

Date In: **27/10/2021** **12:47**
 Ref No: **2021/10/2101994/4**
 Veh No: **YP 6442**
 D.O.A: **26/10/2021 07:00**

Job description	Date & Time Completed	Done by
SAS e-tiling		
E-mail (by date time, A9 time)		
I-Motor Claim Form		
I-Motor W/O (within 90 days, TP 4011)		
I-Photo Uploaded		
Assessment/Survey Report		
Assessment Report by Fax/Hand to Owner/Driver		

(1) TP / Reporting Only

TP Insurer: _____
 Preferred Wksp / INO Affili Wksp / QW: _____
 TP Handling / Yr: _____
 Owner / Driver: _____
 Policy No: _____
 Period: _____
 Cover Type: _____

Insured/Driver Liability: _____ % [None-est Status (WO) N: 0-20%, P: 21-79%, P: 80-100%]
 Year of Registration: _____
 Loading: \$1,000 / \$2,000

() Within Guarantee / Customer's information strictly confidential & strictly NO refer of reputation
 () Total Loss Case / to e-mail Insurer URGENTLY
 Drive-In () / Towed-In () / Invoice: YES () / NO () / Towing Cost: _____

- 1) Apply for Transport Allowance () / Courtesy Car ()
- 2) QO Check / Post Repair Inspection ()
- 3) Upload Resurvey Photo (Repair Cost > \$3,000) ()

Injury: _____

NA 2104/226

Driver/Owner: _____
 Complaint No: _____
 Damaged Portion: _____
 QC Checked by (Engin-Chief): _____

1) All Additional Work (50%)	NO (50)
2) DA Survey (100%)	500
3) TP Following Up	500
4) TP Follow through survey (100%)	500
5) TP Follow through survey (100%)	500
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50) TP Follow through survey (100%)	500

Fax Check / Tel Check

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 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	27/10/2021 12:47 (SGT)
Date of Accident	26/10/2021 07:00 (SGT)
Exact Location of Accident	33 Sengkang West Ave, Singapore 797653
Additional Location Information	BASEMENT CARPARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP644L
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	TIONG LIAN FOOD PTE. LTD.
Company Reg No	2XXXXX109M
Email Address	estrpt66@gmail.com
Mobile Phone No	(Phone) +65-81757934
Alternative Phone No	(Office) +65-62666166

VEHICLE PARTICULARS

Manufacturer	Hino
Model	XZU710R-HKFMS3
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	Manual
CC	4009

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	2070156249
Cover Note Number	-

DRIVER

Name of Driver	SONG JITENG
Passport No/FIN	GXXXX880K

Date Of Birth	19/09/1977
Occupation	Outdoor
Date Of Driving Pass	16/12/2019
Driving experience	1 YEAR AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81757934
Alt. Phone Number	-
Email Address	estrpt66@gmail.com
Address	202 PANDAN LOOP
Address complement	-
Postcode	128390
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	Collided into Property
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	1
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

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	-
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	NA / Unknown
Name of Driver	-
Contact Number	-
Address	-
Address complement	-

Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident SIGNBOARD
No. Of Passenger (Including Driver) -

SKETCH PLAN

IMPORTANT NOTICE

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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.



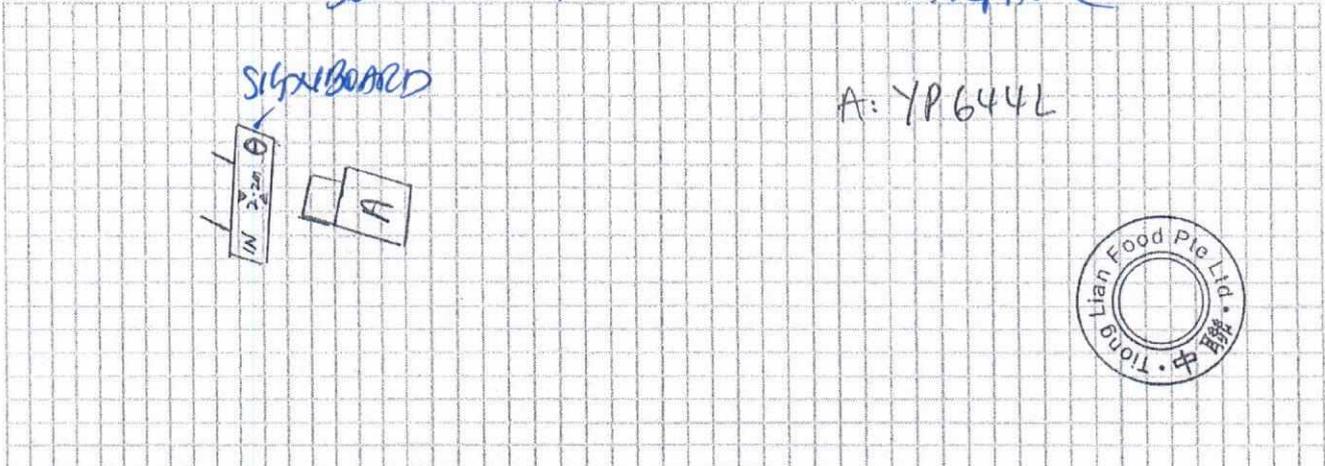
Policyholder's Signature / Date & Time

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

27/10/2021
Witnessed by Reporting Centre Personnel

Sketch Plan

SECTAR MALL BASKETBALL COURTSIDE



Describe Circumstances of the Accident

On 26/10/2021, at about 07:00hrs, My vehicle was in Seletar Mall Basement Carpark, level B2. I accidentally collided onto the signboard.



Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

宋建明

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

27/10/2021
Witnessed by Reporting Centre Personnel

SINGAPORE ACCIDENT STATEMENT

ACCIDENT DATE: 26 th October		TIME: 07:50	(hh:mm) 24 hrs Format
LOCATION SELETAR MALL BASEMENT CARPARK			
VEHICLE NUMBER YP 644 L			
INSURED NAME TIONG LIAN FOOD Pte. Ltd			
NRIC/FIN 200600109M		CONTACT: 6266 6166	
MAKE HINO		MODEL XZU 710R-HKFMS3	
Are you claiming under your own insurance policy for repair to your vehicle?			
() Yes, If No, Pls Select : () Third Party (<input checked="" type="checkbox"/>) Reporting Only			
INSURANCE COMPANY AIG			
TYPE OF POLICY (<input checked="" type="checkbox"/>) COMPREHENSIVE () THIRD PARTY () TPFT			
POLICY NUMBER: 2070156249			
NAME DRIVER: SONG JITENG () SAME AS INSURED			
NRIC/FIN G6652880K		CONTACT: 81757934	
DATE OF BIRTH: 19/09/1977			
DRIVING PASS DATE: 16/12/2019			
OCCUPATION: () INDOOR (<input checked="" type="checkbox"/>) OUTDOOR			
GENDER: (<input checked="" type="checkbox"/>) MALE () FEMALE			
EMAIL ADDRESS: estrip66@gmail.com		() NO EMAIL	
ADDRESS OF DRIVER: 202 PANDAN LOOP, S (128390)			
Number Of Passenger Include Driver: DRIVER ONLY			
Was driver an employee of the Insured's Company? (<input checked="" type="checkbox"/>) YES () NO			
If No, Relationship Of The Driver With The Insured			
() Owner () Spouse () Friend () Relative () Children () Sibling () Others			
Does The Driver Own Any Other Vehicle? : () YES (<input checked="" type="checkbox"/>) NO			
If Yes, Vehicle Registration Number Of Driver's Own Vehicle:			
Insurance Company Of Driver's Own Vehicle			
Weather Conditions: (<input checked="" type="checkbox"/>) Clear () Raining () Drizzling () Others			
Road Surface : (<input checked="" type="checkbox"/>) Dry () Wet () Others			
Was Any Foreign Vehicle Involved In This Accident? () YES (<input checked="" type="checkbox"/>) NO			
Was Anybody Injured In The Accident? () YES (<input checked="" type="checkbox"/>) NO			
If YES, Injured details :			
Convey By Ambulance: () YES (<input checked="" type="checkbox"/>) NO			
Was There Any Video Capture By Car Camera? () YES (<input checked="" type="checkbox"/>) NO			
Was There Accident Reported To The Police? () YES (<input checked="" type="checkbox"/>) NO If Yes Attach Police Report			
Police Report Number (if any)			
Details Of 3rd Party	Name / NRIC	No. of Paxs (incl'driver)	Contact
Veh B		() / Not Sure ()	
Veh C		() / Not Sure ()	
Veh D		() / Not Sure ()	
Veh E		() / Not Sure ()	
Veh F		() / Not Sure ()	
Veh G		() / Not Sure ()	

COMMERCIAL AUTOPLAN COMMERCIAL VEHICLE

Name of Policyholder : TIONG LIAN FOOD PTE. LTD
 Period of Insurance : 21 Dec 2020 To 20 Dec 2021
 Engine No. : N04CUS23893
 Chassis No. : JHHUCS3H60K014251

Vehicle No. : YP644L
 Policy No. : 2070156249
 Endorsement No. :
 Issued Date : 01 Dec 2020

ABOUT THE COVER

Make/Model : HINO XZU710R-HKFMS3
 Engine Capacity/Tonnage : 2.5 Tonnage Sum Insured : Market Value First Year of Registration : 2015
 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.

You have to pay an additional sum of \$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

Position 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 Own Damage - \$800 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: 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 (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).

0504631000
 B.A.S. INSURANCE AGENCY
 NO 30 KAKI BUKIT ROAD 3 #05-06
 SINGAPORE 417819
 Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.
 This computer generated document does not require a signature.

Fui Keun Chong