

# NATIONAL Assessment Centre Services

(Int'l & Local)

500822A00004

Date Int: 13/10/2022 17:43	Job description	Date & Time Completed	Done by
Ref No: X/104/014220/01464	SAS e-filing		
Veh No: GBE 2360 Y	E-mail (within 3hrs, A/C 3hrs)		
D.O.A: 11/10/2022 23:20	E-Motor Claim Form		
QD (T) Reporting Only	E-Motor W/O (Within 30 mins, 30 mins)		
	E-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whom		

Preferred Wksp / INC Assign Wksp / CW: (	To:	Fax:
TP Particulars: Vch No: GBE 6280C	INC ( ) / Non-INC ( )	
Owner / Driver: (	Tel:	
Policy No: ( )	Period: ( )	Cover Type: ( )
Confirmed by: (	Date:	Placed:
Insured Driver Liability: ( )	(%) (Note: Use Status (WO): 1: 0-2014, 2: 21-79%, 3: 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 repair.

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

Drive-In ( ) Towel-In ( ) Invoice: YES ( ) / NO ( ) Towing Cost: ( )

Remarks: ( ) (INC Hotline: 078836616)	Date & Time Completed	Done by
1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QO Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo (Repair Cost > \$3000) ( )		

Injury: ( )

Date: Time: ( )

NA2202854	Invoice Preparation Checklist
Informant's Particulars:	1) AR: Accident Reporting (330)
Owner:	2) DA: Damage Assessment (310/20) INC (350)
Contact No:	3) TP: Towing Fee \$10/\$40
Damaged Portion:	4) PF: Follow-Through Survey \$150
Checked by (Engr-In-Charge):	5) PF: Follow-Through Survey (Resurvey) \$30
Comments:	6) TR: Re-inspection \$75
	7) NI: NI: DA + SHIP Survey \$140
	8) STUC: Additional Term \$100
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## 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 Submission	13/10/2022 17:43 (SGT)
Reported by	Driver
Date of Accident	11/10/2022 23:20 (SGT)
Exact Location of Accident	Woodlands Ave 12, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE2360Y
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	XINYU CITY PTE LTD
Company Reg No	2XXXXX793C
Email Address	olivia@xinyucity.com.sg
Mobile Phone No	(Phone) +65-98629286
Alternative Phone No	-

### VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Cabstar
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.
Policy Number / Cover Note Number	2070137283-02

### DRIVER

Name of Driver	XIANG LIANGJIU
Passport No/FIN	GXXXX040X
Date Of Birth	18/09/1977
Occupation	Outdoor



Date Of Driving Pass	09/01/2019
Driving experience	3 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98629286
Alt. Phone Number	-
Email Address	olivia@xinyucity.com.sg
Address	71 WOODLANDS INDUSTRIAL PARK E9 #03-13
Address complement	WAVE 9
Postcode	757048
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 - 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	GBH6280C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	MOHAMMAD HAIQAL BIN ALI
NRIC No	SXXXX987E

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

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' 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.



12/10/2022

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

VEN A: GBE 2360Y  
B: GBA 6280C

### Sketch Plan



**Describe Circumstances of the Accident**

ON 1<sup>ST</sup> OCT 2022 AT ABOUT 11.20 PM, I WAS DRIVING ALONG WOODHOLME AVE 12. AS THE TRAFFIC LIGHTS & AMBER GOING TO BE RED, I SLOWED DOWN MY VEHICLE BUT AS THE TRAFFIC LIGHTS TURNED RED, SUDDENLY VEH B (ASH 6280C) RAN INTO MY VEHICLE FROM THE REAR.

**Declaration**

We declare the foregoing particulars are true in every respect



Policyholder's Signature / Date & Time

12/10/2022

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

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Witnessed by Reporting Centre Personnel

13/10/2022



# ACCIDENT STATEMENT

Date: 11 OCT 2022  
 Time: 1130 PM  
 Location: WOODLANDS AVE 12

VEHICLE (A)  
 Name of owner: GBE 33607 Make & Model: XINYU CITY PTE LTD.  
 NRIC / Company Registration No.: 201531793C  
 Email: olivia@xinyucity.com.sg  
 Contact: HP: 96613587 Tel: Fax:  
 Type of claim: Own Damaged / Third Party / Reporting Only  
 Purpose of use: Private / Commercial / Hire & Reward

Insurance Company: AIG.  
 Type of Policy: Comprehensive / Third Party, Fire & Theft / Third Party Only  
 Policy number: 2070137283-02

Name of driver: As above / If No: XIANG LAM SU. 68009040X  
 NRIC no: 057546247 Any Passenger: 0  
 Date of birth: 18-09-1977  
 Occupation: Indoor / Outdoor  
 Gender: Male / Female  
 Contact: 9862 9286  
 Address:  
 Driving Passed date: 09 JAN 2019.  
 Email:  
 Relationship with the Insured: Owner / Children / Spouse / Employee / Others:  
 Does the driver own any other vehicle: No / If Yes: Vehicle no: Ins. Co:

Type of Collision  
 Weather conditions / Road surface: Clear / Raining - Dry / Wet / Others:  
 Any Police Report lodged: No / Yes: Where?  
 Notice of Intended Prosecution Given? No / Yes: Against who?  
 Anybody injured in the accident? No / Yes: Who / Vehicle no?  
 Any other material or property damaged? No / Yes  
 Any foreign vehicle involved? No / Yes: Vehicle no:  
 Any video captured by car camera? No / Yes

VEHICLE (B) - THIRD PARTY  
 Name of driver: GBH 6280C  
 NRIC / FIN no. / Passport number: MOHAMMAD HAQIAL BIN ALI  
 Contact: S9224987E  
 Insurance Company:

Details of Witness: HP:

Other Vehicles  
 (C) Any Passenger:  
 (D) Any Passenger:  
 (E) Any Passenger:



# CERTIFICATE OF INSURANCE

## COMMERCIAL AUTOPLUS COMMERCIAL VEHICLE

Name of Policyholder : XINYU CITY PTE LTD  
Period of Insurance : 30 Sep 2022 To 29 Sep 2023  
Engine No. : ZD30001307N  
Chassis No. : JN1SC2F24Z0857602

Vehicle No. : GBE2360Y  
Policy No. : 2070137283-02  
Endorsement No. :  
Issued Date : 23 Sep 2022 14:21

### ABOUT THE COVER

Make/Model : NISSAN CABSTAR 1.7 ton [Lorry]  
Engine Capacity/Tonnage : 1.7 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 S\$33,000 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 (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)

null - \$800 (Own Damage)

### 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](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: TAN CHONG CREDIT 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, 1959 (Malaysia).

0504696022

ALLINK INSURANCE AGY-CV

BLK 153 BUKIT BATOK ST 11 #02-290

SINGAPORE 650153

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

**AIG Asia Pacific Insurance Pte. Ltd.**

This computer generated document does not require a signature.

Allink Insurance Agency Pte Ltd