NATIONAL Assessment Centre	<u> 'services :</u>		Description	
Date In 06/12/19	Jcb description	Date &Time Completed	Done by	- 1
Reino NA/A1619021538/13	SAS e-filing			
Veh No GBH1437B	E-mail (within Slars, A1C 2hr)	7		
DOA 05/12/19 1445	i-Motor Claim Form			i
	i-Motor W/O (Within: 0)	2hrs (19 4hrs)		
OD (17) Reporting Only	i-Photo Uploaded			
	Assessment/Survey Repo	rt ;		
TP Insurer	Ass't Report by Fax / Hand to Owner/Wksp			
Preferred Wksp / INC Assign Wksp / QW: (N-51	Tel: Fa	ax:	- 1
TP Particulars: Veh No:	IN 63374 IN	C()/Non-INC()		
Owner / Driver: (Tel:)	1000
Policy No. () Peri	od: () Cover Type: ()	
Confirmed by : (Date:	Time:	(0%)	
		0-20%; P: 21-79%. F: 80-1		
- Car of recgional size (/arranty: YES () / NO (()		-
Excess: (\$) Loading: \$1,00	00 () / \$2,000 ()			
General Remarks:-	AND THE PARTY OF T			
() Walk-In Customer: Customer's infor		& Strictly NO rater of repairer		
() Total Loss Case : to e-mail Insure	CONTROL OF AN ARCSENDED		<u>-</u>	
Drive-In ()/ Towed-In (); Invoice	YES () / NO ()	; Towing Co. (
Remarks:- (INC horline: 6788 6616)		Date&Time Completed	Done by	
	ourtesy Car ()			
2) QC Check / Post Repair Inspection	()			-11999
3) Upload Resurvey Photo [Repair Cost > \$3	000] ()			-0380
Injury:				
Date/Time Actions				
Date/time Actions		1		
	Arman			
				t (3)
NA190923	2 Invoice	Preparation Checklist		Bill
The second secon	1) AR : A	ccident Reporting (\$30);	(80)	
Claimant's Particulars :-	3) TF : To	wing Fee S	40/\$45	-11116
Driver/Owner:		llow-Through Survey llow-Through Survey (Resurvey)	\$30	
Contact No:	For clas	iming against INC Only (well 10 Jan 20)	25) \$75	
Damaged Portion:	6) TR : R	e-inspection ac DA + SMRT Survey	\$160	
TO 10000 O 100 O 10000 O 1000	8) NTUC	Additional Services		
QC Checked by (Engr-In-Charge):		Sourcesy Car / Tpt Allowance	\$5	
	• N6: R	lepair Co-ordination	\$10i \$25	-
Auditors' Comments :-	*N7: F	ost Repair Inspection DV / Gollect Excess Coordination	\$5	
Cat. 1;	TP (N	11) : TP (Non INC) against INC	30	
	9) N12: 1 Invoice d	dae Mohile Fee Charge	N Line	6
Cat. 2 / 3		lated Fee Charge		

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 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.
- 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.

By the lodgement of this report to the insurers, you hereby consections.	int to the archiving of this report at the centre and to copies of the open and
The second second second second second	ACCIDENT STATEMENT
Date Of Report	06/12/2019 09:58
Date Of Accident	05/12/2019 14:45
Exact Location Of Accident	OUTSIDE LOADING BAY OF FORUM GALLERY/CUSCADEN RD
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	GBH1437B
Insured/Policyholder	
Name Of Registered Owner	THE WINE GALLERY PTE LTD
Co Reg No	201120555N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-96189581
Vehicle Particulars	
Manufacturer	NISSAN
Model	NV350
Exact Purpose for which vehicle was being used at time of accident	STATIONARY VEH(WORKING HOUR)

Are you claiming under your own insurance policy NO

for repair to your vehicle?

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.

COMPREHENSIVE

Type Of Coverage Fleet Policy

NO

Policy Number

1800011491-01

Cover Note Number

Driver

Name of Driver

CHEW KAI PIAU(ZHOU JIABIAO

S7403593J NRIC No 13/02/1974 Date Of Birth OUTDOOR Occupation 13/09/2001 Date Of Driving Pass

18 YEARS AND 2 MONTHS **Driving Experience**

Gender

(LOCAL) +65-84684834 Mobile Number

Fax Number Contact Number

NOEMAIL EMail Address

Page 1 of 14

BLK 60 CIRCUIT RD Address

#08-208

2

NO

NO

1

NO

NO

370060 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

COLLISION - HEAD TO REAR Type Of Accident

CLEAR Weather Conditions DRY Road Surface

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

NO Was any body injured in the Accident?

Was any injured conveyed to hospital by ambulance?

Was any other material or property damaged? YES

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

PLS REFER TO THE ATTACHED STATEMENT

Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Was there any audio recorded?

YN6337U

NO

YES NO

Vehicle Registration Number Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

COMMERCIAL VEHICLE

DETAILS OF OTHER VEHICLE PROPERTY 1

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.
- 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.
- 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.

The Wine Gallery Pte Ltd Charty Nr. 32 Kallang Place Singapore 339160
Tel: 6488-1270 Fax: 6488-1277

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.:

KETCH PLAN		(CUSCHOEN RO)
RETORIT EAST	Form want	BAY
Vehicle A		
- CBH 1437B		A A A
Venicle B		3
- 2N6337U		
ESCRIBE CIRCUMSTANCES OF	THE ACCIDENT	
premites con t	srupped infrom of the L	ording Bay of Forum The
Shopping Moll.		3 3 7
When was my turn to	turn into the losaling bay	just when I should to
()) 1	my vehicle.	felt a great import
from the near of	The strict.	
Alighed from my	which and resteed a vol	hicle with licence place
(YN 6337U)) had collided to the o	year of my rehicle.
1:		
	BH 1437 B N 63374	
VVIII 24 13 - 2	10 0.33	
)	
TSI A DATION		
ECLARATION We declare the foregoing particula	rs are true in every respect.	^
M. Tayes	Cheestard	elym oblishig
The Wine Gallery Pte Ltd	Driver's Signature	Reporting Centre Personnel's Signature
afice \$€ \$1,1200 Fax: 6488-1277	(If driver is not the policyholder) Date & Time:	Name: NRIC/FIN No.:
NF. 32 Kaltang Pilitor Singapore 33316 Refice≨e \$142€0 Fax: 6488-1277	(If driver is not the policyholder)	Name:

/ehicle No.	CIBH 1437 B Model/Make NISSAN NU350	
Date of Accident	5/12/19	
ime of Accident	1445 HRS	
ocation of Accident	OUSIDE WADING BAY OF FORUM CALLERY / CUSIDER Rd	
xact purpose use during accid	dent Stationary Stopped, working hour	
Name of Owner	THE NINE CIPLLERY PTE LTD	
Telephone No.	H/P: 96189581 Home: Office:	
NRIC	2011 20555 N	
Address	32 KALLANG PLAKE KALLANG BASIN S(339160)	
Claim type	OD THIRD PARTY REPORTING ONLY	
nsurance Company	AL G	
Type of Coverage	Comprehensive Third Party Third Party / Fire /Theft	
Policy No.	1800011491-01	
Name of Driver	As Above If No	
NRIC .	SA4035935 Any Passengers: NIL	
Date of birth	13 Feb 1974	
Occupation	Outdoor / Indoor	
Driving License Pass Date		
Gender	Male / Female	
Contact No.	H/P: *4 64834 Home: Office:	
Address	BUK 60 CIRCUIT ROAD #08-209 3(370060)	
Driver have any own vehicle	No. If yes, Reg No.	
Relationship	Employee, If no, state	
Weather condition	Clear Raining Other	
Road Surface	Dry Wet Other	
Any Injuries	No. If Yes, Who?	
Name And Contact No.	in res, will.	
Name And Contact No.		
Police Report	No. If Yes, Where?	
Vehicle B No.	YN 6337 U Any Passengers :	
Name of Driver	Contact No.:	
	Any Passengers :	
Vehicle C No. Vehicle D No.	Any Passengers :	
Vehicle E no.	Any Passengers :	
Vehicle F No.	Any Passengers :	
Vehicle G No.	Any Passengers :	
Witness Name	Witness Contact :	
Accident Portion	REAR RIGHT	
Camera Recorder	Yes /No	
Email Address	ies / (NO)	
Email Address		
PARTICULAR WORKSHOP	NET AUTOMOTIVE PTE LTD	
Contract the contract that the contract the contract that the	6842 0051 / 6744 0510	
CONTACT NO.		
CONTACT NO. CONTACT PERSON	Ian	



CERTIFICATE OF INSURANCE

NISSAN COMMERCIAL AUTO PROTECTOR COMMERCIAL VEHICLE

Name of Policyholder

: The Wine Gallery Pte Ltd

Period of Insurance

: 24 Jan 2019 To 23 Jan 2020

Engine No.

: YD25422608A

Chassis No.

: JN1MC2E26Z0008594

Vehicle No.

: GBH1437R : 1800011491-01

Policy No.

Endorsement No.

Issued Date

: 22 Jan 2019

ABOUT THE COVER

Make/Model

: NISSAN NV350 PANEL VAN

Engine Capacity/Tonnage : 1.5 Tonnage. Driver Restriction

NA.

Sum Insured : Market Value Off Peak Car : No

First Year of Registration : 2018

Insuring with COE/PARF : Yes

Person or Classes of Persons Entitled to Drive* :

Any person who is driving on the Policyhorder's order or with their permission
 This Policy will indemnify the Policyholder or any authorised driver only if helphi meets, the specified again condition

You have to pay an additional sum of \$3,000 as "Young and/or inexpenenced Driver Excess" ("YIDR") if You are or Your Authorised Driver (named or unnamed) is under the age of 23 and/or has less than 3

Age Condition

: All Age Condition

Limitation as to use*

It like 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 all use for hire or reward, driving fullion, dowing test, racing, pace-making, reliability that or speed-testing, and b) use whitel drawing a trailer except the towing of anyone disabled using a mechanically propelled vehicle c) use for any purpose in connection with Motor Trade.

Loss Of Use (7 Days) Commercial Auto

* Limitations rendered inspersive 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 - \$1000 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)

Tan Chong Motor Sales. Add: 913 Bt Timah Road Singapore 589623 54694091 64694092 64694093

2 TC AutoClinic Add: No.1, Swith Lok Yang Road Singapore 528099 52822212 3. Tan Chong Motor Sales Add: 17 Lor 8 Toe Paych Singapore 319254 63570753 63570754 4. Autofulion Industrial Add: 19 Ubi Road 4 Singapore 408823 6490968 5 TC AutoClinic Add: 25 Leng Kee Road Singapore 159097 67038511 67038512 67038513

For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hetline at +65 6338 6200. Alternatively, you may refer to AIG website 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: HL Bank

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 e Road Transport Act, 1987 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

00610487

IN CHONG CREDIT PTE LTD - CCH

1 BUKIT TIMAH ROAD TAN CHONG MOTOR CENTRE

NGAPORE 589622 ANSP-MOTOR

derwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd. AUTHORISED REPRESENTATIVE

The owner and vehicle particulars for Vehicle No. GBH1437B as at 24 Jan 2018 are as follows:

1.	Name	: THE WINE GALLERY PTE LTD
2.	Identification No. Type	: Company
3.	Identification No.	: 201120555N
4.	Place Of Passport Issue	
5.	Registered Address	: 32 KALLANG PLACE
		KALLANG BASIN
		SINGAPORE 339160
6.	Mailing Address	: -
7.	Vehicle No.	: GBH1437B
8.	Effective Date of Ownership	: 24 Jan 2018
9.	Original Registration Date	: 24 Jan 2018
10.		: 24 Jan 2018
11.	Vehicle Type	: A50 - Goods (Closed) Van/Van Panel (Delivery
12.	Vehicle Scheme	: Normal
13.	Attachment 1	: No Attachment
14.	Attachment 2	1 +
15.	Attachment 3	\$-
16.	Vehicle Make	: NISSAN
17.	Vehicle Model	: NV350 PANEL VAN 2.5 5MT 5DR
18.	Year of Manufacture	: 2017
19.	Primary Colour	: Silver
20.	Secondary Colour	:-
21.	Passenger Capacity	. 2
22.	Chassis/Trailer Chassis No.	: JN1MC2E26Z0008594 / -
23.	Propellant/Emission Standard	: Diesel / JPN2009 + Euro VI PN limit
24.	Engine No./Motor No.	: YD25422608A / -
25.	Engine Capacity(cc)/Power Rating(kW)	: 2488 / -
26.	Maximum Power Output(kW/bhp)	V - / -
27.	Unladen Weight(kg)	: 1780
28.	Maximum Laden Weight(kg)	: 3300
29.		: \$25,062,00
30.	PARF Eligibility	: No
31.	PARF Eligibility Expiry Date	2 -
32.	Minimum PARF Benefit	: \$0.00
33.	IU Label No.	4 -
34.	COE No.	: 2018012405000799W
35.	COE Expiry Date	: 23 Jan 2028
36.	COE Category	
37.	Quota Premium/Prevailing Quota Premium	: \$50,607.00
38.		: \$38,966.00
39.	Actual ARF Paid	: \$1,254.00
40.	CO2 Emission(g/km)	: 232.00
41.	TITOT TO 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	: 0.142000
42.		: 0.007500
43.	NOx Emission(g/km)	; 0.072000
44.	PM Emission(mg/km)	† ~
45.	Actual CEVS/VES Rebate Utilised	
46,	CEVS/VES Surcharge Paid	*) =
47.	Actual Green Vehicle Rebate Utilised	1 -
48.	Dr. 1 700 4	: 23 Jan 2038
49. 50.		: \$0.00
<i>J</i> U.	Road Tax Start Date	: 24 Jan 2018