NATIONAL Assessment Centre Se	rvices. [wet 1 Jan'05] M	NA 119 017 18.		
Date In: 24/1/19/15/15	b description	Date & Time Completed	Done by	8
	AS e-filing			
	-mail (within Shrs, AIC 2hrs)			
	Motor Claim Form		MODE SOURCE STATES	
OD : FP)' Reporting Only	-Motor W/O (Within: OD 2hr -Photo Uploaded	s, TP 4brs)		
A	ssessment/Survey Report			
TP Insurer:	ss't Report by Fax / Hand	to Owner/Wksp		-
Preferred Wksp / INC Assign Wksp / QW: (Tel: Fax		
TP Particulars: Veh No: 27 27840	N INC()/Non-INC().	-50000000000000000000000000000000000000	
Owner / Driver: (4	Tcl:)	
Policy No: () Period: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	25 - 3884
	Est Status (WO): N: 0-2	0%; P: 21-79%. P: 80-100	%]	A PERSONAL PROPERTY OF THE PERSONAL PROPERTY O
	nty: YES ()/NO ()		- EDX
Excess: (\$) Loading: \$1,000 (100000 1001010000
General Remarks:-	90 S. C.	A STATE OF THE STA		1
Control of the Contro	Committee Confidential & Co	High NO refer of repairer		-
() Walk-In Customer : Customer's information	named in the contract of the c	trictly NO 1ster of repairer.		
() Total Loss Case : to e-mail Insurer UR				1
Drive-In ()/ Towed-In (); Invoice: YE	S()/NO();	Towing Co: (
Remarks: (INC hotline: 6788 6616)		Date& Time Completed	Done by	15
1) Apply for Transport Allowance ()/Courte		* * ·	AND THE PARTY OF T	
2) QC Check / Post Repair Inspection	()			
3) Upload Resurvey Photo [Repair Cost > \$3000]	()			
200 A				
Injury:			State State State	N. 80.
Date/Time Actions	1 (2) (2) (2) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	Approximation Control and Con-	Secolos:	<u>.</u>
		In the second se		-
Day Say	Invoice Pro	paration Checklist	GENERAL SERVICE	Ami (1) Add Bill
11F00 PI AH	1) AR : Acciden	MARKET TO STANK THE PROPERTY OF THE PARTY OF	перш	rogi Dill
laimant's Particulars :-	2) DA : Damage	: Assessment (\$100); INC (\$80)		
river/Owner:	3) TF : Towing 4) FT : Follow-1			
	5) FT : Follow-1	Through Survey (Resurvey) 5:		
ontact No:	For claiming 6) TR: Re-inspe	against INC Only (wef 10 Jan 2005)	/5	Zapanoma.
nmaged Portion:	7) N1 : Idac DA	+ SMRT Survey 516		
1	8) NTUC Addit	ional Services:-	+	
C Checked by (Engr-In-Charge):	•N5: Courtes) Car / Thrimon pure	35	
	•N6: Repair (Co-ordination 5	AND DESCRIPTION OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUM	
uditors' Comments :-	*N7: Fost Re		13	
	TP(NII): T	P (Non INC) against INC S:	20 .	
1	9) N12: Ideo Mo	obile Fee Charged	30	他在 了是
1. 2/3:	Invoice dated	Fee Charged	SECTION .	

Figure at 1 and

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.
- 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

	ACCIDENT STATEMENT	
Date Of Report	24/01/2019 15:59	
Date Of Accident	22/01/2019 13:50	
Exact Location Of Accident	551 BALESTIER RD	
Country/State of Loss	SINGAPORE	
AND THE PROPERTY OF THE PROPER	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GBH5213D	
Insured/Policyholder		
Name Of Registered Owner	FIDENS ENGINEERING PTE LTD	
Co Reg No	199203566N	
Email Address	NOEMAIL	
Mobile Phone No		
Alternative Phone No	OFFICE-67412906	
Vehicle Particulars		
Manufacturer	NISSAN	
Model	NV200 1.5 MT	
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	COMMERCIAL VEHICLE	
Insurance Company		
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.	
Type Of Coverage	COMPREHENSIVE	

NO Fleet Policy

1800073550 Policy Number

Cover Note Number

Driver

Name of Driver CHOO KIAN BENG (ZHU JIANMING)

S7800883J NRIC No 01/02/1978 Date Of Birth OUTDOOR Occupation 11/03/2003 Date Of Driving Pass

15 YEARS AND 10 MONTHS **Driving Experience**

Gender MALE

Mobile Number (LOCAL) +65-93392328

Fax Number

OFFICE-93392328 Contact Number

NOEMAIL **EMail Address**

BLK 632 YISHUN STREET 61 Address

#03-04 760632

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 SIDE SWIPE

CLEAR Weather Conditions DRY Road Surface

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)

NO soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

NO

1

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

NO

If Yes, against whom?

Circumstances of Accident

REFER TO STATEMENT.

Attachment(s)

YES Are accident photos available for attachment? NO Was there any video captured by Car Camera?

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

SLJ2784M Vehicle Registration Number HONDA VEZEL Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR Vehicle Category Name of Driver ANG GUO JUN S8527963G

NRIC/Passport Number

Contact Number

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.
- 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.

OF STORY OF

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.:

KEICHFLAN		
-		
	PARKING LOTS REVERY	
2 15/21/2011/09	PARKING LOTS	
Terretta Milan	/ / / Reverse	
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and meaning is	PARKING LOTS	
ESCRIBE CIRCUM	ANCES OF THE ACCIDENT	
1 1100 0 11		
I was leve	Sing out from my parking lot and i check the mirror a	0
blindspot th	e was no car behind then suddenly i got an impact	
from my rig	+ rear. I stop and alighted from my car and saw	
Valicle R	Iso revening and allided onto my relicle. Buth par	1.
Valides are	slightly damaged.	ILE
verices are	signing damages.	
		_
		_

DECLARATION

I/We declare the 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 Name:

NRIC/FIN No.:

Date of Accident	: 32/01/19 Accident Time: 1348 (24-HR-Format)	
Accident Place	No 551 Balestier Rd	
Vehicle, No. (Car Plate No.)	GBH 5213 D Make/Model: Nissan	
Insurace Company	AIG Policy No: 18000 73550	
Owner or Company Name /IC No.	: Fidens Engineering Pte Ltd (199203566N)	
Owner or Company Contact No.	67412906 Owner's Hp 67412906 Company Tel	
DRIVER'S Name / IC No.	: Choo kian Beng	
DRIVER'S Date Of Birth	: 01/02/1978 DRIVER'S License Pass Date 11/03/2003	
Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling \ Employee\ Others:	
DRIVER'S Address	: BIK 632 Yichun 8+ 61 #03-04 (s) 760632	
DRIVER'S Contact No./ Alt No.	:1) 9339 2328 2)	
DRIVER'S Occupation	: INDOOR OUTDOOR (e.g. working inside or outside office)	
Email Address	: Sales Oma. com. cg	
Weather & Road Surface	: CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET	
Reporting Type	Legering only Claim Other Party Claim Own Insurance	
Number of Passengers (Including D	Oriver): 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 purpose	
Other 1	Party Driver's Particular (if any)	
Vehicle. No: SLJ J1841	Vehicle. No:	
Vehicle Make Model: HOKPA	nicle Make Model: HOKPA VEZEL Vehicle Make Model:	
Name Driver: ANG Guo Jun	Name Driver:	
C No. Driver/Contact: \$85,34963.64 IC No. Driver/Contact:		

^{*} NEW - Passenger's name & gender:



REPUBLIC OF SINGAPORE IDENTITY CARD NO. S7800883J





CHOO KIAN BENG

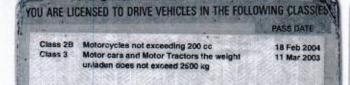
(ZHU JIANMING) 朱建明

CHINESE Date of birth

01-02-1978

Country of birth SINGAPORE 97800883J

4244225



S7800883J

S/No. 9000010808

APT BLK 632 YISHUN STREET 61 #03-04 SINGAPORE 760632 NRIC No: \$7800RR3 | Date: 19/

05-07-2008

MRIC No. S7800883J

19/05/2015

NP 428A



CERTIFICATE OF INSURANCE

NISSAN COMMERCIAL AUTO PROTECTOR COMMERCIAL VEHICLE

Name of Policyholder
Period of Insurance
Engine No.
Chassis No.
: Fidens Engineering Pte Ltd
: 26 Jun 2018 To 25 Jun 2019
: K9KE628D437958
: VSKYBAM20Z0158059 Name of Policyholder

Policy No.

: GBH5213D : 1800073550

Endorsement No. Issued Date

: 09 Jul 2018

ABOUT THE COVER

NISSAN NV 200

Engine Capacity/Tonnage : 0.6 Tonnage

Sum Insured : Market Value First Year of Registration 2018
Off Peak Car : No Insuring with COE/PARF : Yes

Driver Restriction : NA

Person or Classes of Persons Entitled to Drive*:

You have to pay an adolessed sum of \$3,000 on "Young and/or mesperienced Dever Excess" ("YOR") it you are or You Author 2 years change experience.

Age Condition : All Age Condition

Initiation as to use.

In correction with the Policyhologic business
is not the corriage of patternger jober than for hew or reward) in correctice with the Policyhologic business.

By Use for nocal, commistic or plasmaring purposes. The Policy does not cover a) use for her or reward, enviring button, deving test, racing, pace-making, reliability that or drawing a traker except the having of anyone disabled using a mechanically propelled vehicle of use for any purpose in correction with Motor Tracks.

Loss Of Use (7 Days) Commercial Auto

* Limitations rendered Properative by Section 6 of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 189) and Section 95 of the Road Transport Act, 1967 (Motorway, em not to be included smooth from these treatings.

EXCESS

Section 1 Fire - \$0 Own Damage - \$800 Theft - \$0 Flood Cover - \$0

Section 2 Property Damage - 50

Windscreen: \$100

Named Driver and Excess (where application)

APPROVED REPORTING CENTRES/AUTHORISED REPAIRERS (FOR CLAIMS RELATED REPAIR

Priori Chong Motor Sales Add 913 St Timan Road Singapove 579623 54694091 64694093 64694093 2.TU Auto-Cleve Add No. 1. Salet Lisk Yang Road Singapove 579699 62622212 3.Tun Chong Motor Sales Add 17 Liot 8 Tox Paych Singapove 119204 63670723 63670764 4.Auto-Liot Nobel Add 19 Libr Road Singapove 200623 64600966 6.TO Auto-Cleve Add 25 Lieng Kae Road Singapove 159097 67028511 97038512 67038513

Fol other: Approved Reporting Continua AuG Authorised Reperent, yearse contact the 24-ho or AIG 5G Mobile App. Tempts search and download "AIG 5G" from IT unes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: NA

Whe hereby centry that the policy to estach the Centificans of insudence policies as source or accordance will the pro-tine Roses Transport A-1 Healt (Malaysia) and Nester Varionies (Their Barly Rights) Rules, 1953 (Malaysia)

TAN CHONG CREDIT PTELTD-STE STI BURIT TIMAN HOAD TAN CHONG MOTOR CENTRE SINGAPORE SEPREZ ANSP-MOTOR ten by AJG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

7.5 Shardon Way 202 16 AKS budding 50/5120 [T +65 6419 3001 | F +55 6415 3725] was 46 or