NATIONAL Assessment Centre Services. twel 1 Jan'05] MNA 118165085 Done by Date & Time Completed Jeb description 24 112 118 14:44 SAS c-filing Ref No: NA/ AIG 18023005 164 E-mail (within Shrs, AIC 2hrs) Veh No: YP 6509 E i-Motor Claim Form D.O.A 08:55. 24 112 118 I-Motor W/O (Within: OD 2hts, TP 4hts) OD / TP / Reporting Only I-Photo Uploaded Assessment/Survey Report TP Insurer: Ass't Report by Fax / Hand to Owner/Wksp Fax: Preferred Wicsp / INC Assign Wicsp / QW: ()/Non-INC (INC (Veh No: TP Particulars: 686 7332K Tcl: Owner / Driver: (Cover Type: (Period: (Policy No: (Time: Confirmed by: (Date: %) [Note-Est. Status (WO): N: 0-20%; P: 21-79%. P: 30-100%] Insured/Driver Liability: ()/NO(Year of Registration: (Warranty: YES ()/\$2,000 (Excess: (\$ Loading: \$1,000 (General Remarks: 5. Signs) Walk-In Customer's Customer's information strictly Confidential & Strictly NO refer of repairer.) Total Loss Case : to e-mail Insurer URGENTLY.) ; Towing Co: (Drive-In ()/Towed-In (); Invoice: YES () / NO (Remarks: (INC hothae) 6788 6616) Providence of the 1) Apply for Transfort Allowance () / Courtesy Car (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000] Injury: Date/Lime Invoice Preparation Cl Add Bill MA1808484 1) AR : Acadent Reporting (530); Claimant's Particulars :-INC (\$30) 2) DA : Damege Assessment (5100); \$40/\$4 3) TF : Towing Fee Driver/Owner: \$120 4) FT : Follow-Through Survey 5) PT : Follow-Through Survey (Resurvey) \$30 Contact No: For claiming against INC Only (wof 10 Jan 2005) 6) TR: Re-impention Damaged Portion: \$160 7) N1 : Idao DA + SMRT Survey 3) NTUC Additional Services:-*NS: Courtosy Cos / Tpt Allowance \$3 QC Checked by (Engr-In-Charge): 510 *N6: Repair Co-ordination \$25 * N7: Post Repair Inspection Auditors! Comments :: +NS: DV / Collect Excess Coordination 22 TP (N11): TP (Non INC) against INC \$20 Cat. 1: 9) N12: Idao Mobile Fee Charged Involve dated at 2/3; Mark N Fee Charged Involce dated

i upon of the

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 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.
 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,	s and the second of the report starting made available
	ACCIDENT STATEMENT
Date Of Report	24/12/2018 14:44
Date Of Accident	24/12/2018 08:55
Exact Location Of Accident	3016 UBI ROAD 1
Country/State of Loss	SINGAPORE
ı	DETAILS OF OWN VEHICLE
Vehicle Registration Number	YP6509E
Insured/Policyholder	
Name Of Registered Owner	MASINDO LOGISTIC PTE LTD
Co Reg No	12
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-66533703
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	5 -
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	REPORTING ONLY
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	999994545/100862685
Cover Note Number	
Driver	
Name of Driver	IMRAN MOHAMED HASSAN
Name of Driver	IMRAN MOHAMED HASSAN

Name of Driver	IMRAN MOHAMED HASSAN
NRIC No	S7707129F
Date Of Birth	16/03/1977
Occupation	OUTDOOR
Date Of Driving Pass	14/01/2003
Driving Experience	15 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98262471

Fax Number Contact Number

EMail Address NOEMAIL Address

BLK 547 BEDOK NORTH ST 3 #09-1478

Postcode

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

COLLIDED INTO PARKED VEHICLE

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles (including own vehicle)

2

involved in the accident

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

ambulance?

YES

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

soliciting/offering accident claims assistance. Number of Passengers (Including Driver)

NO

Passenger 1

2

: UNKNOWN

NAME: GENDER:

: MALE

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

MY LORRY WAS PARKED AT THE BLK 3016 UBI ROAD 1.WHILE REVERSING, MY LORRY MISJUDGED HIT ONTO A PARKED LORRY WHICH WAS BEHIND MY LORRY.

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

GBG7332K

Vehicle Make/Model/Colour

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 <u>correctly</u> 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 withholding of material facts may allow insurance companies to repudiate policy liability.
- 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)

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:
 - 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.

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

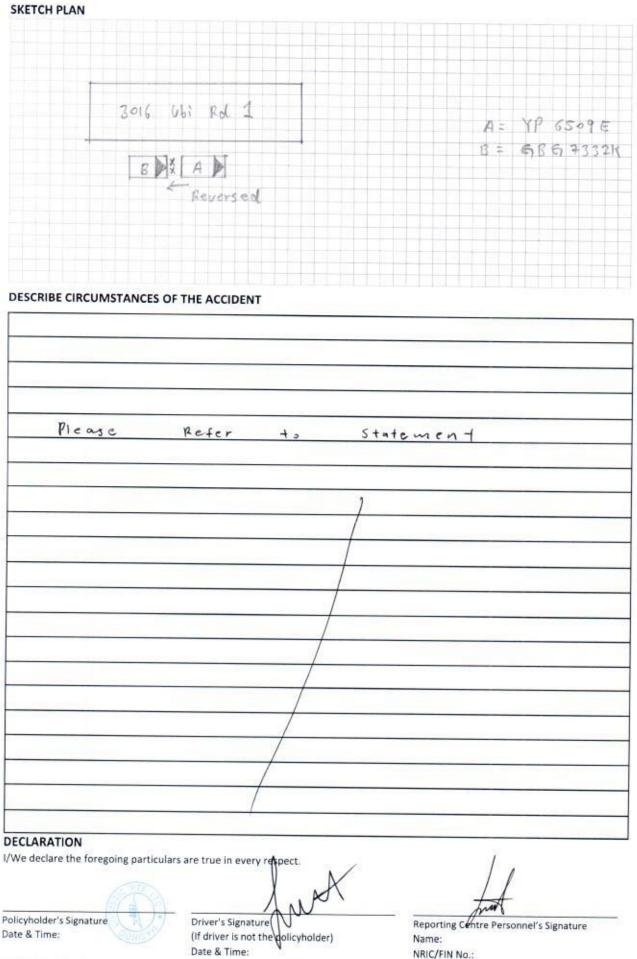
Name:

NRIC/FIN No.:

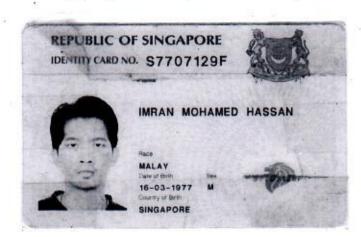
Policyholder's Signature Date & Time:

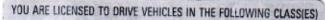
GIARROU SKIEDERFRANEOUD, VI

1









Class 3

Motor cars with unladen weight =< 3000kg with =< 7
passengers, exclusive of driver; and other motor
vehicles with unladen weight =< 2500kg
Motor vehicles which are constructed to carry load
or passengers and the unladen weight > 2500kg
Motor vehicles which are not constructed to carry
load or passengers and the unladen weight =< 7250kg Class 4

NP 428A

25-08-2003 APT BLK 547 BEDOK NORTH STREET 3 #09-1478 SINGAPORE 460547



HOTLINE TEL: (65) 6419-3000 FAX: (65) 6415-3723

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)

M.Z.300

COMPREHENSIVE COMMERCIAL MOTOR

CERTIFICATE NO. 999994545/100862685

OWN DAMAGE EXCESS WINDSCREEN EXCESS

S\$1,000.00 (S\$100.00

(for policies with effect from 1st November 2002)

SUM INSURED S\$1.00

INSURING WITH COE/PARF Yes

YP6509E

Masindo Logistic Pte Ltd

1) VEHICLE REGISTRATION NO.

2) NAME OF INSURED

CEMENT 29 Jun 2018

陳保險經紀私營有限公司 TAN INSURANCE BROKERS PTE LTD

3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE PURPOSES OF THE ACT

4) DATE OF EXPIRY OF INSURANCE 6 Jul 2019
5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE*

3A/5A Aliwai Street, Chenn Leonn Building

Singapore 199896 www.tib.com.sg Tel: (65) 6742 6766 Fax: (65) 6742 6669

Any person who is driving on the insured's order or with their permission.

An additional Young and inexperienced Driver (YIDR) Excess of 363,000 (unless otherwise stated) applies to any drivers(named and unitamed who is belokable 2 for his lessions 2 years driving experience.

Please refer to policy terms and conditions

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so 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.

6) LIMITATION AS TO USE *

1) Use in connection with the insured's business.

2) Use for the carriage of passengers (other than for hire or reward) in connection with the Insured's business.

3) Use for social, domestic or pleasure purposes.

The Policy does not cover

a) Use for hire or reward or for racing, pace-making, reliability trial or speed-testing.

b) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

LOSS OF USE NOT INCLUDED

* NAMED DRIVER N/A

HIRE PURCHASE COMPANY Daimler Financial Services Africa & Asia Pacific

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

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

Issued In Singapore 6 Jul 2018

AIG ASIA PACIFIC INSURANCE PTE. LTD

030066-000

TAN INSURANCE BROKERS PTE LTD

31/SA ALIWAL STREET CHENN LEONN BUILDING SINGAPORE 199896

(D)

Authorised Representative

ORIGINAL

SSCOSK