	ASS. REC. BY:	Tayofth	KEF:	CC4/1919 2	200/480	oy (Ti	993.
		3		ASSI	GNMEN	$\overline{\mathbf{T}}$	
×				¥			
	From:		Date:		Veh No:	950	34646
	712 866 to 37,000						

	7.	*
From:	Date:	Veh No: GBP 3464E Yr Regn: 2014 1 Se
Estimated Cost:		Type: M.Car / M.Cycle / Bus / Van / Corry / Taxi / Prime Mover /
OD IMP) WS I TP RES I OD RES	S / EVA / INV / MV	Truck / Trailer or
To Inspect Vehicle No:	B	Make: Nissan Cabstar c.c 295
at Workshop m/s		Colour Silver - A/C: Insured / Std / NI / NA
of		Sp.Reading 23484X T/Radio: Insured / Std / NI / N.
Insured:		Eng/No:
Policy No.		C/No: JNI S(21=247085636)
Claims No.		Gen. Cond: Good / Fair / Poor / Burnt
Sum Insured:	Excess:	Steering: Inorder / Jammed / Leaked / Burnt or
(Client's Record)	×	Brake: Inorder / Jammed / Leaked / Burnt or
Make of Veh:	28.	Modi: Nij / S/Rim / STD A/Rim or
-	A STATE OF THE STA	Tyre Size: F: 125/RL5 MICE
(Policy Condition)		R: 165/RIS. MANXI
Remark: The veh had commenc	ed its N/S O/S	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
repair at the time of in	spection.	TOYO/YOKO or
Bal. or Market Value:	430K.	Front Rear
IDAC Accident Rport:	Consistent?: Yes or No	R/Bal, 6 mm R/Bal. 6/6 m
GIA / PR Seen:	Consistent?: Yes or No	L/Bal. 6 mm L/Bal. 6/6. m
Est. Repairs: da	ays Res.: Yes or No	D.O.A. D.O.I. 12/1/21
Lum Sum: %	3 Val.: Yes or No	Survey held at Teamunh Gareyl.
CA / REV / REP. / 24 HI	De WY	Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or
	Vehicle: IN / OUT	
Date: Person C		The U/C / Chassis frame / Body Structure affected due to collisi
Date / Time Action / Instru	ction	
	,	
		6
Date/Time, File Pass to?	Preli. Report	Days Of Repair:
<u></u>	Final Report	Resurvey No. of Trip: Survey Fee:
	ov named 1.55 Mazic 5	Transportation:
Date/Time, File Return to?		THE TEXT
Date/Time, File Return to? 2)	Add Fed	
	Add Fed	Julian day 10
	Add Fed	: Interview (\$) Photos
2)	Add Fed	: Interview (\$) Photos : Tech. Invs (\$) Others
2) Rep air Formair:	Add Fed	: Interview (\$) Photos



AIG INSURANCE

TeamWork Garage Pte Ltd

53 Ubi Avenue 1 #01-23/24 Spore 408934

Paya Ubi Industrial Park

Tel: 6844 2475

E-mail: claims@teamworkgarage.com

ROC number: 201015366H REPAIR PROFORMA INVOICE

Vehicle number	GBD3464E
Make / Model	NISSAN/CABSTAR
Chassis number	JN1SC2F24Z0856572
Accident date	17/12/20
Reference	2012-34

04	Particular	2012-34
Qty		Unit Price - SGD \$
	PARTS REPLACEMENT - LIST ITEM	2.1
1	TAILGATE	1941.66 by-
3	TAILGATE LOWER HINGE	138.00 64 /
2	TAILGATE STOPPER	29.28 mis-
1	TAILGATE SIDE HINGE LH	183.60 7
1	TAILGATE SIDE HINGE RH	183.60 7
1	TAILGATE LOCK CATCHER RH	57.00 X
1	TAILGATE LOCK CATCHER LH	57.00×
1	FLOOR PANEL MEMBER	740.25
1	TAILLAMP LH	291.40 ?
1	TAILLAMP RH	291.4004
1	TAILGATE PANEL RH	109.54 🛴
1	TAILGATE PANEL LH	109.54 7
1	SPARE TYRE TOP MEMBER	629.75 € 🌂
1	REAR NUMBER PLATE LAMP	64.00 🗶
1	SIDE GATE LH	1860.14 Ry
1	REAR VIEW MIRROR	489.50 X
	Less 10%	7175.66
		717.57
		6458.09
	PARTS REPLACEMENT - SPECIAL NETT ITEMS	
	Balance B/F	6458.09
		280 11
1	STEP GARNISH (AFTER MARKET)	450.00 bt
1	STICKER - NISSAN	70.00 Nei
1	STICKER - 70km/hr	50.00
1	REAR NUMBER PLATE	80.00 bt 3
100	REVERSE SENSOR	400.00 em.
1	ALUMINIUM TAILGATE BOARD	1000.00 📈
1	CANOPY	2800.00 ⊀
	Subtotal	4850.00
	LABOUR AND MISCELLANEOUS CHARGES	
	Balance B/F	11308.09
1	CHECK REAR WIRING AND LIGHTNING SYSTEM	80.00 30
2	REMOVE AND RENEW REAR REVERSE SENSOR	150.00 30
3	TRANSFER PARTS, ATTACHMENT FROM OLD TAILGATE TO NEW	200.00 60
4	TRANSFER PARTS, ATTACHMENT FROM OLD SIDEGATE TO NEW	200.00 x
5	REMOVE AND REPLACE ALUMINIUM TAILGATE BOARD	400.00 €
6	REMOVE AND REPLACE CANOPY TO FACILITATE REPAIR	500.00⊀
7	PANEL BEATING ON AFFECTED AREAS	1800.00 700
8	SPRAY PAINTING ON AFFECTED AREAS	1600.00 60
9	APPLY ANTI RUST ON AFFECTED AREAS	150.00 3
	Subtotal	5080.00
	Grand total	16388.09
	Taha azzaxiva	

600 600 30 LKK Auto Consultants hence notify the Repairer of the following:

To resurvey before/after spray painting

To display damaged part(s) during resurvey

Parts prices are subject to confirmation

Third party survey is on a "Without Prejudice" basis

No illegal modification(s) is allowed

Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Compan

Taught 97495749 WP' 17/1/2185pm C/s Nesry affer regin taughtie (khanton



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

IMPORTANT NOTICE

1. Please report <u>correctly</u> the details of the accident to speed up the claims process.
2. This Form must be <u>completed by the Policyholder and/or the Authorised Driver</u>
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

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.

4. The issue and acceptance of this Form by insurance companies is not an admission of policy hability 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 Date of Accident **Exact Location of Accident** Additional Location Information Country/State of Loss

18/12/2020 16:21 (SGT) 17/12/2020 09:20 (SGT) Hougang Ave 3, Singapore

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

GBD3464F

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner Company Reg No **Email Address** Mobile Phone No Alternative Phone No

Yes BESMAR ENERGY PTF LTD 2XXXXX293W chongkokchoychoy@gmail.com (Phone) +65-68423752 (Office) +65-68423752

VEHICLE PARTICULARS

Manufacturer Model Variant Exact purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to your vehicle? Vehicle Category

Nissan Cabstar

Employment

No - Claiming third party Commercial vehicle

INSURANCE COMPANY

Name of Insurance Company Type of Coverage Fleet Policy Policy Number Cover Note Number

China Taiping Insurance Comprehensive DMCVSNW00070522002

DRIVER

Name of Driver NRIC No Date Of Birth Occupation

CHONG KOK CHOY SXXXX024J 13/09/1969 Outdoor



Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number

Email Address

Address

Address complement

Postcode

Is the driver the policyholder?

If No, Relationship of the Driver with the Insured

Does Driver Own Other Vehicles?

Vehicle Registration Number of Other Vehicle Owned by Driver

23/10/2002

18 YEARS AND 2 MONTHS

Male

(Phone) +65-83492202

chongkokchoychoy@gmail.com

BLK 16 TELOK BLANGAH CRESCENT

#03-326 090016

No

Employee

No

Insurance Company of Other Vehicle Owned by Driver

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident Weather Conditions Road Surface

Collision - Head to Rear

Clear Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident

Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance?

Was any other material or property damaged? Number of Passengers (Including Driver)

Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?

PASSENGER 1

Name Gender

PASSENGER 2

Name Gender

PASSENGER 3

Name Gender

No 2

Yes Yes

Yes

No

ISLAM MD RASEDUL

Male

Male

Male

DETAILS OF POLICE ACTION

Was the accident reported to the police? Police Station Name Police Station Phone No Alt. Police Station Phone No Police Station Address Was notice of intended Prosecution given?

If yes, against whom?

Yes

Traffic Police

(Phone) +65-65470000 (Fax) +65-65474900

10 Ubi Avenue 3 Singapore 408865

No

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT - T/20201217/2056.

ATTACHMENT(S)

Are accident photos available for attachment? Was there any video captured by Car Camera?

Yes No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number GN5321J Vehicle Manufacturer Toyota Vehicle Model Dyna Vehicle Variant Vehicle Colour

Vehicle Category Commercial vehicle Name of Driver ANG BOON PENG NRIC No SXXXX672A Contact Number

Address Address complement

Postcode

Insurance Company Name Nature Of Damage

Details of property damaged in accident No. Of Passenger (Including Driver)

INJURED PERSONS DETAILS

INJURED 1

Name of injured person ISLAM MD RASEDUL Address Address Complement

Post Code

Approximate Age Years Old

Injuries Sustained **BODY** Injured person in which vehicle? GBD3464E Were seat belts worn? Yes Yes

Was this injured conveyed to hospital by ambulance?

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2 This Formmust 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 GA 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
- 8. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, 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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes



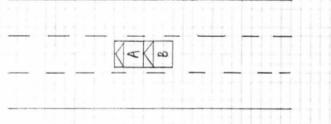
Policyholder's Signature / Date &

Driver's Signature (If driver is not the policyholder) / Date

Witnessed by Re

Personnel

Sketch Plan



A: GBD3464E

B: GN 5321]

Describe Circumstances of	THE RECIDENT	
	Refer to police report	
	Refer to police report	
Declaration		
We declare the foregoing particula	ars are true in every respect.	
BESMAR DESMAR		Ma
Policyholder's Signature / Date & Fime	Driver's Signature (If driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

1 of 3 Report No. T/20201217/2056

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/12/2020 13:38		Made:	Vide Report No.:	Station Diary No.:	
Informa	nt's Partic	ulars			
Name of Informant: CHANG KOK CHOY			Address; APT BLK 16 TELOK BLANGAH CRESCENT #03-326 MOUNT FABER VIEW SINGAPORE 090016		
ID Type / ID No · NRIC NO / S6968024J			Contact No.: Home/Office:	Mobile: 83492208ັ້ງ	
Nationality: MALAYSIAN			Email:		
Sex: Age: Date of Birth: Male 51 13/09/1969			Type of Informant: Driver		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: CONSTRUCTION WORKER			Driving Licence Information: Class: Date of Expiry:		

Type of Accident:	Injury Conveyed By Ambula	Drink nce Drive: No	Date/Time of Accident: 17/12/2020 09:20	Type of Location: Straight Road	
Location: HOUGANG A Weather:		Road Surface:		Road Speed Limit:	
Clear Dry				toad Opeca Linit.	
		Traffic Control: Not Controlled	1.00	Traffic Volume: Moderate	
Type of Collis	ion:		1	Anyone conveyed by	

Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenge
GBD3464E	Lorry	NISSAN	CABSTAR 3.0 5M/T ABS 2DR 2WD EURO 5	Silver		0
GN5321J	Lorry	TOYOTA	DYNA 150 5MT	Silver		0



Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000



2 of 3

Report No. T/20201217/2056

CONTINUATION OF REPORT

Details of Perso	on Involved	DOM:	ROS CONTRACTOR	No. of the last of	Commen	CANADA AND AND AND AND AND AND AND AND AN
Any Pedestrian I	nvolved: No		Marie Control	- 11-		Annual Company of the Party of
No. of Pedestria	ns Injured: NIL	100	Use of P€	edestria	n Cross	sing: NA
Driver		Brates			1 01000	sing. IVA
Name	CHANG KOK CHOY			ID No.		S6968024J
Related Vehicle	GBD3464E (Lorry)			Contact No.		83492200
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL
Date Treatment	NIL Date D			charge	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree o			
Driver	POR MANUAL SHALL THE REAL PROPERTY.	Harry Strage	209.000	Hijory	TAIL.	A STATE OF THE PARTY OF THE PAR
Name	Unknown Driver			ID No	. 1	NIL
Related Vehicle	GN5321J (Lorry)			Conta	ct No.	NIL
Hospital/Clinic	NIL			Class Driving Licent Expiry	g ce &	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disc		NIL	Make Attitude
No. of Days grant	ed Medical Leave	NIL	Degree of	Injury	NIL	

Brief Details.

ON STATED DATE TIME AND LOCATION

ON 17/12/2020 AT ABOUT. 9:20 AM. I WAS BEARING A VEHICLE PLATE NUMBER (GBD3464E) AND THE OTHER PARTY WAS BEARING A VEHICLE PLATE NUMBER (GN5321J). I WAS TRAVELLING ALONG HOUGANG AVE 3 GOING TOWARDS AVE 2 AFTER BARTELY ROAD. AS I WAS IN THE SECOND LANE AFTER WHICH OUT OF THE SUDDEN A VEHICLE HIT ON TO MY REAR OF MY VEHICLE. TOTAL PASSANGER I HAVE WAS 2, ONE WAS INJURED AND WAS CONVEY BY THE AMBULANCE AND WAS SENT TO THE HOSPITAL.THEREFORE I AM MAKING A POLICE REPORT.





3 of 3

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

Report No. T/20201217/2056

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report: TP /	Signature Of Informant:
SC MUHAMMAD SHAFFIY BIN ROSLAN	A
Signature Of Interpreter:	Date/Time:
Not applicable	17/12/2020 13:38
Officer In Charge Of Case: TP / GIT /	Classification Of Case:
Staff Sgt TAN JUN YAN	(F. 3)
Contact No.: 65476311	SINGAPORE POLICE FORCE
Authentication Stamp NP168	
	Signature: