

NATIONAL Assessment Centre Services. [part 1 of 2005]

NA2004763

| | | | |
|---------------------------|--|-----------------------|---------|
| Date In: 07/09/2020 12:45 | Job description | Date & Time Completed | Done by |
| Ref No: NBA/HR/20009511/V | SAS e-illing | | |
| Veh No: 4BB 2000X | E-mail (Mjula@acc, AIG@acc) | | |
| D.O.A: 05/09/2020 10:45 | I-Motor Claim Form | | |
| OD: (TP) Reporting Only | I-Motor W/O (Within: OD 2hrs, TP 4hrs) | | |
| TP Insurer: | I-Photo Uploaded | | |
| | Assessment/Survey Report | | |
| | Ass't Report by Fax/Hand to Owner/Whse | | |

Preferred Wksp / INC Assign Wksp / QW: () Toll: () Fax: ()

TP Particulars: Vch No: GBD 5495C 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% P: 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 > \$3000) ()

Injury: _____

| | | |
|---------------------------------|---|-------------|
| NA2004763 | 1) All Accident Reporting (\$30) | |
| Driver/Owner: | 2) DA + Damage Assessment (\$100) INC (\$10) | |
| Contact No: | 3) TP Towing Fee \$40/\$45 | |
| Damaged Portion: | 4) PT Follow-Through Survey \$120 | |
| QC Checked by (Engr-In-Charge): | 5) PF Follow-Through Survey (Resurvey) \$30 | |
| | For claim against INC Only (over 10 Jan 2005) | |
| | 6) TR Re-inspection \$75 | |
| | 7) NI Use DA + SMRT Survey \$160 | |
| | 8) NFUC Additional Services | |
| | OR: | |
| | *N5: Courtesy Car / Tpl Allowance \$3 | |
| | *N6: Repair Coordination \$10 | |
| | *N7: Post Repair Inspection \$25 | |
| | *N8: DV / Collect Excess Coordination \$3 | |
| | *N9: TP (N11) TP (N11) INC) against INC \$20 | |
| | 9) N12: Idea Mobile \$0 | |
| | Invoice dated | Fee Charged |
| | Invoice dated | Fee Charged |

NA2004763

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 | 07/09/2020 12:42 |
| Date Of Accident | 05/09/2020 10:45 |
| Exact Location Of Accident | BLK 85 DAWSON ROAD CARPARK ENTRANCE |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|---------------------------------------|
| Vehicle Registration Number | GBB3000X |
| Insured/Policyholder | |
| Name Of Registered Owner | GRAND OCEAN SEAFOOD SUPPLY PTE LTD |
| Co Reg No | 2XXXXX247D |
| Email Address | OFFICE@GRANDOCEANSEAFOODSUPPLY.COM.SG |
| Mobile Phone No | (LOCAL) +65-96262150 |
| Alternative Phone No | OFFICE-83218041 |

Vehicle Particulars

| | |
|--|--------------------|
| Manufacturer | TOYOTA |
| Model | DYNA |
| 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 | THIRD PARTY |
| Vehicle Category | COMMERCIAL VEHICLE |

Insurance Company

| | |
|---------------------------|--------------------------------------|
| Name of Insurance Company | AIG ASIA PACIFIC INSURANCE PTE. LTD. |
| Type Of Coverage | THIRD PARTY FIRE AND/OR THEFT |
| Fleet Policy | NO |
| Policy Number | 2070120651 |
| Cover Note Number | |

Driver

| | |
|----------------------|---------------------------------------|
| Name of Driver | VELUSAMY VENKADESHWARAN |
| Passport No/FIN | GXXXX627T |
| Date Of Birth | 16/04/1990 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 18/08/2017 |
| Driving Experience | 3 YEARS AND 0 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-96262150 |
| Fax Number | |
| Contact Number | OTHERS-83218041 |
| EEmail Address | OFFICE@GRANDOCEANSEAFOODSUPPLY.COM.SG |

| | |
|---|---------------------------------------|
| Address | BLK 733 WOODLANDS CRESCENT #02-194 |
| Postcode | 732733 |
| 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 - HEAD TO REAR |
| Weather Conditions | RAINING |
| Road Surface | WET |

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 | GBD5495C |
| Vehicle Make/Model/Colour | TOYOTA DYNA |
| Details Of Properties | |
| Vehicle Category | COMMERCIAL VEHICLE |
| Name of Driver | XU JIAN LIANG |
| NRIC/Passport Number | GXXXX007U |
| Contact Number | |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |
| No. Of Passenger (Including Driver) | |

SKETCH PLAN

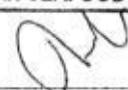
IMPORTANT NOTICE

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.

海洋海鲜供应私人有限公司
GRAND OCEAN SEAFOOD SUPPLY PTE LTD

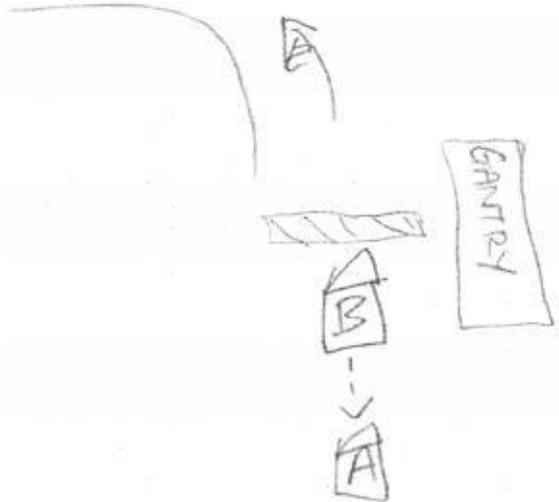

Policyholder's Signature
Date & Time:


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


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

SKETCH PLAN

vehicle A GBB 3000X
 vehicle B GBD 5495C



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AT the mention date & time of accident 05/09/2020 about 1045Am
 My vehicle was at B1C 85 Dawson Road carpark entrance waiting for
 vehicle B " GBD 5495C " right in front of ~~my~~^{me} entrance barrier.
 suddenly vehicle B " GBD 5495C " reverse and collided onto
 my lorry and the entrance barrier open and vehicle B " GBD 5495C "
 drive off and I follow him and he stop ~~beside~~^{beside} so I took
 scene photos and driver particulars. I also ask vehicle B " GBD 5495C "
 driver to sign a letter of admit that he ^{suddenly} reverse his lorry and
 collided on my front lorry when the entrance barrier not open
 yet.

DECLARATION

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

Policyholder's Signature

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

07/09/2020

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

海洋海鲜供应私人有限公司
 GRAND OCEAN SEAFOOD SUPPLY PTE LTD

Date: 05/09/2020

Time: 10:45 AM

Location: Dawson Road (85) Block

The Driver Particular: XU JIANLIAN

Company name: JWO

This paper will act as a form of
accident report.

XU JIANLIAN (Fin C18513007U,
reversed his vehicle (CMBD 5495C) and
hit my car (CMBB 3000 X.) Front.
We will both report to our own insurer.

Sign: 

Date: 05/09/2020

Time: 11:16 AM

 05/09/2020

ACCIDENT DATE & LOCATION

Date & Time of Accident * Date: 05/09/2020 Time: 10:45AM (24 hr format)
 Exact Location of Accident * BLK 85 Dawson Road Carpark Entrance

INSURED / POLICY HOLDER / VEHICLE PARTICULARS / DETAILS OF OWN VEHICLE

Vehicle Registration Number * GBB 3000X Make & Type *: TOYOTA DYNA
 Name of Registered Owner * Grand Ocean Seafood SUPPLY PTE LTD
 NRIC / FIN / Passport / Co Regn No. * 201523247D
 Contact Number * 9626 2150 Email/Fax No: Office@grandoceanseafoodsupply.com.sg
 Exact Purpose for which vehicle was being used at Time of Accident Private Usage / Commercial or Company's Usage
 Are you claiming under your own insurance policy for repair to your vehicle? * Yes / No If No, Please state action to be taken
 Third Party Claim (SYH / Other workshop?) / Reporting Only

INSURANCE COMPANY (OWN VEHICLE)

Name of Insurance Company * China / EQ / Etiqa / MSIG / Tokio Marine / Great American (AIG)
 Type of Policy * Comprehensive / Third Party / Third Party Fire & Theft
 Policy No. (Certificate No.) / Cover Note No. 2070120651

DRIVER

Name of Driver * VELUSAMY VENKADESHWARAN Gender * Male / Female
 NRIC / FIN / Passport Number * G2709627T
 Date of Birth * 16/04/1990 (dd/mm/yyyy)
 Occupation * Indoor / Outdoor
 Date of Driving Pass (Pass Date) * 18/08/2017
 Contact Number * 8321 8041
 Address BLK 733 woodlands Cres #02-194 S (732733)
 Email Address / Fax Number * Email: office@grandoceanseafoodsupply.com Fax: —
 Relationship of the Driver with the Insured * Owner / Employee / Spouse / Friend / Others: SS
 Does Driver Own any Vehicle, if YES pls indicate Vehicle Number & Insurance Company * Veh No: 1) _____ 2) _____ 3) _____
 Ins Co: 1) _____ 2) _____ 3) _____

GENERAL INFORMATION OF THE ACCIDENT

Type of Collision Chain Collision / Side-Swipe / Front to Rear / Others:
 Weather Conditions * Clear / Raining / Others:
 Road Surface * Wet / Dry / Others:

OTHER INFORMATION

Was anybody Injured in the accident? * No / Yes (Police Report required)
 Was any injured conveyed to hospital by ambulance? No / Yes
 Was any foreign vehicle involved in this accident? * No / Yes Veh No: _____ Veh Category: _____
 Number of vehicles involved in the accident (02)
 Was there any witness? No / Yes
 Was any other VEHICLE / Property involve / damage? * No / Yes
 Was there any video captured by Car Camera? No / Yes

DETAILS OF POLICE ACTION

Was the Accident Reported to the Police? * No / Yes If Yes, Please state which Police Station _____
 Was Notice of Intended Prosecution given? * No / Yes If Yes, against whom? _____
 Number of Passengers (Including DRIVER)? (01)
 Passengers Name: _____ Name: _____
 Gender: Male / Female Gender: Male / Female

Have you been approached by unknown person(s) soliciting/offering accident claims assistance? Yes / No

| DETAILS OF OTHER VEHICLE(S) / PROPERTIES | | |
|--|------------------------------|--------|
| Vehicle Registration Number * | 1) GRD 5495C | 2) |
| Vehicle Make / Model / Colour | TOYOTA PRO DYNA / | Silver |
| Damage to Vehicle/Property? | | |
| Vehicle Category * | | |
| Name of Driver | Xu Jian Liang | |
| NRIC/Passport Number | G 85 130074 | |
| Contact Number | | |
| Address | | |
| Insurance Company Name | | |
| DETAILS OF WITNESS | | |
| Name | | |
| Contact No. / Email Address | | |

COMMERCIAL AUTO THIRD PARTY FIRE AND THEFT COMMERCIAL VEHICLE

| | | | |
|-----------------------------|--|------------------------|---------------|
| Name of Policyholder | : GRAND OCEAN SEAFOOD SUPPLY PTE. LTD. | Vehicle No. | : GBB3000X |
| Period of Insurance | : 14 Aug 2020 To 13 Aug 2021 | Policy No. | : 2070120651 |
| Engine No. | : 1KD1876354 | Endorsement No. | : |
| Chassis No. | : JTFAT35Y90K200155 | Issued Date | : 14 Aug 2020 |

ABOUT THE COVER

| | | | |
|--|---------------------------------|-----------------------------------|---------------------|
| Make/Model | TOYOTA DYNA 150 1.8 ton [Lorry] | | |
| Engine Capacity/Tonnage | 1.84 Tonnage | Sum Insured | Market Value |
| Driver Restriction | NA | Off Peak Car | No |
| Person or Classes of Persons Entitled to Drive* | | First Year of Registration | 2008 |
| | | 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.

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 driving a trailer except the towing of a trailer using a mechanically propelled vehicle, c) use for any purpose in connection with Motor Trade.

* Limitations rendered inoperative by Section 5 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 166), Section 95 of the Road Transport Act, 1967 (Malaysia) and Road Transport (Amendment) Act 2019, are not to be included under these headings.

EXCESS

Section 1
 Fire - \$0, Theft - \$0.

Section 2
 Property Damage - \$0

Windscreen : NA

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 Authorized Repairers, please contact our 24-hour accident emergency helpline at +65-6338 8200. 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: GF MOTOR TRADING ENTERPRISE

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. 166), Part IV of the Road Transport Act, 1967 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1958 (Malaysia).

0600678000
 THOMSON CREDIT (S) PTE LTD
 310 THOMSON ROAD
 SINGAPORE 307657 ANSP-NONLIFE

AIG Asia Pacific Insurance Pte. Ltd.
 This computer generated document does not require a signature



VISIT PASS AND EMBARKATION FORM

Disembarkation / Embarkation : M0977E0565
Card No.
FIN : G2709627T
Name of Foreigner : VELUSAMY VENKADESHWARAN
Travel Document No. : L7141276

This document serves as a Visit Pass issued to the Foreigner under regulation 12 of the Immigration Regulations. This Visit Pass is valid from 20/08/2020 until 19/09/2020 or the last date, on which the Foreigner's travel document is valid, whichever is the earlier.

2 This Visit Pass is issued subject to the conditions that:

- a) the Foreigner shall not engage in any form of paid employment or in any business, profession or occupation in Singapore during the validity of this Pass, unless he is the holder of a valid work pass issued under the Employment of Foreign Manpower Act (Cap. 91A); and
- b) the Foreigner shall not engage in any activity which, in the opinion of the Controller of Immigration, is detrimental to the security and well-being of Singapore.

This document also serves as an embarkation form for the Foreigner.

This document should be printed for the Foreigner to present together with his / her valid travel document to the Immigration officer for Immigration clearance at the point of departure from Singapore. No Visit Pass will be physically endorsed on the Foreigner's travel document.

Warning: Overstaying is an immigration offence. If the Foreigner overstays, he / she may be subjected to a composition fine or prosecution in court.

Issued on: 20/08/2020

Controller of Immigration
Singapore

This notification is computer-generated and does not require a signature.