NATIONAL Assessment Centre Services. [wet 1 Jari03] . MNA119099 Done by Date &Time Completed 1315 2 Pm Jeb description SAS c-filling GBA 3056 R E-mail (within Shrs, AIC 2hrs) I-Motor Claim Form DOA 1-Motor W/O (Within: OD 2hts, TP 4brs) (11) . IP (Reporting Only) I-Photo Uploaded Assessment/Survey Report TP Justice: Ass't Report by Fax / Hand to Owner/Wksp Fax: Proformit Wiesp / INC Assign Wiesp / QW: ( Tol: INC ( )/Non-INC ( TP Particulars: Veh No: Owner / Driver: ( Tcl: Cover Type: ( Policy No: ( Period: ( Confirmed by: ( Date: Time: Insured/Driver Liability: ( %) [Note-Est. Status (WO): N: 0-20%; P: 21-79%. Year of Registration: ( Warranty: YES ( )/NO( Excess: (\$ )/\$2,000( Loading: \$1,000 ( Generalization believes the Charles and Control of the Control of ) Walle-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer. ) Total Loss Case : to e-mall Insurer URGENTLY. Drive-In ( )/ Towed-In ( ); Invoice: YES ( ) / NO ( ) ; Towing Co: ( Remarks: 400 (INC hor) iten 6738 6616 (New York) 1) Apply for Transfort Allowance ( ) / Courtesy Car ( 2) QC Check / Post Repair Inspection . )2 Upload Resurvey Photo [Repair Cost > \$3000] Injury: Channets. SHOTINE Madibin MA1905697 1) AR : Accident Reporting (530); Chimanus Particulars is 2) DA ! Damege Assessment (\$100); INC (\$80) \$40/\$45 3) Tl' 1 Towing Pee Driver/Owner: \$120 4) PT : Follow-Through Survey 5) PT : Follow-Through Burvey (Resurvey) \$30 Contact No: Por claiming against INC Only (wof 10 Jan 2005) 6) TR : Re-inspection Damaged Portion: \$160 7) NI : Idao DA + SMRT Survey 8) NTUC Additional Services:-OD QC Checked by (Engr-In-Charge); \$5 \*NS: Courtesy Car / Tpt Allowanue 310 \* NG: Rapair Co-ordination \$25 \* N7; Post Repair Inspection NS: DV / Collect Excess Coordination 33 TP (N11): TP (Non INC) against INC \$20 'at, 1: 9) N12: Idao Mobile Fee Charged Involve dated 2/3; Madel Fee Charged Involce dated

#### SINGAPORE ACCIDENT STATEMENT

## 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.
- 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.
- 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 ladgement 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.	
Market Control of the Control	ACCIDENT STATEMENT
Date Of Report	30/07/2019 13:52
Date Of Accident	30/07/2019 11:00
Exact Location Of Accident	YISHUN INDUSTRAIL STREET 1
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBA3056R
Insured/Policyholder	
Name Of Registered Owner	POKKA INTERNATIONAL PTE LTD
Co Reg No	Separation of the Control of the Con
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91779797
Alternative Phone No	OFFICE-91779797
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	DYNA
Exact Purpose for which vehicle was being used at time of accident	WORKING 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	999994178/100858013-00000

## Driver

Cover Note Number

Name of Driver	TAN HONG WEE
NRIC No	G2245866W
Date Of Birth	02/07/1990
Occupation	OUTDOOR
Date Of Driving Pass	03/07/2017
Driving Experience	2 YEARS AND 0 M

MONTHS

Gender MALE

Mobile Number (LOCAL) +65-83372914

Fax Number Contact Number

EMail Address NOEMAIL Address

817 KEAT HONG LINK SINGAPORE

Postcode

681817

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?

Number of vehicles (including own vehicle)

NO 2

involved in the accident

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

I WAS DRIVING ALONG YISHUN INDUSTRAIL STREET 1, SUDDENLY VEH B COME OUT FROM THE MINOR RD AND HIT ONTO MY VEH LEFT HAND SIDE.

# Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

WITH DRIVER

Was there any audio recorded?

NO

# **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number

SLF7636X

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

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 <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:
  - (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.

ADMIN ) A

SNATIC

Oriver's Signature
(If driver is not the r

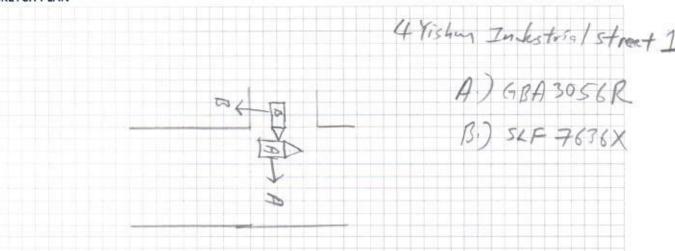
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:



#### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

phesse	refer to statement	
<u></u>		/
		<u> </u>

## DECLARATION

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

PAID/Miker solgnature Date & Timeo

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

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

VISIT PASS Immigration Regulations

TAN HONG WEE

G2245866W

02-07-1990

MALAYSIAN

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.



Name TAN HONG WEE

SERVICE

WORK PERMIT

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



Mitc

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES!

NP 428A

For LKK/NAC Use Only

S / No.9000286108

Licence No:G2245866W





# CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT(CHAPTER 189) MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960 ROAD TRANSPORT ACT, 1987 (MALAYSIA) MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

M.Z.300

COMPREHENSIVE COMMERCIAL MOTOR

OWN DAMAGE EXCESS

\$\$500.00 (1)

CERTIFICATE NO. 999994178/100858013-00000

WINDSCREEN EXCESS (for policies with effect from 1st November 2002)

\$\$100.00

SUM INSURED

INSURING WITH COE/PARF YES

S\$1.00

1) VEHICLE REGISTRATION NO.

**GBA3056R** 

2) NAME OF INSURED

Pokka International Pte Ltd

3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE PURPOSES OF THE ACT

8 Apr 2019

DATE OF EXPIRY OF INSURANCE

7 Apr 2020

5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE \*

Any person who is driving on the Insured's order or with their permission.

An additional Young and Inexperienced Driver (YIDR) Excess of S\$3,000 (unless otherwise stated) applies to any drivers(named and unnamed) who is below age 23 or has less than 2 years driving experience.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf

# 6) LIMITATION AS TO USE \*

- 1) Use in connection with the Insured's business.
- 2) Use for the carriage of passengers (other than for hire or reward) in connection with the Insured's business.
- 3) Use for social, domestic or pleasure purposes.

The Policy does not cover

- a) Use for hire or reward or for racing, pace-making, reliability trial or speed-testing.
- b) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

LOSS OF USE NOT INCLUDED

N/A \* NAMED DRIVER

HIRE PURCHASE COMPANY NA

\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

I / We hereby Certify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Issued At Singapore 4 Apr 2019

AIG ASIA PACIFIC INSURANCE PTE. LTD.

503982-000 KHC HOLDINGS PTE, LTD. 389A BALESTIER ROAD SINGAPORE 329796

Authorised Representative

ORIGINAL

SSPTKY