( )  
 2) QC Check / Post Repair Inspection ( )  
 3) Upload Recovery Photo [Repair Cost > \$3000] ( )

Injury:

NA 30185  
 Invoice Preparation Charge List  
 1) All Accident Paperwork (\$30)  
 2) DA: Damage Assessment (\$100) INC (\$50)  
 3) TP: Towing Fee \$10/\$20  
 4) PE: Follow Through Survey \$120  
 5) PT: Follow Through Survey (Emergency) \$50  
 6) TR: Re/Inspection \$75  
 7) NI: New DA + SMIT Survey \$140  
 8) NTUC Additional Fee: \$100  
 9) NI: Courtesy Car / Tel Allowance \$5  
 10) NI: Repair Coordination \$10  
 11) NI: Post Repair Inspection \$25  
 12) NI: EV / Collect Excess Coordination \$1  
 13) TP (H1) / TP (H2) / TP (H3) \$10  
 14) NI: 24hr Helpline \$10  
 15) NI: 24hr Helpline \$10  
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 100) NI: 24hr Helpline \$10





## 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	14/04/2023 13:26 (SGT)
Reported by	Actual Driver
Date of Accident	13/04/2023 16:30 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	TOWARDS CHANGI
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBC717B
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	STARBRIGBHT GLASS ENTERPRISE PTE LTD
Company Reg No	2XXXXX919W
Email Address	gbc_1961@hotmail.com
Mobile Phone No	(Phone) +65-82229916
Alternative Phone No	-

### VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Cabstar
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	2953

### INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	1800001982-05

### DRIVER

Name of Driver	LOW TECK HEE
Passport No/FIN	GXXXX227U
Date Of Birth	16/11/1985
Occupation	Outdoor

Date Of Driving Pass	29/08/2016
Driving experience	6 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-82229916
Alt. Phone Number	-
Email Address	gbc_1961@hotmail.com
Address	BLK 298A COMPASSVALE STREET #15-174
Address complement	-
Postcode	541298
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	Chain Collision
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)	3
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	-

#### PASSENGER 1

Name	NG YAN WENG
Gender	Male

#### PASSENGER 2

Name	EKAMBARAM GOVINDARAJU
Gender	Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Bishan Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005529999
Alt. Police Station Phone No	(Fax) +65-65561905
Police Station Address	20 Bishan Street 23 Singapore 579757
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20230414/2030

#### 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	GBF9796Y
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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)	-

## DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	GBF2867Y
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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	LOW TECK HEE
Gender	Male
Phone No	(Phone) +65-82229916
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	GBC717B
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

### INJURED 2

Name of injured person	NG YAN WENG
Gender	Male
Phone No	(Phone) +65-98146773
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	GBC717B
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 3

Name of injured person	EKAMBARAM GOVINDARAJU
Gender	Male
Phone No	(Phone) +65-97753205
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	GBC717B
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. 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.

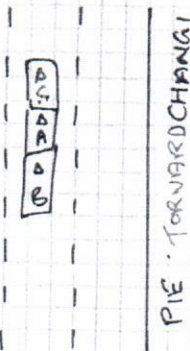


Policyholder's Signature / Date & Time

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

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

### Sketch Plan



A - GBC 717 B

B - G3F 9796 Y

C - G3F 2867 Y



**Describe Circumstances of the Accident**

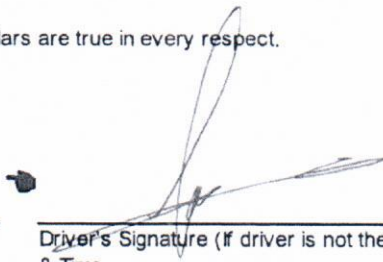
Refer to Police report - T/20230414/2030

**Declaration**

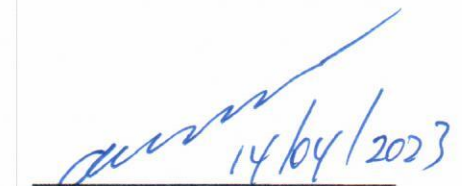
We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time



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



14/04/2023

Witnessed by Reporting Centre Personnel



# SINGAPORE POLICE FORCE



T/20230414/2030

Police Station Of Origin:  
Bishan N.P.C  
20 Bishan Street 23 SINGAPORE 579757  
Tel No: 1800-5529999

1 of 4

Report No. T/20230414/2030

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 14/04/2023 11:41	Vide Report No.:	Station Diary No.: 25
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**Informant's Particulars**

Name of Informant: LOW TECK HEE			Address: APT BLK 298A COMPASSVALE STREET #15-174 SINGAPORE 541298	
ID Type / ID No.: FIN NO / G2745227U			Contact No.:	
			Home/Office:	Mobile: 82229916
Nationality: MALAYSIAN			Email:	
Sex: Male	Age: 37	Date of Birth: 16/11/1985	Type of Informant: Driver	
Race: Chinese			Language:	
Occupation: CONSTRUCTION WORKER			Driving Licence Information: Class: 3	Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 13/04/2023 16:00	Type of Location: Straight Road
Location: PAN-ISLAND EXPRESSWAY				
Weather: Cloudy	Road Surface: Wet			
Traffic Flow:	Traffic Control:		Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBC717B	Lorry				Slightly Damaged	2
GBF2867Y	Van				Slightly Damaged	1
GBF9796Y	Van				Seriously Damaged	1





**SINGAPORE  
POLICE FORCE**



T/20230414/2030

Police Station Of Origin:  
Bishan N.P.C  
20 Bishan Street 23 SINGAPORE 579757  
Tel No: 1800-5529999

2 of 4

Report No. T/20230414/2030

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Passenger</b>			
Name	Ng Yan Weng	ID No.	G7814941N
Related Vehicle	GBC717B (Lorry)	Contact No.	98146773
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	NIL
<b>Passenger</b>			
Name	Ekambaram Govindaraju	ID No.	M3020905W
Related Vehicle	GBC717B (Lorry)	Contact No.	97753205
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight
<b>Driver</b>			
Name	Eng Ah Siew	ID No.	S2669561I
Related Vehicle	NIL	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight



**SINGAPORE  
POLICE FORCE**



T/20230414/2030

Police Station Of Origin:  
Bishan N.P.C  
20 Bishan Street 23 SINGAPORE 579757  
Tel No: 1800-5529999

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Report No. T/20230414/2030

**CONTINUATION OF REPORT**

<b>Driver</b>			
Name	LOW TECK HEE	ID No.	G2745227U
Related Vehicle	NIL	Contact No.	82229916
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight
<b>Driver</b>			
Name	Tham Tiem Khiong	ID No.	S7422414H
Related Vehicle	NIL	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On the above-mentioned date time and location, I was driving a lorry with another 2 passengers (GBC717B) along PIE Changi on the second lane near to EXIT 19. There was a heavy traffic and subsequently, A white Toyota Hi-Ace Van (GBF2867Y) Infront of me came to a stop. I did manage to brake in time and came to a stop. Suddenly I felt a huge impact and from my rear of my vehicle and saw a Silver Toyota Van Hi-Ace (GBF9796Y) hit onto my rear which cause my vehicle to inch forward and hit onto the vehicle Infront of me. The rear of my lorry is dented. Me and another 2 passengers suffered a headache and a neck pain from it. I am lodging this report for TP investigation.





**SINGAPORE  
POLICE FORCE**



T/20230414/2030

Police Station Of Origin:  
Bishan N.P.C  
20 Bishan Street 23 SINGAPORE 579757  
Tel No: 1800-5529999

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Report No. T/20230414/2030

**CONTINUATION OF REPORT**

Signature of Officer Recording The Report:  
E /  
SCSGT(1) MOHAMAD FARIS  
AMSYAR BIN MOHAMAD YAZID

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / AEIT /  
SR STAFF SGT MUHAMMAD NOOR BIN  
ABDUL RAHMAN  
Contact No.: 65476219

Signature Of Informant:

Date/Time:  
14/04/2023 11:41

Classification Of Case:

Send/Fax to: \_\_\_\_\_

Submitted: \_\_\_\_\_

**SINGAPORE ACCIDENT STATEMENT**

BASIC INFORMATION			
Date of Accident:	13-Apr-2023	Time of Accident:	1630
Exact Location:	PIE Towards Changi		

DETAILS OF OWN VEHICLE			
Vehicle Registration No.	GBK 717 B	NRIC / FIN / Passport no:	200601919W
Name of Registered Owner:	Starbright Glass Enterprise Pte Ltd		
Owner's Email:	GCB-1961@HOTMAIL.COM		
Owner's Address:	8 KAKI BUKIT AVENUE 4#06-09PREMIER @ KAKI BUKITSINGAPORE (415875)		
Vehicle Make:	NISSAN	Vehicle Model:	CABSTAR
Engine Capacity (cc):	1.7	Transmission:	Auto/Manual
Type of Claim:	Own Damage / Third Party / Reporting Only		
Vehicle Category:	Private / Commercial / Motorcycle / Private Hire		
Name of Insurance Co:	AIG		
Type of Policy:	Comprehensive / Third Party / Third Party, Fire & Theft		
Policy Number:	1800001982-05		

DRIVER			
Name of Driver:	Low Teck Hee	<input type="checkbox"/> same as Owner	
NRIC / FIN / Passport no:	2745227U	Date of Birth:	16/11/1985
Occupation:	Indoor / Outdoor	Driving Pass Date:	29/08/2016
Contact Number:	82229916	Gender:	Male / Female
Address:	298A Compassvale street #15-174 (S 541298)		
Relationship with Owner:	Owner / Employee / Spouse / Child / Hirer / Others:		
Translator Name:	Translator NRIC:		
Translator Contact No:	Translator email:		

GENERAL INFORMATION OF THE ACCIDENT			
Type of Collision:	Chain collision / Side Swipe / Front to Rear / Others:		
Weather Condition:	Clear / Raining / Others:	Road Surface:	Dry / Wet
Video available:	Yes / No		
Was anybody injured?	Yes / No	Police Report Made?	Yes / No
No. of passenger onboard (including driver):	3 - Ng Yan Weng Ekambaram		

Ng Yang Weng - Male / Ekambaram - Male

DETAILS OF OTHER VEHICLE			
	Vehicle 1	Vehicle 2	Vehicle 3
Vehicle Registration No:	GBF 9796 Y	GBF 2867 Y	
Vehicle Make / Model:			
Name of Driver:			
NRIC / FIN / Passport no:			
Contact Number:			
Name of Insurance Co:			

DETAILS OF WITNESS	
Name:	Contact Info:

DETAILS OF INJURED PERSON			
	Person 1	Person 2	Person 3
Name / in which vehicle?:	Low Teck Hee	Ng Yan Weng	Ekambaram
	GBK 717 B	GBK 717 B	GBK 717 B

Driver's Declaration: I declare that the information given in this report are true and accurate to the best of my collection and I bear full responsibility for any consequences arising from incomplete or inaccurate information that are submitted.

Signature of Driver

Date and time





# CERTIFICATE OF INSURANCE

## COMMERCIAL AUTO THIRD PARTY ONLY COMMERCIAL VEHICLE

Name of Policyholder : STARBRIGHT GLASS ENTERPRISE PTE LTD  
Period of Insurance : 28 Feb 2023 To 27 Feb 2024  
Engine No. : ZD30272562K  
Chassis No. : JN1SC2F24Z0801723

Vehicle No. : GBC717B  
Policy No. : 1800001982-05  
Endorsement No. :  
Issued Date : 22 Feb 2023 16:59

### ABOUT THE COVER

Make/Model : NISSAN CABSTAR 3.0 5MT

Engine Capacity/Tonnage : 1.7 Tonnage

Sum Insured : NA

First Year of Registration : 2011

Driver Restriction : NA

Off Peak Car : No

Insuring with COE/PARF : NA

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.

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.

\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act 1960, 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

Section 2

Property Damage - \$0

Windscreen : NA

Named Driver and Excess (where applicable)

### APPROVED REPORTING CENTRES/AUTHORISED REPAIRERS (FOR CLAIMS RELATED REPAIRS)

For Approved Reporting Centres, 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 Apple App Store or Google Play Store.

### 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 1960, Part IV of the Road Transport Act, 1987 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).