NATIONAL Assessment Centre	e Services. puri	Jamos) .		30	
Date In: 08/10/18	Jeb description	Date &Tim	c Completed	Done	by:
Rei No: NA/GAI18018152/13	SAS e-filing	i			
Veh No: 5LE 8895	E-mail (within Shrs, /	AIC 2hrs)			
D.O.A: 06/10/18 1330	i-Motor Claim Fo	orm		181	-
OD (TP)! Reporting Only	i-Motor W/O (wit	hin: OD 2hrs, TP 4hrs)			
OD Perporting Only	i-Photo Uploadec				It.
TP Insurer:	Assessment/Survey	Report			
	Ass't Report by Fa	x / Hand to Owner/Wk	sp		
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax)
TP Particulars: Veh No:	SKZ1262L	INC()/Non-I	VC().	7	
Owner / Driver: (Tcl:	- 150)	_
Policy No: () Per	iod: () Cover Type	s: ()	
Confirmed by : (De	ite: T	ine:)	
	lote-Est. Status (WO):	N: 0-20%; P: 21-7	9%. P: 30-100	%]	
		NO()			
Excess: (\$) Loading: \$1,00	00()/\$2,000()	****		
General Remarks:-				· ·	
() Walk-In Customer: Customer's information	mation strictly Confide	ntial & Strictly NO refe	r of repairer.		
() Total Loss Case : to e-mail Insurer	r URGENTLY.		1 21		
Drive-In ()/ Towed-In (); Invoice:	YES()/NO(); Towing Co: ()
Remarks: (INC hotline: 6788 6616)		Date&Time	Comple ad	Done	by -
	ourtesy Car ()			-1	
2) QC Check / Post Repair Inspection	()	A SECTION OF THE PARTY OF THE P	*		
3) Upload Resurvey Photo [Repair Cost > \$30	000] ()				
Injury:					
				C0115-7-3-00	
Pare/Time Actions				elosus.	<u></u>
			21.778.2312.78-2.30		
	1				
	I lower to		ori - 23-24-35-84	Anit (S)	Ami (\$)
NA1806454	Inv	oice Preparation Ch	cklist	få Bill	Add Bill
aumant's Particulars :-		R: Accident Reporting (53)			
iver/Owner:		A: Damage Assessment (\$10 : Towing Fee	\$40/\$4:		
	4) FT	: Follow-Through Survey : Follow-Through Survey (R	\$120 (eaurvey) \$30		
ntact No:	Fo	r claiming against INC Only	(wef 10 Jan 2005)		
maged Portion:		: Re-inspection : Idao DA + SMRT Survey	\$160	-	
	N (8	TUC Additional Services:-			
Checked by (Engr-In-Charge):		5: Courtesy Car / Tpt Allows	noe S:		
		6: Repair Co-ordination	510 \$2:		
ditors' Comments::	•N	7: Post Repair Inspection 8: DV / Collect Excess Coord	lination 5:	5	
1:	TP	(N11): TP (Non INC) again 2: Idac Mobile	st INC \$20	-	•
2/3;		ce dated	Fee Charged		what she
in in	Invoi	ce dated	Fee Charged	SECTION	

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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 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.
- 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.

NAMES (1)	
Constitution of the Development of the Allice Constitution	ACCIDENT STATEMENT
Date Of Report	08/10/2018 12:22
Date Of Accident	06/10/2018 13:30
Exact Location Of Accident	CARPARK OF VIVOCITY
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLE889J
Insured/Policyholder	
Name Of Registered Owner	ALRIC MEP ENGINEERING PTE LTD
Co Reg No	200206245W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-94596677
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	VELLFIRE
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	PRIVATE CAR
Insurance Company	
Name of Insurance Company	GREAT AMERICAN INSURANCE COMPANY
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MOMVP000003386-00-000
Cover Note Number	
Driver	
Name of Driver	PNG TIONG SAN(FANG ZHONGSHAN)
NRIC No	S7619575G
Date Of Birth	25/06/1976
Occupation	OUTDOOR
Date Of Driving Pass	24/11/1995
Driving Experience	22 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94596677
Fax Number	VVI. Proposita (VVI. DC) — 2000 d. 5000 (SERSESSESSES) (VVI. TVI.
Contact Number	

NOEMAIL

Address

BLK 711 HOUGANG AVE 2

#08-143

Postcode

530711

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

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

0

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by ambulance?

NO

Was any other material or property damaged?

YES

I have been approached by unknown person(s)

NO

soliciting/offering accident claims assistance.

1.0

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

SKZ1262L

Vehicle Make/Model/Colour

NISSAN

Details Of Properties

PRIVATE CAR

Vehicle Category Name of Driver

STANLEY TONY

NRIC/Passport Number

S2719581D

Contact Number

91268845

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IIMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Pollcyholder 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>.
- 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.
- 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 insurerts) 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
 - (iii) for complying with requirements under any regulations, laws or court orders.

ON DIATE TO

Driver's Signature

(If driver is not the policyholder)

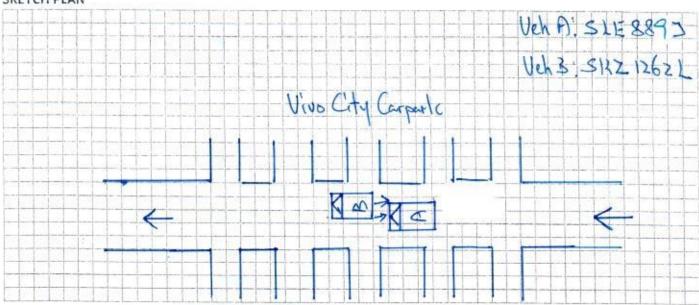
Date & Time

Reporting Centre Personnel's Signature

08/10/18

Name NRIC/FIN No.

Policyholder's Signature Date & Time:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On oblio 2018 @ about 133 ohrs, I was waiting for a carpark lot at Vivo City carpark. Suddenly there was a vehicle 3 (SK21262L) reversing his vehicle towards me. I honlied at him but was too late. Eventually uch 3 had collided into my vehicle front right portion.
at Vivo City carpark. Suddenly there was a rehide 3 (SKZ1262L)
reversing his vehicle towards me. I honlied at him but was too late.
Eventually uch B had collided into my vehicle front right portion,

DECLARATIONEERIN

I/We declar wike foregoing particulars are true in every respect.

Policyholder's Signature Date & Time: Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature

NRIC/FIN No.:

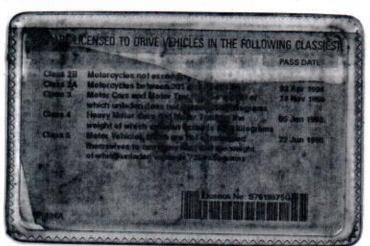
ACCIDENT STATEMENT

ACCIDENT DATE: (06/10/2018) (DD/MM/YYYY), TIME: (13:30) (HH:MM)	
LOCATION Carpork of Vivo City	<u>5</u>]
DETAILS OF VEHICLE SIE 889 3	
DINSURANCE COMPANY: Great American	
CIPOLICY NUMBER: MOM VP 00000 3386-00-000	
disolicy type: (Couppells)	100
GIPOLICY TYPE: (COMPREHENSIVE THIRD PARTY / THIRD PARTY FIRE &THEFT)	
	e* e n
FITYPE: (SALOON / COUPE (MPY / VAN / LORRY / MOTORCYCLE / OTHERS) S) YEHICLE CATEGORY: (PRIVATE / COMMERCIA) MOTORCYCLE)	25
HIPURPOSE OF USING AT ACCIDENT TIME: Working	
1) ARE YOU CLAIMING UNDER YOUR OWN INSURAN HOUSE	ne dia
IF NO, PLEASE STATE (THIRD PARTY CLARGO REPORTING ONLY)	e w 8.7
2. INSURED / POLICY HOLDER	
AJNAME: Alric Mep Engineering Ptc Ho (MALE/FEMALE)	e ²⁰ a 2
DINRIC/FIN/PASSPORT 200206245W CONTACT:	B 10
CIADDRESS: 511 Vishun Ind PK A #03-02 s (768768)	727
* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER	
3. DRIVER	9
ONAME: ING HONG SON	
DINRIC/FIN/PASSPORT: 57619 STX G CONTACT: 94596677	
CIADDRESS: DIK 711 Hougang Ave 2 #08-143 s(x30711)	730
*dIDATE OF BIRTH: (25/06/1976) [DD/MM/YYYY]	1 1 1 1 1 1
BLOCCHBATION, INDOOR	
1) YEARS OF DRIVING EXPRERIENCE: 24/11/199	185/Wax
4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (VESTINO)	
IT NO, RELATIONSHIP OF THE DRIVER WITH INSURED.	19
5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) b) ROAD SURFACE: OPY / WET / OTHERS	
A TALAC ALIVEORIA WILLIAM	
7. GIKEPORTED TO POLICE IYES / NO	1 driver 0
IF YES, PLEASE STATE WHICH POLICE STATION	Gender_
B. THIRD PARTY VEHICLE	
a) VEHICLE NUMBER: SKZ 1262 L MODEL NOSAN	
DRIVER'S NAME: Stanley Tony OF NRIC/FIN/PASSPORT: 3.2+19×810 CONTACT: 9126884	
9. THIRD PARTY VEHICLE " CONTACT: \$1268845	35 20
di Venicia di incesa	8
e) DRIVER'S NAME: MODEL:	
f) MAIC/CHI/AARRADA	
CONTACT:	











GREAT AMERICAN INSURANCE COMPANY

UEN: T15FC0029B GST REG. NO.: M90370081T 3 TEMASEK AVENUE, #16-01 CENTENNIAL TOWER SINGAPORE 039190

TEL: +65 6804 6000 FAX: +65 6235 2616

CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) - Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960
 Road Transport Act, 1987 (Malaysia) Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia)

Policy Details

Certificate Number

MOMVP000003386-00-000

Cover

: Private Car (Comprehensive)

Policyholder Name

Alric Mep Engineering Pte Ltd

Chassis Number

ANH208297881

NCD Entitlement

20% No Claim Discount

Engine Number

2AZG252910

Hire Purchase

Registration Number

SLE889J

Period of Insurance

From 28/01/2018 (00:00) To 27/01/2019 (23:59) (Both Dates Inclusive)

Persons or Classes of Persons entitled to Drive

- The Policyholder al
- Any person who is driving on the Policyholder's order or with their permission

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor or so has been Vehicle permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle

Limitations as to Use

Use only for social, domestic and pleasure purposes and for Policyholder's business This Policy does not cover:

- a) Use for Hire and Reward
- Use for racing, pace making, reliability trial or speed testing b)
- Use for carriage of goods (other than samples) in connection with any trade of business C)
- d) Use for any purpose in connection with Motor Trade

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act, (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings

Excess (Section 1)

SGD 600.00

Workshop

: VAuthorised Workshop

Excess (Section 2)

N/A

Off Peak Car

No

Windscreen Excess

SGD 100.00

NCD Protection

No

Driver Details

Main Driver

Any persons who is driving on the policyholder's order or with their permission

Named Driver 1

N/A

Named Driver 2

N/A

Named Driver 3

N/A

Name of Intermediary

OKI

Date of Issue

I/We hereby certify that the policy to which this Certificate relates is issued in accordance with the provision of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987

Signed for and on behalf of

Great American Insurance Company

Authorised Signatory