

NATIONAL Assessment Centre Services

Date In: 30/12/19	Job description	Date & Time Completed	Done by
Ref No NA/AIG/19022849/13	SAS e-filing		
Veh No SK93835	E-mail (w/ thin 8hrs, AIC 2hrs)		
D.O.A 28/12/19 1245	i-Motor Claim Form		
OD (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/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: GB63242M	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 ()	

General Remarks:-

() Walk-In Customer : Customer's information strictly Confidential & Strictly NO refer of repairer.

() Total Loss Case : to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co. ()

Remarks:- (INC hotline: 6788 6616)	Date & Time Completed	Done by
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury :

Date/Time	Actions

NA2000301	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) Add Bill
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);		
Driver/Owner:	2) DA : Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF : Towing Fee \$40/\$45		
Damaged Portion:	4) FT : Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT : Follow-Through Survey (Resurvey) \$30		
Auditors' Comments :-	For claiming against INC Only (wef 10 Jan 2005)		
Cat 1:	6) TR : Re-inspection \$75		
Cat 2/3:	7) N1 : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11) : TP (Non INC) against INC \$20		
	9) N12: Idac Mobile 30		
	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	30/12/2019 12:13
Date Of Accident	28/12/2019 12:45
Exact Location Of Accident	NEWTON RD TWDS MOULMEIN RD B4 THOMSON RD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJK9383J
Insured/Policyholder	
Name Of Registered Owner	TATSUYA(S)PTE LTD
Co Reg No	1XXXXX083E
Email Address	TATSUYA@SINGNET.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-99999999
Vehicle Particulars	
Manufacturer	TOYOTA
Model	VIOS
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	PRIVATE CAR
Insurance Company	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	1900252091
Cover Note Number	
Driver	
Name of Driver	CHIA GUO SHIONG DARYL
NRIC No	SXXXX862J
Date Of Birth	06/11/1996
Occupation	INDOOR
Date Of Driving Pass	20/02/2019
Driving Experience	0 YEAR AND 10 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-91505757
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	12 KITCHENER LINK #01-26
Postcode	207224
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
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?	YES
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

PLS REFER TO THE ATTACHED 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	GBG3242M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	CHIA GUO SHIONG DARYL
------	-----------------------

Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SJK9383J
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

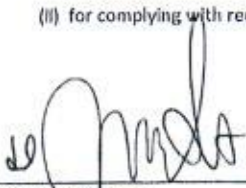
SKETCH PLAN


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1. Please report correctly the details of the accident to speed up the claims process.
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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:

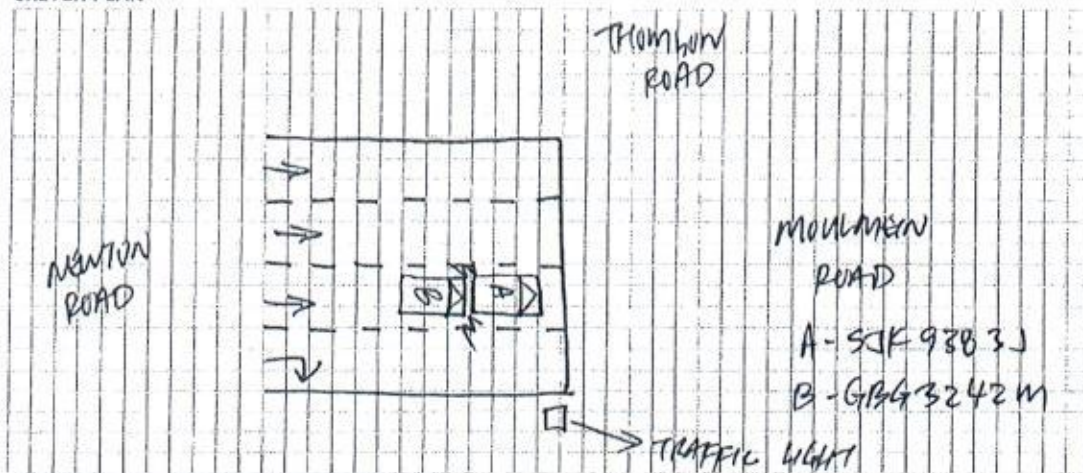
- (a) My Insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.


Policyholder's Signature
Date & Time: Taisuya (S) Pte Ltd
22 Scotts Road
Goodwood Park Hotel
S(228221)
Tel: 6737 1180, Fax: 6735 3727
GIA/INC SketchPlan form M1


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

 30/12/19
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS DRIVING ALONG NEWTON ROAD TOWARD MOULMEIN ROAD ON THE 2ND LANE OF A 4 LANE ROAD. SOMEWHERE BEFORE JUNCTION OF THOMSON ROAD, I DRIVING SLOW AND STRAIGHT ALONG THE SAID ROAD. OUT OF A SUDDEN, I FELT A STRONG IMPACT FROM THE REAR PORTION OF MY VEHICLE. AFTER THIS ACCIDENT, I ALIGHTED AND BECAUSE THAT VEHICLE (B) DROVE FROM THE REAR AND COLLIDED DIRECTLY ONTO THE REAR PORTION OF MY VEHICLE.

A - SJK 9383J

B - GBG 3242M

DECLARATION

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

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

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

Goodwood Park Hotel
S(228221)
Tel: 6337 4160, Fax: 6735 3727

SINGAPORE ACCIDENT STATEMENT

ACCIDENT DATE: 28 DEC 2019	TIME: 12:45 HRS	(hh:mm) 24 hrs Format	
LOCATION: NEWTON ROAD TOWARD MOUNT MEIN ROAD. BEFORE THOMSON ROAD.			
VEHICLE NUMBER: SJF 9383 J			
INSURED NAME: TATSUYA (S) PTE. LTD.			
NRIC / FIN: 199806083 E	CONTACT:		
MAKE: TOYOTA	MODEL: VIOS		
Are you claiming under your own insurance policy for repair to your vehicle?			
() Yes, If No, Pls Select: () Third Party () Reporting Only			
INSURANCE COMPANY: AIG			
TYPE OF POLICY: () COMPREHENSIVE () THIRD PARTY () TPFT			
POLICY NUMBER: 1900252091			
NAME DRIVER: CHIA GUO SHIONG DARYL () SAME AS INSURED			
NRIC / FIN: S9641862 J	CONTACT: 9150 5757		
DATE OF BIRTH: 06 NOV 1996			
DRIVING PASS DATE: 20 FEB 2019			
OCCUPATION: () INDOOR () OUTDOOR			
GENDER: () MALE () FEMALE			
EMAIL ADDRESS: tatsuya@singnet.com.sg () NO EMAIL			
ADDRESS OF DRIVER: 12 KITCHENER LANE #01-26 J (207224)			
Number Of Passenger Include Driver: DRIVER ONLY			
Was driver an employee of the Insured's Company? () YES () NO			
If No, Relationship Of The Driver With The Insured			
() Owner () Spouse () Friend () Relative () Children () Sibling () Others			
Does The Driver Own Any Other Vehicle? : () YES () NO			
If Yes, Vehicle Registration Number Of Driver's Own Vehicle:			
Insurance Company Of Driver's Own Vehicle			
Weather Conditions: () Clear () Raining () Drizzling () Others			
Road Surface : () Dry () Wet () Others			
Was Any Foreign Vehicle Involved In This Accident? () YES () NO			
Was Anybody Injured In The Accident? () YES () NO			
If YES, Injured details: CHIA GUO SHIONG DARYL (M) BODY			
Convey By Ambulance: () YES () NO			
Was There Any Video Capture By Car Camera? () YES () NO			
Was There Accident Reported To The Police? () YES () NO If Yes Attach Police Report			
Police Report Number (if any)			
Details Of 3rd Party	Name / NRIC	No. of Paxs (incl' driver)	Contact
Veh B: GGG 3242 M		() / Not Sure ()	
Veh C		() / Not Sure ()	
Veh D		() / Not Sure ()	
Veh E		() / Not Sure ()	
Veh F		() / Not Sure ()	
Veh G		() / Not Sure ()	



CERTIFICATE OF INSURANCE

AUTOPLUS PRIVATE VEHICLE

Name of Policyholder : TATSUYA (S) PTE. LTD
Period of Insurance : 20 Dec 2019 To 19 Dec 2020
Engine No. : 2NR5302424
Chassis No. : MR2B23F3X01159052

Vehicle No. : SJK9383J
Policy No. : 1900252091
Endorsement No. :
Issued Date : 05 Dec 2019

ABOUT THE COVER

Make/Model : TOYOTA VIOS 1.5
Engine Capacity/Tonnage : 1,496.00 CC
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 Policyholder's order or with their permission.
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 years' driving experience.

Age Condition : All Age Condition

Limitation as to use* :

Use only for social, domestic and pleasure purposes and for the Policyholder's business.

This Policy does not cover use for hire or reward, driving tuition, driving test, racing, pace-making, reliability trial or speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with Motor Trade.

Loss of Use 1500cc - 1600cc Optional

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189), Section 95 of the Road Transport Act, 1987 (Malaysia) and Road Transport (Amendment) Act 2019, are not to be included under those headings.

EXCESS

Section 1

Fire - \$0 Own Damage - \$600 Theft - \$0 Flood Cover - \$800

Section 2

Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

Null - \$800 (Own Damage), \$600 (Flood Cover)

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

Approved Reporting Centres/ AIG Authorised Repairers (For claims related repairs)

Any accident repairs to the Vehicle must be carried out by one of our Authorised Repairers. Within the first 3 years of the first registration of the Vehicle in Singapore, You have the option of having the accident repairs carried out at the Sole Agent's workshop.

For other 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.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: HONG LEONG FINANCE LTD

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), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0504085005

GET IT DIRECT - TEO POH LING

4 JALAN LIMAU BALI

SINGAPORE 468471

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

SEP11C

TATSUYA (S) PTE. LTD.

Registration No. / Unique Entity Number: 199806063E
TATSUYA (S) PTE. LTD. (the "Company") is a Exempt Private Company Limited by Shares, incorporated on 11 December 1998 (Friday) in Singapore. The address of the Company's registered office is in the GOODWOOD PARK HOTEL (<https://www.sgpbusiness.com/estate/GOODWOOD-PARK-HOTEL/228221>) estate. The Company current operating status is live and has been operating for 21 years 6 days. The Company's principal activity is restaurants.

Companies (<https://www.sgpbusiness.com/browse>)
/ GOODWOOD PARK HOTEL (<https://www.sgpbusiness.com/building/GOODWOOD-PARK-HOTEL>)
/ T (<https://www.sgpbusiness.com/estate/GOODWOOD-PARK-HOTEL/228221/filter/T>)
/ TATSUYA (S) PTE. LTD.

Registration No.	199806063E
Name	TATSUYA (S) PTE. LTD. (https://www.sgpbusiness.com/company/Tatsuya-S-Pte-Ltd)
Formerly Known As	O-NET ENTERPRISES PTE LTD
Date Incorporation / Registration	11 December 1998 (Friday)
Registration Type	EXEMPT PRIVATE COMPANY LIMITED BY SHARES
Status	Live Company as on 11 December 1998 (Friday)
Principal Business Activity	RESTAURANTS (https://www.sgpbusiness.com/activities/industry/Restaurants/T/)
Registered Address	16 SCOTTS ROAD GOODWOOD PARK HOTEL SINGAPORE (228221)

Angel BabyBox.jp
\$439.70



Mattress Cover.sg
\$16.50

EXPLORE

YADHAR PTE. LTD.
◆ 10 CUFF ROAD, SINGAPORE (209721)
(<https://www.sgpbusiness.com/company/Yadhar-Pte-Ltd>)

BRILLIANT THOUGHTS LLP
◆ 93 HILLVIEW AVENUE, SINGAPORE
(569626)
(<https://www.sgpbusiness.com/company/Brilliant-Thoughts-Llp>)

Little Treasures Childcare
Little Treasures Childcare (Woodlands) Pte Ltd

School Bus Subsidy, Free Trial, Premium
Childcare, Experienced Staff, Great Env



WEBSITE



DIRECTIONS

RESTAURANTS

CANDLENUT KITCHEN PTE. LTD.
◆ 68 ORANGE GROVE ROAD, SINGAPORE
(258332)
(<https://www.sgpbusiness.com/company/Candlenut-Kitchen-Pte-Ltd>)

GENESIS VEGAN RESTAURANT PTE. LTD.
◆ 115 OWEN ROAD, SINGAPORE (218922)
(<https://www.sgpbusiness.com/company/Genesis-Vegan-Restaurant-Pte-Ltd>)

LOVING HUT (SINGAPORE) PTE. LTD.
◆ 429, ORCHARD ROAD, SINGAPORE
(427489)
(<https://www.sgpbusiness.com/company/Loving-Hut-Singapore-Pte-Ltd>)