

NATIONAL Assessment Centre Services

[wef 1 Jan'05] JN292000A

| | | | |
|---------------------------|--|-----------------------|---------|
| Date In: 9/12/12-12:13 | Job description | Date & Time Completed | Done by |
| Ref No: 141/1620013598724 | SAS e-filing | | |
| Veh No: 6BD3249K | E-mail (within 5hrs, AIC 2hrs) | | |
| D.O.A: 8/12/12-18:30 | 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: 10703d | 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 () | |

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 |
|-----------|---------|
| | |
| | |
| | |
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| | |
| | |
| | |
| | |

| | | | |
|---------------------------------|---|---------------------|----------------------|
| 141200042 | Invoice Preparation Checklist | Amt (\$) In Bill | Amt (\$) Add Bill |
| Claimant's Particulars:- | 1) AR: Accident Reporting (\$30); | | |
| Driver/Owner: | 2) DA: Damage Assessment (\$100); INC (\$80) | | |
| Contact No: | 3) TP: Towing Fee \$40/\$45 | | |
| Damaged Portion: | 4) FT: Follow-Through Survey \$120 | | |
| | 5) FT: Follow-Through Survey (Resurvey) \$30 | | |
| | For claiming against INC Only (wef 10 Jan 2005) | | |
| | 6) TR: Re-inspection \$75 | | |
| | 7) N1: Idac DA + SMRT Survey \$160 | | |
| | 8) NTUC Additional Services:- | | |
| | ON: | | |
| QC Checked by (Engr-In-Charge): | *N5: Courtesy Car / Tpt Allowance \$3 | | |
| | *N6: Repair Co-ordination \$10 | | |
| | *N7: Post Repair Inspection \$25 | | |
| Auditors' Comments:- | *N8: DV / Collect Excess Coordination \$3 | | |
| | TP (N11): TP (N11) 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 Submission | 09/12/2020 12:17 (SGT) |
| Date of Accident | 08/12/2020 18:30 (SGT) |
| Exact Location of Accident | 2 Defu Lane 1, Singapore 539477 |
| Additional Location Information | - |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------|
| Vehicle Registration Number | GBD3249K |
|-----------------------------|----------|

INSURED/POLICYHOLDER

| | |
|--------------------------|---|
| Is company? | Yes |
| Name Of Registered Owner | BEDOK GARDEN LANDSCAPE CONSTRUCTION PTE LTD |
| Company Reg No | 2XXXXX795Z |
| Email Address | bedok.gdm@gmail.com |
| Mobile Phone No | (Phone) +65-92381768 |
| Alternative Phone No | +-- |

VEHICLE PARTICULARS

| | |
|--|---------------------------|
| Manufacturer | Nissan |
| Model | Cabstar |
| Variant | - |
| Exact purpose for which vehicle was being used at time of accident | Employment |
| Are you claiming under your own insurance policy for repair to your vehicle? | No - Claiming third party |
| Vehicle Category | Commercial vehicle |

INSURANCE COMPANY

| | |
|---------------------------|---------------|
| Name of Insurance Company | AIG |
| Type of Coverage | Comprehensive |
| Fleet Policy | No |
| Policy Number | 2100385366-06 |
| Cover Note Number | - |

DRIVER

| | |
|-----------------|------------------------|
| Name of Driver | SAMPATH MARUTHA PILLAI |
| Passport No/FIN | GXXXX547T |
| Date Of Birth | 11/05/1978 |
| Occupation | Outdoor |

| | |
|--|----------------------------|
| Date Of Driving Pass | 16/06/2008 |
| Driving experience | 12 YEARS AND 6 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-93821651 |
| Alt. Phone Number | - |
| Email Address | bedok.gdm@gmail.com |
| Address | 1002A UPPER SERANGOON ROAD |
| Address complement | TAI PENG GARDENS |
| Postcode | 534740 |
| Is the driver the policyholder? | No |
| If No, Relationship of the Driver with the Insured | Employee |
| Does Driver Own Other Vehicles? | No |
| Vehicle Registration Number of Other Vehicle Owned by Driver | - |
| Insurance Company of Other Vehicle Owned by Driver | - |

GENERAL INFORMATION OF THE ACCIDENT

| | |
|--------------------------|-------------------------------|
| Type of Accident | Collision - Head on collision |
| Weather Conditions | Clear |
| Road Surface | Dry |

OTHER INFORMATION

| | |
|---|-----|
| Was any foreign vehicle involved in the accident? | No |
| Number of vehicles involved in the accident | 2 |
| Was anybody injured in the Accident? | No |
| Was any injured conveyed to hospital by ambulance? | - |
| Was any other material or property damaged? | Yes |
| Number of Passengers (Including Driver) | 0 |
| Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? | No |

DETAILS OF POLICE ACTION

| | |
|---|----|
| Was the accident reported to the police? | No |
| 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 | XD7030L |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Commercial vehicle |
| Name of Driver | SEAH TZE PEI |
| Contact Number | - |
| Address | - |
| Address complement | - |
| Postcode | - |
| Insurance Company Name | - |

| | |
|---|---|
| Nature Of Damage | - |
| Details of property damaged in accident | - |
| 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:

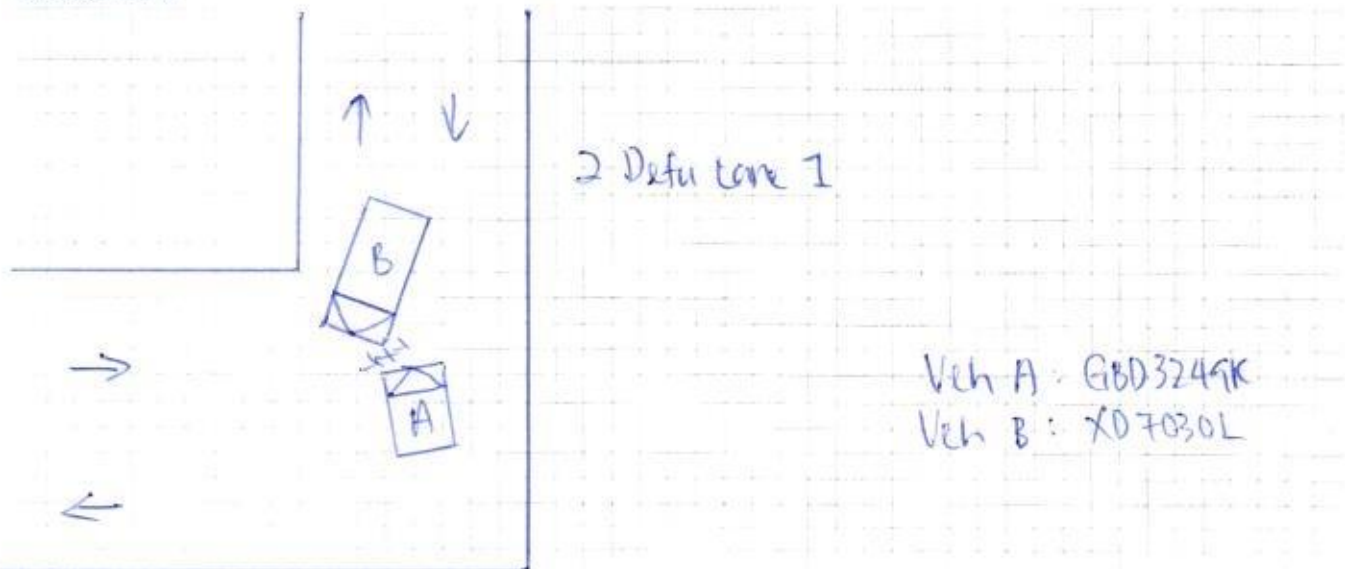
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

X  
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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On above date & time, my vehicle A (GBD3249K) was parked at
2 Defu Lane 1. Me and my passenger alighted and unloading waste at
the rear of my vehicle. Out of sudden, vehicle B (XD7030L) drove
out and collided onto the front left portion of my vehicle.

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.:

| | | | | | | |
|---|--|--|--------------------------------|----------------|--|----------------------|
| VEHICLE NO: | GBD 3249K | | MAKE & MODEL: | Nissan Cabstar | | AUTO / <u>MANUAL</u> |
| DATE OF ACCIDENT: | 8 / 12 / 2020 | | CC: | 1.6 | | |
| TIME OF ACCIDENT: | 1830 HRS | | | | | |
| LOCATION OF ACCIDENT: | Along 2 Defu Lane 1 | | | | | |
| EXACT PURPOSE USED AT TIME OF ACCIDENT: | EMPLOYMENT / PRIVATE USE / PRIVATE HIRE | | | | | |
| NAME OF OWNER: | Bedok Garden Landscape Construction Pte Ltd | | | | | |
| TEL NO: | H/P: 9238 1768 | | OFFICE: | HOME: | | |
| NRIC: | 2004167952 | | | | | |
| ADDRESS: | 1002A Upper Serangoon Road S(534740) | | | | | |
| EMAIL: | bedok.gdm@gmail.com | | | | | |
| CLAIM TYPE: | OD / <u>THIRD PARTY</u> / REPORTING ONLY | | | | | |
| FLEET POLICY: | YES / <u>NO</u> ? | | | | | |
| INSURANCE COMPANY: | AIG | | | | | |
| TYPE OF COVERAGE: | Comprehensive / Third Party / Third Party Fire & Theft | | | | | |
| POLICY NO: | 2100385366-06 | | | | | |
| NAME OF DRIVER: | AS ABOVE / IF NO: Sampath Marutha Pillai | | | | | |
| NRIC: | G8222547T | | ANY PASSENGER: - | | | |
| DATE OF BIRTH: | 11 / 5 / 1978 | | License Passed Date: 16/6/2008 | | | |
| OCCUPATION: | OUTDOOR / INDOOR | | | | | |
| GENDER: | <u>MALE</u> / FEMALE | | | | | |
| CONTACT NO: | H/P: 93821651 | | OFFICE: | HOME: | | |
| ADDRESS: | 1002A Upper Serangoon Road S(534740) | | | | | |
| EMAIL: | bedok.gdm@gmail.com | | | | | |
| DOES DRIVER OWNED ANY VEHICLE: | <u>NO</u> / IF YES, REG NO: | | INSURER: | | | |
| RELATIONSHIP: | Employee | | | | | |
| WEATHER CONDITION N: | <u>CLEAR</u> / RAINING / OTHERS: | | | | | |
| ROAD SURFACE: | <u>DRY</u> / WET / OTHER: | | | | | |
| ANY INJURIES: | <u>NO</u> / IF YES, WHO? | | | | | |
| NAME & CONTACT: | | | | | | |
| NAME & CONTACT: | | | | | | |
| POLICE REPORT: | <u>NO</u> / IF YES, WHERE? | | | | | |
| NOTICE OF INTENDED PROSECUTION GIVEN? | <u>NO</u> / IF YES, WHO? | | | | | |
| VEHICLE B REG NO: | XD7030L | | ANY PASSENGERS: | | | |
| NAME OF DRIVER: | Seah Tze Pei | | CONTACT NO: | | | |
| VEHICLE C REG NO: | | | ANY PASSENGERS: | | | |
| VEHICLE D REG NO: | | | ANY PASSENGERS: | | | |
| VEHICLE E REG NO: | | | ANY PASSENGERS: | | | |
| VEHICLE F REG NO: | | | ANY PASSENGERS: | | | |
| VEHICLE G REG NO: | | | ANY PASSENGERS: | | | |
| ANY WITNESS? IF YES, NAME: | | | WITNESS CONTACT: | | | |
| WAS THERE ANY VIDEO CAPTURE? | YES / <u>NO</u> | | | | | |
| WAS THERE ANY AUDIO RECORDED? | YES / <u>NO</u> | | | | | |
| ACCIDENT SCENE PHOTOS TAKEN? | <u>YES</u> / NO | | | | | |
| ACCIDENT PORTION: | Front left portion | | | | | |
| WORKSHOP PARTICULAR: | N-51 Automotive Pte Ltd | | | | | |
| CONTACT NO: | 68420051 / 67440510 | | | | | |
| CONTACT PERSON: | Brandon | | | | | |
| FAX NO: | 67410510 | | | | | |
| WORKSHOP EMAIL: | sales@n51.com.sg | | | | | |



CERTIFICATE OF INSURANCE

COMMERCIAL AUTOPLUS COMMERCIAL VEHICLE

Name of Policyholder : Bedok Garden Landscape Construction Pte Ltd
Period of Insurance : 08 Sep 2020 To 07 Sep 2021
Engine No. : ZD30341685K
Chassis No. : JN1SC2F24Z0856370

Vehicle No. : GBD3249K
Policy No. : 2100385366-06
Endorsement No. :
Issued Date : 26 Aug 2020

ABOUT THE COVER

Make/Model : NISSAN NEW CABSTAR
Engine Capacity/Tonnage : 1.6 Tonnage
Driver Restriction : NA
Sum Insured : Market Value
Off Peak Car : No
First Year of Registration : 2014
Insuring with COE/PAF : Yes

Person or Classes of Persons Entitled to Drive*

- 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.

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*

- 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 drawing a trailer 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 Own Damage - \$800 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)

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: Daimler Financial Services Africa & Asia Pacific Ltd

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).

0500522000

MULTI-LINES AGENCIES

AIG BUILDING, 78 SHENTON WAY #01-K1 GEM ROOM
SINGAPORE 079120 AYSP-NONLIFE

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

Phock Lai Tan