

NATIONAL Assessment Centre Services

Date: 03/05/2023	Vch description	Date & Time Completed	Done by
Ref No NA1G23004509 / d4	SAS e-filing		
Veh No GBE 4189 M	E-mail (within 2hrs, A/C 2hrs)		
DOA 29/04/2023 08:30	I-Motor Claim Form		
OD / TP / <u>Reporting Only</u>	I-Motor W/O (Within OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Vch No: SMN 22985	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
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: _____

Date/Time	Actions

NA2301262	Invoice Preparation Checklist	Amc (\$)	Ad
Claimant's Particulars	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) NI: Idno DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON*		
	*N3: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idno Mobile \$0		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

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	03/05/2023 09:35 (SGT)
Reported by	Actual Driver
Date of Accident	29/04/2023 08:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	OUTSIDE SIM LIM SQUARE CARPARK AT PRINSEP STREET
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE4189M
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	PC CLINIC SERVICES PTE LTD
Company Reg No	2XXXXX468E
Email Address	kenneth@pcclinic.com.sg
Mobile Phone No	(Phone) +65-63343881
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 - Reporting only
Vehicle Category	Commercial vehicle
Transmission	Auto
CC	2982

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	2070142511-02

DRIVER

Name of Driver	POH KHOON WEI , KENNETH (FU KUNWEI , KENNETH)
NRIC No	SXXXX944Z

Date Of Driving Pass	31/07/1979
Driving experience	43 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92384321
Alt. Phone Number	-
Email Address	kenneth@pcclinic.com.sg
Address	689 CHANGI ROAD
Address complement	-
Postcode	419964
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	DRIZZLING
Road Surface	Wet

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)	2
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	UNKNOWN
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Bedok South Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002448999
Alt. Police Station Phone No	(Fax) +65-62446558
Police Station Address	20 Chai Chee Drive Singapore 469045
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO THE ATTACHED POLICE REPORT - T/20230429/2103

*Report was unable to submit on 02.05.2023 as Gear system was down."

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	SMN2298S
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SCAFFOLDING
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Government
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)	-

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 use 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.

B. 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.



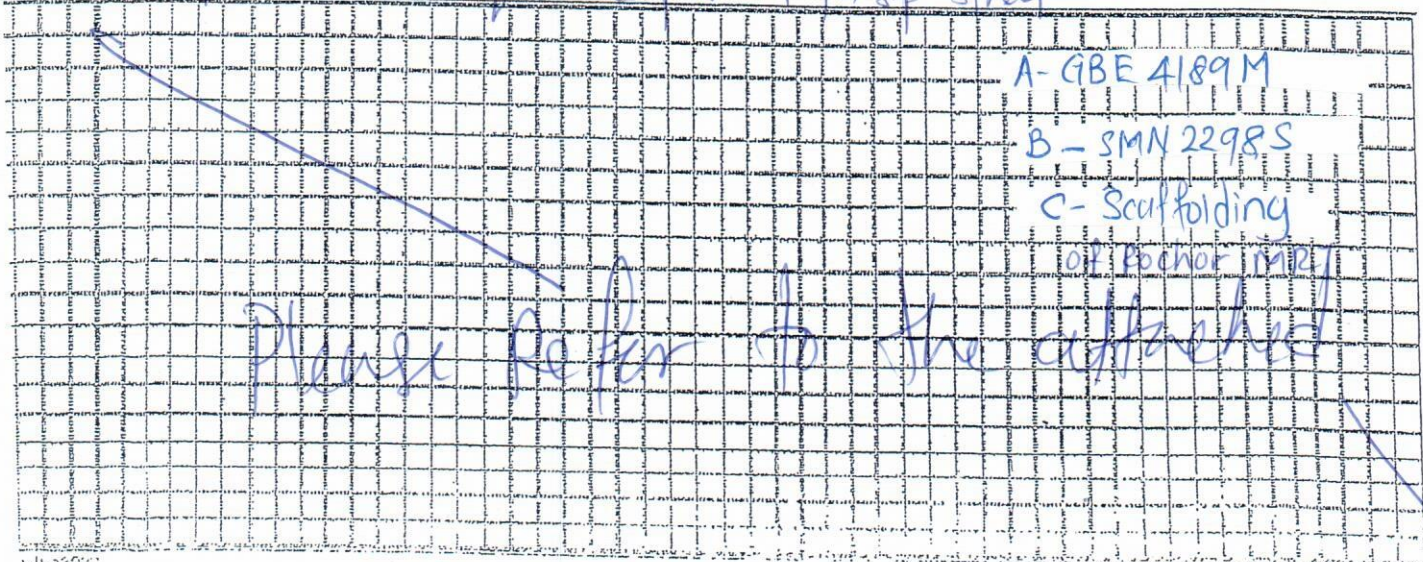
Policyholder's Signature / Date & Time

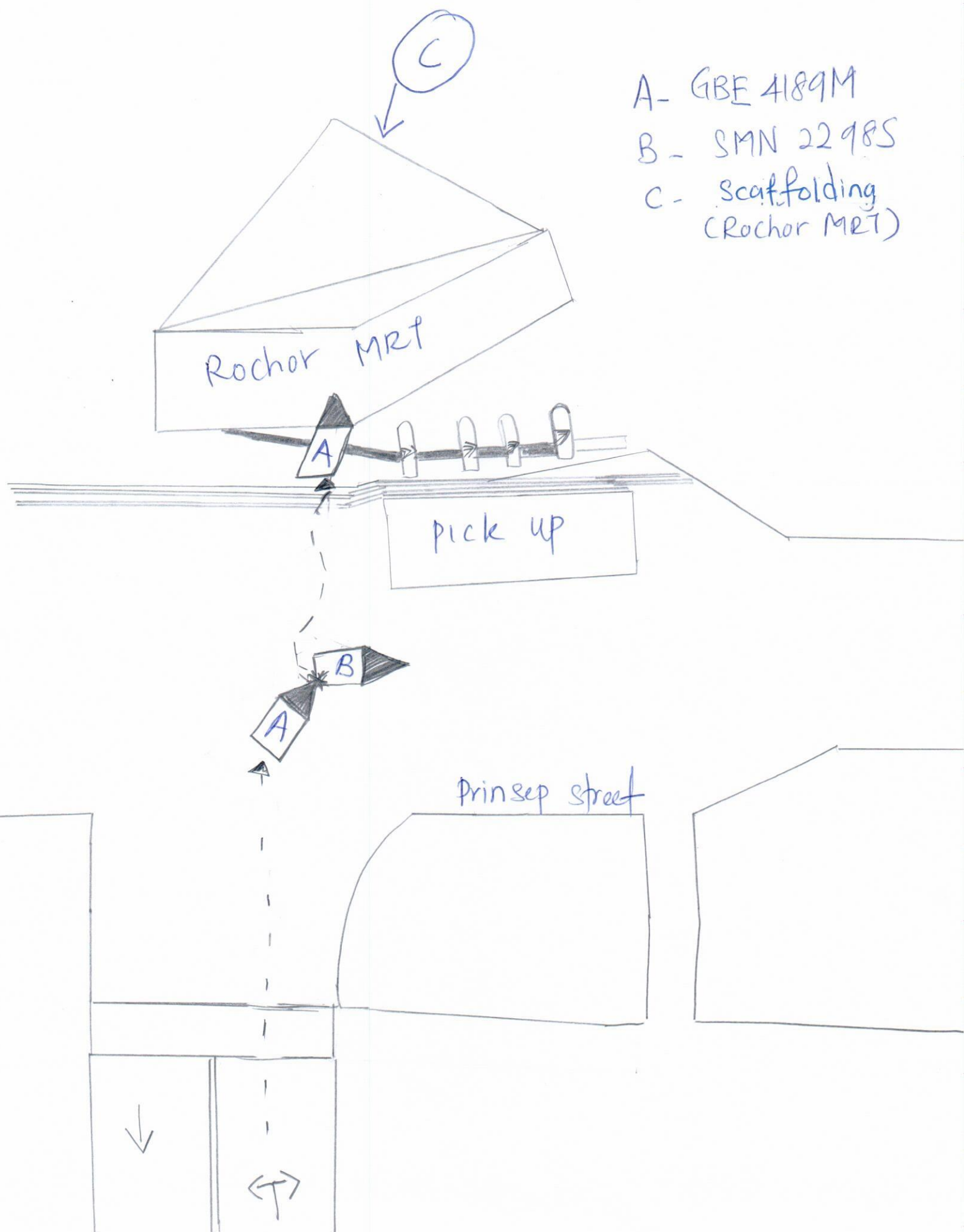
Actual Driver's Signature (if driver is not the policyholder) / Date & Time

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

Sketch Plan

outside Sim Lim Square Carpark at Princep street





Describe Circumstance of the Accident

Please Refer to the attached

- Police Report -

- 7/20230429 / 2103

Declaration

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



Policyholder's Signature / Date & Time

Kend

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

2/5/2023

James 3/5/2023
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)



SINGAPORE POLICE FORCE



T/20230429/2103

Police Station Of Origin:
Bedok South NPP
20 Chai Chee Drive SINGAPORE 469045
Tel No: 1800-2448999

1 of 3
Report No. T/20230429/2103

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:
29/04/2023 22:50

Vide Report No.:

Station Diary No.:
31

Informant's Particulars

Name of Informant: POH KHOON WEI, KENNETH			Address: 689 CHANGI ROAD SINGAPORE 419964		
ID Type / ID No.: NRIC NO / S7922944Z			Contact No.: Home/Office: Mobile: 92384321		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 43	Date of Birth: 31/07/1979	Type of Informant: Driver		
Race: Chinese			Language:		
Occupation: Other civil engineering and related technicians			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury	Drink Drive:	Date/Time of Accident:	Type of Location:
		No	29/04/2023 20:30	Straight Road
Location: PRINSEP STREET				
Weather: Raining		Road Surface: Wet		
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBE4189M	Van				Slightly Damaged	1
SMN2298S	Car				Slightly Damaged	1

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20230429/2103

Police Station Of Origin:
Bedok South NPP
20 Chai Chee Drive SINGAPORE 469045
Tel No: 1800-2448999

2 of 3

Report No. T/20230429/2103

CONTINUATION OF REPORT

Driver				
Name	POH KHOON WEI, KENNETH		ID No.	S7922944Z
Related Vehicle	GBE4189M (Van)		Contact No.	92384321
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	NIL		Degree of Injury	NIL

Brief Details.

On the above mentioned date, time and location, I was travelling out of Sim Lim Square carpark towards Prinsep St. I was turning right into Prinsep St. After a vehicle (SMN2298S) moved past me on my left on Prinsep St. I moved after he went pass. While I was turning onto Prinsep St, the car slowed down causing me to hit my brakes and my vehicle skidded forward hitting the right rear door of the vehicle. After hitting the vehicle, I lost control and drove into the scaffolding of Rochor MRT (downtown line) causing it to fall inwards. No injuries were sustained on all parties. No police or ambulance attended the scene. I am lodging this report for insurance purposes for the situation written above.



**SINGAPORE
POLICE FORCE**



T/20230429/2103

Police Station Of Origin:
Bedok South NPP
20 Chai Chee Drive SINGAPORE 469045
Tel No: 1800-2448999

3 of 3

Report No. T/20230429/2103

CONTINUATION OF REPORT

Signature of Officer Recording The Report:
G /
SGT 2 CHIA SHENG HUA

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIA /
SSI TAY CHUN KEEN
Contact No.: 65476436

Signature Of Informant:

Date/Time:
29/04/2023 22:50

Classification Of Case:

NP168

ACCIDENT STATEMENT

ACCIDENT DATE: 29/04/2023 (DD/MM/YYYY) TIME: 08:30 (HH/MM)

LOCATION: Outside Sim Lim Square (Carpark) at Pinay Street

1. DETAILS OF VEHICLE

a) VEHICLE NUMBER: GBE 4189M
 b) INSURANCE COMPANY: AIG
 c) POLICY NUMBER: 2070142511-02
 d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT
 e) MAKE & MODEL: Toyota Hiace AUTO / MANUAL
 f) TYPE: SAEDON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS
 g) VEHICLE CATEGORY: PRIVATE / COMMERCIAL / MOTORCYCLE
 h) PURPOSE OF USING AT ACCIDENT TIME: Private Employment
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) YES
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

a) NAME: PC Clinic services pte ltd (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 201812468E CONTACT: 6334 3881
 c) ADDRESS: _____

* CONTINUE TO 3. d IF DRIVER ALSO POLICY HOLDER

DRIVER
 a) NAME: Poh Khoo Wei, Kenneth (Fukinwei, Kenneth)
 b) NRIC/FIN/PASSPORT: S79229442 (MALE / FEMALE)
 c) ADDRESS: 689 Changi Road - S 419 964

d) DATE OF BIRTH: 31/07/1979 (DD/MM/YYYY)

e) OCCUPATION: INDOOR / OUTDOOR

f) YEARS OF DRIVING EXPERIENCE: 30/10/2006

Seat belt = Yes

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) YES

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____

5. a) WEATHER CONDITION: Clear / RAINING / OTHERS Buzzing

b) ROAD SURFACE: DRY / WET / OTHERS

6. WAS ANYBODY INJURED (YES / NO) NO

7. a) REPORTED TO POLICE (YES / NO) NO

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: SMN 22985 MODEL: _____

b) DRIVER'S NAME: Koh Sew Bun

c) NRIC/FIN/PASSPORT: S1580275H CONTACT: 90668386

9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: Scaffolding MODEL: _____

e) DRIVER'S NAME: _____

f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

Email = kenneth@pcclinic.com.sg

Fax = _____

Notes: NO



CERTIFICATE OF INSURANCE

COMMERCIAL AUTOPLAN COMMERCIAL VEHICLE

Name of Policyholder : PC CLINIC SERVICES PTE LTD
Period of Insurance : 25 Nov 2022 To 24 Nov 2023
Engine No. : 1KD2570623
Chassis No. : JTFHT02PX00184214

Vehicle No. : GBE4189M
Policy No. : 2070142511-02
Endorsement No. :
Issued Date : 04 Oct 2022 16:56

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 : 2015
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.

* 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 can be carried out at the repairer of Your choice (unless specifically excluded by Us).
For 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: United Overseas Bank Limited

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).

0504236000

INTRADE MANAGEMENT PTE LTD

AIG BUILDING 78 SHENTON WAY #09-16

SINGAPORE 079120

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

Leong Hock Poh