NATIONAL Assessment Ce	ntre Services	[we! 1 Jan'05] M	1 MP20 6114		
Date In: 4/3/19 - 14.4	Jeb description	1	Date &Time Completed	Done	; by
Res No: 44/14/19003949/24	SAS e-filing				
Veh No: 60730	E-mail (within	Shrs, AIC 2hrs)			140
D.O.A : 1/3/19-12130	i-Motor Cla	im Form	100- prwco1 m	4/2/19/19	1:17-
	i-Motor W/0) (Within: OD 2h	s, TP 4hrs)		100 - 000 -
OD TP Peporting Only	i-Photo Uplo	paded			
TD	Assessment/S	urvey Report		UU-05601K 25560X	
TP Insurer:	Ass't Report l	by Fax / Hand	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW:	: (***************************************	Tel: F	ax:)
TP Particulars: Veh No:	6V 1474 IC.	INC ()/Non-INC()	9	
Owner / Driver: (Tel:)	
Policy No: ()	Period: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%) [Note-Est. Status (WO): N: 0-2	0%; P: 21-79%. F: 80-1	100%]	III
Year of Registration: () Warranty: YES ()/NO()		
Excess: (\$) Loading:	\$1,000 ()/\$2,000)()			
General Remarks;-			The state of the s	3000	
() Walk-In Customer: Customer's	information strictly Co	THE R. LEWIS CO., LANSING, MICH.	manning on a second		
() Total Loss Case : to e-mail Ir				6.0	
Drive-In ()/Towed-In (); Inv		NO();T	owing Co: (1
		10(),1	owing co. (
Remarks:- (INC horline: 6788 661	6)		Date&Time Completed	Done	by
1) Apply for Transport Allowance ()			
2) QC Check / Post Repair Inspection	()			
3) Upload Resurvey Photo [Repair Cost	> \$3000] ()			
		decide vicinille			
Injury:					
Date/Time Actions	- 100 - 100 miles				ATT THE PLANT
				**	84
					TO VERSELVE

NA 1901 66 1		Invoice Pre	paration Checklist	Anit (\$)	Amt (\$) Add Bill
laimant's Particulars :-		1) AR : Acciden		Tie Bill	Acq bill
			Assessment (\$100); INC (\$5	30)	
river/Owner:		3) TF : Towing I 4) FT : Follow-T		\$120	
ontact No:		5) FT : Follow-T	hrough Survey (Resurvey)	\$30	
		6) TR : Re-inspe	gainst INC Only (wof 10 Jan 2005 ction	\$75	
amaged Portion:		7) N1 : Idao DA	+ SMRT Survey	\$160	
		8) NTUC Additi	onal Services:-		-
C Checked by (Engr-In-Charge):		*NS: Courtes)	Car / Tpt Allowance	\$5	
TO VATE SHEET COMMERCIAL A CONTRACTOR OF THE AREA		*N6; Repair C		\$10 \$25	
uditors! Comments :-		*N8: DV / Co	lect Excess Coordination	53	
1.1:		TP (N11): TF 9) N12: Idac Mo	(Non INC) against INC	30	·
1. 2 / 3;		Invoice dated	Pee Charged		arter June
		Invoice dated	Fee Charged	SE OX	

Figure 1 to 1

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Contact Number

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.

- 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	04/03/2019 14:45
Date Of Accident	01/03/2019 10:30
Exact Location Of Accident	SHUN LI INDUSTRIAL PARK
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBD73U
Insured/Policyholder	
Name Of Registered Owner	AESTHETICS MARKETING ASIA PTE LTD
Co Reg No	200001522N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-67479808
Vehicle Particulars	
Manufacturer	тоуота
Model	TOYOTA HIACE VAN TURBO 5 DR MANUAL
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5071091225-03
Cover Note Number	
Driver	
Name of Driver	DAVE CHEW HO KHOON (ZHOU HEQUN)
NRIC No	S7128612F
Date Of Birth	25/08/1971
Occupation	OUTDOOR
Date Of Driving Pass	30/06/2004
Driving Experience	14 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81981948
Fax Number	

OFFICE-81981948

NOEMAIL

Address

BLK 52 SIMS PLACE

#08-146

Postcode

380052

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 - MAJOR/MINOR RD

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?

Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

YES 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

REFER TO 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

GV1474K

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

XU JUNWEI

NRIC/Passport Number

G5376456N

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

2

Passenger 1

NAME:

GENDER: :

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.

Aesthetics Marketing Asia Pte Ltd

61 Kaki Bukit Avenue I #04-01/02 Shun Li Industrial Park Singapore 417943

Tel: 6747 9808 Fax: 6741 9307 Policyholder's Signature

Date & Time:

Driver's Signature

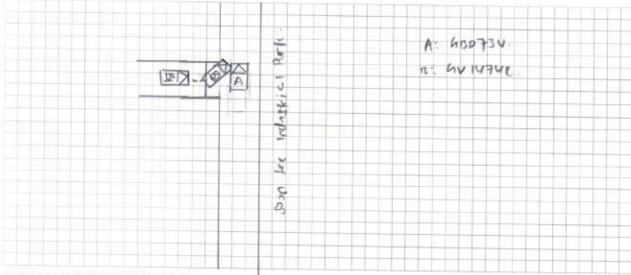
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Hutement.	
TARATION	

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

Aesthetics Marketing Article

#04-01/02 Shun Li Industrial Parks
Singapore 417943

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 .:

ON STATED DATE AND TIME, I WAS TRAVELLING ALONG THE STATED VENUE. SUDDENLY VEHICLE B COMING OUT FROM MINOR ROAD FAIL TO STOP AT THE STOPPING LINE AND HIT ONTO MY VEHICLE FRONT LEFT PORTION.

ACCIDENT STATEMENT

ACCIDENT DATE:	03/2019 (DD/MM/YYYY), TIME: (10:28)(HH:MM)
	akit Ave 3, Soon Lee ladustrial Park
b)INSURANCE C c)POLICY NUMB	CLE BER: GBD 73U OMPANY: NTUC ER: 5 07 109 1WT - 07. COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT)
f)TYPE:(SALOON g)VEHICLE CATE h)PURPOSE OF U i) ARE YOU CLAIM IF NO, PLEASE ST	COUPE / MPV (VAN / LORRY / MOTORCYCLE / OTHERS) GORY: (PRIVATE / COMMERCIAD / MOTORCYCLE) SING AT ACCIDENT TIME: WORLD (YES NO) TATE (THIRD PARTY CLAIM / REPORTING ONLY)
A) NAME: A LST	OHO MACHING AND PHE Hd. (MALE/FEMALE) PORT: 2000 DISTYLL CONTACT: 17479808.
(Including driver) DRIVER (Including driver) DINRIC/FIN/PASSF	Chew to those (2604) Hegen (MALE/FEMALE) PORT: 57/1861×F. CONTACT: 6198/948. 32 Jan 1960 9 08-146 (380 052).
6)OCCUPATION: (f)YEARS OF DRIVIN 4. WAS DRIVER AN	(15 / 8 / 1971) (DD/MM/YYYY) INDOOR / OUTDOOR) G EXPRERIENCE: 15 yrs EMPLOYEE OF THE INSURED'S COMPANY? (TES / NO)
5. a) WEATHER CONE	ORY WET / OTHERS
8. THIRD PARTY VEHICLE NUMBER OF PASSENGER O) VEHICLE NUMBER OF PASSENGER OF THE PASSENGER	TE WHICH POLICE STATION:
melading driver) of DRIVERS NAM	PORT: G-5316456N CONTACT
No of passenger d) VEHICLE NUMB	ER:MODEL:
	S. CONTACT.

email = davechew@outlook.sg

VIDEO = X.

REPUBLIC OF SINGAPORE





DAVE CHEW HO KHOON (ZHOU HEQUN)

周和群

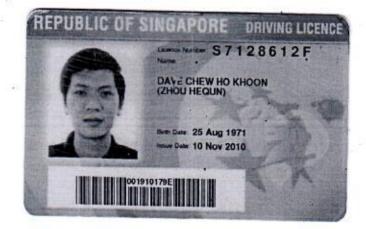
CHINESE

Date of Birth

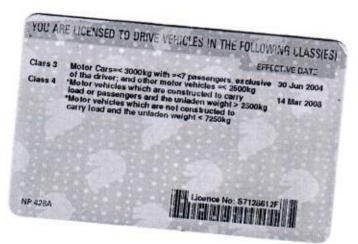
25-08-1971 M

SINGAPORE

18732B612F







eBao Tech					t de la			WEST STATE		Gener	alClaim
Hello, NAC_PAYA_UBI_80	00601			THE PARTY OF THE PARTY.	THE SHARK		· Change L	anguage	• Chan	ge Password	› Log Out
My Desktop	Policy	Query								To held fire	
Notice of Loss	Policy No Vehicle N	o.(For Motor)	GBD73	N)			of Accident	[9	01/03/2019	10:30	· · · · ·
			harriantson		- 1	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	O 50	071091225- 03		AESTHETICS MARKETING ASIA PTE LTD	200001522N	GCV	Comprehensive	GBD73U	2500000	15/04/2018	14/04/2019
						Continue	1				

Policy No.	5071091225-03	Policyholder	AESTHETI	CS MARKETING ASIA	Policyholder	200001522N		
Certificate No.		Name		oo i mine i mo Ada	NRIC	200001522N		
Address	C1 MARK DURING A SERVICE A SERVICE							
	61 KAKI BUKIT AVENUE 1 #04-0	01/02 SHUN	I INDUSTRI	AL PARK SINGAPORE	417943			
Product Name	COMMERCIAL VEHICLE INSURAI	Plan			Group Policy Flag	N		
Policy issue Date	12/04/2018	Effective Date	15/04/201	8 00:00	Expiry Date	14/04/2019 23	1:59	
Excess Type		All Claims Excess						
Third		Own						
Party Excess	0	damage Excess	600		Windscreen Excess	100		
Additional Excess		OS Premium	0					
Outside Singapore OD Excess		Outside Singapore TP Excess				Young/	Inexperience Driver Excess	
Agent	MEDNEFITS PTE. LTD.	Agent Tel.	62547889		GST Flag	Y		
Co- insurance Flag	No							
Open Policy Info								
Certificate Info								
Policyh	older Mailing Address							
Address 1	61 KAKI BUKIT AVENUE 1	Addre	ess 2	#04-01/02 SHUN LI	INDUSTRIA	Address 3	SINGAPORE 417943	
Address 4		Addre	ess Type	Singapore address		Post Code	417943	
Unit No.		Relat Numb	ed Policy er	5071091225-03			TOWN TOWN	
▶ Insured	1 Object: GBD73U							
♥ Endors	ements							
	Sequence Date of Endorsement		Endorsement Type Endorseme			nt Status Endorsement Content		

laim Handling					
Slicy No.	5071091225-03	Vehicle No.	GRD73U	GST Registration No.	
rtificate No.					
icyholder Name	AESTHETICS MARKETING ASIA PTE LTD			Policyhalder NRIC	200001522N
duct Code	COMMERCIAL VEHICLE INSURAI	Cover Type	Comprehensive	Loading	0
ntact No.(Mobile)	0	Contact No.(Office)	67479808	Contact No.(Home)	0
all Address		Special Remark		eCode	4.00
- AND THE PARTY OF	® No ⊜ Yes	TCA	® No ○ Yes	eCode Reason	
D Protection	No	NCD Entitlement(%)	20	Private Hire	No
Accident Details					
ort Date	04/03/2019 14:55	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Major Minor Road
e of Accident	01/03/2019	Time of Accident hh:mm	10:30	Country of Accident	Singapore
orting Centre		Orange Force		ICM No.	
ident Location	SHUN LI INDUSTRIAL PARK				
Excess					
damage Excess	600.00	Additional Excess		Windscreen Excess	100.00
amed Driver Excess		Outside Singapore OD Excess			
d Party Excess	0.00	Outside Singapore TP Excess			
Benefits					
GST Registered Informa	ation				
Registered	No.		GST Registration Date		
Registration No.			GST Status Verified	No	
ification History					
Policyholder Hailing Ad	Idress				
ress 1	51 KAKI BUKIT AVENUE 1	Andress 2	#04-01/02 SHUN LI INDUSTRIA	Address 3	SINGAPORE 417943
fress 4		Address Type	Singepore address	Post Code	417943
t No.		Related Policy Number	5071091225-03	3 400 3000	41/343
OI Driver Info		THE PROPERTY OF THE PARTY OF TH			
er Name	Unnamed Driver	Driver Type	Unnamed Driver		
amed driver Name	DAVE CHEW HO KHOON (ZHOU	Driver NRIC	57128612F	Driver DOB	25/08/1971
ister Date of Driver License	30/06/2004	Driver Age	47	Driving Experience	14
fact No.(Mobile)	81981948	Contact No.(Office)	0	Contact No.(Home)	0
ress 1	BLK 52	Address 2	SIMS PLACE	Address 3	SIMS VISTA
ress 4	SINGAPORE 380052	Address Type:	Singapore address	Post Code	380052
t No.	08-146	CROMMANATIAL		0.410.77700	A. 177.55
es he own a Singapore	○ Yes ® No	Driver Vehicle No.			
stered car?	0,110,111	DIVISI VALUE NO.		Driver Insurer Company	
idration					
sthalyser or Blood Test ding?	0 mg	Any injury?	○ Yes ® No		
ification History					
ALL DESCRIPTION OF THE PARTY OF					
laim 001 New					
n Type *	OD-MX V	3roured Name	AESTHETICS MARKETING ASIA	Insured NRIC	200001522N
tact No.(Mobile)	NIL.	Consact No.(Home)	67479808	Contact No. (Office)	67479307
ii Address	hr@aesthetics.com.sg	Of Vehicle Number	G8D73U	TP Vehicle Number	GV1474K
mant Type Claimant Type *	Please Select V	Type of Benefit *	Please Select		
nant Name *	22	Claimant NRIC *			
nem Address					
n Description	GBD73U / GV1474K ON 1 Mar 2019			Name of Preferred Workshop	
erred Workshop Contact		Insured Liability *	Not at Fault		
ure finalisation	Yes	Preferend Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Registered	04/03/2019 14:57	Claim Close Date	The state of the s	Date Received	04/03/2019 00 00
ort Taken By	Dackson			AND DESCRIPTION OF THE PARTY OF	
Print AK letter					
and some settler					
NAME OF TAXABLE PARTY.			Save Submit		
techment					
dent No.	MT/1034449	Claim No.	100		
Doc. Received		Upload Date	04/03/2019 14:58		
	Path *	A. p. 629 (2.895).		Confidential	etra e
	7,000 2	Browse.	Clear Please Select	Confidential Urgen	
		Browse.		NO V Normal	<u> </u>
		Browse.	Clear Please Select	V Normal	

