NATIONAL Assessment Centre	Services.	ן מלוחבל ו זישן .	SNI 092	11 F 000 B		i.
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TP Insurer:	Assessment/S	Survey Report		- 5		
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Profurred Wksp / INC Assign Wksp / QW: (Tol: 4	Fax)
	BE 9015 2.	. INC()/Non-IN	C(<).	4	
Owner / Driver: (Tel:	· · · · · ·)	
Policy No: () Perio	d: (Cover Type:)	
Confirmed by : (Date:	Thi)	10
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Driver/Owner:		3) TF : Towing Fee 4) FT : Follow-Thro	nah Surany	\$40/\$45 \$120	_	
Contact No:		5) PT : Follow-Thro	igh Survey (Real	irvay) 530		
	-	For alsiming state 6) TR: Re-Inspection		\$75		
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0000		a) NTUC Additional				
QC Checked by (Bugr-In-Charge):	P	*MS: Courlesy Ca. *MS: Rapair Cu-to		. 510		
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343		9) N12: Idea Mobile Involve dated		30 Fee Charged		WATER TOWN
2/3:	300	Involce dated		Fee Charged	MARIEN	

SN09211F000B / National Assessment Centre Services [408933] ENTRY DATE & TIME: 15/01/2021 14:29 (SGT) SUBMITTED BY: Chew Hsiao Tong VERSION: 1 (15/01/2021 14:29 (SGT))

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report <u>correctly</u> 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 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.
- Any false reporting may be referred to the Police for Investigation.
 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

Exact Location of Accident AYE, S Additional Location Information	2021 14:29 (SGT) 2021 13:40 (SGT) Singapore
Country/State of Loss Singap	ore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	***************************************	GBH5601S	

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner	Yes SHI FU GE PTE LTD
Company Reg No	
Email Address	ADMIN@MYCAR.SG
Mobile Phone No	(Phone) +65-98888885
Alternative Phone No	+65-98888885

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Nv350
Variant	-
Exact purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to	Private use
your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle
your vehicle?	No - Claiming third par Commercial vehicle

INSURANCE COMPANY

AIG
5555
Comprehensive
No
2070029795
20,0020,00

DRIVER

NRIC No SXXXX044H Date Of Birth 04/12/1993 Occupation Outdoor	
---	--

Date Of Driving Pass 27/06/2017 Driving experience 3 YEARS AND 7 MONTHS Gender Male Mobile Number (Phone) +65-85353044 Alt. Phone Number Email Address ADMIN@MYCAR.SG Address BLK 223A SUMANG LANE #03-171 Address complement Postcode 821223 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 Chain Collision Weather Conditions DRIZZLING Road Surface Wet OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? Yes Was any injured conveyed to hospital by ambulance? Yes Was any other material or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No PASSENGER 1 NUR IMELDA AMELYA BINTE MUHAMMAD ISZAHAR Name Gender Female

PASSENGER 2

Name NUR AIN BINTE SAMDANI

Gender Female

PASSENGER 3

Name NUR IZARA ALYSHA BINTE MUHAMMAD ISZAHAR

No

Gender Female

DETAILS OF POLICE ACTION

Was the accident reported to the police? Yes

Police Station Name Traffic Police Police Station Phone No

(Phone) +65-65470000 Alt. Police Station Phone No (Fax) +65-65474900

Police Station Address 10 Ubi Avenue 3 Singapore 408865

Was notice of intended Prosecution given?

If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT T/20210114/2052

ATTACHMENT(S)

Are accident photos available for attachment? Yes Was there any video captured by Car Camera? No



DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBE9015Z
Vehicle Manufacturer	
Vehicle Model	_
Vehicle Variant	2
Vehicle Colour	2
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	2
Address	2
Address complement	2
Postcode	
Insurance Company Name	20
Nature Of Damage	-
Details of property damaged in accident	87
No. Of Passanger (Including Driver)	
No. Of Passenger (including Driver)	2

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	XD8575A
Vehicle Manufacturer	-
Vehicle Model	
Vehicle Variant	1.73
Vehicle Colour	U.51
Vehicle Category	Commercial vehicle
Name of Driver	Commercial venicle
Contact Number	1079 107
Address	127 -
Address complement	
Postcode	
Insurance Company Name	
Nature Of Damage	· ·
Details of property damaged in accident	550
No. Of Passenger (Including Driver)	(1) (1)

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	MUHAMAD ISZAHAR BIN HAMID
Address	
Address Complement Post Code	
Approximate Age Years Old	
Injuries Sustained	BODY
Injured person in which vehicle?	-
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

INJURED 2

Name of injured person Address	NUR AIN BINTE SAMDANI
Address Complement	2
Post Code	
Approximate Age Years Old	
Injuries Sustained	BODY
Injured person in which vehicle?	GBH5601S
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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>.
- 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.
- 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, clisclose 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 Bate & Time: Driver's Signature (if driver is not the policyholder)

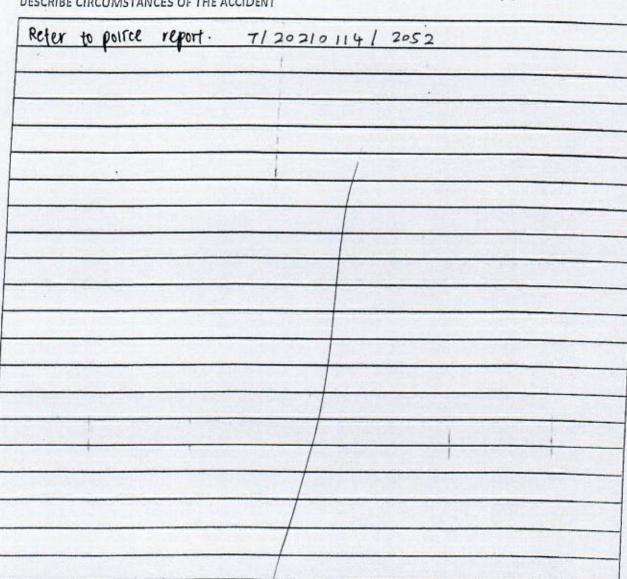
Date & Time:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No .:

renicle A: 38 H 56015 entue B: GBE90152 enrue c: XD 8575A

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT



DECLARATION

I/We declared every respect.

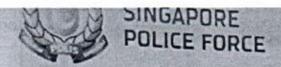
Policyholder Date & Time:

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

Reporting Centre Personnel's Signature Name:

NRIC/FIN No .:

animar stondallancours, 93





Police Station Of Origin: Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

1 of 4 Report No. T/20210114/2052

REPORT OF A TRAFFIC ACCIDENT

Date/Tim 14/01/20	e Report M 21 13:25	lade:	Vide Report No.:	Station Diary No.;	
Informa	nt's Particu	ilars	THE SELECTION OF THE SECOND SE		
THE RESERVE OF THE PARTY OF THE	Informant: MAD ISZAH	HAR BIN HAMID	Address: APT BLK 223A SUMANG LAI	NE #03-171 SINGAPORE 821223	
ID Type NRIC NO	/ ID No.: D / S934604	14H	Contact No.: Home/Office: Mobile: 85353044		
National SINGAP	ity: ORE CITIZ	EN	Email:		
Sex: Male	Age: 27	Date of Birth: 04/12/1993	Type of Informant: Driver		
Race: Boyanese			Language: English	Institution / School Name:	
Occupation: DELIVERY DRIVER		2	Driving Licence Information: Class:	Date of Expiry:	

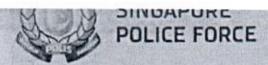
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 12/01/2021 13:40	Type of Location Straight Road
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KEPPEL ROAD

Weather: Drizzling	Road Surface; Wet	Road Speed Limit:
Traffic Flow: Two Way	Traffic Control: Not Controlled	Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear		Anyone conveyed by ambulance: Yes

Vehicle No.	Type	Make	Model	Color	Condition	No of Passange
GBH5601S	metadamental and the Control	NISSAN	NV350 PANEL VAN		Seriously Damaged	STATE OF THE PERSON NAMED IN COLUMN NAMED IN C
			2.5 5MT 5DR		The same	

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured, NIL	Use of Pedestrian Crossing: NA





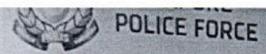
2 of 4

Report No. T/20210114/2052

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

CONTINUATION OF REPORT

Passenger	2016年1月1日 1月1日 1月1日 1月1日 1月1日 1月1日 1月1日 1月1日		The second	Control of the State of the Sta
Name	NUR IMELDA AMELYA BINTE MUHAMMAD ISZAHAR		ID No.	T1823277J
Related Vehicle	GBH5601S (Van)		Contact No.	NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Dise		
	ted Medical Leave NIL		f Injury NIL	TO THE REPORT OF THE PERSONS ASSESSED.
Driver	THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.	DENG SPREEDING		A CONTRACTOR OF THE PARTY OF TH
Name	MUHAMMAD ISZAHAR BIN H.	AMID	ID No.	S9346044H
Related Vehicle	GBH5601S (Van)		Contact No.	85353044
Hospital/Clinic	NTFGH		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL MALERINA	Date Disc		"是是不够强力的。
THE RESERVE OF THE PERSON NAMED IN COLUMN TWO	ted Medical Leave 03	Degree o	f Injury NIL	
Passenger	NOTE THE PROPERTY OF THE PROPE			
Name	NUR AIN BINTE SAMDANI	A CONTRACTOR	ID No.	S9317205A
Related Vehicle	GBH5601S (Van)		Contact No.	NIL
Hospital/Clinic	NTFGH	2010	Class of Driving Licence & Expiry Date	Class; NIL Date of Expiry: NIL
Date Treatment	NIL	Date Disc	harge NIL	
THE RESIDENCE OF THE PERSON NAMED IN COLUMN 1997 AND ADDRESS OF THE PERS	ted Medical Leave 03	Degree o	finjury NIL	
Passenger				7,51000,404
Name	NUR IZARA ALYSHA BINTE M ISZAHAR	IUHAMMAD	ID No.	T17200401
Related Vehicle	GBH5601S (Van)			NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NiL Date of Expiry: NiL
Date Treatment	NIL	Date Disc	harge NIL Injury NIL	
	nted Medical Leave NIL	THE RESERVE THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.	建工作的工作。2011年1月1日	AND THE RESIDENCE OF THE PARTY



3 of 4

Report No. T/20210114/2052

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

CONTINUATION OF REPORT

Brief Details.

ON THE STATED DATE, TIME AND LOCATION,

I WAS TRAVELLING ALONG AYE TOWARDS TUAS NEAR AHMAD IBRAHIM ROAD. I SAW THE TRUCK INFRONT OF ME COMING TO A COMPLETE STOP. I WAS GRADUALLY SLOWING DOWN BEHIND THE TRUCK AND CAME TO A COMPLETE STOP AS WELL. WHEN THE TRAFFIC FLOW STARTED TO MOVE AGAIN, I ALSO SWITCHED TO GEAR TWO TO GET READY TO MOVE OFF. WHEN I CHECK MY REARVIEW MIRROR FOR THE FIRST TIME, I DIDN'T SEE ANY ONCOMING VEHICLES. AFTER A FEW SECONDS LATER, RIGHT AS I WANTED TO MOVE OFF, A VAN SUDDENED DASHED TOWARDS MY VEHICLE AND COLLIDED INTO ME FROM BEHIND. AS A RESULT, MY ENTIRE VEHICLE JERKED FORWARD AND ENDED UP COLLIDING WITH THE TRUCK INFRONT OF ME. I WAS STUCK MOMENTARILY IN BETWEEN BOTH VEHICLES. WHEN THE POLICE AND AMBULANCE ARRIVED, MY WIFE AND I WAS CONVEYED TO NG TENG FONG GENERAL HOSPITAL. AFTER I WAS DISCHARGED FROM THE HOSPITAL, MY WIFE AND I WENT TO A PRIVATE CLINIC FOR A CHECK-UP THE NEXT DAY AS WE FELT THE PAIN AGAIN. THAT'S ALL.

IO IN-CHARGE: SUFIAN

T/20210114/2052

4 of 4

Report No. T/20210114/2052

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

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/ SC MUHAMMAD SYAFIQ BIN ABDULLAH

Signature Of Interpreter: Not applicable

Officer In Charge Of Case: TP/GIT/

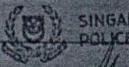
Sgt 3 ABDUL MUHAIMIN BIN HUSSAIN Contact No.: 65476090

Authentication Stamp NP168

Signature Of Informant:

Date/Time: 14/01/2021 13:25

Classification Of Case:



SINGAPORE DOLKE FORCE

Signaturet



CERTIFICATE OF INSURANCE

COMMERCIAL AUTOPLUS COMMERCIAL VEHICLE

Name of Policyholder

: SHI FU GE PTE, LTD.

Period of Insurance

: 26 Feb 2020 To 11 Jun 2021

Engine No.

: YD25424200A

Chassis No.

: JN1MC2E26Z0008787

Vehicle No.

: GBH5601S

Policy No.

: 2070029795

Endorsement No. Issued Date

: 000000000367420 : 18 Nov 2020

ABOUT THE COVER

Make/Model

: NISSAN NV350 PANEL VAN

Engine Capacity/Tonnage: 1.5 Tonnage

Sum Insured : Market Value

First Year of Registration : 2018

Driver Restriction

Off Peak Car : No

Insuring with COE/PARF : 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.

Use for the carriage of passenger (other than for hire or reward) in connection with the Policyholder's business.
 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

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: Hitachi Capital Asia Pacific 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).

0502368000

TH INSURANCE SPECIALIST AGENCY

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

71 BUKIT BATOK CRESCENT #11-07 PRESTIGE CENTRE SINGAPORE 658071 Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

Ying Ling Elleen Goh

Date of Accident	11-01-2021 Accident Time: 1340Hvs (24-HR-Format)
Applicant Place	: AYE twods That Lamp post 85
Vehicle Reg. No. (Car Plate No.)	5 CBH 26013
Vehicle Make/Model .	: Toyota trace NISSAN NV350
Insurance Company	:_ AIGPolicy No
Owner or Company Name /IC No.	: Shi Fuge Pte (td
Owner or Company Contact No.	: 9888 8885 Owner's Hp Company Tel
DRIVER'S Name / IC No.	: munamad Iszahar bin Hamid
DRIVER'S Date Of Birth	: 04-12-1993 DRIVER'S License Pass Date 27-06-2017
Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling \ Employee\ Others:
DRIVER'S Address	: BIK 123A Sumang Lane #103-171 8821.223
DRIVER'S Contact No./ Alt No.	1) 8535 3044 2) 8918 4478
DRIVER'S Occupation	: INDOOR \ OU(TDOOR (e.g. working inside or outside office)
Email Address	: Admin@ mycarisq
Weather & Road Surface	: CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
Reporting Type	: Reporting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (Including Di	river): 04 - 3 Female passengers. Wite 1 200
Other F	arty Driver's Particular (if anv)
Vehiclo Reg. No: GBE 90152	Vehicle Reg. No: ×D 8575A
Vehicle Make\Model:	
Name Driver:	Name Driver:
IC No. Driver:	
Driver's Contact & Add:	