

NATIONAL Assessment Centre Services.

Jan 1 Jan 2025, 81:08:000000A

Date In: 28/12/2020 18:34	Job description	Date & Time Completed	Done by
Ref No: N/A/AIG/200/45704	SAS e-filing		
Veh No: GFB, 159KJ	E-mail (by date time, AIG time)		
D.O.A: 26/12/2020 17:10	I-Motor Claims Form		
OD: TP / Reporting Only	I-Motor W/O (with/without OD time, TP time)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/VLSP		

Preferred Wksp / INC Assign Wksp / CW: ( ) Tel: ( ) Fax: ( )

TP Particulars: Vch No: 8K0 866M 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%. P: 80-100%]

Year of Registration: ( ) Warranty: YES ( ) / NO ( )

Excess: (\$ ) Loading: \$1,000 ( ) / \$2,000 ( )

( ) Walk-In Customer: Customer's Information strictly Confidential & Strictly NO refer of reporter.

( ) Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co: ( )

1) Apply for Transport Allowance ( ) / Courtesy Car ( )

2) QC Check / Post Repair Inspection ( )

3) Upload Resurvey Photo [Repair Cost > \$9000] ( )

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

NA2100497	1) All Accident Reporting (\$30)	INC (\$10)
Driver/Owner:	2) DA / Damage Assessment (\$100)	\$40/\$45
Contact No:	3) TP's Towing Fee	\$120
Damaged Portion:	4) PF / Follow-Through Survey	\$30
QC Checked by (Engr-In-Charge):	5) PF / Follow-Through Survey (Resurvey)	\$30
Workshop commitments:	For claiming against INC Only (over 10 Jan 2025)	\$75
Call 1:	6) TR / Re-inspection	\$160
2/3:	7) NI / Idea DA + SMRT Survey	
	8) NTUC Additional Services:	
	ON:	\$3
	* NS: Courtesy Car / Tpl Allowance	\$10
	* NG: Repair Coordination	\$23
	* PF: Post Repair Inspection	\$3
	* NG: DV / Collect License Coordination	\$20
	TE (NI) / TP (on INC) against INC	\$0
	9) NI: Idea Mobile	
	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 Authorised Driver
3. Information provided must be as truthful and accurate as possible. Any wilful misrep., . sentation 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	28/12/2020 18:34 (SGT)
Date of Accident	26/12/2020 17:10 (SGT)
Exact Location of Accident	Upper Serangoon Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBB1595J
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### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	EASTERN ASIA MARINE PRODUCTS PTE LTD
Company Reg No	1XXXXX513Z
Email Address	wilsontan94@gmail.com
Mobile Phone No	(Phone) +65-96260094
Alternative Phone No	+65-97965694

### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Dyna
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Reporting only
Vehicle Category	Commercial vehicle

### INSURANCE COMPANY

Name of Insurance Company	AIG
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	No
Policy Number	1800143406-02
Cover Note Number	-

### DRIVER

Name of Driver	TAN HOCK LAI, WILSON
NRIC No	SXXXX901C

Date Of Driving Pass	11/03/1993
Driving experience	27 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97965694
Alt. Phone Number	-
Email Address	wilsontan94@gmail.com
Address	BLK 995B BUANGKOK CRESCENT
Address complement	#16-939
Postcode	532995
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	3
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material 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

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
Was there any audio recorded?	No

**DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number	SKS866M
Vehicle Manufacturer	Volkswagen
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	CHERYL
Contact Number	(Phone) +65-94357576
Address	-
Address complement	-
Postcode	-

Nature Of Damage ..... -  
Details of property damaged in accident ..... -  
No. Of Passenger (Including Driver) ..... -

### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number ..... SKG1133B  
Vehicle Manufacturer ..... BMW  
Vehicle Model ..... -  
Vehicle Variant ..... -  
Vehicle Colour ..... -  
Vehicle Category ..... Private car  
Name of Driver ..... DOM  
Contact Number ..... (Phone) +65-97603031  
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.

**東亞海產(私人)有限公司**  
**EASTERN ASIA MARINE PRODUCTS PTE LTD**

*Jan 28/12/20 11:50am*

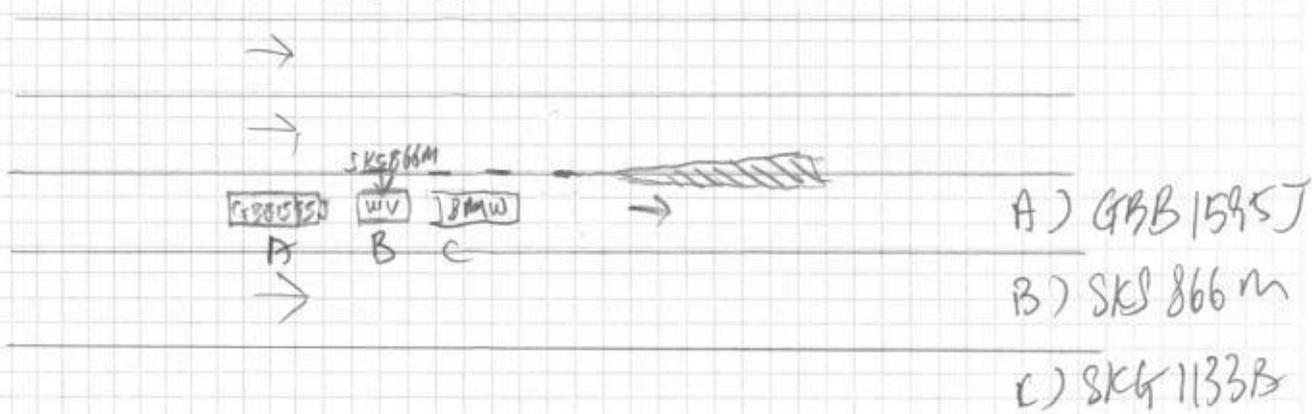
*[Signature]*  
28/12/2020

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

Witnessed by Reporting Centre Personnel

**Sketch Plan**

*UPPER SHIBUYAMA ROAD  
PSTONH PASIR STN EXIT B*



**Describe Circumstances of the Accident**

on 26/12/2020 at about 17:10 hrs. I WAS TRAVELLING  
ALONG UPPER SHROUDWOOD ROAD TOWARDS CITY THE CAR  
INFRONT OF ME JAM BRACK & I COULD NOT PROKE  
ON TIME & HIT THE REAR OF SKS 866m THAT POSITION  
I COME DOWN & SAW THERE WAS ANOTHER CAR: SKG 113519  
SO TOTAL OF 3 CAR WITH COLLISION. IT WAS RAINING & THE  
ROAD WAS SLIPPERY

**Declaration**

We declare the foregoing particulars are true in every respect.

**東亞海產(私人)有限公司**  
**EASTERN ASIA MARINE PRODUCTS PTE LTD**

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

*Jm* 28/12/20

11.50am

*[Signature]* 28/12/2020

# ACCIDENT STATEMENT

ACCIDENT DATE: 26/12/90 (DD/MM/YYYY), TIME: 17:10 (HH:MM)

LOCATION: upper Setingovin Road

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: G8B1595J  
b) INSURANCE COMPANY: AIG  
c) POLICY NUMBER: 1800143406-02 VI  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: \_\_\_\_\_  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: Private use  
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: Eastern Asia Marine Products Pte Ltd (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: 19814035/32 CONTACT: 96260094  
c) ADDRESS: 24 Kandan Loop 205B S(128396)

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

## DRIVER

- d) NAME: Tan Hock Lai Wilson (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: 57239901C CONTACT: 97965694  
c) ADDRESS: Blk 95B Buangkok Crescent #16-939  
S(532995)

\*d) DATE OF BIRTH: 06/10/1972 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 11/03/1993

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: Raining)

b) ROAD SURFACE: (DRY / WET / OTHERS: wet)

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: SKS 866M MODEL: WV 380 T51  
b) DRIVER'S NAME: Cheryl  
c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 9435 7576

## 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: SKG 1133B MODEL: Bmw  
e) DRIVER'S NAME: dom  
f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 97603031

\* No of passenger  
(including driver)  
( )

\* No of passenger  
(including driver)  
( )

\* No of passenger  
(including driver)  
( )

Email = wilson tan 94@gmail.com

VIDEO

AIG

## CERTIFICATE OF INSURANCE

## COMMERCIAL AUTO THIRD PARTY FIRE AND THEFT COMMERCIAL VEHICLE

Name of Policyholder : Eastern Asia Marine Products Pte Ltd  
 Period of Insurance : 18 Aug 2020 To 17 Aug 2021  
 Engine No. : 1KD1854134  
 Chassis No. : JTFAT35Y003001991

Vehicle No. : GBB1595J  
 Policy No. : 1800143406-02  
 Endorsement No. :  
 Issued Date : 13 Aug 2020

## ABOUT THE COVER

Make/Model : TOYOTA DYNA 150 1.8 ton [Lorry]  
 Engine Capacity/Tonnage : 1.8 Tonnage Sum Insured : Market Value First Year of Registration : 2008  
 Driver Restriction : NA Off Peak Car : No 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.

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; and b) use whilst drawing a trailer except the towing of anyone disabled using a mechanically propelled vehicle. 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 Theft - \$0

## Section 2

Property Damage - \$0

Windscreen : NA

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: LIAN FONG CREDIT & TRADING PTE LTD

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, 1989 (Malaysia).

0500719000

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.

Sook Feong Joanne Gai