

NATIONAL Assessment Centre Services. (ver 1 Jan 2003)

MAY 19 04 8.13

|                           |  |                       |         |
|---------------------------|--|-----------------------|---------|
| Date In: 15/04/2019 15:00 | Job description                          | Date & Time Completed | Done by |
| Ref No: NBA/01919006656/4 | SAS e-ling                               |                       |         |
| Veh No: G26 TYS 2 Y       | E-mail (w/Johns 8hrs, AIC 2hrs)          |                       |         |
| D.O.A: 13/04/2019 15:30   | I-Motor Claim Form                       |                       |         |
| OID / TP: Reporting Only  | I-Motor W/O (Within: OD 2hrs, TP 4hrs)   |                       |         |
|                           | I-Photo Uploaded                         |                       |         |
| TP Insurer:               | Assessment/Survey Report                 |                       |         |
|                           | Ass't Report by Fax / Hand to Owner/Whsp |                       |         |

|  |  |                 |
|--|--|-----------------|
| Preferred Wkep / INC Assign Wkep / QW: ( ) | Tel: ( )   | Fax: ( )        |
| TP Particulars: Yeh No: SMH 299            | INC ( ) / Non-INC ( )                                    |                 |
| Owner / Driver: ( )                        | Tel: ( )   |                 |
| Policy No: ( )                             | Period: ( )  | Cover Type: ( ) |
| Confirmed by: ( )                          | Date: ( )  | Time: ( )       |
| Insured/Driver Liability: ( ) %            | [Note-Est. Status (WO): N: 0-20%; P: 21-79%, F: 80-100%] |                 |
| Year of Registration: ( )                  | Warranty: YES ( ) / NO ( )                               |                 |
| Excess: (\$ )                              | Loading: \$1,000 ( ) / \$2,000 ( )                       |                 |

( ) Walk-In Customer: Customer's Information strictly Confidential & Strictly NO refer of repair.  
 ( ) Total Loss Case: to e-mail Insurer URGENTLY.  
 Drive-In ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co: ( )

- 1) Apply for Transport Allowance ( ) / Courtesy Car ( )
- 2) QC Check / Post Repair Inspection ( )
- 3) Upload Resurvey Photo [Repair Cost > \$9000] ( )

Injury: \_\_\_\_\_  
 Date: \_\_\_\_\_

|                                 |  |             |
|---------------------------------|--|-------------|
| Driver/Owner:                   | 1) AR: Accident Reporting (\$30)             |             |
| Contact No:                     | 2) DA: Damage Assessment (\$100) INC (\$50)  |             |
| Damaged Portion:                | 3) TP: Towing Fee \$40-543                   |             |
| QC Checked by (Engr-In-Charge): | 4) FT: Follow-Through Survey \$120           |             |
|                                 | 5) PT: Follow-Through Survey (Resurvey) \$30 |             |
|                                 | *No: Repair Coordination (ver 10 Jan 2003)   |             |
|                                 | 6) TR: Re-inspection \$75                    |             |
|                                 | 7) NI: Idao DA + SMRT Survey \$160           |             |
|                                 | 8) NTUC Additional Services:                 |             |
|                                 | ON:  |             |
|                                 | *No: Courtesy Car / TP Allowance \$1         |             |
|                                 | *No: Repair Coordination 2808929 \$10        |             |
|                                 | *No: Post Repair Inspection \$20             |             |
|                                 | *No: DV / Collect Excess Coordination \$5    |             |
|                                 | TP (NI) / TP (Non-INC) \$25                  |             |
|                                 | 2) NI: Idao Mobile \$0                       |             |
|                                 | Invoice dated                                | Fee Charged |
|                                 | Invoice dated                                | Fee Charged |

## 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 withholding 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 aforesaid.

### ACCIDENT STATEMENT

|                            |                                |
|----------------------------|--------------------------------|
| Date Of Report             | 15/04/2019 15:01               |
| Date Of Accident           | 13/04/2019 15:30               |
| Exact Location Of Accident | WATERWAY POINT AT PUNGGOL WALK |
| Country/State of Loss      | SINGAPORE                      |

### DETAILS OF OWN VEHICLE

|                             |                                   |
|-----------------------------|-----------------------------------|
| Vehicle Registration Number | GBG7452Y                          |
| <b>Insured/Policyholder</b> |                                   |
| Name Of Registered Owner    | NATURE'S GLORY TECHNOLOGY PTE LTD |
| Co Reg No                   | 200923275H                        |
| Email Address               | CHRISLIM@NATURES-GLORY.COM        |
| Mobile Phone No             | (LOCAL) +65-90400873              |
| Alternative Phone No        | OFFICE-91231186                   |

### Vehicle Particulars

|  |                    |
|--|--------------------|
| Manufacturer   | TOYOTA             |
| Model  | DYNA-3.0 D (M)     |
| Exact Purpose for which vehicle was being used at time of accident           | WORKING PURPOSES   |
| 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             | 1800115184                           |
| Cover Note Number         |                                      |

### Driver

|                      |                            |
|----------------------|----------------------------|
| Name of Driver       | KWEK HUANG KOON            |
| NRIC No              | S1147374A                  |
| Date Of Birth        | 07/10/1955                 |
| Occupation           | OUTDOOR                    |
| Date Of Driving Pass | 28/06/1979                 |
| Driving Experience   | 39 YEARS AND 9 MONTHS      |
| Gender               | MALE                       |
| Mobile Number        | (LOCAL) +65-90400873       |
| Fax Number           |                            |
| Contact Number       | OTHERS-91231186            |
| EMail Address        | CHRISLIM@NATURES-GLORY.COM |

|   |                                      |
|---|--------------------------------------|
| Address   | BLK 231 PASIR RIS DRIVE 4<br>#07-456 |
| Postcode  | 1851                                 |
| 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?  | NO  |
| Was any other material or property damaged?   | YES |
| I have been approached by unknown person(s) soliciting/offering accident claims assistance. | 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

PLEASE REFER TO SKETCH PLAN

#### 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         | SMH299J        |
| Vehicle Make/Model/Colour           | MINI COOPER    |
| Details Of Properties               |                |
| Vehicle Category                    | PRIVATE CAR    |
| Name of Driver                      | ZHANG ZHISHENG |
| NRIC/Passport Number                | S8424714F      |
| 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**.
3. 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**.
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. 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.
7. 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:
  - (i) 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:
  - (i) 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.

**Nature's Glory Pte Ltd**

315 Outram Road #01-09  
Tan Boon Liat Building  
Singapore 169074

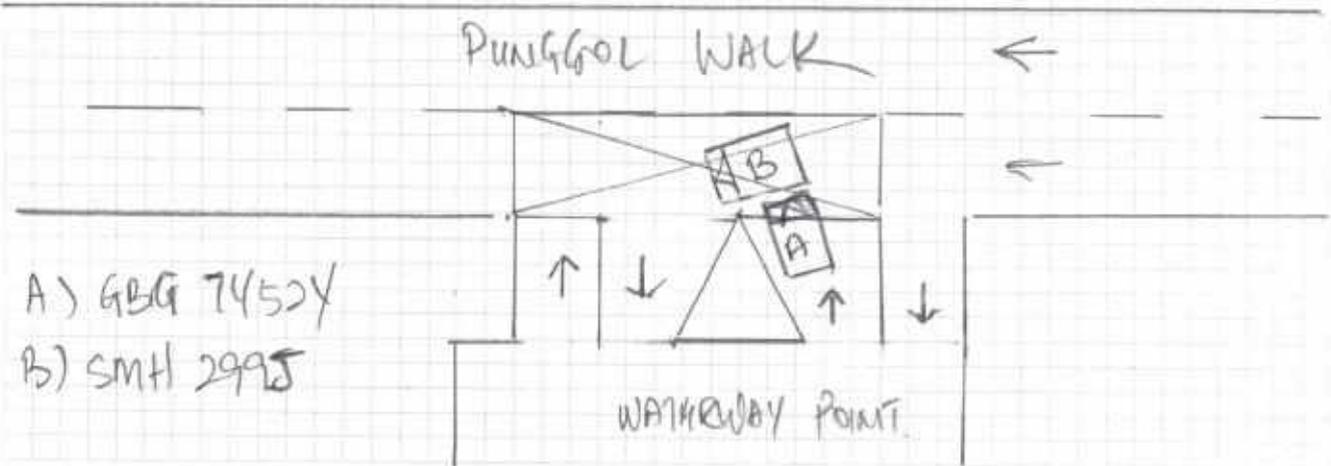
Tel: 65-62271318 Fax: 65-62270868  
[www.natures-glory.com](http://www.natures-glory.com)

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.:

SKETCH PLAN



- A) GBG 7452Y
- B) SMH 299J

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 13/04/2019 AT ABOUT 15:30 HRS I WAS AT WATERWAY POINT AND WANTED TO EXIT FROM THE SHOPPING CENTRE. AFTER LOOKING AT THE RIGHT SIDE NO VEHICLE SO I WENT OUT. SUDDENLY A CAR SMH 299J APPEARED IN FRONT OF ME I PAM BRAKE BUT MY WIFE GBG 7452Y FROM WHICH MIRROR HIT THE LEFT REAR OF THE SAID CAR.

DECLARATION

I/We declare the contents of this report to be true in every respect.

**Nature's Glory Pte Ltd**  
 315 Outram Road #01-09  
 Tan Boon Liat Building  
 Singapore 169074

Policyholder's Signature: \_\_\_\_\_  
 Date & Time: \_\_\_\_\_  
 www.natures-glory.com  
 Tel: 65-62271000 Fax: 65-62270866  
 (If driver is not the policyholder)  
 Date & Time: \_\_\_\_\_

Reporting Centre Personnel's Signature: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 NRIC/FIN No.: \_\_\_\_\_

15/04/2019  
 Rosd. V. V. V.

# ACCIDENT STATEMENT

ACCIDENT DATE: 13/04/19 (DD/MM/YYYY). TIME: 15:30 (HH:MM)

LOCATION: PUNGGOR WALK (WATER POINT)

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GB6 7452Y  
b) INSURANCE COMPANY: AIG  
c) POLICY NUMBER: # 180015184  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: TOYOTA DYNA  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: WORKING  
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)  
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

## 2. INSURED / POLICY HOLDER

- a) NAME: NATURE'S GLORY PTE LTD (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: 20092215H CONTACT: 62271813  
c) ADDRESS: 315 OUTRAM RD #01-07 90400873

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

### DRIVER

- d) NAME: KUIEK HUANG KOON (MALE / FEMALE)  
e) NRIC/FIN/PASSPORT: 1147374A CONTACT: 91231186  
f) ADDRESS: BLK 281 PASIR RIS DR 4 #07-456

\*d) DATE OF BIRTH: 07/10/1985 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 29/1/1999

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: DIVORCED

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES/NO)

7. a) REPORTED TO POLICE (YES/NO)

IF YES, PLEASE STATE WHICH POLICE STATION:

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SMH 299T MODEL: MITSUBISHI OUTLANDER  
b) DRIVER'S NAME: ZHANG ZHISHENG  
c) NRIC/FIN/PASSPORT: 88424714F CONTACT:

## 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: SMH 299T MODEL: MITSUBISHI OUTLANDER  
e) DRIVER'S NAME: ZHANG ZHISHENG  
f) NRIC/FIN/PASSPORT: 88424714F CONTACT:

\* No of passenger  
(including driver)  
(1)

\* No of passenger  
(including driver)  
( )

\* No of passenger  
(including driver)  
( )

email = CHRISLIM@NATURES-GLORY.COM

VIDEO



## COMMERCIAL AUTOPLAN COMMERCIAL VEHICLE

**Name of Policyholder** : Nature's Glory Technology Pte. Ltd  
**Period of Insurance** : 24 Oct 2018 To 23 Oct 2019  
**Engine No.** : 1KD2741606  
**Chassis No.** : KDY2318030844

**Vehicle No.** : GBG7452Y  
**Policy No.** : 1800115184  
**Endorsement No.** : 000000000235538  
**Issued Date** : 23 Oct 2018

### ABOUT THE COVER

**Make/Model** : TOYOTA DYNA 3.0 M  
**Engine Capacity/Tonnage** : 1.9 Tonnage  
**Driver Restriction** : NA  
**Person or Classes of Persons Entitled to Drive\*** :

**Sum Insured** : Market Value  
**Off Peak Car** : No

**First Year of Registration** : 2017  
**Insuring with COE/PARF** : Yes

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" ("VIDR") 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.  
 2) 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. 169) 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 can be carried out at the repairer of Your choice (unless specifically excluded by Us).  
 For Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6338 6200. Alternatively, you may refer to AIG website [www.aig.com.sg](http://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**: NA

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. 169), Part IV of the Road Transport Act, 1987 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0693239000

TANG KWOK HSIUNG VICTOR  
 371 ALEXANDRA ROAD #11-19 AIA ALEXANDRA  
 SINGAPORE 159963 SP-VICTORLIM

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

**AIG Asia Pacific Insurance Pte. Ltd.**  
 AUTHORISED REPRESENTATIVE

89C916



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE  
 6 Raffles Quay #18-00 Singapore 048580  
 Tel (65) 6224 0010 Fax (65) 6224 0030  
 Operating Hours: Monday to Friday, 09:00 - 17:00  
 UEN: S665500200 / GST Reg. No: M400017735

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

**ADDENDUM**

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No : MIA49048873 Vehicle Registration No: GRG 7452Y  
 Name (as shown in NRIC) : KWAK HUANG KOON NRIC/FIN/Passport No : S1147374A  
 ( Vehicle Driver /  Vehicle Owner) (\* Please delete as appropriate)  
 Address : \_\_\_\_\_ Singapore ( )  
 Contact (Tel) : \_\_\_\_\_ Mobile No. : 91231186  
 Email Address : \_\_\_\_\_  
 Date of Accident : 13/08/2019 Time of Accident : 15:30  
 Place of Accident : L'Amoury Court - At Puchong Work  
 Insurance Company : AIK

**(B) ADDITIONAL INFORMATION / AMENDMENTS:**

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

T/P Vehicle number to SMH 2995

Policyholder / Driver's Signature  
 Date:

[Signature] 15/08/2019  
 Reporting Centre Personnel's Signature  
 Name: [Signature]  
 NRIC/FIN No:  
 Date: