NATIONAL Assessment Centi	re Services 🕟	ver i Jan'osiMN	4845800VI	No.	
Date In: 18/9/12-10:37	Jeb description		Date &Time Completed	Done b),
Ref No: 14 / 1620 0 0289 124	SAS e-filing				
Veh No: 68836674	E-mail (within St	irs, AIC 2hrs)			12
D.O.A: 24/9/10-14:00	i-Motor Claim	Form	i.		
	l-Motor W/O	(Within: OD 2hr:	TP 4brs)	and another son 1 -	
OD Ty ! Reporting Only	i-Photo Uploa	ded			
(PD)	Assessment/Sur	vey Report			
TP Insurer:	Ass't Report by	Fax/Hand	o Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:	
TP Particulars: Veh No: 110	29371	INC()/Non-INC()	4	
Owner / Driver: (Tel:)	
Policy No: () Po	eriod: ()	Cover Type: (-
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%)	[Note-Est. Status (W	O): N: 0-2	0%; P: 21-79%. P: 30-	100%]	
Year of Registration: ()	Warranty: YES ()/NO()		
Excess: (\$) Loading: \$1,	000 ()/\$2,000 (()			
General Remarks;-			402 (1000 - 612)		
() Walk-In Customer : Customer's info	ormation strictly Con		411-14-14-14-14-14-14-14-14-14-14-14-14-		
			.0		
() Total Loss Case : to e-mail Insur		0/ \ 7	Survive Co. (
Drive-In ()/ Towed-In (); Invoice	ce: YES()/N	0();1	owing Co: (
Remarks: (INC hotline: 6788 6616)			Date&Time Completed	Done	by
1) Apply for Transport Allowance ()/)	7.5	American Interpretati	52/1_=
2) QC Check / Post Repair Inspection	()			CERTIFICAL DE	
3) Upload Resurvey Photo [Repair Cost > \$				eminus a com	
## 1500 FE ST			Constitution of the consti		
Injury:				erromater 2 dece	14 15 20
Date/Time Actions	41 40 8			PRESCRIPT.	
	Till the second				
No.					
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		Invoice Pr	paration Checklist	Ant (\$) Ist Bill	Add Bi
1205099		1) AR : Accide	\$5000 PROSE PROCESS AND AND SOME AND A STATE OF	(60) STREBUE:	
laimant's Particulars :-	2) DA : Damag	Assessment (\$100); INC			
iver/Owner:		3) TF : Towing	Fee	\$120	
HVG/Owner.		5) FT : Follow-	Through Survey (Resurvey)	\$30	
ontact No:		For claiming	against INC Only (well 10 Jan 20	(05) \$75	
maged Portion:		6) TR : Re-insp	+ SMRT Survey	\$160	
0.00		8) NTUC Addi	tional Services		NOT PROBLE
C Charlest by O In Charma	10	OD.		\$5	
Checked by (Engr-In-Charge):		*N5: Courte *N6: Repair	ry Cer / Tpt Allowance Co-ordination	510	
O PAPA ABBATTANA KALACAMATANDA AN PROSE	anteresse setter	*N7: Fost R	pair Inspection	\$25	
Auditors' Comments :-		*N8: DV / Collect Excess Coordination 55 TP (N11): TP (Nun INC) against INC \$20			-
1.1:		TP (N11): 7		30	MACRON
. 2/2:	Invalce dated Fee Charged				
1 2/3:		Involce dated	Fee Charge	ed Paris	

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 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

Name of the local division in the last of the local division in the last of the local division in the local division in the last of the local division in the last of the local division in the last of the last o	ACCIDENT STATEMENT			
Date Of Report	25/09/2020 10:33			
Date Of Accident	24/00/2020 14:00			

24/09/2020 14:00 Exact Location Of Accident JLN BESAR

Country/State of Loss SINGAPORE

and the same					
ne.	TAIL C	OF	OWN	MELL	CIF
UC	ΓAILS	UF	OVVIN	VEH	

Vehicle Registration Number GBB3663H

Insured/Policyholder

Name Of Registered Owner CHIA HAN CHOON

NRIC No SXXXX826F Email Address NOEMAIL

Mobile Phone No (LOCAL) +65-90227335 Alternative Phone No OFFICE-90227335

Vehicle Particulars

Manufacturer NISSAN

Model CABSTAR 3.0 5M/T ABS 2DR 2WD 3.4T

Exact Purpose for which vehicle was being used at

time of accident

WORKING

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

Policy Number 2100381178-06

Cover Note Number

Driver

Name of Driver CHIA JUN WEI

NRIC No SXXXX457G Date Of Birth 30/08/1994 Occupation INDOOR Date Of Driving Pass 09/12/2014

Driving Experience 5 YEARS AND 9 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-90227335

Fax Number

Contact Number OFFICE-90227335

EMail Address NOEMAIL Address BLK 26B ST. GEORGE'S LANE

#18-39

Postcode 322026

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 - MAJOR/MINOR RD

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

ambulance?

YES

NO

Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

1

Number of Passengers (Including Driver)

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

REFER TO 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 SLD2937X

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver TAN SOO KHOON

NRIC/Passport Number SXXXX071B

Contact Number

Address Postcode

Posicode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

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.

Policyholder's Signature Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personne 's Signature

Name:

NRIC/FIN No .:

SK	PERM	-	1 0		B. I
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Foch Rel Food A

DOA: 24/9/20

A: GBB 36634

B: SLD 2937x

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was	daving	along	Jla 3	Bescir 1	Rd, Su	dderly	uch B
						1	
came o	out fro	in the	small	ruad	failed	1	step
in tm	2 }	collided	by	veh B			

DECLARATION

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

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.:

	Personal Particulars
*	Date of Accident: 24 9 20 Time of Accident: 2 - 00 pm
	Exact Location of Accident: JIn Besic Rd
	Owner's Name: Chia Han Choon NRIC No: 51495826749 No: 9000 7335
	Driver's Name: Chia Jun Wei NRICNO: 59 43 1457 GHP NO:
	Date of Birth: 30 8 (994 Driv ng Licence Passing Date: 912 20 140 ccupation: Indoor / Outdoor
	Address: BK 268 St George's Lane #18-39 (: 322026)
	Relationship of Driver with Insured: Son Email Address:
	Vehicle No: GBB 3(63 H Make & Model:
	Insurance Co: AIG Coverage: Policy No:
	*Purpose of Reporting? Own Damage Claim / 3rd Party Claim / Not Claiming, Just Reporting Only
	*Exact Purpose of The Vehicle Was Being Used At Time Of Accident: Private Use / Work
	*Weather Condition ? Sear / Raining / Others: Wet / Dep / Others:
	* Any passenger inside vehicle involved? (Yes / No) If yes, Vehicle No & How many pax:
	A: 1+0 B- 1+0 C: D:
	*Was Anybody Injured ? (Yes / Ne) If yes,
	Name / NRIC / In Vehicle:
	*Was The Accident Reported To The Police ?
	No O Yes, Which Police Station?
	*Does the Driver Own Any Other Vehicle?
	O No O Yes, Vehicle Registration No:insurer:
	*Was any foreign vehicle involved? (Yes / No) If yes, Vehicle No & Category:
	*Was there any video captured by Car Camera? (Yes/No)
	Third Party Driver's Particulars
	Vehicle & No: SLO 2937X Make & Model:
	Driver's Name: Ton Soo Khoon NRIC No: SC9460718 HP No:
	Vehicle C No: Wake & Model:
	Driver's Name: NRIC No: HP No:
	Witness Particulars
	Name:NRIC No:HP No:



CERTIFICATE OF INSURANCE

COMMERCIAL AUTO THIRD PARTY FIRE AND THEFT COMMERCIAL VEHICLE

Name of Policyholder

: Chia Han Choon

Period of Insurance

: 19 Jan 2020 To 18 Jan 2021

Engine No.

: ZD30211841K

Chassis No.

: JN1SC2F24Z0800736

Vehicle No.

: GBB3663H

Policy No.

Issued Date

: 2100381178-06

Endorsement No.

: 08 Jan 2020

ABOUT THE COVER

Make/Model

: NISSAN NEW CABSTAR

Engine Capacity/Tonnage : 1.6 Tonnage

Sum Insured : Market Value

First Year of Registration : 2009

Insuring with COE/PARF : Yes

Driver Restriction

: NA

Off Peak Car : No

Person or Classes of Persons Entitled to Drive*:

a) The Policyholder
 b) Any other person who is driving on the Policyholder's order or with his/her permission.
 This Buller 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 whitst drawing a traiter 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), Section 95 of the Road Transport Act, 1987 (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)

Chia Han Choon

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 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: TAN CHONG CREDIT PTE 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).

GOH AH SIONG EVELYN

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

3 TAMPINES GRANDE #04-55 AIA TAMPINES SINGAPORE 528799 SP-ASGOH-NGHONGNAM Underwritten by AIG Asia Pacific Insurance Pts. Ltd.

SSCNFY

AIG Asia Pacific Insurance Pte. Ltd.