

NATIONAL Assessment Centre Services (wef 1 Jan 06)

Date In: 31/07/2023	Job description	Date & Time Completed	Done by
Ref No: NA/1923007734/d4	SAS e-filing		
Yeh No: GBE 3051H	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 30/07/2023 16:00	i-Motor Claim Form		
OD / (TP) Reporting Only	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:

Yeh No: GBD 3907U

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:

NA2302272

Invoice Preparation Checklist

Ant (\$)

An

1st Bill

Ad

Claimant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:

Cat. 1:

Cat. 2 / 3:

1) AR: Accident Reporting (\$30);

2) DA: Damage Assessment (\$100); INC (\$80)

3) TP: 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: Idao 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: Idao Mobile \$30

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 First Submission	31/07/2023 17:47 (SGT)
Reported by	Actual Driver
Date of Accident	30/07/2023 16:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PIE (CHANGI) AFTER TOA PAYOH
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE3051H
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	101 FOODS SUPPLIES
Company Reg No	5XXXX702E
Email Address	elin.cqw@gmail.com
Mobile Phone No	(Phone) +65-85405544
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Isuzu
Model	Nhr85aue4aa
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	2999

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	2070062812-03

DRIVER

Name of Driver	WANG ZHISONG
Passport No/FIN	GXXXX607Q
Date Of Birth	09/09/1986
Occupation	Outdoor

Date Of Driving Pass	25/01/2016
Driving experience	7 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-85405544
Alt. Phone Number	-
Email Address	elin.cqw@gmail.com
Address	1550 BEDOK NORTH AVENUE 4
Address complement	# 02-14
Postcode	489950
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	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	4
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?	Yes
Police Station Name	Bedok North Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002449999
Alt. Police Station Phone No	(Fax) +65-62447258
Police Station Address	30 Bedok North Road Singapore 469676
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO THE ATTACHED POLICE REPORT - T/20230730/2064

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	GBD3907U
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)	3

PASSENGER 1

Name	UNKNOWN
Gender	Male

PASSENGER 2

Name	UNKNOWN
Gender	Male

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SGW8664C
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)	3

PASSENGER 1

Name	UNKNOWN
Gender	Male

PASSENGER 2

Name	UNKNOWN
Gender	Female

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	GBE2800U
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)	3

PASSENGER 1

Name
Gender

UNKNOWN
Male

PASSENGER 2

Name
Gender

UNKNOWN
Female

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

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

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

Sketch Plan

PIE (Changi) after Tan Puyoh

Vehicle A: GBE3051H

Vehicle B: GBD3907H

Vehicle C: SGWB664C

Vehicle D: GBE2800H

PIE (Changi)

△
C
△
D
△
A
△
B

Describe Circumstance of the Accident

Refer to Police Report.

- 7/20230730/2064-

Declaration

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



Policyholder's Signature / Date & Time

王高松

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

31/7/23

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



SINGAPORE POLICE FORCE



T/20230730/2064

Police Station Of Origin:
Bedok N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

1 of 3

Report No. T/20230730/2064

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/07/2023 18:34		Vide Report No.: E/20230730/0101		Station Diary No.: 48
Informant's Particulars				
Name of Informant: WANG ZHISONG		Address: BLK 1550 BEDOK NORTH AVENUE 4 #02-14 SINGAPORE 489950		
ID Type / ID No.: FIN NO / G2689607Q		Contact No.: Home/Office: Mobile: 85405544		
Nationality: CHINESE		Email:		
Sex: Male	Age: 36	Date of Birth: 09/09/1986	Type of Informant: Driver	
Race: Chinese		Language:		
Occupation: Lorry driver		Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 30/07/2023 16:00	Type of Location: Flyover
Location: PAN-ISLAND EXPRESSWAY				
Weather: Clear		Road Surface: Dry		
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBD3907U	Lorry	TOYOTA	DYNA 3.0 DIESEL TURBO M/T 2WD LORRY	Blue		0
GBE2800U	Lorry	TOYOTA	TOYOTA DYNA 150 MANUAL	Silver		0
GBE3051H	Lorry	ISUZU	NHR85AUE4 AA	White		0



**SINGAPORE
POLICE FORCE**



T/20230730/2064

Police Station Of Origin:
Bedok N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

2 of 3

Report No. T/20230730/2064

CONTINUATION OF REPORT

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGW8664C	Car	MITSUBISHI	OUTLANDE R 2.0 CVT	White		0

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	WANG ZHISONG	ID No.	G2689607Q
Related Vehicle	GBE3051H (Lorry)	Contact No.	85405544
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 30/07/2023 I was driving along the said location travelling on the middle lane which is lane 3 and I had seen the first car (SGW8664C) which was trying to filter to the lane on the left. The vehicle (GBE2800U) I was behind had slowed down as the car in front of it was slowing down to filter lane, as such I had slowed down as well. That was when I felt an impact from the rear of my vehicle, the impact caused my vehicle (GBE3051H) to surge forward and hit onto the second vehicle (GBE2800U) causing it to move forward and hit onto the first vehicle (SGW8664C). It was a chain collision and when I had exited my vehicle, I saw that another vehicle (GBD3907U) had crashed into my vehicle causing the accident. Thereafter Traffic Police and Ambulance came down to scene, the last vehicle driver had then been conveyed to the nearest hospital. I was then advised by Traffic Police to make a police report about this accident.



**SINGAPORE
POLICE FORCE**



T/20230730/2064

3 of 3

Police Station Of Origin:
Bedok N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

Report No. T/20230730/2064

CONTINUATION OF REPORT

Signature of Officer Recording The Report: G / SGT 3 LIM SHAO WEI, CLARENCE
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / GIT / SI MUHAMMAD FARHAN BIN MOHAMED Contact No.: 65476224

Signature Of Informant: 王古指
Date/Time: 30/07/2023 18:34
Classification Of Case:

NP168

ACCIDENT STATEMENT

ACCIDENT DATE: (30/07/2023) (DD/MM/YYYY), TIME: (16:00) (HH:MM)

LOCATION: PIE (Changi) after Toa Payoh

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBE 3051H
b) INSURANCE COMPANY: AIG
c) POLICY NUMBER: 2070062812-03
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: Mit
f) TYPE: (SALOON / COUPE / MPV / VAN / LOBBY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: WORK
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: 101 Food Supplies (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: CONTACT:
c) ADDRESS:

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Wang Zhisong (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: A26896070 CONTACT: 85405544
c) ADDRESS: 1550 Bedok North Ave 4 #02-14 S(489950).

*d) DATE OF BIRTH: (09/09/1986) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 25/11/2016

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)
b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

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

IF YES, PLEASE STATE WHICH POLICE STATION:

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: GBD3907U MODEL: (2 males)
b) DRIVER'S NAME:
c) NRIC/FIN/PASSPORT: 89W8664C CONTACT: (1 male, 1 female).
7. THIRD PARTY VEHICLE
d) VEHICLE NUMBER: GBE2800U MODEL: (1 male, 1 female).
e) DRIVER'S NAME:
f) NRIC/FIN/PASSPORT: CONTACT:

Email = elin.cqw@gmail.com

fax =

COMMERCIAL AUTOPLUS COMMERCIAL VEHICLE

Name of Policyholder : 101 FOODS SUPPLIES
 Period of Insurance : 28 Apr 2023 To 27 Apr 2024
 Engine No. : 4JJ11Y3749
 Chassis No. : JAANHR85EF7100183

Vehicle No. : GBE3051H
 Policy No. : 2070062812-03
 Endorsement No. :
 Issued Date : 13 Apr 2023 14:30

ABOUT THE COVER

Make/Model : ISUZU NHR85EU3ES 1.7 ton [Lorry]
 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 : 2015
 Insuring with COE/PAF : 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.

Loss Of Use (10 Days) Commercial Auto

* 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

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 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

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).

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