NATIONAL Assessment C	entre Services :	and Flanksei 🗡	9NA 41405941	63				
Date in: 6 (05)00 1); 9	Job description		Date & Tune Completed	Done b) <u>)</u>			
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OD TP Reporting Only	i-Photo Uploa			1	S 050			
	Assessment/Sur	rvey Report			The Contract of			
TP Insurer:		Ass't Report by Fax / Hand to Owner/Wksp						
Preferred Wksp / INC Assign Wksp / QV	V: (Tel:	Fax:)			
TP Particulars: Veh No:	SUP 4960B	INC()/Non-INC()					
Owner / Driver: (Tel:)				
Policy No: ()	Period: ()	Cover Type: ()				
Confirmed by : (Date:	Timer)				
Insured/Driver Liability: (%) [Note-Est Status (W	O): N: 0-2	0%; P: 21-79%. F: 80	-100%]				
Year of Registration: () Warranty: YES ()/NO()					
Excess: (\$) Londing	:\$1,000()/\$2,000(()						
General Remarks:-				in a distance				
() Walk-In Customer : Customer	's information strictly Con	ifidential & St	rictly NO refer of repaire	r				
() Total Loss Case : to e-mail	Insurer URGENTLY.							
Drive-In ()/ Towed-In (); l	uvoice: YES () / N	O();T	owing Co. ()			
Remarks:- (INC horline: 6788 60	6161	And Artes	Date&Time Completed	Done	ly .			
1) Apply for Transport Allowance () / Courtesy Car ()						
2) QC Check / Post Repair Inspection				1				
3) Upload Resurvey Photo [Repair Co	st > \$3000] ()		1				
Injury:								
				7 14 W.S.				
Date/Time Actions			y desirable are	572 - 41 - 1 - 2 - 1				
NIPIONO DOL		THE PROPERTY	mentacyty of the Product	Anit (\$)	Ami (\$)			
NA1903286		Invoice Pre	paration Checklist	in Bill	Add Bill			
Claimant's Particulars :-		1) AR : Asciden		(580)				
Driver/Owner:	AND THE RESERVE OF THE PARTY OF	3) TF : Towing	Fee	\$40/\$45				
Contact No:		4) FT : Fellow-1	Through Survey (Remirvey)	5120				
		6) TR : Re-inspe	ngainst INC Only (wof 10 Jan 2	005) 575				
Damaged Portion:		7) N1 : Idau DA	+ SMRT Survey	\$160				
OC Cheeked by Community Co.		8) NTUC Addit	ional Services:					
QC Checked by (Engr-In-Charge):		*N3: Courtes	y Car / Tpt Allowance	55				
A Miss of the second second second		*N6; Repair (Co-ordination pair Inspection	\$10 \$25				
Auditors' Comments :-		*N8: DV / Co	Illect Excess Coordination	\$5				
[at_1:		9) N12 Idna N	P (Non INC) ogninst INC	30				
nt 2/3		Invoice dated	Fee Charg	ed	30/07/20			
I \1 ,9		tina datad	Fire Charg	ed Silver				

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Driving Experience

Mobile Number

Fax Number Contact Number

EMail Address

Gender

- 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
- 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	08/05/2019 12:44
Date Of Accident	04/05/2019 11:30
Exact Location Of Accident	ALONG WOODLANDS WAY
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBH7833B
Insured/Policyholder	
Name Of Registered Owner	HONG WEI ELECTRICAL & CONSTRUCTION
Co Reg No	B53110720E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98467320
Alternative Phone No	OFFICE-90689053
Vehicle Particulars	
Manufacturer	NISSAN
Model	NV350
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
f 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
Fleet Policy	NO
Policy Number	1800114392
Cover Note Number	
Oriver Particular State of the Control of the Contr	
Name of Driver	RAMACHANDRAN GANESH PRABU
NRIC No	G8267390W
Date Of Birth	12/03/1982
Occupation	OUTDOOR
Date Of Driving Pass	23/01/2009
	who are a construction of the construction of

10 YEARS AND 3 MONTHS

(LOCAL) +65-98467320

OTHERS-90689053

MALE

NOEMAIL

Address

BLK 1002 TOA PAYOH INDUSTRIAL PARK

#03-1449

Postcode

319074

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

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

NO

ambulance?

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

SLP4960B

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

NTUC INCOME INSURANCE CO-OPERATIVE LTD

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.
- 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.
- 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:

- 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)
 - (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
- 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.

Policyholder's Signature Date & Time:

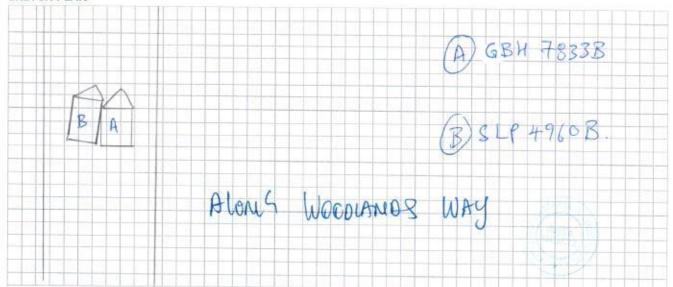
Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

NRIC/FIN No .:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on o	4 may =	2019 a	1130/	4RS 2	WAS 3	RIVING	ALONG	MODIANDA	WAY
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DECLARATION

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

Policyholder's Signature Date & Time: Oriver's Signature (If driver is not the policyholder)

is not the policyholder) Name:

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

Date & Time:

GIARMC SketchPlanForm_V3

SINGAPORE ACCIDENT STATEMENT

THE DATE OF MAIL 22/9	TIME: 1130 HR (hh:mm) 24 hrs Format
CCIDENT DATE: 04 MAY 2019	
OCATION WOODLANDS WAY	
EHICLE NUMBER GBH 4833 B	
SURED NAME HONG WELLELECT	TRICAL X CONSTRUCTION
SURED NAME HONG 1021	CONTACT: 9846 732°
RIC/FIN B53110720E	MODEL
AKE re you claiming under your own insurance	ce policy for repair to your vehicle?
) Yes, If No, Pls Select : (/) Third	rd Party () Reporting Only
Yes, If No, Pis Select: (/) Time	draity ()
ISURANCE COMPANY	NSIVE () THIRD PARTY () TPFT
YPE OF POLICY (/) COMPREHE	NSIVE () THE
OLICY NUMBER :	
	() SAME AS INSURED
IAME DRIVER : RAMACHAN DRAN	GANESH PRABU () SAME AS INSCREE
	CONTACT: 9068 9053
IRIC/FIN 68267390 W	CONTROL
DATE OF BIRTH: 12 MAR 1982	C.
DRIVING PASS DATE: 23 JAN	2007
OCCUPATION: () INDOOR	OUTDOOR FEMALE
GENDER: (/) MALE	() FEMALE () NO EMAIL
EMAIL ADDRESS:	
ADDRESS OF DRIVER: BLK 1002	2, #03-1449, TOAPAYOH INDUSTRIAL PARK
5(319074	
Was driver an employee of the Insured's	Company? () YES () NO th The Insured
Was driver an employee of the Insured's If No, Relationship Of The Driver Wit Owner () Spouse () Frien	Company? (//) YES () NO th The Insured nd () Relative () Children () Sibling () Others
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S PASS

Employment of Foreign Manpower Act (Chapter 91A) Republic of Singapore

Exeliger
HONG WEI ELECTRICAL & CONSTRUCTION





H.1009 RAMACHANDRAN GANESH PRABU

5 Pats No. 0 34310092

CONSTRUCTION





K0633817

VISIT PASS Immigration Regulations

RAMACHANDRAN GANESH PRABU



G8267390W

INDIAN MULTIPLE JOURNEY VISA ISSUED







YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 4

Motor cars with unladen weight =< 3000kg with =< 7 23 Jan 2009 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg Motor vehicles which are constructed to carry load of passengers and the unladen weight > 2500kg Motor vehicles which are not 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

NP 428A

Licence No:G8267390W



CERTIFICATE OF INSURANCE

NISSAN COMMERCIAL AUTO PROTECTOR COMMERCIAL VEHICLE

Name of Policyholder

: HONG WEI ELECTRICAL & CONSTRUCTION

Period of Insurance

: 25 Sep 2018 To 16 Aug 2019

Engine No. Chassis No. : YD25427458A : JN1MC2E26Z0009190 Vehicle No.

: GBH7833B

Policy No.

: 1800114392 : 000000000265314

Endorsement No. **Issued Date**

: 18 Mar 2019

ABOUT THE COVER

Make/Model

NISSAN NV350 PANEL VAN

Engine Capacity/Tonnage: 1.5 Tonnage

Sum Insured : Market Value

First Year of Registration : 2018

Driver Restriction

Off Peak Car : No

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

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 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 at railer 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 - \$1600 Theft - \$0 Flood Cover - \$0

Section 2

Property Damage - \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

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

1.Tan Chong Motor Sales Add: 913 St Timah Road Singapore 589623 64594091 64664092 64684093

1.1an Chong Molor Sales Add. 913 bt Tilhah Roed Singapore 628099 62622212
2.TC AutoClinic Add: No.1, Sixth Lok Yang Road Singapore 628099 62622212
3.Tan Chong Motor Sales Add: 17 Lor 8 Toa Payoh Singapore 319254 63570753 63570754
4.AutoLution Industrial Add: 19 Ubi Road 4 Singapore 408623 64909665

5.TC AutoClinic Add: 25 Leng Kee Road Singapore 159097 67038511 67038512 67038513

For other Approved Reporting Centres/AlG Authorised Repairers, please contact our 24-hour socident emergency hottine at +65 8338 6200, Alternatively, you may refer to AlG website www.alg.com.sg or AlG SG Mobile App. Simply search and download "AlG SG" from IT unes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: MayBank

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).

0500610356

AJG Asia Pacific

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No.201009404M

TAN CHONG CREDIT PTE LTD-LTP 911 BUKIT TIMAH ROAD TAN CHONG MOTOR CENTRE SINGAPORE 589622 ANSP-MOTOR

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd. AUTHORISED REPRESENTATIVE

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	or regional vernere
Owner ID Type:	Business
Owner ID:	0720E
Vehicle Details	07202
Vehicle No.:	GBH7833B
Vehicle to be Exported:	Yes
Intended Deregistration Date:	07 May 2019
Vehicle Make:	NISSAN
Vehicle Model:	NV350 PANEL VAN 2.5 5MT 5DR
Primary Colour:	Silver
Manufacturing Year:	2017
Engine No.:	YD25427458A
Chassis No.:	JN1MC2E26Z0009190
Maximum Power Output:	-
Open Market Value:	\$25,062.00
Original Registration Date:	25 Sep 2018
First Registration Date:	25 Sep 2018
Transfer Count:	0
Actual ARF Paid:	\$1,254,00
Intended PARF Rebate Details	4 1,204.00
PARF Eligibility:	No
PARF Eligibility Expiry Date:	
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	40.00
COE Expiry Date:	24 Sep 2028
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
QP Paid:	\$27,001.00
COE Rebate Amount:	\$21,600.00
Total Rebate Amount:	\$21,600.00
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