NATIONAL Assessment Contro	e Services :	oet i Jaivotij					
Date In 22/or/69				Done	př.		
Rel No NA /AIG 19001404/15	SAS e-filing		1				
Veh No GBE 17577	E-mail (within 8h	ars, AIC 2hrs,					
DOA 16/00/19 0745	i-Motor Claim	Form					
CD 30 D	i-Motor W/O	Within: OD 2hr:	(TP 4hrs)				
OD TP (Peporting Only	i-Photo Uploae	i-Photo Uploaded					
TP Insurer:	Assessment/Sur	vey Report					
212 Hourts	Ass't Report by Fax / Hand to Owner/Wksp						
Preferred Wksp / INC Assign Wksp / QW: (Tel: Fax				
TP Particulars: Veh No: 9	CBBSSOD	, INC() / Non-INC ()				
Owner / Driver: (Tel:)			
Policy No: () Per	iod: ()	Cover Type: ()			
Confirmed by : (Walter State of the State of th	Date:	Time:)			
			0%; P: 21-79%. F: 80-100	9%]			
	Varranty: YES ()/NO()				
Excess: (\$) Loading: \$1,00	00 () / \$2,000 ()					
	Courtesy Car ()		Date&Time Completed	Done	by		
2) QC Check / Post Repair Inspection	()						
3) Upload Resurvey Photo [Repair Cost > \$3	000] ()						
Injury:							
Date/Time Actions			317,2999017, 30,310,01 (100,0,0)				
				And (S)	Amt (\$)		
NA19007	40	27.53.3884-38135404	paration Checklist	Anit (\$)	Amt (\$)		
NA19507	740	1) AR : Acciden	t Reporting (\$30);	7	12		
Claimant's Particulars :-	/40	1) AR : Acciden 2) DA : Damage 3) TF : Towing I	t Reporting (\$30); Assessment (\$100); INC (\$80) Fee \$40/\$	Ist Bill	12		
Claimant's Particulars :- Oriver/Owner:	/48	1) AR : Acciden 2) DA : Damage 3) TF : Towing I 4) FT : Follow-T 5) if T : Follow-T	t Reporting (\$30); Assessment (\$100); INC (\$80) Fee \$40/\$ Through Survey \$17 Through Survey (Resurvey)	1st Bill			
Claimant's Particulars :- Priver/Owner: Contact No:	/ 40	1) AR : Acciden 2) DA : Damage 3) TF : Towing I 4) FT : Follow-T 5) i T : Follow-T For claiming a	t Reporting (\$30); Assessment (\$100); INC (\$80) Fee \$40/\$ Phrough Survey \$17 Phrough Survey (Resurvey) \$ Ingainst INC Only (wef 10 Jan 2005)	Ist Bill			
Claimant's Particulars :- Priver/Owner: Contact No:	/ 40	1) AR : Acciden 2) DA : Damage 3) TF : Towing I 4) FT : Follow-T 5) i T : Follow-T For claiming I 6) TR : Re-inspe 7) N1 : Idae DA	t Reporting (\$30); Assessment (\$100); INC (\$80) Fee \$40/\$i Prough Survey \$17 Prough Survey (Resurvey) \$2005 Regainst INC Only (wef 10 Jan 2005) Retion \$5000000000000000000000000000000000000	1st Bill	117		
Claimant's Particulars :- Oriver/Owner: Contact No: Damaged Portion:	/ 40	1) AR: Acciden 2) DA: Damage 3) TF: Towing I 4) FT: Follow-T 5) FT: Follow-T For claiming I 6) TR: Re-inspe 7) N1: Idae DA 8) NTUC Additi OI)* *N5: Courtes	t Reporting (\$30); Assessment (\$100); INC (\$80) Fee \$40/\$ Prough Survey \$17 Prough Survey (Resurvey) \$17 Prough Survey (Resurvey) \$17 Prough Survey (Resurvey) \$17 Prough Survey (Resurvey) \$17 Prough Survey (\$17 Prough Survey \$17 Prough Survey \$1	1st Bill			
TO TO COUNTY OF THE PROPERTY OF AND ADDRESS OF THE PROPERTY OF	/ 40	1) AR : Acciden 2) DA : Damage 3) TF : Towing 1 4) FT : Follow-T 5) FT : Follow-T For claiming 2 6) TR : Re-inspe 7) N1 : Idae DA 8) NTUC Additi OI)* *N5: Courtes *N6: Repair C *N7: Fost Re;	t Reporting (\$30); Assessment (\$100); INC (\$80) Fee \$40/\$i Prough Survey (\$170 Prough Survey (Resurvey) \$170 Prough Survey (Resurvey) \$170 Prough Survey (\$170 Prough Survey (\$170 Prough Survey (\$170 Prough Survey (\$170 Prough Survey \$170 Pro	1st Bill	1.0		
Claimant's Particulars :- Oriver/Owner: Contact No: Damaged Portion: OC Checked by (Engr-In-Charge):	· ·	1) AR: Acciden 2) DA: Damage 3) TF: Towing I 4) FT: Follow-T 5) FT: Follow-T For claiming I 6) TR: Re-inspe 7) N1: Idae DA 8) NTUC Additi OD* *N5: Courtes *N6: Repair C *N7: Fost Rep *N8: DV / Cc	t Reporting (\$30); Assessment (\$100); INC (\$80) Fee \$40/\$ Frough Survey \$12 Frough Survey (Resurvey) \$2 Frough Survey (Resurvey) \$3 Frough Survey (Resurvey) \$3 Frough Survey (Resurvey) \$3 Frough Survey (\$610 Jan 2005) Frough Survey \$12 Frough Survey \$14 Frough Sur	1st Bill			

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.
- 5. 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.

	ACCIDENT STATEMENT				
Date Of Report	22/01/2019 11:21				
Date Of Accident	16/01/2019 07:45				
Exact Location Of Accident	NPPK BUILDING LOADING & UNLOADING BAY				
Country/State of Loss	SINGAPORE				
Large Commission of D	ETAILS OF OWN VEHICLE				
Vehicle Registration Number	GBE1757T				
Insured/Policyholder					
Name Of Registered Owner	TAN HUP HENG KWAY TEOW MEE SUPPLIER				
Co Reg No	×				
Email Address	NOEMAIL				
Mobile Phone No					
Alternative Phone No	OFFICE-90239954				
Vehicle Particulars					
Manufacturer	ТОУОТА				
Model	DYNA				
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	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	2100429376-03				
Cover Note Number					
Driver					
Name of Driver	TAN KWEE BEE				
NRIC No	S1243622Z				
Date Of Birth	18/11/1957				
Occupation	OUTDOOR				
Date Of Driving Pass	18/10/1979				
Driving Experience	39 YEARS AND 2 MONTHS				
Gender	MALE				
Mobile Number	(LOCAL) +65-90239954				
Fax Number					
Contact Number					
EMail Address	NOEMAIL				

BLK 508 SERANGOON NORTH AVE 4 Address

#05-384

Postcode 550508

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 (including own vehicle)

involved in the accident

2

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)

soliciting/offering accident claims assistance.

NO

2

Number of Passengers (Including Driver)

NAME:

GENDER:

: CHEW LI LI

: FEMALE

Details of Police Action

Passenger 1

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

I WAS REVERSING MY VEH AT NPPK BUILDING LOADING & UNLOADING BAY, WHILE REVERSING MY VEH HIT ONTO VEH(B)BEARING REG NO GBB8520D FRONT PORTION.

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

GBB8520D

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

LEE HAN KIANG

NRIC/Passport Number

S7731727I

Contact Number

94319231

Address

Postcode

Insurance Company Name

Nature Of Damage No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

- 1. 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>.
- 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.

TAN HUP HENG KWAY FEOW MEE SUPPLIER

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

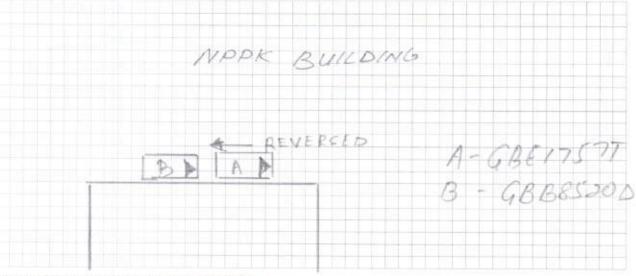
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No :



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Ple	red.	4 4	0 24	state	ment	
1 13	Typ	to the	+ 000	200 110		
		-				
					-	

DECLARATION

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

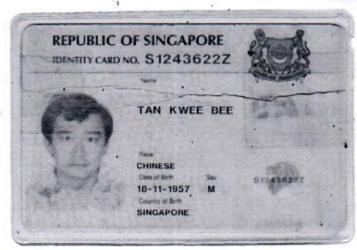
TAN HUP HENG KWAY TEOW MEE SUPPLIER

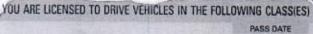
Policyholder's Signature Date & Time: Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:







Class 28 Metercycles not exceeding 200 cc
Class 2A Motorcycles between 201 cc and 400 cc
Class 3 Meter Cars and Meter Tractors the weight of
which unladen does not exceed 2500 kilograms

17 Feb 1979 17 Feb 1979 17 Feb 1979 18 Oct 1979





CERTIFICATE OF INSURANCE

COMMERCIAL AUTOPLUS COMMERCIAL VEHICLE

Name of Policyholder : Tan Hup Heng Kway Teow Mee Supplier

Period of Insurance : 17 Sep 2018 To 16 Sep 2019

Engine No. : 1KD2495196

Chassis No. : JTFAT35YX0K204568 Vehicle No.

: GBF1757T : 2100429376-03

Policy No.

Endorsement No. Issued Date

: 10 Aug 2018

ABOUT THE COVER

Driver Restriction

Make/Model : TOYOTA DYNA 150D 2 ton [Lorry]

· NA

Engine Capacity/Tonnage : 2 Tonnage

Sum Insured : Market Value Off Peak Car : No

First Year of Registration : 2015

Insuring with COE/PARF : Yes

Person or Classes of Persons Entitled to Drive*:

a) Any person who is driving 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 unnamed) 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

1) 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, driving tuition, driving test, racing, pace-making, reliability trial or speed-testing; and b) use whilst drawing a trailer except the towing of anyone disabled using a mechanically propelled vehicle; c) 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 (Cap. 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings

EXCESS

Section 1

Fire - \$0 Own Damage - \$800 Theft - \$0

Section 2

Property Damage - \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

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

Any accident repairs to the Vehicle must be carried out by one of our Authorised Repairers. Within the first 3 years of the first registration of the Vehicle in Singapore, You have the option of having the accident repairs carried out, at the Sole Agent's workshop.
For other Approved Reporting Centres/AlG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6338 6200. Alternatively, You may refer to AlG website www.aig.com.sg

or AIG SG Mobile App. Simply search and download "AIG SG" from iTunes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: United Overseas Bank Limited

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).

0030210000

AIG ASIA PACIFIC INSURANCE PL 78 SHENTON WAY #07-16 AIG BUILDING

SINGAPORE 079120

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd. AUTHORISED REPRESENTATIVE

SSCNEY