NATIONAL Assessment Contro	Services 👾	a 704)			
Date In: 28/02/18	Jeb description	Date & Time Completed	Done by		
Ref No. NA/A1418003865/13	SAS e-filing	. 4			
Veh No GBG9570	E-mail (within 8hrs, Al	C 2hrs;			
DOA 27/02/18 2030	i-Motor Claim For	·m .	200 - 100 -		
OD (17) Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs) i-Photo Uploaded				
	Assessment/Survey	Report			
TP Insurer		/ Hand to Owner/Wksp			
Preferred Wksp / INC Assign Wksp / QW: (ETHICARZ	Tel: Fa	×:		
TP Particulars: Veh No:	GBC3332H	INC()/Non-INC()			
Owner / Driver: (Tel:)		
Policy No. () Per	iod: () Cover Type: ()		
Confirmed by : (Da	te: Time:)		
Insured/Driver Liability: (%) [1	Note-Est. Status (WO):	N: 0-20%; P: 21-79%. F: 80-10	0%]		
Year of Registrat () V	Varranty: YES () /	NO()	SP 10/10 - F T T TENDENS		
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 > \$3 Injury: Date/Time Actions	Courtesy Car ()				
NA180/268	7000	oice Preparation Checklist R: Accident Reporting (\$30);	Ant (\$) Amt (1st Bill Add E		
Claimant's Particulars :-	2) D	A : Damage Assessment (\$100); INC (\$8	(0) 1/\$45		
Driver/Owner:		T : Follow-Through Survey	\$120		
Contact No:		T : Follow-Through Survey (Resurvey) or claiming against INC Only (wef 10 Jan 2005			
Damaged Portion:	7) N	R : Re-inspection II : Idac DA + SMRT Survey ITUC Additional Services	\$160		
OC Checked by (Engr-In-Charge):		ID* NS: Courtesy Car / Tpt Allowance N6: Repair Co-ordination	\$5 \$10		
Auditors' Comments :-		N7: Post Repair Inspection N8: DV / Collect Excess Coordination	\$25		
at 1:	P (N11) : TP (Non INC) against INC	30			
at. 2 / 3:		pice dated Fee Charged	(10 m) (1		
	1 (2)	sice dated Fee Charge i	10.00		

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.
- Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy ability.
- 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.

- 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

AC	CIDEN	г стаі	E = 0.01	ENT
AC	CIDEN	IOIAI	- 111	- 1

 Date Of Report
 28/02/2018 14:30

 Date Of Accident
 27/02/2018 20:30

Exact Location Of Accident BARTLEY RD EAST TURNING INTO HOUGANG AVE 3

Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBG957D

Insured/Policyholder

Name Of Registered Owner A1 SANITARY PLUMBING & ELECTRICAL SERVICES

Co Reg No

Email Address NOEMAIL

 Mobile Phone No
 (LOCAL) +65-98178906

 Alternative Phone No
 OFFICE-62581621

Vehicle Particulars

Manufacturer NISSAN Model URVAN

Exact Purpose for which vehicle was being used at

time of accident

COMMERCIAL USE

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 1700013021

Cover Note Number

Driver

 Name of Driver
 TAN YEN TAI

 NRIC No
 \$1236532B

 Date Of Birth
 07/01/1957

 Occupation
 OUTDOOR

 Date Of Driving Pass
 05/03/1985

Driving Experience 32 YEARS AND 11 MONTHS

Gender MAL

Mobile Number (LOCAL) +65-98178906

Fax Number

Contact Number

EMail Address NOEMAIL

Address

BLK 106 HOUGANG AVE 1

.....

Postcode

530106

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

OWNER

Vehicle Registration Number of Driver's Own

Vehicle

-

Insurance Company of Driver's Own Vehicle

.

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 this accident?

NO

Number of vehicles involved in the accident

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

NO

ambulance?

YES

Was any other material or property damaged?

I have been approached by unknown person(s)

NO

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

1

Details of Police Action

Was the accident reported to the police?

NO

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?

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

GBC3332H

Vehicle Make/Model/Colour

TOYOTA DYNA

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.
- 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)

Lunderstand, 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:
 - 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.
- (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:
 - 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.

A1 SANITARY PLUMBING & ELECTRICAL SERVICES
BLK 168 #11-1036 TOA PAYOH LOR 1
SINGAPORE 310168

TEL: 6258 1621 HP: 9817 8908

Policyholder's Signature Date & Time: Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

28/02/18

Name:

NRIC/FIN No .:

SCRIBE CIRCUMSTANCES OF THE ACCIDENT On the stated date and time I was travelling along the stated venue: Suddenly weh "K" collided anto the rear of my weh "A".			NIMINI 195	a living though	MY WILL	60		
SCRIBE CIRCUMSTANCES OF THE ACCIDENT On the stated date and time. I was provelling slow								
SCRIBE CIRCUMSTANCES OF THE ACCIDENT On the stated date and time. I was provelling slow								H
SCRIBE CIRCUMSTANCES OF THE ACCIDENT On the stated date and time. I was travelling slage.	VEH A GE	GASTD						
SCRIBE CIRCUMSTANCES OF THE ACCIDENT On the stated date and time. I was travelling slage.	New Bree	2220 1		-				
SCRIBE CIRCUMSTANCES OF THE ACCIDENT On the stated date and time. I was travelling slage.	ven o de	563232 17				+		
On the stated date and time. I was travelling along						S.		
On the stated date and time. I was travelling along		<u> </u>				Mal	$\pm \lambda \pm$	1
On the stated date and time. I was travelling along						1/0		
On the stated date and time. I was travelling along							71	盽
On the stated date and time. I was travelling along			4444			111		
On the stated date and time, I was travelling along the stated venue: Suddenly weh "B" collided anto the rear of my weh "A".	SCRIBE CIRCUN	STANCES OF THE AC	CIDENT	-Versional contraction for Association			e hadande de e de a	-
		, ,			and the second			

DECLARATION

A1 SANITARY PLUMBING & ELECTRICAL SERVICES

BLK 168 #11-1036 TOA PAYOH LOR 1
SINGAPORE 310168
TEL: 6258 1621 HP: 981728906
Policyholder's Signature

Oriver's Signature

Date & Time:

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Date of Accident	: 27 8 18 Accident Time: 2030 (24-HR-Format)		
Accident Place	: Bartley Road East Turning into Hougang AVE 3.		
Vehicle. No. (Car Plate No.)	: GBG 957 D Make Model: NISSAN URUAN NV 357		
Insurace Company	: A1G Policy No: 170001302-1		
Owner or Company Name /IC No.	: AT SANITARY PLUMBING & ELECTRICAL SERVICES		
Owner or Company Contact No.	: 6258 1621 Owner's Hp 9817 8906 Company Tel		
DRIVER'S Name / IC No.	TAN YEN TAI		
DRIVER 'S Date Of Birth	: 07-01-57 DRIVER'S License Pass Date 05-03-85		
Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling \ Employee\ Others: OWNER		
DRIVER'S Address	: BLK 106 HOUGANG AVE \$ 1 #04-1239 \$530106		
DRIVER'S Contact No./ Alt No.	:1) 9817 8906 2)		
DRIVER'S Occupation	: INDOOR OUTDOOR (e.g. working inside or outside office)		
Email Address			
Weather & Road Surface	CLEAR & DRY RAINING & WET \ AFTER RAIN & WET		
Reporting Type	: Reporting Only Claim Other Party Claim Own Insurance		
Number of Passengers (Including D	river):O\		
Was there any video Captured by ca Exact purpose for which vehicle wa Any Injury (If YES, Pls state):	s being used at the time of accident Private use Work nurpose		
Other I	Party Driver's Particular (if any)		
Vehicle. No: GBC 3332	H Vehicle. No:		
Vehicle Make\Model: Toyota D	YNA Vehicle Make\Model:		
Name Driver:	Name Driver:		
IC No. Driver/Contact:			

* NEW - Passenger's name & gender:

Reporting 2 ethicarz. sg.

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$1236532B





ime.

TAN YEN TAI





2

Date of birth 07-01-1957 Country/Place of pirth SINGAPORE Sex

S12365325

22/21/





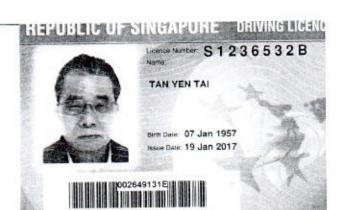
Date of issue

02-07-2014

APT BLK 106 HOUGANG AVENUE 1 #04-1239 SINGAPORE 530108

NRIC No: \$1236532B

Date: 15/01/2017



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIE:

EFFECTIVE DATE

Class 2B Class 3

Motorcycles =< 200 cc
Motor cars with unladen weight =< 3000kg with =< 7
passengers, exclusive of driver; and other motor
vehicles with unladen weight =< 2500kg

Licence No:\$1236532B

NP 428A



CERTIFICATE OF INSURANCE

NISSAN COMMERCIAL AUTO PROTECTOR COMMERCIAL VEHICLE

Name of Policyholder

: A1 Sanitary Plumbing & Electrical Services

Period of Insurance

: 31 May 2017 To 30 May 2018

Engine No. Chassis No. : YD25419782A

: JN1MC2E26Z0008236

Vehicle No.

Issued Date

: GBG957D

: 1700013021 Policy No.

Endorsement No.

: 000000000154333 : 27 Oct 2017

ABOUT THE COVER

Make/Model

: NISSAN NV350 PANEL VAN

Engine Capacity/Tonnage : 1.5 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 arrying 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 impaired) 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, criving tuition, driving test, raking, pace-making, reliability trial or speed-festing, and b) use whilst drawing a trailer accept the towing of anytine disabled using a mechanically dropelled vehicle of use for any purpose in connection with Motor Traile.

Limitations rendered inaperative by Section 8 of the Motor Vehicles (Third-Party Risks and Campensation) Act (Cap. 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings

EXCESS

Fire - 50 Own Damaga - 5800 Thelt - \$0 Flood Cover - 50

Section 2

Property Damage - SO

Windscreen: \$100

Named Driver and Excess (where applicable)

APPROVED REPORTING CENTRES/AUTHORISED REPAIRERS (FOR CLAIMS RELATED REPAIRS)

Ten Chong Motor Sales, Add: 913 Bt Timan Road Singapore 589623 64694091 64694092 64694093

1. Tair Chong Motor Sales, Add, 913 St. Innan Hoad, Snglibde 349623,94984971 6468492.0 2. TC. AutoClinic, Add; No. 1, Sixth Lok Yang Road Singapore, 628099 62622212. 3. Tair Chong Motor Sales, Add, 17 Lor 8 Tos Payoh Singapore, 138254 63570753,63570754. 4. AutoLision, Industrial, Add, 19 Upi Road, 4. Bingapore, 408623,64909866. 5. TC. AutoClinic, Add, 25 Long Kee, Road, Singapore, 199087,67038511,67038512,87038513.

For other: Approved Reporting CentreplaiG Authorised Repairers, please contact bur 24-hour accident emergency hottine at +65,6338,8200. Attemativally, you may refer to AIG website warw alg. com ag 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

I/We hereby cartify that the policy to which this Cartificate of Insurance relates is assed 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 (Melaysia) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0500810548

TAN CHONG CREDIT PTE LTD - OPK 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. AUTHORISED REPRESENTATIVE