

NATIONAL Assessment Centre Services (Call 1-800-555-0004) **SN0828550004**

Date In: **05/05/2023 15:06** Job description: **SAS e-filing** Date & Time Completed: Done by:

Ref No: **X/ABIG 2300 45864** E-mail (with phone, A/C ID):

Veh No: **GRJH 3032Y** i-Motor Claim Form

D.O.A: **05/05/2023 14:20** i-Motor W/O (with: 02, 03, 04, 05, 06, 07, 08, 09, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100)

OC: TP: Reporting Only i-Photo Uploaded

TP Insured: Assessment/Survey Report

Ass't Report by Fax / Hand to Owner/Whom

Tel: Fax:

Preferred Wksp / INC Assign Wksp / OW: ()

TP Particulars: Veh No: **GRJH 8405L** INC: () / Non-INC: ()

Owner / Driver: () Tel: ()

Policy No: () Period: () Cover Type: ()

Confirmed by: () Date: () Time: ()

Insured/Driver Liability: () % (Note: Inc Status (WO): N: 0-30%, F: 21-70%, 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 repair.

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

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

Remarks: ()

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

2) QC Check / Post Repair Inspection ()

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

Injury: ()

Date of Injury: ()

Location: ()

Time: ()

Weather: ()

Other: ()

X/ABIG 2301 309

Invoice Preparation Checklist:

Item	Amount	Inc	Non-Inc
1) All: Accident Processing (\$300)			
2) DA: Damage Assessment (\$1000)		INC (\$50)	
3) TP: Towing Fee	\$50/\$40		
4) PC: Follow-Up Survey (\$100)	\$100		
5) TP: Follow-Up Survey (Recovery)	\$100		
6) TR: Reproduction	\$75		
7) NI: New DA + QCRT Survey	\$140		
8) RTUC Additional Fee			
9) NI: Courtesy Car / Tel Allowance	\$50		
10) NI: Repair Coordination	\$100		
11) NI: Post Repair Inspection	\$20		
12) NI: DV / Collect Excess Coordination	\$100		
13) TP (NI) / TP (Non-INC) / TP (Inc)	\$10		
14) NI: 1500 Mile			
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Checked by (Engr-In-Charge):

Signature:

Date:

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	05/05/2023 15:06 (SGT)
Reported by	Actual Driver
Date of Accident	03/05/2023 14:20 (SGT)
Exact Location of Accident	Jln Bukit Ho Swee, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH3032Y
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	SATOYU TRADING PTE LTD
Company Reg No	1XXXXX101R
Email Address	franciswong@satoyu.com
Mobile Phone No	(Phone) +65-90661290
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Isuzu
Model	Nhr87aue4aa
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	1898

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	7220044328-01

DRIVER

Name of Driver	MING WENCHAO
Passport No/FIN	MXXXX166N
Date Of Birth	11/05/1986
Occupation	Outdoor

Date Of Driving Pass	17/05/2011
Driving experience	12 YEARS
Gender	Male
Mobile Number	(Phone) +65-90661290
Alt. Phone Number	-
Email Address	franciswong@satoyu.com
Address	23 WEST COAST CRESCENT #14-10
Address complement	BLUE HORIZON
Postcode	128046
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	Side Swipe
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	GBJ8405L
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) -

SKETCH PLAN

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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.



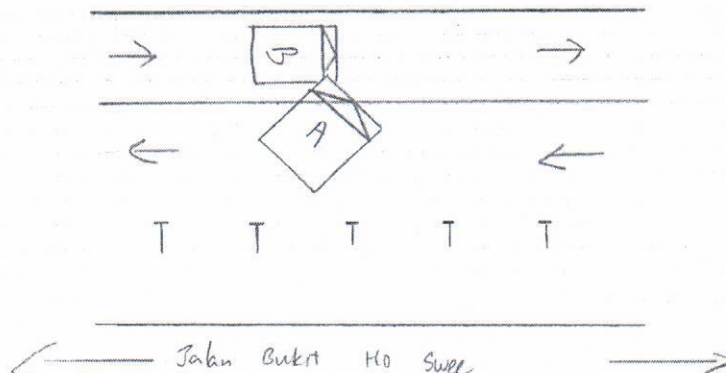
Policyholder's Signature / Date & Time

宁文超

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

Witnessed by Reporting Centre Personnel

Sketch Plan



VEH A: GBH 3032Y

VEH B: GBJ 8405L

Describe Circumstances of the Accident

On the stated date and time, I was driving vehicle A along Jalan Bukit
Ho Sui.

I was coming out from parking lot making a right turn towards lower
delta road, I checked traffic was clear at that point of time.

When I was turning, vehicle B came very fast and collided onto my
vehicle front left portion.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date &
Time

李文超

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

Witnessed by Reporting Centre
Personnel

05/05/2023

Suk

Date of Accident : 3/05/2023 Accident Time: 14:20pm (24-HR-FORMAT)
Accident Place : Jalan Bukit Ho Swee
Vehicle Reg. No (Car plate No.) : GB43032Y Vehicle Make/Model: ISUZU NHR85E43ES
Insurance Company : AIG Policy No. 7220044328
Name of Registered Owner : Company / Individual Satoyu Trading Pte Ltd.
ID of Registered Owner : Co Reg No: 198103101R Owner's NRIC No: _____
: Co Contact No: 90661290 Owner's Contact No: _____
DRIVER'S Name : MING WEN CHAO DRIVER'S NRIC No: M3094166N
DRIVER'S Date of Birth : 11-05-1986 DRIVER'S License Pass Date 17 MAY 2011
Relationship bet. Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: _____
DRIVER'S Address : 23 West Coast Crescent #14-10 Blue Horizon S(128046)
DRIVER'S Contact No./ Alt No. : 1) 9358 0833 2) _____
DRIVER'S Occupation : INDOOR OUTDOOR (eg. working inside or outside of an ofc)
Email Address : franciswong@satoyu.com
Weather & Road Surface : CLEAR & DRY RAINING & WET AFTER RAIN & WET
Reporting Type : Reporting Only Claim Other Party \ Claim Own Insurance
Number of Passengers (including Driver): _____ Passenger Name: _____ Gender: M/F
Was the accident reported to the police? YES NO Passenger Name: _____ Gender: M/F
Was there any video Captured by car camera: YES NO Any Injuries: YES NO Injured Name: _____
Injured Name: _____
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Other Party Driver's Particulars (if any)

Vehicle Reg No: <u>GBJ 8405L</u>	Vehicle Reg No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name DRIVER: _____	Name DRIVER: _____
IC No. DRIVER: _____	IC No. DRIVER: _____
DRIVER'S Contact & add: _____	DRIVER'S Contact & add: _____

Other Party Driver's Particulars (if any)

Vehicle Reg No: _____	Vehicle Reg No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name DRIVER: _____	Name DRIVER: _____
IC No. DRIVER: _____	IC No. DRIVER: _____
DRIVER'S Contact & add: _____	DRIVER'S Contact & add: _____



CERTIFICATE OF INSURANCE

COMMERCIAL AUTOPLUS COMMERCIAL VEHICLE

Name of Policyholder : Satoyu Trading Pte Ltd
Period of Insurance : 21 Apr 2023 To 20 Apr 2024
Engine No. : RZ4E10D302
Chassis No. : JAANHR87EJ7100052

Vehicle No. : GBH3032Y
Policy No. : 7220044328-01
Endorsement No. :
Issued Date : 17 Apr 2023 11:16

ABOUT THE COVER

Make/Model : ISUZU NHR85EU3ES [Lorry]
Engine Capacity/Tonnage : 1.7 Tonnage
Driver Restriction : NA
Sum Insured :
Off Peak Car : No
Market Value :
First Year of Registration : 2018
Insuring with COE/PAFF : 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\$43,000 as "Young and/or Inexperienced Driver Excess" ("YIDET") 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 passengers (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 driving a trailer except for 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.

* Conditions rendered inoperative by Section 3 of the Motor Vehicles (Third-Party Risks and Compensation) Act 1960, 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 - \$500 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 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 6203. Alternatively, You may refer to AIG website www.aig.sg or AIG SG Mobile App. Simply search and download "AIG SG" from Apple App Store or Google Play Store.

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 1960, Part IV of the Road Transport Act, 1987 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0422000000

CHIA KOK SAU RAYMOND

NO. 8 SALLIM ROAD
SINGAPORE 387625

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

KOK SAU RAYMOND CHIA