Date In: 10/08/21	11	Services (1988) Job description	Date & Time Completed	Don	e by
Res No MA/AIG2100	8321/02	SAS e-filing			
Veh No GBH46166		E-mail (widon Shrs. AfC 2hrs)			******************************
D.O.A :05/08/21	1900	i-Motor Claim Form			
		i-Motor W/O (Within: QD 2h	re TP Ahre)		
OD (TP) Reporting Only		i-Photo Uploaded	13. 11 7113)		* *
TP Insurer:		Assessment/Survey Report			
TF Insuler		Ass't Report by Fax / Hand	to Owner/Wksp		
Preferred Wksp / INC Assign Wk	sp / QW: (Tel: Fax	(:	
TP Particulars: Ve	eh No: FOR	ER CIFT INC ()/Non-INC ()		
Owner / Driver: (Tel:)	
Policy No: () Period	:()	Cover Type: ()	
Confirmed by: (Date:	Time:)	
Insured/Driver Liability: (%) [Note	e-Est. Status (WO): N: 0-2	0%; P: 21-79%. F: 80-100	0%]	
Year of Registration: () Warı	ranty: YES ()/NO ()		
Excess: (\$) Lo	oading: \$1,000 ()/\$2,000()			
General Remarks:-					-
Remarks:- (INC horline: 6 1) Apply for Transport Allowand 2) QC Check / Post Repair Inspe	ce () / Court	tesy Car ()	Date&Time Completed	Done	
3) Upload Resurvey Photo [Reparting of the control] ()			
3) Upload Resurvey Photo [Repa	air Cost > \$3000		Daration Checklist	Anit (\$)	
3) Upload Resurvey Photo [Repair Injury : Date/Time Actions	air Cost > \$3000	Invoice Pre	Reporting (\$30);		
3) Upload Resurvey Photo [Repair Injury : Date/Time Actions NA 210 Claimant's Particulars :-	air Cost > \$3000	Invoice Pre 1) AR: Accident 2) DA: Damage 3) TF: Towing F	Reporting (\$30); Assessment (\$100); INC (\$80) ee \$40/\$4	1st Bill 30	
3) Upload Resurvey Photo [Repair Injury : Date/Time Actions	air Cost > \$3000	Invoice Pre 1) AR : Accident 2) DA : Damage 3) TF : Towing F 4) FT : Follow-Ti 5) FT : Follow-Ti	Reporting (\$30); Assessment (\$100); INC (\$80) ee \$40/\$4 brough Survey \$12 hrough Survey (Resurvey) \$3	1st Bill 30	
Jupload Resurvey Photo [Repair Injury : Date/Time Actions NA DIC Claimant's Particulars :- Priver/Owner: Contact No:	air Cost > \$3000	Invoice Pre 1) AR : Accident 2) DA : Damage 3) TF : Towing F 4) FT : Follow-Ti 5) FT : Follow-Ti	Reporting (\$30); Assessment (\$100); INC (\$80) ee \$40/\$4 brough Survey \$12 hrough Survey (Resurvey) \$3 gainst INC Oaly (wef 10 Jan 2005)	1st Bill .30 .5 .0 .0	
Jupload Resurvey Photo [Repair Injury : Date/Time Actions NA DIC Claimant's Particulars :- Driver/Owner: ontact No:	air Cost > \$3000	Invoice Pre 1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-T 5) FT: Follow-T For claiming a 6) TR: Re-inspec 7) N1: Idac DA	Reporting (\$30); Assessment (\$100); INC (\$80) ee \$40/\$4 brough Survey \$12 brough Survey (Resurvey) \$3 gainst INC Oaly (wef 10 Jan 2005) etion \$7 et SMRT Survey \$16	1st Bill 30 5 0 0 0 5 5	
Jupload Resurvey Photo [Repair Injury : Date/Time Actions NA DIC Plaimant's Particulars :- Priver/Owner: ontact No: amaged Portion:	air Cost > \$3000	Invoice Pre 1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-T 5) FT: Follow-T For claiming a 6) TR: Re-inspec 7) N1: Idac DA 8) NTUC Additio	Reporting (\$30); Assessment (\$100); INC (\$80) ee \$40/\$4 brough Survey \$12 hrough Survey (Resurvey) \$3 gainst INC Oaly (wef 10 Jan 2005) \$1 stion \$7 + SMRT Survey \$16 onal Services:-	1st Bill 30 5 0 0 0 5 0 0 0 0 0 0 0 0 0 0 0 0 0	
Jupload Resurvey Photo [Repair Injury : Date/Time Actions NA DIC Plaimant's Particulars :- river/Owner: ontact No: amaged Portion:	air Cost > \$3000	Invoice Prepared in the property of the proper	Reporting (\$30); Assessment (\$100); INC (\$80)	1st Bill 30 5 0 0 0 5 0 0 5 5 0 0	
Jupload Resurvey Photo [Repair Injury : Date/Time Actions NA DIC Claimant's Particulars :- Priver/Owner: Contact No: amaged Portion: C Checked by (Engr-In-Charge)	air Cost > \$3000	Invoice Pres 1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-Ti 5) FT: Follow-Ti For claiming as 6) TR: Re-inspec 7) N1: Idae DA- 8) NTUC Addition OD!* *N5: Courtesy *N6: Repair Courtesy *N6: Repair Courtesy *N7: Post Repair	Reporting (\$30); Assessment (\$100); INC (\$80) ee \$40/\$4 brough Survey \$12 brough Survey (Resurvey) \$3 gainst INC Only (wef 10 Jan 2005) \$7 etion \$7 FSMRT Survey \$16 onal Services:- \$1 Car / Tpt Allowance \$2 ordination \$1 dir Inspection \$2	1st Bill 30 5 0 0 0 5 0 0 5 5 0 0 5 5 5 0 0 5	
Jupload Resurvey Photo [Repair Injury : Date/Time Actions NA DIC Plaimant's Particulars :- Priver/Owner: ontact No: amaged Portion:	air Cost > \$3000	Invoice Pre 1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-Ti 5) FT: Follow-Ti For claiming as 6) TR: Re-inspec 7) N1: Idae DA 8) NTUC Additio OD: *N5: Courtesy *N6: Repair Cc *N7: Post Repair Cc *N7: Post Repair Cc *N8: DV / Coll	Reporting (\$30); Assessment (\$100); INC (\$80)	1st Bill 30 5 0 0 0 5 5 0 0 5 5 5 5 5 5 5	Amt (\$) Add Bill
3) Upload Resurvey Photo [Repair Injury : Date/Time Actions Plaimant's Particulars :- river/Owner: ontact No: amaged Portion: C Checked by (Engr-In-Charguditors' Comments :-	air Cost > \$3000	Invoice Pre 1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-Ti 5) FT: Follow-Ti For claiming as 6) TR: Re-inspec 7) N1: Idae DA 8) NTUC Additio OD: *N5: Courtesy *N6: Repair Cc *N7: Post Repair Cc *N7: Post Repair Cc *N8: DV / Coll	Reporting (\$30); Assessment (\$100); INC (\$80)	1st Bill 30 5 0 0 0 5 5 0 0 5 5 5 5 0 0 0 0 0 0	

SN09218A0002 / National Assessment Centre Services [408933] ENTRY DATE & TIME: 10/08/2021 11:18 (SGT) SUBMITTED BY: Roslinda Binte A. Wahab VERSION: 1 (10/08/2021 11:18 (SGT))



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 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 Date of Accident **Exact Location of Accident** Additional Location Information Country/State of Loss

10/08/2021 11:18 (SGT) 05/08/2021 19:00 (SGT)

Singapore

CHANGI AIRPORT CARGO COMPLEX T6 LOADING BAY

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

GBH4616G

INSURED/POLICYHOLDER

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

Yes PAELI TRADING 5XXXX260C regineyau@hotmail.com (Phone) +65-93802249

+65-93802249

VEHICLE PARTICULARS

Alternative Phone No

Manufacturer Model Variant

Nissan Nv350

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 Transmission

CC

Employment

No - Claiming third party Commercial vehicle

Manual 2488

INSURANCE COMPANY

Name of Insurance Company Type of Coverage Fleet Policy

Policy Number Cover Note Number AIG Asia Pacific Insurance Pte. Ltd.

Comprehensive No

1800066387-03

DRIVER

Name of Driver NRIC No

MOHAMMED SAJJAD MOHSIN SXXXX679B



Date Of Birth 27/08/1973 Occupation Outdoor Date Of Driving Pass 14/05/2018 Driving experience 3 YEARS AND 3 MONTHS Gender Male Mobile Number (Phone) +65-93802249 Alt. Phone Number Email Address g13accidentreporting@gmail.com Address BLK 612 ANG MO KIO AVE 4 Address complement #07-1133 Postcode 560612 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured SOLE-PROPRIETOR Does Driver Own Other Vehicles? 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 Hit and run / Vandalism / Damaged whilst parked Weather Conditions Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? No Was any injured conveyed to hospital by ambulance? Was any other vehicle 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? Police Station Name Ang Mo Kio South Neighbourhood Police Centre Police Station Phone No (Phone) +65-18004519999 Alt. Police Station Phone No (Fax) +65-65535679 Police Station Address 81 Ang Mo Kio Ave 3 Singapore 569929 Was notice of intended Prosecution given? If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLS REFER TO THE POLICE REPORT:T/20210805/2105 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 Vehicle Manufacturer FORK LIFT-DF172
Vehicle Model BAGGAGE TROLLEY BT966
Vehicle Variant Vehicle Colour Vehicle Category Mobile equipment

Name of Driver	SATS AIRPORT SERVICE PTE LTD
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 <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.
- 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 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)

I understand, acknow ledge, 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' law yers/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' law yers/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 & Time	Driver's Signature & Time	e (If driver is not th		Pe	itnessed by Reporting Centre ersonnel
Sketch Plan		EXIT.	CHANG!	AIRPORT	CARGO COMPLEX
	2.	1 7			LOADING
VEHICLE A! G	BH 4616 G		5		
VEHICLE 13 . F	ORY LIFT . CD	F-172),	1,004	BAGGARK TROITEN.	
B/	AGGAGE (BI	966	REAR	REAL	
Τ	AGBAGE (B)	100).	X	· A	

 DEFED	70	PALIA	DEPART			
Price		OMICE	RE PORT	7/2021	0805 2105	
					1	
 		-				
			(90)			
					,	A CONTRACTOR AND A CONT

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

Witnessed by Reporting Centre

Personnel





Police Station Of Origin: Ang Mo Kio South N.P.C 81 Ang Mo Kio Avenue 3 SINGAPORE 569929

Tel No: 1800-4519999

REPORT OF A TRAFFIC ACCIDENT

1 of 3 Report No. T/20210805/2105

Date/Time Report Made: 05/08/2021 23:00		/lade:	Vide Report No.:	Station Diary No.: 127
Informa	nt's Partici	ulars		
	f Informant: IMED SAJJ	AD MOHSIN	Address: APT BLK 612 ANG MO KIO A SINGAPORE 560612	AVENUE 4 #07-1133
ID Type / ID No.: NRIC NO / S7368679B Nationality:		79B	Contact No.: Home/Office: Email:	Mobile: 93802249
BANGLA	•		Ellidii.	
Sex: Male	Age:	Date of Birth: 27/08/1973	Type of Informant: Driver	
Race: Banglad	eshi		Language:	Institution / School Name:
Occupation: SELF EMPLOYED			Driving Licence Information: Class: 3 Date of Expiry:	

General Inforn	nation of the Accide	nt		
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 05/08/2021 19:00	Type of Location: Loading bay
Location: AIRLINE ROA	.D			- 14. J. 9863-6.1 6
Weather: Clear		Road Surface: Dry	Ro	oad Speed Limit:
Traffic Flow:		Traffic Control:	Tra	affic Volume:
Type of Collision Hit and run	on:			yone conveyed by abulance:

Details of V	ehicle Invo	lved				
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
GBH4616G	Van	NISSAN	NV350	Brown	Slightly Damaged	0

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





Police Station Of Origin: Ang Mo Kio South N.P.C 81 Ang Mo Kio Avenue 3 SINGAPORE 569929

Tel No: 1800-4519999

2 of 3 Report No. T/20210805/2105

CONTINUATION OF REPORT

Driver						
Name	MOHAMMED SAJJAD MOHSIN			ID No	я.	S7368679B
Related Vehicle	GBH4616G (Van)			Conta	ict No.	93802249
Hospital/Clinic	NIL		Class Drivin Licend Expiry	g	Class: 3 Date of Expiry: NIL	
Date Treatment	NIL		Date Disc	charge	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree o	CONTRACTOR OF THE PERSONS ASSESSMENT	NIL	

Brief Details.

On 05/08/2021 at about 1900hr, I parked my van GBH 4616G at the loading and unloading bay of Changi Airport Cargo Complex T6 to load the goods into my van. I had left my rear door open while I went to collect the goods.

When I came back to the van and after load up the goods into the van, I was unable to close my rear door. I further discovered that there were dents at the rear of my van.

I would like to state that I have in car camera in my van but when the engine is off, the camera will not be recording. I did not see the accident because I was not in the van. There are CCTVs at the loading and unloading bay.





Police Station Of Origin: Ang Mo Kio South N.P.C 81 Ang Mo Kio Avenue 3 SINGAPORE 569929 Tel No: 1800-4519999

3 of 3 Report No. T/20210805/2105

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 Reco	rding The Report:		Signature Of Informant:	
SI SITTI QAMARIYAH BIN	TE MOHD NAJIB		2	
Signature Of Interpreter: Not applicable			Date/Time: 05/08/2021 23:00	
Officer In Charge Of Case TP / HRT / SI KALESWARI PALANI Contact No.: 65476902	SINGAPORE POLICE FORCE	4	Classification Of Case:	
Authentication Stamp NP168	SIGNATURE			

ACCOUNTING AND CORPORATE REGULATORY AUTHORITY



INFORMATION RESOURCES

The Following Are The Brief Particulars of :

WHILST EVERY ENDEAVOR IS MADE TO ENSURE THAT INFORMATION PROVIDED IS UPDATED AND CORRECT. THE AUTHORITY DISCLAIMS ANY LIABILITY FOR ANY DAMAGE OR LOSS THAT MAY BE CAUSED AS A RESULT OF ANY ERROR OR OMISSION.

Business Profile (Business) of PAELI TRADING (53204260C)

Date: 06/08/2021

Name of Business	:	PAELI TRADING			
Former Name(s) if any	:				
Date of Change of Name	:				
UEN	:	53204260C			
Registration Date	:	29/11/2011			
Commencement Date	:	29/11/2011			
Status of Business		Live			
Status Date	:	06/11/2017			
Renewal Date	:	14/11/2020			
Expiry Date	: [29/11/2021			
Renewal via GIRO		NO			
Constitution of Business	#	Partnership			
Principal Place of Business	X.	612 ANG MO KIO AVE #07-1133 SINGAPORE (560612)			
Date of Change of Address	1	03/10/2012			
Principal Activities					
Activities (I)	:	WHOLESALE TRADE (46900)	OF A VARIETY OF GOODS WITHO	UT A DOMINANT	PRODUCT
Description	:				
Activities (II)	:				
Description	: [
Particulars of Authorised R	Representative(s)				
Name	ID	Nationality/Citizenship	Address	Address Source	Date of Appointment

Authentication No.: V21658311F





INFORMATION RESOURCES

WHILST EVERY ENDEAVOR IS MADE TO ENSURE THAT INFORMATION PROVIDED IS UPDATED AND CORRECT. THE AUTHORITY DISCLAIMS ANY LIABILITY FOR ANY DAMAGE OR LOSS THAT MAY BE CAUSED AS A RESULT OF ANY ERROR OR OMISSION.

Business Profile (Business) of PAELI TRADING (53204260C)

Date: 06/08/2021

Existing Sole-Proprietor(s) / Partner(s)

Name	ID	Nationality/Citizenship Place of incorporation/		Address Source	Date of Entry
		Origin/Registration		Source	Position
SABINA AKTHER	S7687508A	BANGLADESHI 612 ANG MO KIO AVENUE 4 #07-1133			29/11/2011
			SINGAPORE (560612)		Owner
MOHAMMED SAJJAD	S7368679B	BANGLADESHI	612 ANG MO KIO AVENUE 4	OSCARS	29/11/2011

Withdrawn Partner(s)

Name	ID	Nationality/Citizenship Address Place of incorporation/	Address Source	Date of Entry	Date of Withdrawal
		Origin/Registration		Position	

Abbreviation

OSCARS - One Stop change of Address Reporting Service by Immigration & Checkpoint Authority.

Note:

- The information contained in this product is collated from lodgements filed with ACRA, and/or information collected by other government sources.
- The list of officers for this entity is available for online authentication within 30 days from the date of purchase of this Business Profile. Please scan the QR code available on the last page of this profile to access the authentication page. For more information, please visit www.acra.gov.sg.

FOR REGISTRAR OF COMPANIES AND BUSINESS NAMES SINGAPORE

RECEIPT NO.

: ACRA210806147735

DATE

: 06/08/2021

This is computer generated. Hence no signature required.



Authentication No.: V21658311F

Page 2 of 2

Date of Accident	: _5 8 2021 Accident Time: 1 900 hrs. (24-HR-Format)		
Accident Place	: LOADING BAY OF CHANGI AIRPORT CARGO COMPLE		
Vehicle No. (Car Plate No.)	: GBH 4616 a. Make/Model: MISSAN NV 350 TG		
Insurance Company	:		
Owner or Company Name /IC No.	: PAELI TRADING. (53204260C).		
Owner or Company Contact No.	:6380 2246 Owner's HpCompany Tel		
DRIVER'S Name / IC No.	: MOHAMMED SAJJAD MOHSIN		
DRIVER'S Date Of Birth	:		
Relationship of Owner & Driver	$: Spouse \ \ Children \ \ Employee \ \ Others: \ \ \ \ \ \ \ \ \ \ $		
DRIVER'S Address	: BLK 612 ANG MOKIO AVENUE H # 07. 1133.		
DRIVER'S Contact No./ Alt No.	:1) _ 9380 2249 2)		
DRIVER'S Occupation : INDO	OOR \ OUTDOOR (e.g. working inside or outside office)		
Email Address	REGINE - YAU @ HOTMAIL COM .		
Weather & Road Surface	: CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET		
Reporting Type : Repo	rting Only \ Claim Other Party \ Claim Own Insurance		
	ver):		
Any Injury (If YES, Pls state):	eing used at time of accident: Private use \ Work Purpose		
	ty Driver's Particular (if any)		
	BAGGAGE TROLLEY Vehicle. No:		
Vehicle Make \Model: fork LIFT.	Vehicle Make \Model:		
Name Driver: SATS AIRPORT			
IC No. Driver/Contact:	IC No. Driver/Contact:		

* NEW – Passenger's name & gender:

06/08/21 worthy for C11 company stamp



CERTIFICATE OF INSURANCE

NISSAN COMMERCIAL AUTO PROTECTOR COMMERCIAL VEHICLE

Name of Policyholder

: Paeli Trading

Period of Insurance

: 07 Jun 2021 To 06 Jun 2022

Engine No.

: YD25424834A

Chassis No.

: JN1MC2E26Z0008905

Vehicle No.

: GBH4616G : 1800066387-03

Policy No.

Endorsement No.

Issued Date

: 18 May 2021

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

: NA

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.

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.

Loss Of Use (7 Days) Commercial Auto

* 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 - \$600 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)

- 1.Tan Chong Motor Sales Add: 913 Bt Timah Road Singapore 589623 64694091 64694092 64694093
- 2. Autolution Industrial Add: 19 Ubi Road 4 Singapore 408623 64909666
- 3.TC AutoClinic Add: 25 Leng Kee Road Singapore 159097 67038511 67038512 67038513 4.TC AutoClinic Add: No.1, Sixth Lok Yang Road Singapore 628099 62622212
- 5.Tan Chong Motor Sales Add: 17 Lor 8 Toa Payoh Singapore 319254 63570753 63570754

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: United Overseas Bank Limited

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).

0500610487

TAN CHONG CREDIT PTE LTD - CCH

SINGAPORE 589622 ANSP-MOTOR

911 BUKIT TIMAH ROAD TAN CHONG MOTOR CENTRE

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

AIGSGMOBILEAPP