

# NATIONAL Assessment Centre Services

(wef 1 Jan 06)

SW08237A0001

Date In: 10/07/2023 10:48	Job description	Date & Time Completed	Done by
Ref No: N/A 10423006921/4	SAS e-filing		
Veh No: 6B3 8974K	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 16/06/2023 05:10	i-Motor Claim Form		
OD / (TP) / Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars: Ve. No: SH 6916S 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)

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

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

Date/Time	Actions

N42302057

## Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

## Auditors' Comments:-

Cat. 1:

Cat. 2 / 3:

## Invoice Preparation Checklist

	Am't (\$)	Am't
	Inc Bill	Add
1) AR: Accident Reporting (\$30);		
2) DA: Damage Assessment (\$100); INC (\$30)		
3) TF: Towing Fee \$40/\$45		
4) FT: Follow-Through Survey \$120		
5) FT: Follow-Through Survey (Resurvey) \$30		
For claiming against INC Only (wef 10 Jan 2005)		
6) TR: Re-inspection \$75		
7) N1: Idac DA + SMRT Survey \$160		
8) NTUC Additional Services:-		
ON*		
*N5: 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: Idac 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	10/07/2023 10:18 (SGT)
Reported by	Actual Driver
Date of Accident	16/06/2023 05:10 (SGT)
Exact Location of Accident	CTE, Singapore
Additional Location Information	TOWARDS SLE BEFORE TPE EXIT
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBJ8974K
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	HENG HUP HUAT FOODSTUFFS TRADING PTE. LTD.
Company Reg No	2XXXXX464Z
Email Address	charlesongjl@gmail.com
Mobile Phone No	(Phone) +65-81566580
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	2070117209-02

## DRIVER

Name of Driver	CHEAH KEANG CHONG
Passport No/FIN	GXXXX360N
Date Of Birth	09/06/1995
Occupation	Outdoor

Date Of Driving Pass .....	21/08/2019
Driving experience .....	3 YEARS AND 10 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-81566580
Alt. Phone Number .....	-
Email Address .....	charlesongjl@gmail.com
Address .....	2 GAMBAS CRESCENT #03-08/09
Address complement .....	-
Postcode .....	757044
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 - Change/cross lane
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? .....	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 .....	SH6916B
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) .....	-



## 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,

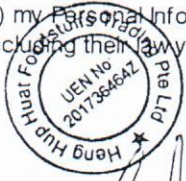
(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages), and/or

(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

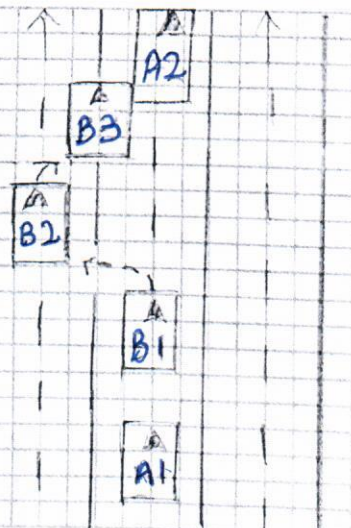
### Sketch Plan

Veh A: GBS 8974K

Veh B: SH 6916B

Cte towards SLE before

TPE exit.





## Describe Circumstances of the Accident

I was driving straight in my lane. Vehicle B was in front of me. Vehicle B change lane to the left. The lane became clear in front of me and I continue forward driving in my lane. Suddenly I felt an impact on my vehicle rear portion. I slowed down and stop. Alighted to find out that vehicle B was not paying attention to his surrounding when driving and cause this accident by changing lane into my lane without checking and collided into me.

## 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

Witnessed by Reporting Centre Personnel



## SINGAPORE ACCIDENT STATEMENT

## BASIC INFORMATION

Date of Accident:	16/06/23	Time of Accident:	05 10 am
Exact Location:	CTE towards SLE before TPE exit		

## DETAILS OF OWN VEHICLE

Vehicle Registration No.	GBJ 8974K	NRIC / FIN / Passport no. <sup>Reg</sup>	201736464Z
Name of Registered Owner:	Heng Hup Huat Foodstuffs Trading Pte Ltd		
Owner's Email:	Charlesengji@gmail.com		
Owner's Address:	2 Gambas Crescent #03-08/09, Nordcom II, Woodlands S(757044)		
Vehicle Make:	Toyota	Vehicle Model:	Dyna
Engine Capacity (cc):	2982	Transmission:	Auto <u>(Manual)</u>
Type of Claim:	Own Damage / <u>Third Party</u> / Reporting Only		
Vehicle Category:	Private / <u>Commercial</u> / Motorcycle / Private Hire		
Name of Insurance Co:	AIG		
Type of Policy:	<u>Comprehensive</u> / Third Party / Third Party, Fire & Theft		
Policy Number:	2070117209-02		

## DRIVER

Name of Driver:	Cheah Keang Chong		
NRIC / FIN / Passport no:	G23053604	Date of Birth:	09/06/1995
Occupation:	Indoor / <u>Outdoor</u>	Driving Pass Date:	21/08/2019
Contact Number:	8156 6580	Gender:	<u>(Male)</u> / Female
Address:	2 Gambas Crescent #03-08/09, Nordcom II, Woodlands S(757044)		
Relationship with Owner:	Owner <u>(Employee)</u> / Spouse / Child / Hirer / Other:		

## GENERAL INFORMATION OF THE ACCIDENT

Type of Collision:	Chain collision / Side Swipe / <u>Front to Rear</u> / Others:		
Weather Condition:	<u>(Clear)</u> / Raining / Others:		
Road Surface:	<u>(Dry)</u> / Wet / Others:		
Was anybody injured?	Yes / <u>(No)</u>	Police Report Made?	Yes / <u>(No)</u>
No. of passenger onboard (including driver):	01		

## DETAILS OF OTHER VEHICLE

	Vehicle 1	Vehicle 2	Vehicle 3
Vehicle Registration No:	SH 6916B		
Vehicle Make / Model:			
Name of Driver:			
NRIC / FIN / Passport no:			
Contact Number:			
Name of Insurance Co:			

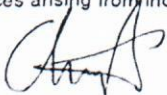
## DETAILS OF WITNESS

Name:		Contact Info:	
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## DETAILS OF INJURED PERSON

	Person 1	Person 2	Person 3
Name / in which vehicle?:			

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.



X

Date and time





# CERTIFICATE OF INSURANCE

## COMMERCIAL AUTOPLAN COMMERCIAL VEHICLE

Name of Policyholder : HENG HUP HUAT FOODSTUFFS TRADING PTE LTD  
Period of Insurance : 01 Oct 2022 To 30 Sep 2023  
Engine No. : 1KD2861546  
Chassis No. : JTFAT35YX0K213867

Vehicle No. : GBJ8974K  
Policy No. : 2070117209-02  
Endorsement No. :  
Issued Date : 08 Aug 2022 16:13

### ABOUT THE COVER

Make/Model : TOYOTA DYNA 150 VAN  
Engine Capacity/Tonnage : 1.7 Tonnage  
Driver Restriction : NA  
Person or Classes of Persons Entitled to Drive\* :

Sum Insured : Market Value  
Off Peak Car : No  
First Year of Registration : 2019  
Insuring with COE/PAFF : 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\$53,000 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](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: United Overseas Bank Limited

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).

0500718000

JG MOTOR AGENCY

80 CHANGI ROAD #04-06 CENTROPOD @ CHANGI

SINGAPORE 419715

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

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

This computer generated document does not require a signature.

Book Foong Joanne Gol