NATIONAL Assessment Centre	services
Date 11 20/11/17	Third scription — The science Street according to
NA/A16/7002066/13	SAS e-filing
GBC24475	E-mail sementer and
18/11/17 1605	i-Motor Claim Form
	f-Motor W/O (winner of the Chapter)
OD (I) Reporting Only	i-Photo Uploaded
TF Insurer	Assessment Survey Report
	Ass't Report by Fax / Hand to Owner Wksp
Preferred Wksp / INC Assign Wksp / QW: (	TWINGER Tell Fax
TP Particulars: Veh No:	SUR 88 USM INC ( ) Non-INC ( )
Owner / Driver (	Tel
Policy No: ( ) Per	fod: ( ) Cover Type ( /
Confirmed by : (	Date: Time:
Insured/Driver Liability ( %) [	Note-Est Status (WO): N: 0-20%: P: 21-79%: F: 50-1/10%]
Year of Registration: ( ) V	Warranty: YES ( )/NO( )
Excess: (\$ ) Loading: \$1,0	00 ( ) / \$2,000 ( )
General Remarks:-	
1) Apply for Transport Allowance ( ) / C 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > S:  Injury:  Date/Time Actions	Courtesy Car ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (
	Invoice Preparation Checklist Amt (5) Amt (5)  Amt (5) Amt (5)  Amt (5) Amt (5)
NA170712	Invoice Preparation Checking     Ist Bill Ass Bill     Ass Bill     Ass Bill     Ass Bill
Claimant's Particulars :-	2) DA: Damage Assessment (\$100); 2NC (\$30)
Driver/Owner:	4) FT: Follow-Tarough Survey \$120
Contact No:	5) FT : Follow-Through Survey (Resurvey) 530 For claiming egainst INC Only (wefite Jan 2025)
Damaged Portion:	6) TR cRe-respection 575 7) N1 : New DA + SMRT Survey 5150 8) NTUC Additional Services.
QC Checked by (Engr-In-Charge):	Old TNS Courtery Car. Tpt Allowan, 4 55 TNS Repair Caractination 555
Auditors Comments :-	*N7: Feat Rapeir Insperion 315 *N8: DV (G) flast Excess Coscional in 57
Zu 1.	TRONIA (TRONIA DEC) aguion DET 525 50 N12 (144 Nobile
Tat. 2 / 3;	Total Acoustic Processing Control Cont

# SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

Contact Number

**EMail Address** 

- 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 witholding of material facts may allow insurance companies to
- 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.

- Ine issue and acceptance of this norm by insurance companies is not an admission of policy liability of the part of the insurance companies.
   Any false reporting may be referred to the Police for investigation.
   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.
   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.

	ACCIDENT STATEMENT
Date Of Report	20/11/2017 14:34
Date Of Accident	18/11/2017 16:25
Exact Location Of Accident	TOH GUAN RD EAST TWDS OLD TOH TUCK RD
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	GBC2447S
Insured/Policyholder	
Name Of Registered Owner	FIRE VISIONARIES LLP
Co Reg No	T05LL0930K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-91086244
Vehicle Particulars	
Manufacturer	NISSAN
Model	CABSTAR
Exact Purpose for which vehicle was being used at time of accident	WORKING
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2100274382-06
Cover Note Number	
Driver	
Name of Driver	ABDUL GAFOOR SALEEM
Passport No/FIN	G7884805M
Date Of Birth	05/04/1987
Occupation	OUTDOOR
Date Of Driving Pass	15/02/2012
Driving Experience	5 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96119109
Fax Number	

NOEMAIL

Address 38 GENTING LANE #06-01 METAL HOUSE

Postcode 349553

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident SIDE SWIPE
Weather Conditions CLEAR
Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO
Was any body injured in the Accident? NO
Was any other material or property damaged?
YES
I have been approached by unknown person(s)

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

**Details of Police Action** 

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

PLS REFER TO THE ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

SJR8845M

1

Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

**Details of Witness** 

Name

Phone Number

**Email Address** 

### SKETCH PLAN

### IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 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.
- 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 lodgment 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
  - 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.
  - (d) my Personal information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
  - (e) the information so collected under (d) above may be shared / disclosed:
    - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

(ii) for complying with requirements under any regulations, laws or court orders,

Policyholder's Signature Date & Time:

Driver's Signature

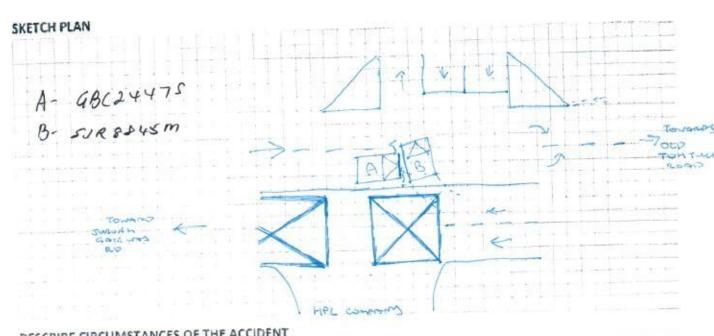
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:



### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was	DRIVING FLORE TOH GUAN RUAN SOTT EMPANS OLD TOH
Tuck Ro	190. I was on this RIGHT LANG.
TRAVELLIM	STRAINING AND COMING TO THE SWITTING OF (TOH GUAN RU EAST)
TOH GUAN !	LONG EAST), AS IT WAS MIS RIGHT OF WAS, AND I PROCEED
To DRIVE	ON ALLED. SUPORNLY A VEHICLE FROM THE OPOUSINE
PIRIZUTION	JUST TURN AND I TRIED TO HORN AND JAM MED BRAINE
BUT COLL	DUIT STOP IN TIMIL AND HIT ONTO THE LEFT SIDE PORTIO
	VEHICLE.
ALL CHITED	FROM MY VEHICUR AND REACIZED A VEHICUE BEALLING
( 55k T	SH5M) DIDN'T STOP AT THE TURNING JUNCTION TO GIVE
WAS TO	THE OND BUTT TURNED INTO THE SMALL POAD THAT
	THE COMMON'T STOP IN TIME AND HIT ONED THE LEFT SIDIR
	OF VEHILE (STREETM).
VEHICLE	A- GBC 24475
	8 - S5R 8845 M

### DECLARATION

I/We declare the three one particulars are true in every respect.

Policyholder's Senature Date & Time:

Driver's Signature (If driver is not the policyhalder) Date & Time:

Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

ehicle No.	GBC 244 75 Model/Make NUSSAN CAGSTAR
ate of Accident	18/11/1子
ime of Accident	1625 HRS
ocation of Accident	
xact purpose use during accid	lent women rome
lame of Owner	FIRE VISIONARIES CCI
elephone No.	H/P: 9108 6244 Home: Office:
IRIC	TOSUL 0930K
Address	38 GENTING LAME HOG-OLK METAL HOUSE S (349573)
Claim type	OD THIRD PARTY REPORTING ONLY
nsurance Company	ALG
Type of Coverage	Comprehensive Third Party Third Party / Fire /Theft
Policy No.	2100274382-96
Name of Driver	As Above If No. ARDIL GASODE SALEEM
NRIC FIN	G 798 4905 M Any Passengers: NIL
Date of birth	05 APR 1987
Occupation	Outdoor / Indoor
Driving License Pass Date	15 FEB 2012 CLASS 3 21 APR 2017 CLASS 3 C
Gender	Male / Female
Contact No.	H/P: 9611 9109 Home: Office:
Address	
Driver have any own vehicle	No, If yes, Reg No.
Relationship	Employee, If no, state
Weather condition	Clear Raining Other
Road Surface	Dry Wet Other
Any Injuries	No, If Yes, Who?
Name And Contact No.	
Name And Contact No.	
Police Report	No, If Yes, Where?
Vehicle B No.	SSR 8845 M Any Passengers :
Name of Driver	CHEAN CHICK TENH Contact No.:
Vehicle C No.	Any Passengers :
Vehicle D No.	Any Passengers :
Vehicle E no.	Any Passengers :
Vehicle F No.	Any Passengers :
Vehicle G No.	Any Passengers :
Witness Name	Witness Contact :
Accident Portion	FROM
Camera Recorder	Yes / No
Email Address	
PARTICULAR WORKSHOP	TWINCORE AUTOMOTIVE PTR LTD
CONTACT NO.	6842 0051 / 6744 0510
CONTACT PERSON	IAN
FAX NO	6741 0510
WORKSHOP EMAIL ADDRES	s sales @ n51. com. sg



# YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

### EFFECTIVE DATE

Class 2B Motorcycles =< 200 cc 15 Feb 2012
Class 3 Motor cars with unladen weight =< 3000kg with =< 7
passengers, exclusive of driver; and other motor vehicles with unladen weight =< 500kg with =< 7
Motor cars with unladen weight =< 3000kg with =< 7
passengers, exclusive of driver

Licence No:G7884605M

NP 428A



### WORK PERMIT

Employment of Foreign Manpower Act (Chapter 91A) Republic of Singapore

Employer FIRE VISIONARIES LLP

Sector: CONSTRUCTION
Name
ABDUL GAFOOR SALEEM

Occupation CONSTRUCTION WORKER

Work Permit No. 0 33559992

Date of Application 30-03-2016

Date of Issue 13-04-2016 Date of Explry 30-03-2018



L6715335



ABDUL GAFOOR SALEEM



Date of Birth Sex

05-04-1987 M

Date of Issue

G7884805M 13-04-2016

Nationality

INDIAN Date of Expiry

30-03-2018

MULTIPLE JOURNEY VISA ISSUED





# CERTIFICATE OF INSURANCE

# NISSAN COMMERCIAL AUTO PROTECTOR COMMERCIAL VEHICLE

Name of Policyholder

: Fire Visionaries LLP

Period of Insurance

: 29 Sep 2017 To 28 Sep 2018

Engine No.

: ZD30292636K

Chassis No.

: JN1SC2F24Z0850153

Vehicle No.

: GBC2447S : 2100274382-06

Policy No.

Endorsement No. Issued Date

: 15 Sep 2017

### ABOUT THE COVER

Driver Restriction

Make/Model

NISSAN NEW CABSTAR

Engine Capacity/Tonnage : 1.6 Tonnage

Sum Insured : Market Value

Off Peak Car : No

First Year of Registration

Insuring with COE/PARF : Yes

### Person or Classes of Persons Entitled to Drive":

a) Any parath who is diving on the Policyholder's criter or with their participated.
 b) This Policy will indemnify the Policyholder or any authorised driver only if neithe thesis the specified age condition.

You have to pay an auditional sum of \$1,000 as "Young and by topoperishood 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' sharing 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 at use for hire or reward, strying turtion, strying test, racing, pace-making reflability triat or speed-testing, and b) use whilst drawing a trater except the towing of anyone disabled using a mechanically propelled vehicle, c) use for any purpose in connection with Micro Trade
- \* Luminations rendered Inciparative by Section 6 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189) and Section 95 of the Road Transport Act. 1987 (Malaysia), are not to be included under those headings.

#### EXCESS

Fire - \$0 Own Damage - \$800 Thatt - \$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)

1 Tan Chong Moior Sales. Add: 913 Bt Timeli Road Singapora 589523 54694091 64694092 64694093

2 TC AutoClinic Add: No.1 Sixin Lok Yang Road Singapore 628099 62622210

3. Ten Chong Motor Sales. Add: 17 Lor 8 Tos Payoli Singshore. 319254-63570753-93579754.

4. Autolulion Industrial. Add: 19 Life Road 4 Singapore. 408623-64909668.

5. TC AutoChine. Add: 25 Ling Kee Road Singapore. 159097-67938511-67938512-87938513.

For other: Approved Reporting Centres/AIG Authorisest Repairings please contact our 24-hour accident emerginicy hortine at +65 9338 6200. Attematively, you may refer to AIG website www.sig.com.ag or AIG SG Mobile App. Simply search and download "AIG SG" from iT unes or Google Play,

### IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: TAN CHONG CREDIT PTE LTD

I/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) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0500610393

TAN CHONG CREDIT PTE LTD-TCM 911 BUKIT TIMAH ROAD TAN CHONG MOTOR CENTRE SINGAPORE 589622 ANSP-MOTOR Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

## Register New Vehicle (Acknowledgement)

#### Vehicle Particulars

Vehicle No.:

GBC2447S

Vehicle Type:

B31 - Goods (Open) Lorry (Metal

Body)/Pickup

Vehicle Attachment 1:

No Attachment

Vehicle Attachment 2:

NISSAN

Vehicle Model:

Vehicle Scheme:

Vehicle Attachment 3:

CABSTAR 3.0 5M/T ABS 2DR 2WD

TURBO

Normal

Vehicle Make: Chassis No.:

JN1SC2F24Z0850153

Engine No.:

ZD30292636K

Motor No .: Propellant:

Diesel

Trailer Chassis No.:

Passenger Capacity:

Engine Capacity:

2953 cc

Power Rating:

Unladen Weight:

1780 kg

Maximum Laden Weight: 3500 kg

Primary Colour:

Blue

Secondary Colour:

First Registration Date:

29 Sep 2011

Original Registration Date:

29 Sep 2011

Manufacturing Year:

2011

Open Market Value:

\$31,920.00

PARF Eligibility:

No

Minimum PARF Benefit:

\$0.00

No. of Transfers:

0

Owner Particulars

Owner Name:

FIRE VISIONARIES LLP

Owner ID Type:

Limited Liability Partnership

Owner ID:

T05LL0930K

Registered Address

Private Residential (Condo Apt or House) / Shopping / Office Complexes

Type: Registered Block/House No.:

Registered Street Name:

**GENTING LANE** 

Registered Unit No.:

# 06 - 01K

Registered Building Name:

METAL HOUSE

Registered Postal Code:

COE No. / Expiry Date:

349553

2011080105000072D / 28 Sep 2021

COE Bid Category:

C - Goods Vehicle & Bus

QP Paid:

\$32,590.00

**Transaction Details** 

Business Transaction

20110929144532090100

Ref. No.:

Business Transaction **Business Transaction** 

29 Sep 2011

Date:

14:45:32

Time:

Message

The above vehicle has been successfully registered.

Please note that \$24,549.00 will be deducted from your GIRO account.

There will be a delay of notification delivery to the recipient due to need for validation with the source agency.

