

# NATIONAL Assessment Centre Services:

(ver 1 Jan 08)

54082260003

Date In: 23/06/2022 17:19	Job description	Date & Time Completed	Done by
Ref No: N38/A16220060004	SAS e-filing		
Veh No: Y01252Y	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 21/06/2022 18:00	I-Motor Claim Form		
OD: TP / Reporting Only	I-Motor W/O (Within: OD, 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:

Veh No: SMH 9414J

INC ( ) / Non-INC ( )

Owner / Driver: (

Tel:

Policy No: (

Period: (

Cover Type: (

Confirmed by: (

Date:

Time:

Insured/Driver Liability: (

%) [Note-Bst. 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 5616)

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

2) QC Check / Post Repair Inspection ( )

3) Upload Resurvey Photo [Repair Cost > \$3000] ( )

Injury:

Date/Time

Actions

## Invoice Preparation Checklist

- |   |           |
|---|-----------|
| 1) AR: Accident Reporting (\$30);               |           |
| 2) DA: Damage Assessment (\$100); INC (\$80)    |           |
| 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: Idao DA + SMRT Survey                    | \$160     |
| 8) NTUC Additional Services:                    |           |
| ON*   |           |
| *N3: Courtesy Car / Tpt Allowance               | \$5       |
| *N6: Repair Co-ordination                       | \$10      |
| *N7: Post Repair Inspection                     | \$25      |
| *N8: DV / Collect Excess Coordination           | \$5       |
| TP (N11): TP (N11) against INC                  | \$20      |
| 9) N12: Idao Mobile                             | \$30      |

Invoice dated

Fee Charged

Invoice dated

Fee Charged

Statement Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

C Checked by (Engr-In-Charge):

Auditors' Comments:

t. 1:

t. 2 / 3:



# 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	23/06/2022 17:19 (SGT)
Reported by	Driver
Date of Accident	21/06/2022 18:00 (SGT)
Exact Location of Accident	Collyer Quay, Singapore
Additional Location Information	TOWARDS MCE
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	YQ1252Y
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### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	STARCO GROUP PTE LTD
Company Reg No	2XXXXX655R
Email Address	starcogroup33655@gmail.com
Mobile Phone No	(Phone) +65-97646451
Alternative Phone No	+65-91763684

### VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Canter
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	2977

### INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	2070113464-01

### DRIVER

Name of Driver	TANG JIGUANG
Work Permit No	0XXXXX9406
Date Of Birth	06/05/1983
Occupation	Outdoor

Date Of Driving Pass .....	16/05/2015
Driving experience .....	7 YEARS AND 1 MONTH
Gender .....	Male
Mobile Number .....	(Phone) +65-93474364
Alt. Phone Number .....	-
Email Address .....	starcogroup33655@gmail.com
Address .....	8B ADMIRALTY STREET #04-20
Address complement .....	8B@ADMIRALTY
Postcode .....	757440
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Paid Driver
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 - Head to Rear
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 .....	SMH9414J
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) .....	-



## SKETCH PLAN

### IMPORTANT NOTICE

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2. This Form must be completed by the Policyholder and/or the Authorised 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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



Policyholder's Signature / Date & Time

汤计光

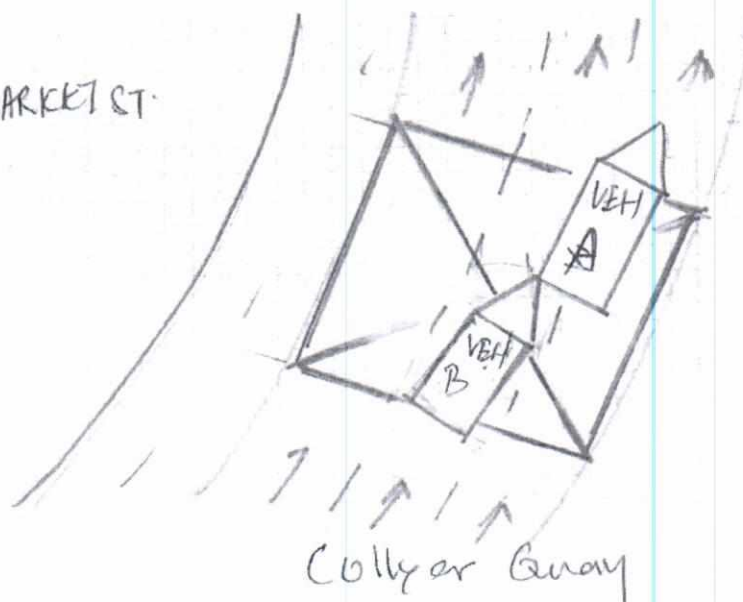
Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

23/06/2022

### Sketch Plan

MARKET ST.



↑ TOWARDS  
MCE

A) VQ1252Y  
B) SMH 9414J

### Describe Circumstances of the Accident

On the stated date and time I was travelling along shenton way area around Collyer Quay towards MCF. I was on second right lane of 4 lane, signal wore to right lane before turning right. Suddenly I heard a bang from my rear and I slow down to stop for check and alight. Vehicle B (SMH 9414J) had collided onto my rear portion Vehicle A (YQ 1252Y).

Vehicle A YQ 1252Y

Vehicle B SMH 9414J

### Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

汤计光

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

23/06/2022  
Witnessed by Reporting Centre Personnel



Date of accident: 21/06/2022 Time: 1800HRS  
Location of accident: ALONG COLLYER QUAY ROAD

### Details of Own Vehicle

Vehicle Number: YQ 1252Y  
Insurer: AIG INSURANCE  
Policy No: 807013464-01

Make/Model: MITSUBISHI LANTERNA  
Passenger (incl. Driver): 1  
Policy Type: C/ TPFT/ TPO

### Policyholder

Name: STARCO GROUP PTE LTD  
Contact no.: 97646451 / 91763684

NRIC/FIN no.: 201133655R

### Driver

Name: TANG JIGUANG  
Contact no.: 93474364  
Email: starcogroup33655@gmail.com  
Address: 8B ADMIRALTY STREET, #04-20, 8B ADMIRALTY (75440)  
Driving pass date: 16.06.2015

078839406  
NRIC/FIN no: E35455394  
D.O.B: 06.05.1983  
Occupation: OUTDOOR  
Relationship with Policyholder: DRIVER

### General Information

Weather conditions: Clear/Raining

Road surface: Dry/Wet

Police report: Yes/No

Video Footage: Yes/No

Prosecution Letter: Yes/No

If Yes against whom:

Injuries: Yes/No

If Yes, provide injuries details:-

Name	Veh No.	Seatbelt (Y/N)	Conveyed to hospital (Y/N)

### Details of Third party

	Vehicle B	Vehicle C
Vehicle no.:	SMH 9414J	
Driver name:		
NRIC/ FIN no.:		
Contact no:		
Insurance Co:		
Remarks: (Make/Model, Passenger, property Info & etc)		

### Detail of Witness

	Witness 1	Witness 2
Name:		
Contact no.:		

### Claim Type & Acknowledgement

Claim Type: Own Damage/ Third Party/ Reporting Only

Policyholder/2  
driver:

Workshop:

Signature:



## COMMERCIAL AUTOPLAN COMMERCIAL VEHICLE

Name of Policyholder : Starco Group Pte Ltd  
 Period of Insurance : 30 Sep 2021 To 29 Sep 2022  
 Engine No. : 4P10D91744  
 Chassis No. : FEB21EA30290

Vehicle No. : YQ1252Y  
 Policy No. : 2070113464-01  
 Endorsement No. :  
 Issued Date : 26 Aug 2021

## ABOUT THE COVER

Make/Model : MITSUBISHI CANTER 2.6 ton [Lorry]  
 Engine Capacity/Tonnage : 2.6 Tonnage Sum Insured : Market Value First Year of Registration : 2019  
 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; 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 - \$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](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: Maybank Singapore 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).