

NATIONAL Assessment Centre Services *SN08221/K0008*

Date In: <i>20/01/2022 17:36</i>	Job description	Date & Time Completed	Done by
Ref No: <i>NBA/0622000757/Y</i>	SAS e-illing		
Veh No: <i>GBG 375YC</i>	E-mail (within Mins. Aft. 2hrs)		
DOA: <i>19/01/2022 10:55</i>	I-Motor Claim Form		
OD: <i>TP</i> Reporting Only	I-Motor W/O (within 10: 2hrs. 10: 4hrs)		
	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner (Veh)		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: <i>GBD 5774</i>	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

Claimant's Particulars:-	Invoice Preparation Checklist	Amt (\$)	
		Est. Bill	Add. Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	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 2015)		
	6) TR: Re-Inspection \$75		
	7) NI: Idag DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
QC Checked by (Engr-In-Charge):	9) ON:		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
Auditors' Comments:-	TP (N11): TP (Non INC) against INC \$20		
Cat. 1:	9) N12: Idag Mobile \$10		
Cat. 2 / 3:	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 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	20/01/2022 17:36 (SGT)
Date of Accident	19/01/2022 10:55 (SGT)
Exact Location of Accident	Upper Serangoon Rd, Singapore
Additional Location Information	TOWARDS BRADDELL
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG3754C
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	WHOLLY GREENS PTE LTD
Company Reg No	2XXXXX357R
Email Address	scotchhere123@gmail.com
Mobile Phone No	(Phone) +65-82132309
Alternative Phone No	+65-82132309

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.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	1800101618-03
Cover Note Number	-

DRIVER

Name of Driver	YU JIANGBO
Passport No/FIN	GXXXX420Q

Date Of Birth	23/08/1979
Occupation	Outdoor
Date Of Driving Pass	02/03/1999
Driving experience	22 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-82132309
Alt. Phone Number	-
Email Address	scotchhere123@gmail.com
Address	9 JALAN ANGGEREK
Address complement	-
Postcode	369441
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	Raining
Road Surface	Wet

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

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	GBD5677U
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) -

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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.

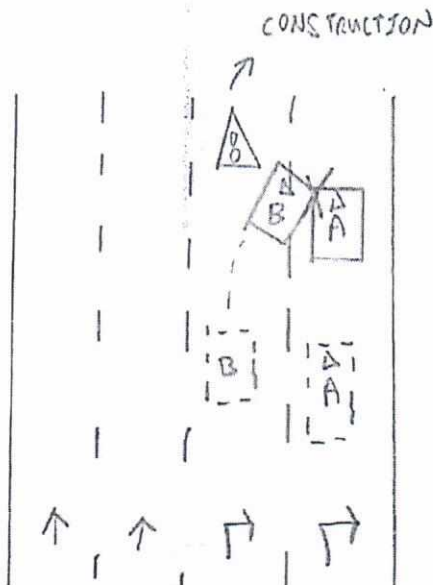


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



UPPER SHILONGHON
TOWARDS BRIDGE

A = 6BG 3754 C

B = 6BD 5677 U

Describe Circumstances of the Accident

ON THE STATED DATE OR TIME, I WAS TRAVELLING AT MY OWN
 LANE (LANE 1) OUT OF A SUDDEN, VEHICLE B SWERVE TO MY LANE
 CAUSING MY FRONT & FRONT LEFT PORTION TO BE DAMAGE.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

于江波

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

Witnessed by Reporting Centre Personnel

20/01/2022

VEHICLE NO: 6B6 3754 C

MAKE & MODEL: TOYOTA DYNA

AUTO / MANUAL

DATE OF ACCIDENT	19 / 01 / 2022	"C.C."	1
TIME OF ACCIDENT	10.55	(AM) / PM	
LOCATION OF ACCIDENT	UPPER SERPUNJUN TWP BRADDEL		
EXACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT / PRIVATE USE / PRIVATE HIRE		
NAME OF OWNER	WHOLLY GREENS PTE LTD		
EMAIL:	Scotchhere 123 @GMAIL.COM	Office:	MOBILE: 1
NRIC	201531357 R		
CLAIM TYPE	OD / <u>THIRD PARTY</u> / REPORTING ONLY		
FLEET POLICY:	YES / NO?		
INSURANCE CO.	AIG		
TYPE OF COVERAGE	Comprehensive / <u>Third Party</u> / Third Party Fire & Theft		
POLICY NO.	1800101618 - 03		
NAME OF DRIVER	AS ABOVE / (IF NO.) YU JIANLEBO		
NRIC	64139420 Q		
DATE OF BIRTH	23 / 08 / 1979		
ANY PASSENGER	YES / NO:		
NAME OF PASSENGER	/		
GENDER OF PASSENGER	MALE / FEMALE		
OCCUPATION	<u>Outdoor</u> / Indoor		
DATE OF DRIVING PASS	02 / 03 / 1999		
GENDER	<u>Male</u> / Female		
CONTACT NO.	Mobile: 8213 2309		Office: Home:
EMAIL:	/		
ADDRESS	9 JLN ANGGEREK S (369441)		
DOES DRIVER OWN OTHER VEHICLES?	<u>NO</u> / If yes, Reg No.		INSURER:
RELATIONSHIP	<u>Employee</u> / <u>(No)</u> /		
WEATHER CONDITION	Clear / <u>Raining</u> / Other:		
ROAD SURFACE	Dry / <u>Wet</u> / Other:		
ANY INJURIES	<u>NO</u> / If yes, Who?		
CONTACT NO.	/		
POLICE REPORT	<u>NO</u> / If yes, Where?		
NOTICE OF INTENDED PROSECUTION GIVEN?	NO/IF YES, WHO?		
VEHICLE B NO.	GBD 5677 U		Any Passenger:
NAME	/		
CONTACT NO.	/		
VEHICLE C NO.	Any Passenger:		
VEHICLE D NO.	Any Passenger:		
VEHICLE E NO.	Any Passenger:		
VEHICLE F NO.	Any Passenger:		
ANY WITNESS	/		
WITNESS CONTACT NO.	/		
WAS THERE ANY VIDEO CAPTURE?	YES / <u>NO</u>		
WAS THERE ANY AUDIO RECORDED?	YES / <u>NO</u>		
SCENE ACCIDENT PHOTOS TAKEN?	YES / <u>NO</u>		
**WORKSHOP:			
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?			
YES / <u>NO</u>			



CERTIFICATE OF INSURANCE

COMMERCIAL AUTOPLUS COMMERCIAL VEHICLE

Name of Policyholder : Wholly Greens Pte Ltd
Period of Insurance : 23 Aug 2021 To 22 Aug 2022
Engine No. : 1KD2708871
Chassis No. : JTFAT35Y20K208193

Vehicle No. : GBG3754C
Policy No. : 1800101618-03
Endorsement No. :
Issued Date : 15 Jul 2021

ABOUT THE COVER

Make/Model : TOYOTA DYNA 150 1.2 ton [Lorry]
Engine Capacity/Tonnage : 1.2 Tonnage Sum Insured : Market Value First Year of Registration : 2017
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

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.

Loss Of Use (7 Days) Commercial Auto

* 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

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 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).

0504463003
IWIN - LAI YOKE YIP

37 KALLANG PUDDING ROAD #08-06 (03) TONG LEE BUILDING
SINGAPORE 349315

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

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

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