NATIONAL Assessment Centre !	services	we' Jawosi	MAY18121881		- energy
	Jeb description		Date & Time Completed	Done	pž.
REF No NRA/ ALCA 80171091V	SAS e-filing	*			
Veh No GRN 412T	E-mail (within 8	hrs AIC Stret			
DOA 19109/2010 02:05	i-Motor Clain				
Control of the contro	i-Motor W/O	ALCOHOLOGO S	TP 4hre)		
OD (19k) Reporting Only	i-Photo Uploa			- 2011000 142	1.54
	Assessment/Sur	FARSARINI	1		
TP Insurer:	Ass't Report by		Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel: Fax	C	-
TP Particulars: Veh No: XDV83	3G 1RB274	(INC)/Non-INC()		
Owner / Driver: (111001		Tel:)	
Policy No: (). Period	1:()	Cover Type: (-)	rouser caus
Confirmed by : (Date:	Time:	7	
Insured/Driver Liability: (%) [Not	e-Est. Status (W	O): N: 0-20	%; P: 21-79%. F: 80-10	0%]	
Year of Registration: () War	ranty: YES ()/NO()		
Excess: (\$) Loading: \$1,000	()/\$2,000()			-
Remarks: (INC horline: 6788 6616) 1) Apply for Transport Allowance () / Cour 2) QC Check / Post Repair Inspection	rtesy Car ()		Date&Time Completed	Done	bу
3) Upload Resurvey Photo [Repair Cost > \$3000	0] ()				
Injury:			7		
Date/Time Actions				70H	
NA 180 boll		Invoice Prep	aration Checklist	Am((\$)-	Amit (
laimant's Particulars :-	7.5	1) AR : Accident			
Driver/Owner:		3) TF : Towing Fe	\$40/3	45	
		4) FT : Follow-Th		30	
ontact No:		For claiming as	alust INC Only (wef 10 Jan 2005)		
amaged Portion:		6) TR : Re-inspec 7) N1 : Idao DA +	The state of the s	75	
		8) NTUC Additio	nal Services:-		2334
C. Checked by (Engr-In-Charge):	-1	*N5: Courtesy		\$5	
STANDARD STANDARD STANDARD	Anti-Yasania	*N6: Repair Co *N7: Post Repair		25	
		+N8: DV / Coll	eet Excess Coordination	\$5	
at. 1:		TP (N11): TP 9) N12: Idea Mob		30	
nt. 2 / 3;	W	Invoice dated	Fee Charged		1 17
		Invalce dated	Fee Charged	111	

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 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.
- 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.

aforesaid.	
2011年1月1日 1日本東京 2011年1月1日	ACCIDENT STATEMENT
Date Of Report	20/09/2018 10:07
Date Of Accident	19/09/2018 08:05
Exact Location Of Accident	PIE TOWARDS CHANGI EXIT FROM UPPER JURONG ROAD
Country/State of Loss	SINGAPORE
ALCOHOLD BY THE PROPERTY OF THE PARTY OF THE	ETAILS OF OWN VEHICLE
Vehicle Registration Number	GBD423T
Insured/Policyholder	
Name Of Registered Owner	MSE METAL SYSTEMS & EQUIPMENTS PTE LTD
Co Reg No	200402728Z
Email Address	OZZYCHUA@MSE.COM.SG
Mobile Phone No	(LOCAL) +65-82822202
Alternative Phone No	OFFICE-62666656
Vehicle Particulars	
Manufacturer	NISSAN
Model	CABSTAR-2.0 (M)
Exact Purpose for which vehicle was being used at time of accident	FETCHING WORKERS
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	2100374413-04
Cover Note Number	
Driver	

Name of Driver CHUA OZZY (CAI YOUXUAN)

NRIC No S7124756B Date Of Birth 17/07/1971 Occupation OUTDOOR Date Of Driving Pass 24/04/2014

Driving Experience 4 YEARS AND 4 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-82822202

Fax Number

Contact Number OFFICE-62666656

EMail Address OZZYCHUA@MSE.COM,SG Address

BLK 673 CHOA CHU KANG CRESCENT

#14-383

Postcode

680673

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

20

Insurance Company of Driver's Own Vehicle

÷

General Information of the Accident

Type Of Accident

HIT BY FALLEN TREE / OTHER OBJECTS

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

201

Number of vehicles involved in the accident Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

NO

ambulance?

18.57 1994

Was any other material or property damaged? I have been approached by unknown person(s) YES

I have been approached by unknown person(s soliciting/offering accident claims assistance. NO

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

PLEASE REFER TO SKETCH PLAN

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

XD4833GTRB274C

Vehicle Make/Model/Colour

TRAILER

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)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

YP1165X

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

COMMERCIAL VEHICLE

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 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.
- 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)

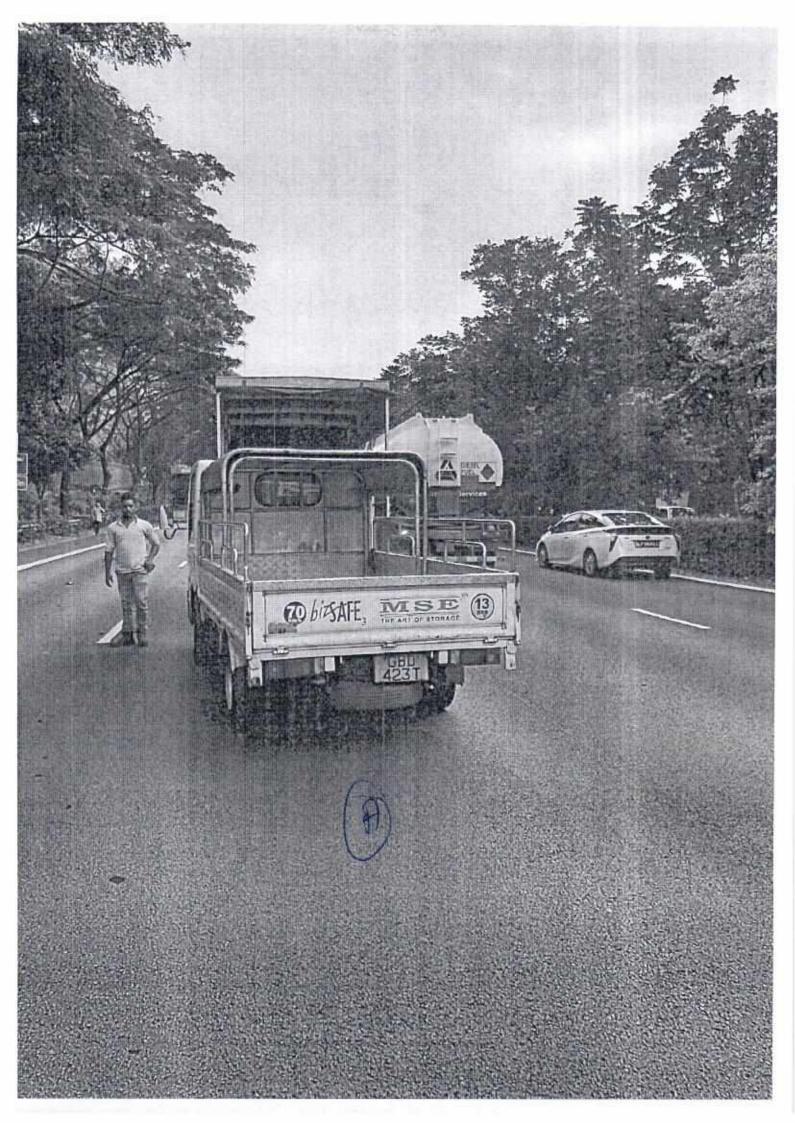
Date & Time:

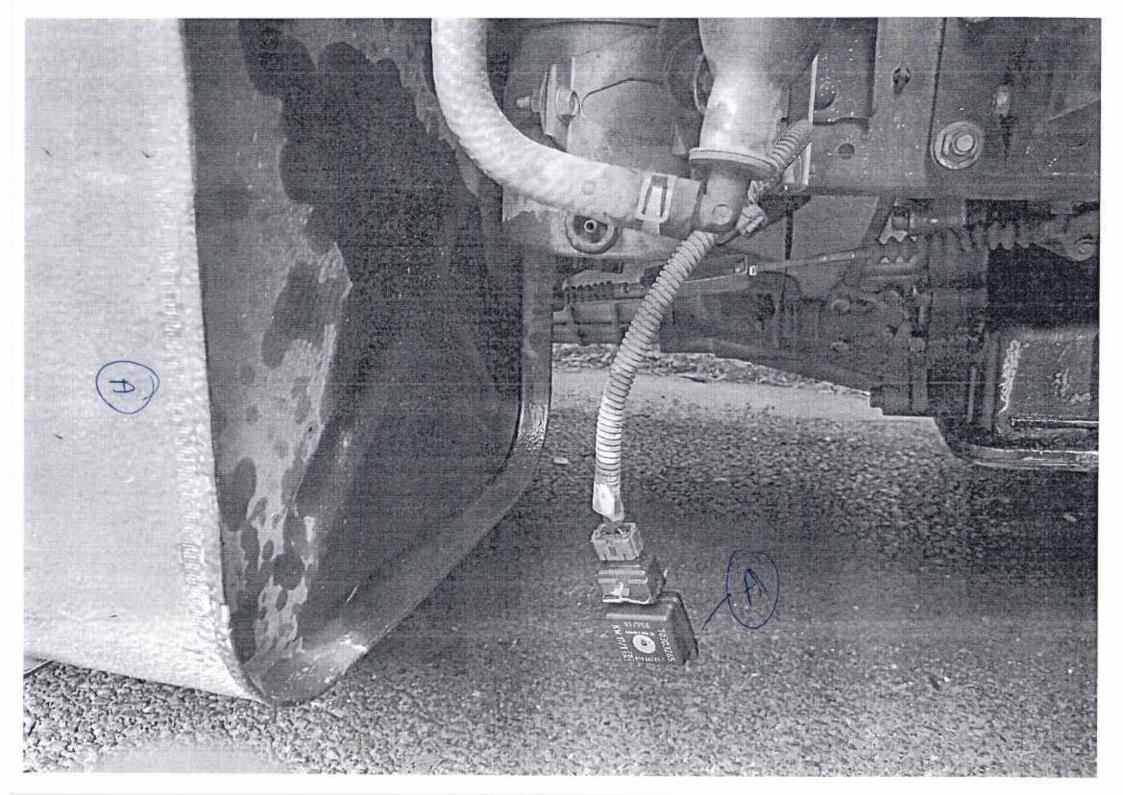
NRIC/FIN No.:

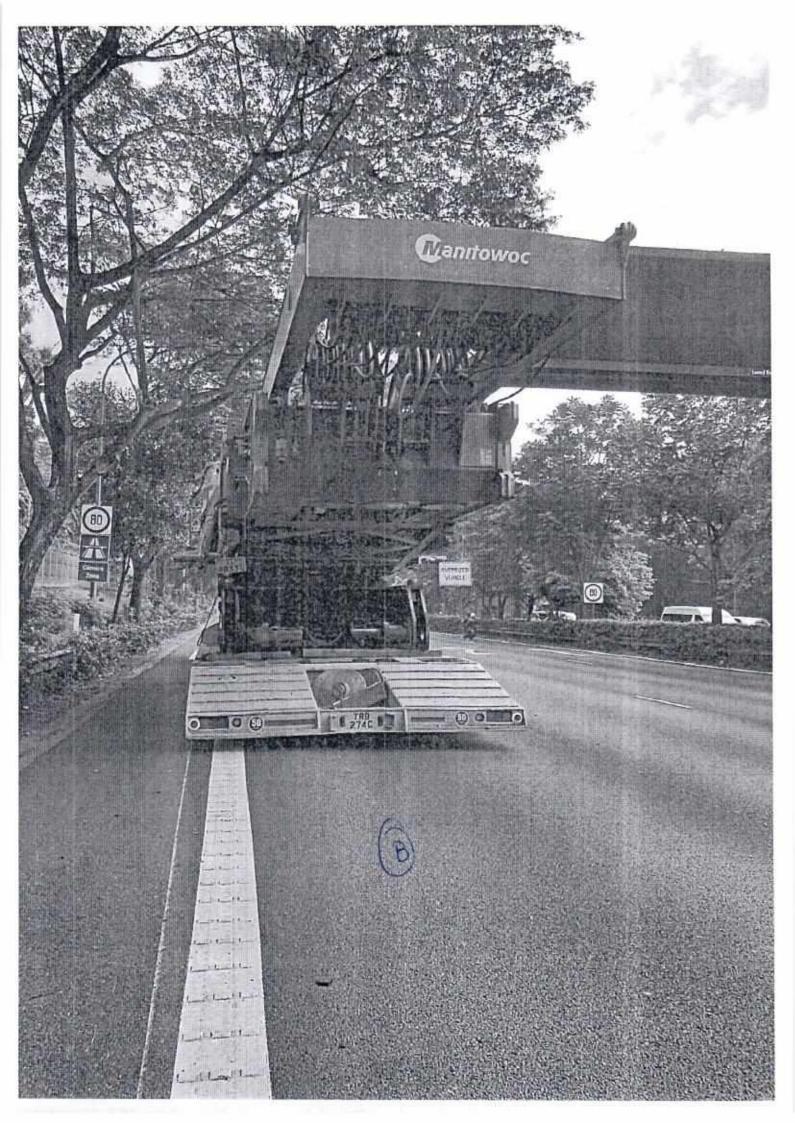
Reporting Centre F Name:

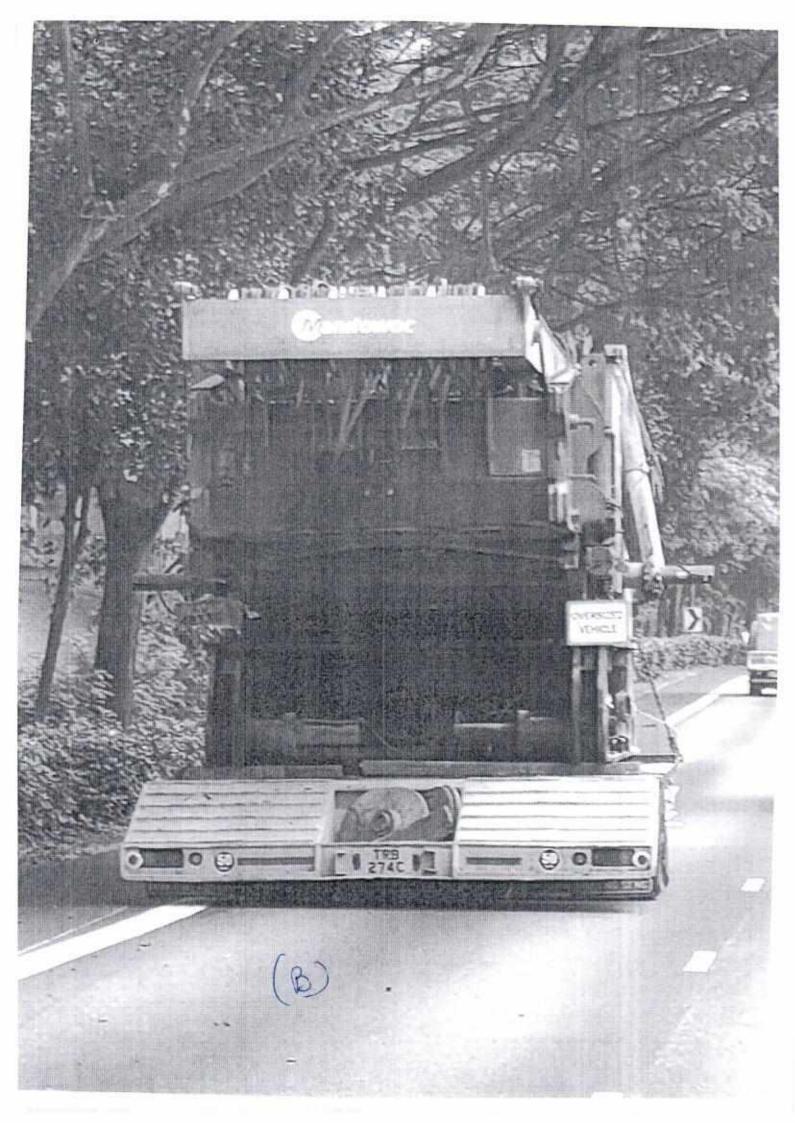
		01 000 100
	Orc Ch	A) GBD 423T
B B 1		B) XD48339/TRB274 C) YP 1165X
DESCRIBE CIRCUMSTANC	ES OF THE ACCIDENT	
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	t lost control and 2 go	own it in my right wheel.
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to a trades		0 0 0
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80 1 AM	GUINTE : 20 CLAIM BOY	DAMAGRE AGAINST TRAILER
		DAMAGRE AGAINST TRAILVER
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SO I AM 8330 TRB 274C DECLARATION		DAMAGRE AGAINSS TRAILURE
SO I AM 8330 TRB 274C DECLARATION	GNINGE : 20 CLAIM BOY	DAMAGA DEBINS (CATUAL Reporting Centre Personnel's Signature Name:



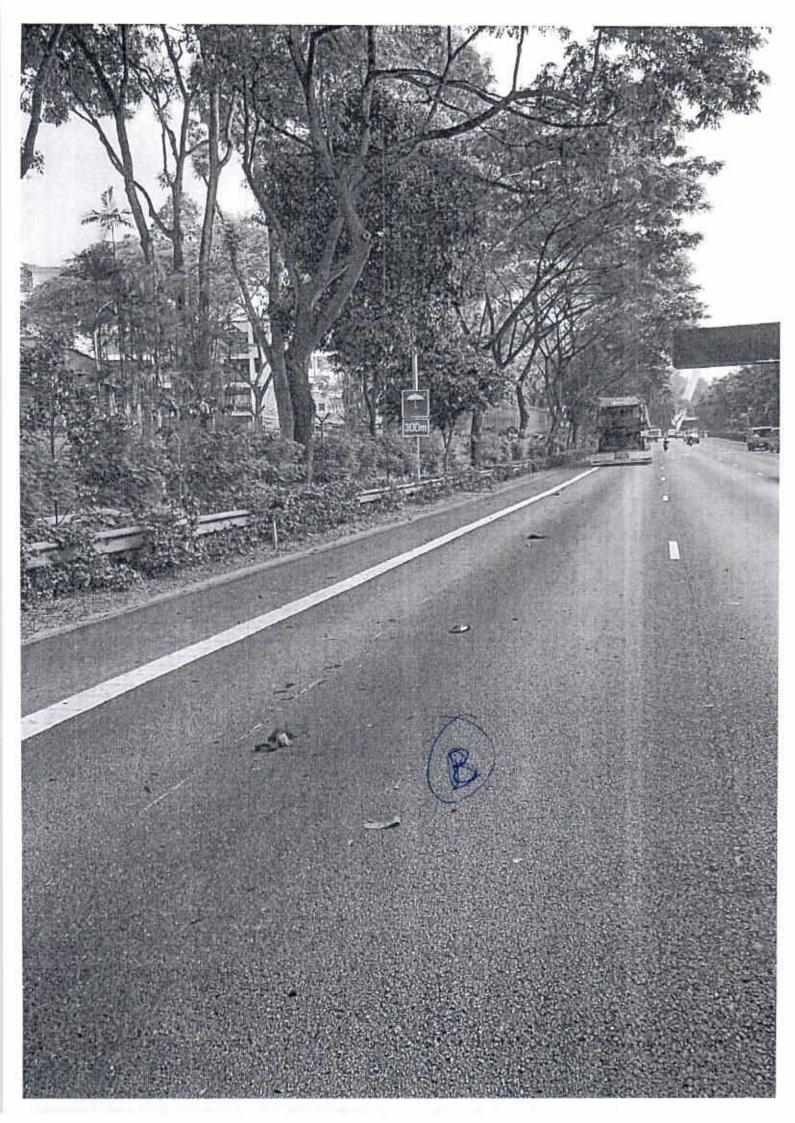


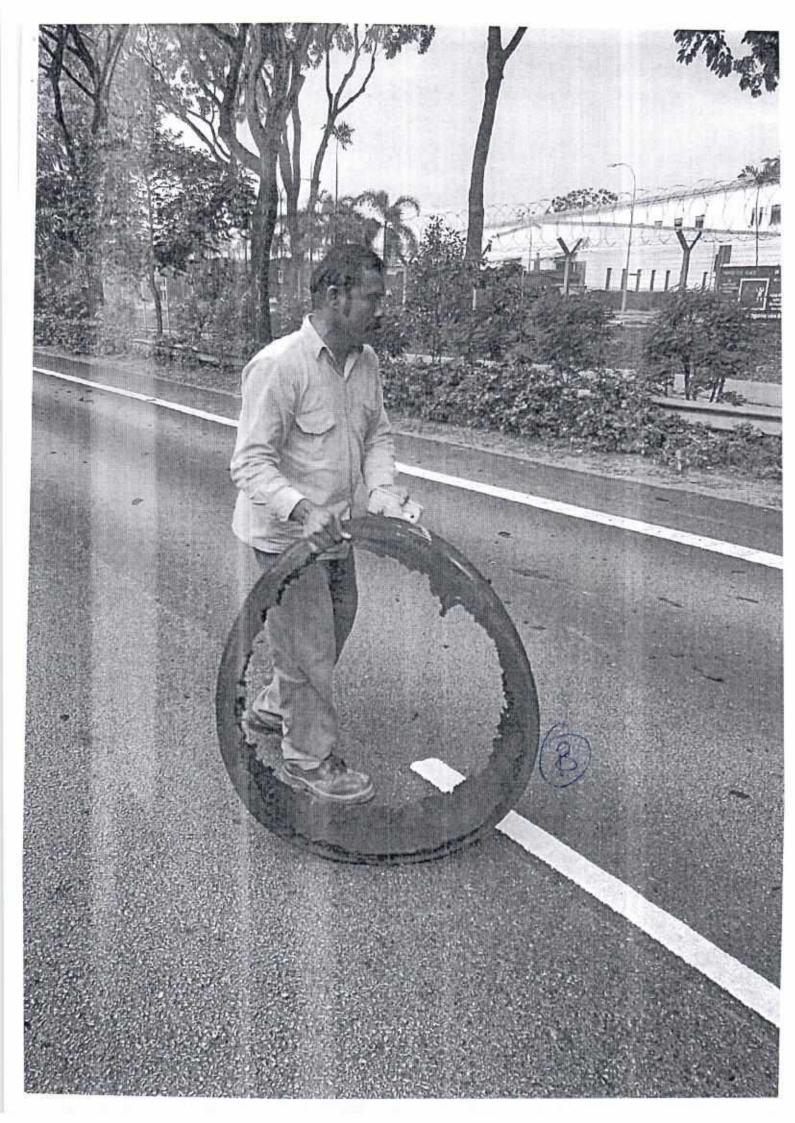


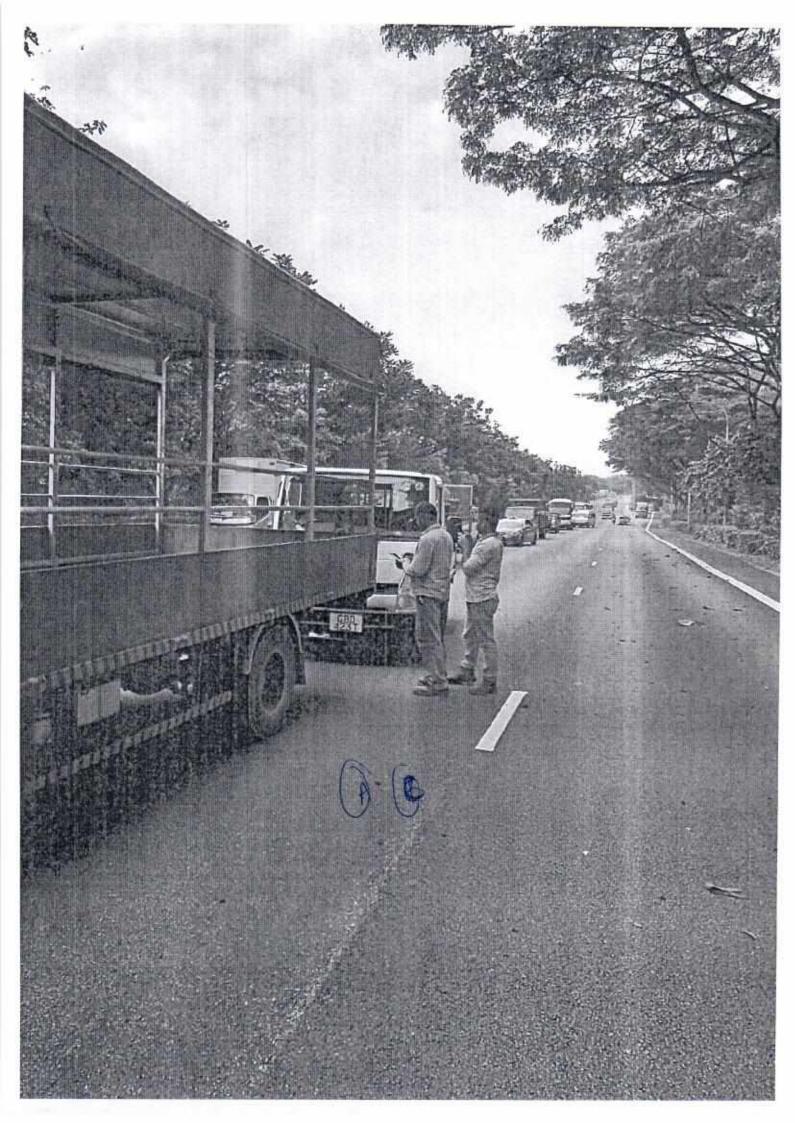




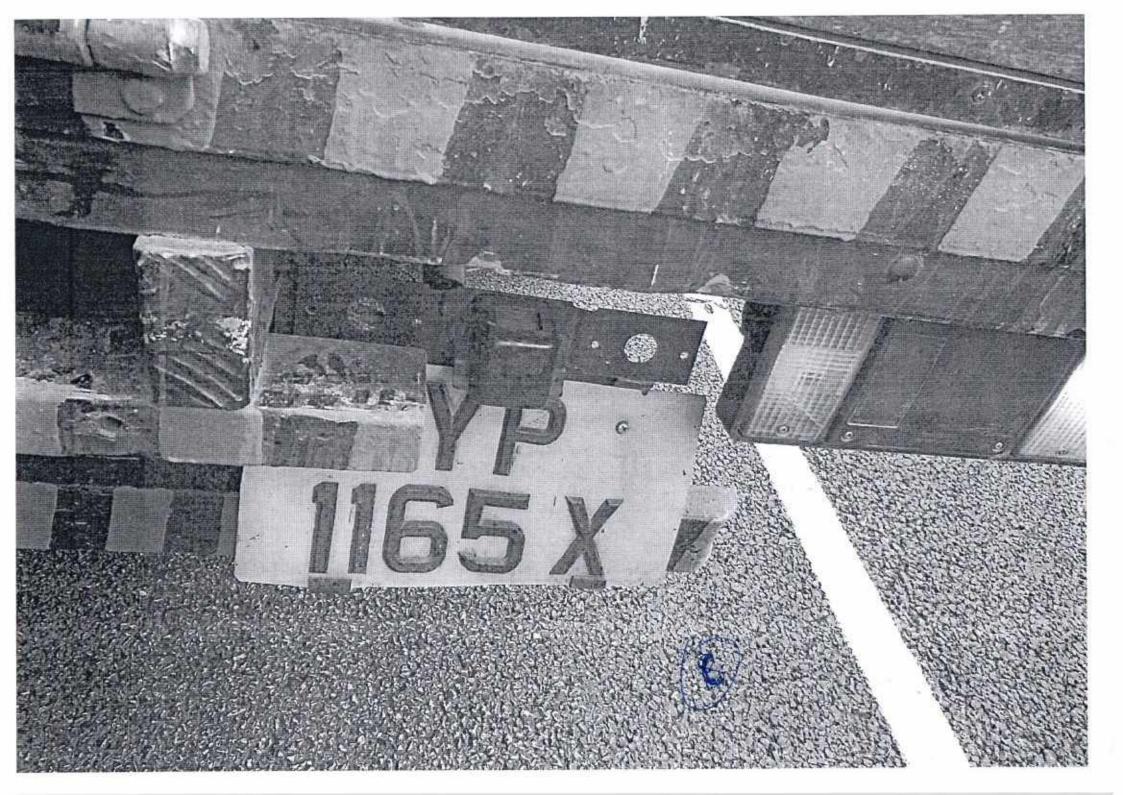


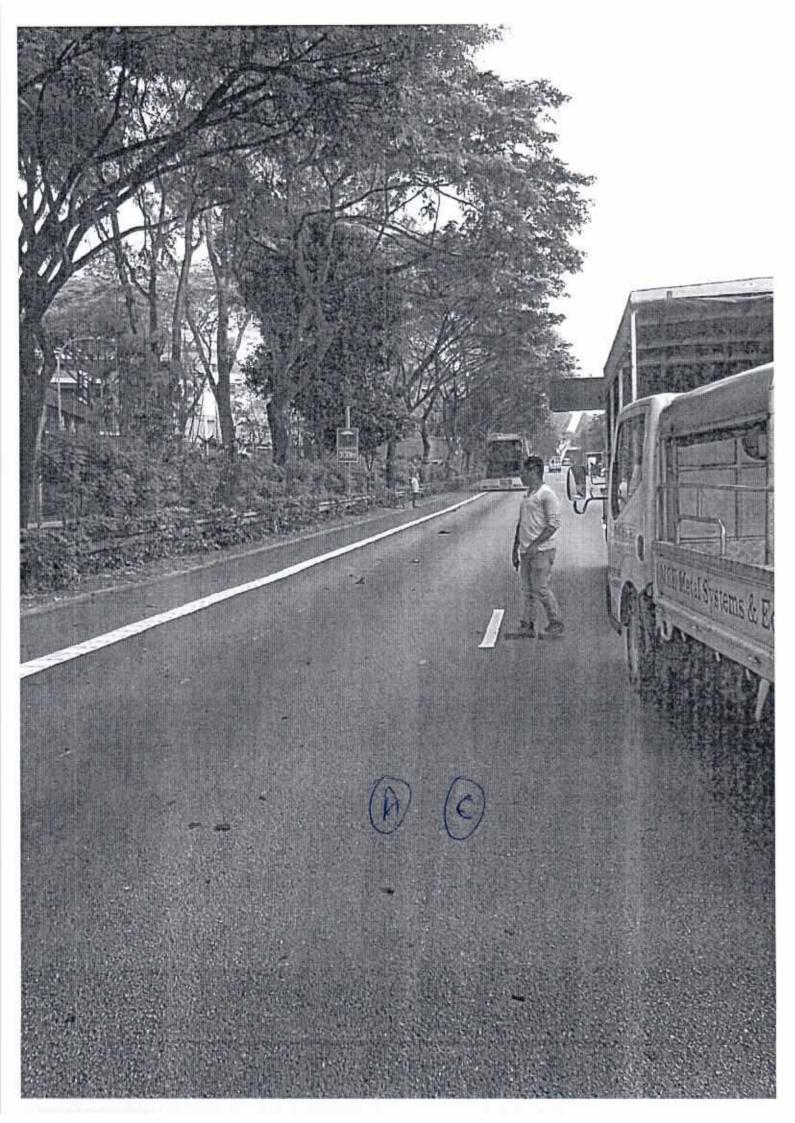














ACCIDENT STATEMENT

11.

ACCIE	DENT DATE: 19 1991 2018 (DO) MM/YYY), TIME: (08 :	05)(HH:MM)
LOCAT	TION: PIE Towneds Chang? EXPH from	a uppo Turay Rd
	DETAILS OF VEHICLE	
	HINSURANCE COMPANY: Q3C	
	CIPOLICY NUMBER: 2003 THE ONE THE PARTY / THIRD PARTY	RTY FIRE &THEFT)
	TOTAL CONTRACTOR OF THE PROPERTY OF THE PROPER	SLE / OTHERS)
	g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORC	GK.
	THARE YOU OF AIMING UNDER YOUR OWN INSURANCE (YES/O	
	IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONL	.Y)
2.	The state of the s	
	AJNAME: MSE MY SUL SUP SEQUENTED IMA BINRIC/FIN/PASSPORT: 200402728 Z CONTACT:	5266656
	c) ADDRESS:	
8 3	* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER	N.
w.,	Carlotta Varian	
A His of passongs		ALE) FEMALE
(Including driver)	DINRIC/FIN/PASSPORT: STIDLETS CONTACT:	383
CT	CIADDRESS: 16 CS CAUTE CONTROL OF CONTROL OF CAUTE CONTROL OF CONT	
	ODATE OF BIRTH: () OT / COT (DD/MM/YYYY)	
-	eloccupation: (INDOOR / OUTDOOR)	
4	DELVED AN EMPLOYEE OF THE INSURED'S COMPA	NAS (AER) NO)
4	TENO RELATIONSHIP OF THE DRIVER WITH INSURED.	
5.	b) ROAD SURFACE: (DRY) / WET OTHERS	
6.	WAS ANYBODY INJURED (YES / NO)	
7.	CIPEPORTED TO POLICE (YES /NQ)	
- p	IF YES, PLEASE STATE WHICH POLICE STATION:	
there of personager	a) VEHICLE NUMBER: TRB 2 14 C MODEL:_	Toaller
Challedon de tr	b) DRIVER'S NAME:CONTAC	Τ:
	THIRD PARTY VEHICLE VOLLEX MODEL:	
	di Vehicle Nilmber	only
Notes of proteons	e) DRIVER'S NAME:	Ti
The forest policy about	(1) I) NRIC/FIN/PASSPORT:CONTAC	
20000	3	
		n.59

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CERTIFICATE OF INSURANCE

NISSAN COMMERCIAL AUTO PROTECTOR COMMERCIAL VEHICLE

Name of Policyholder

: MSE Metal Systems & Equipments Pte Ltd

Period of Insurance

: 28 May 2018 To 27 May 2019

: ZD30338410K

Engine No. Chassis No.

: JN1SC2F24Z0855765

Vehicle No. Policy No.

: GBD423T

: 2100374413-04

Endorsement No. Issued Date

: 20 Apr 2018

ABOUT THE COVER

Make/Model

NISSAN NEW CABSTAR

Engine Capacity/Tonnage : 1.6 Tonnage Driver Restriction

Sum Insured : Market Value

First Year of Registration : 2014

: NA

Off Peak Car : No

Insuring with COE/PARF : Yes

Person or Classes of Persons Entitled to Drive" :

a) Any person who is anying an the Policyholder's order or with their permission.
 b) This Policy will indemnify the Policyholder or any authorised driver only if he/site 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 22 antifor has sess than 2 years' driving experience.

Age Condition

: All Age Condition

Limitation as to use*

1) Use in connection with the Policyholder's pusiness.

1) Use for local gardings of passenger (other than for hire or reward) in connection with the Policyholder's business.

3) Use for local, domails or plassenger (other than for hire or reward) in connection with the Policyholder's business.

3) Use for local, domails or plassenger purposes, This Policy does not cover a) use for hire or reward, driving tables, recing passengering, retability trial or speed-testing; and b) use whist drawing a trainer except the lowing of anyone disabled using a machanically proposed vehicle, a) use for any purpose in connection with fixture trade.

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189) and Section 95 of the Road Transport Act, 1967 (Malaysia), are not to be included under those headings

EXCESS

Section 1
Fine - \$8: Own Damage - \$800. Their - \$0. Floor Cover - \$0.

Section 2

copeny Dantage - 50

Windscreen: \$100

Named Driver and Excess (where applicable)

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

n Chong Motor Sales. Add. 913 St Timan Road Bingapora 569523 54694091 54594092 54694093

2.TC AutoClinic Add: No.1, Sixth Lok Yang Road Singapore 628099 62622213

3.Tan Chong Motor Sales. Add. 17 Lor 8 Tos Payoh Singapore. 319254 93510753 93570754 4. Autosulon Industrial: Add. 18 Usi Road 4 Singapore. 409623 54903666 9.TC AutoClinic. Add. 25 Lang Kee Road Singapore. 18092-57038511 97638512 67038513

For other Approved Reporting Detition/A/G. Authorised Repairers, please contact our 24-hour accident emergency hotine at +66 6338 f300. Attenually dy, you may refer to A/G website www.ascom.ag at A/G 5/G Mobile App. Simply search and download *A/G 5/G* from iTyriat of Google Pitry.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: MayBank

I/We haraby 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 1987 (Malaysia)).

0500610487

TAN CHONG CREDIT PTELTD - CCH 811 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 Chie Sylva Lim