NATIONAL Assessment Centr	e services	** *** * *** **** * **** *** * *** ***				
Date In /1/11/21	Job description		Date & Tone Comple	ted	Dor	ne by
Res No NA/A1621011540/13	SAS e-filing	!		-		
Veh No GBH7275L	E-mail (w.e.e	n Shra APC 2hrs,				
DOA 02/11/21 1819	i-Motor Cla					
*		O (Within: OD 2hr	- TP diser			
OD TP (Reporting Only)	i-Photo Upl		2.17 4115)	-		
TP Insurer:		Survey Report				
restustrer.		-	o Owner/Wksp	-		
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:		
TP Particulars: Veh No:	CB8022J	INC () / Non-INC ()		
Owner / Driver: (Tel:)	
Policy No: () Per	riod: ()	Cover Type: (N = 1 (m)
Confirmed by : (Date:	Time:	1111	·····	
	Note-Est Status (WO): N: 0-20	0%; P: 21-79%. F: 5	30-1009	6]	
1 100 100	Varranty: YES () ON \()	-		-
Excess: (\$) Loading: \$1,00	00()/\$2,000)()				
General Remarks:-	a Color Piccins	AND THE ST	Receipt to the second		7/	
Remarks:- (INC horline: 6788 6616)			Date&Time Complete	d	Don	e by
	ourtesy Car ()	Date&Time Comple's		Dons	a by
2) QC Check / Post Repair Inspection	()				
3) Upload Resurvey Photo [Repair Cost > \$30	000] ()		+		
Injury :						
Date/Time Actions	TURNET TO SEE PARK		*			
Date/Time Actions	or are the			F4818		
S A SOUND A	// .	Y	2 21 11	T	Anit (\$)	Anit (\$)
NA21044	52		aration Checklist	1500	1st Bill	Add Bill
laimant's Particulars :-		1) AR : Accident F 2) DA : Damage A	THE SALE SHARE IN SECURIOR SHARE SHA	(\$80)	-	
river/Owner:		3) TF : Towing Fee		\$40/\$45		
ontact No:		4) FT : Follow-Thr 5) FT : Follow-Thr	rough Survey rough Survey (Resurvey)	\$120 \$30		
amaged Portion:		For claiming age 6) TR : Re-inspects	ainst INC Oaly (wef 10 Jan 2 ion	(U05) \$75		
Section.		7) N1 : Idae DA + 8) NTUC Addition	SMRT Survey	\$160		
C Checked by (Engr-In-Charge):		QD*				
, , , , , , , , , , , , , , , , , , , ,		*N5: Courtesy C *N6: Repair Co-	Car / Tpt Allowance ordination	\$5 \$10		
uditors' Comments :-		*N7: Fost Repair	r Inspection	\$25		
ZI:		The second secon	ct Excess Coordination Son INC) against INC	\$5 \$20		
.2/3:		9) N12. Idac Mobil Invoice dated	4	30		
SAME STORY		invoice aniel	Fee Chargo	20		斯勒

SN09218B0005 / National Assessment Centre Services [408933] ENTRY DATE & TIME: 11/11/2021 17:46 (SGT) SUBMITTED BY: Roslinda Binte A. Wahab VERSION: 1 (11/11/2021 17:46 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Please report <u>correctly</u> the details of the accident to speed up the claims process.
 This Form must be <u>completed</u> 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.

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 11/11/2021 17:46 (SGT) 02/11/2021 18:19 (SGT) Date of Accident **Exact Location of Accident** Singapore BLK 58 OPEN SPACE CARPARK K19 DAKOTA CRESCENT Additional Location Information

Country/State of Loss

Singapore

Employment

No - Reporting only

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBH7275L

INSURED/POLICYHOLDER

Yes Is company?

VATAN SE TRADING PTE. LTD. Name Of Registered Owner

2XXXXX650W Company Reg No

Email Address vatanse.sg@yahoo.com Mobile Phone No (Phone) +65-82980656

Alternative Phone No. +65-82980656

VEHICLE PARTICULARS

Manufacturer Nissan Nv200 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?

Commercial vehicle Vehicle Category

Manual Transmission CC

INSURANCE COMPANY

AIG Asia Pacific Insurance Pte. Ltd. Name of Insurance Company

Comprehensive Type of Coverage

No Fleet Policy 1800112886-03 Policy Number

Cover Note Number

DRIVER

RAJOO S/O SAMINATHAN Name of Driver

SXXXX368D NRIC No

Date Of Birth Occupation 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

Insurance Company of Other Vehicle Owned by Driver

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident Weather Conditions

Road Surface

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 vehicle or property damaged? Number of Passengers (Including Driver)

Has the driver been approached by unknown person(s)

soliciting/offering accident claims assistance?

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

28/05/1970

12 YEARS AND 8 MONTHS

(Phone) +65-88101973

vatanse.sg@yahoo.com BLK 241 JURONG EAST ST 24

Collided into Parked Vehicle

Outdoor 31/03/2009

Male

#02-661

600241

Employee

No

No

Clear

Dry

No

No

Yes

1

No

2

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

10 Ubi Avenue 3 Singapore 408865

No

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT

ATTACHMENT(S)

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

Was there any audio recorded?

Yes

No

No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Vehicle Manufacturer

Vehicle Model Vehicle Variant

Vehicle Colour

Vehicle Category

CB8032J

Commercial vehicle

Accident report SN0921BB0005

Page 2 of 20

Name of Driver	
Contact Number	2
Address	2
Address complement	
Postcode	-
Insurance Company Name	- 33
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 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' 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
- (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.

Policy holder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date NO SEETCH AVAILABLE & Time

Personnel

Witnessed by Reporting Centre

Sketch Plan

0/5	The to the police yout: 7/2021111/2014
The Ha	information given in this report is as per LKK email stated our Dov's! No: CC6/AIG 21011254/ea3
The	driver never reported the accident to the mpany.
-	

IWe 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





T/20211111/2074

1 of 4

Report No. T/20211111/2074

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

			LAGIDENIE
REPORT	OF A	TRAFFIC	ACCIDENT

Date/Time Report Made: 11/11/2021 15:13		Vide Report No.:	Station Diary No.			
Informa	nt's Particu	ulars				
Name of Informant: AMIT BHATNAGAR			Address: 368A TANJONG KATONG ROAD SINGAPORE 437125			
ID Type / ID No.: NRIC NO / S7068227C			Contact No.: Home/Office:	Mobile: 82980656		
Nationality: SINGAPORE CITIZEN		Email: VATANSE.SG@YAHOO.COM				
Sex: Age: Date of Birth: Male 51 08/11/1970			Type of Informant: DIRECTOR OF COMPANY WHO OWNS THE VEHICLE INVOLVED			
Race:		Language:	Institution / School Name:			
Occupation: Company director		Driving Licence Information: Class: 2B,3 Date of Expiry:				

General Infor	mation of the Accide	nt		
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 31/10/2021 13:00	Type of Location:
Location: DAKOTA CR	ESCENT			
Weather:		Road Surface:	R	oad Speed Limit:
Traffic Flow:	1948/14170 32	Traffic Control:	Ti	raffic Volume:
Type of Collis Moving Vehic	sion: de Against - Parked Vo	ehicle		nyone conveyed by mbulance: o

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBH7275L	Van				Slightly Damaged	0

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





T/20211111/2074

2 of 4

Report No. T/20211111/2074

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

CONTINUATION OF REPORT

Name	AMIT BHATNAGAR		ID No.		S7068227C
Related Vehicle	GBH7275L (Van)	Conta	ct No.	82980656	
Hospital/Clinic	NIL		Class Drivin Licent Expiry	g	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Disch	Discharge NIL		
No. of Days gran	Degree of	Injury	NIL		
Driver					
Name	RAJOO S/O SAMMINATHAN				S7018308D
Related Vehicle	GBH7275L (Van)		Contact No.		88101973
Hospital/Clinic	NIL	Class Drivin Licent Expiry	g	Class: 3 Date of Expiry: NIL	
Date Treatment	NIL	Date Discl	Discharge NIL		
No of Days gran	ted Medical Leave NIL	Degree of	Injury	NIL	NW 1323-1-1-1-1

Brief Details.

ON 28/10/2021, MY COMPANY HIRED AN EX-CONVICT TO DRIVE AND DELIVER FOOD.

EMPLOYEE'S PARTICULARS: NAME: RAJOO S/O SAMINATHAN

DOB: 28/05/1970 QDL: CLASS 3

ADDRESS: BLK 241 JURONG EAST STREET 24 #02-661, S(600241)

HP: 88101973

*CURRENTLY NOT STAYING IN MENTIONED ADDRESS, AS HE IS UNDER SUPERVISION AT

SELARANG CAMP. SUPERVISOR IS FATHIN, HP: 88142157

ON 30/10/2021, RAJOO GOT INVOLVED IN AN ACCIDENT AND MADE AN ACCIDENT REPORT WITHOUT MY KNOWLEDGE. THE DRIVER OF THE PARKED VEHICLE WHICH HE DAMAGED MANAGED TO GET CONTACT OF HIM AND ASKED HIM TO PAY FOR THE DAMAGES, WHICH IS WHY HE MADE AN ACCIDENT REPORT THE NEXT DAY, TO AVOID HIT & RUN CHARGE. IN THE REPORT, HE MENTIONED THAT HE DID NOT MEAN TO HIT AND RUN THE PARKED VEHICLE. I WAS INFORMED BY THE POLICE ABOUT THE FILING OF THIS ACCIDENT REPORT. REPORT NUMBER: T/20211031/2042. RAJOO SAID HE WOULD PAY FOR THE DAMAGES CAUSED. ON 1/11/2021, IT WAS THE OFF DAY FOR RAJOO AND 1 OF MY OTHER EMPLOYEE (TIAN) WHICH IS ALSO AN EX-CONVICT, AND MORE SKILLFUL IN DRIVING. I TOLD TIAN TO TAKE RAJOO OUT FOR A 3 HRS DRIVING PRACTICE, WHICH THEY DID.

ON 02/11/2021 AT ABOUT 1730HRS, OUR BUSINESS RECEIVED A FOOD ORDER AND RAJOO





3 of 4

Report No. T/20211111/2074

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

CONTINUATION OF REPORT

WAS GIVEN THE RESPONSIBILITY FOR THE JOB OF DELIVERING THE FOOD TO THE CLIENT AT DAKOTA CRESCENT, HOWEVER, EVEN AFTER 1 HOUR, HE HAS NOT RETURNED TO OUR SHOP. OUR MANAGER CALLED TO ASK FOR HIS WHEREABOUTS BUT HE DID NOT REPLY TO THE PHONE CALL.

AT ABOUT 1900HRS, WHEN HE RETURNED TO THE SHOP, HE SHOUTED AT MY MANAGER. INSTEAD OF APOLOGIZING FOR NOT RESPONDING AND RETURNING LATE. SUBSEQUENTLY, I ASKED HIM TO LEAVE. LATER AT NIGHT, BOTH ME AND MY MANAGER RECEIVED THREATING AND HARASSING MESSAGES/PHONE CALLS FROM RAJOO. ON THE MORNING OF 03/11/2021, I REPORTED THE MATTER TO FATHIN, HIS SUPERVISOR AT SELARANG CAMP.

ON 08/11/2021, I RECEIVED AN EMAIL FROM AIG INSURANCE STATING THAT THERE WAS AN ACCIDENT INVOLVED IN MY COMPANY'S VEHICLE GBH7275L ON THE 02/11/2021. IN THE EMAIL, THERE WAS AN ACCIDENT REPORT LODGED BY THE VICTIM OF THE HIT & RUN ACCIDENT. REPORT NUMBER LODGED BY THE VICTIM: T/20211103/7003. THE LOCATION OF THE HIT & RUN ACCIDENT IS LOCATED AT DAKOTA CRESCENT.

I HAVE REPORTED ALL OF THESE TO FATHIN, HIS SUPERVISOR AT SELARANG CAMP.

THAT'S ALL





4 of 4

Report No. T/20211111/2074

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 / SCCPL TOH CHIN XIONG

Signature Of Interpreter: Not applicable

Officer In Charge Of Case: TP / HRT /

Sr Staff Sgt IRMAN BIN MOHAMAD SAID

Contact No.: 65476145

Authentication Stamp NP168

Signature Of Informant:

Date/Time:

11/11/2021 15:13

Classification Qf Case:

SINGAPORE POLICE FORCE

ACCOUNTING AND CORPORATE REGULATORY AUTHORITY (ACRA)





INFORMATION RESOURCES

Number Of Shares

Currency

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Business Profile (Company) of VATAN SE TRADING PTE. LTD. (201624650W)

Date: 16/07/2021

UEN		20162	4650W					
Company Name.		VATA	VATAN SE TRADING PTE. LTD.					
Former Name if any		YAIA	NOT THOMOTTE, ETD.					
ncorporation Date.		08/09/	2016					
Company Type		EXEM	PT PRIVATE COMPANY LIMITED BY SHAR	ES				
Status		Live C	ompany					
Status Date	3	08/09/	2016					
Principal Activities								
Activities (I)			WHOLESALE TRADE OF A VARIETY OF GOODS WITHOUT A DOMINANT PRODUCT (46900)					
Description	3	IMPO	IMPORT, MARKETING & DISTRIBUTION OF GENERAL PRODUCTS					
Activities (II)		WHOL	WHOLESALE OF A GENERAL LINE (WIDE RANGE) OF GROCERIES (E.G. CEREALS, SUGAR, EDIBLE OILS, SAUCES AND DAIRY PRODUCTS) (46303)					
Description		IMPOR	RT, MARKETING & DISTRIBUTION OF DAIR	Y PRODUCTS				
Capital								
ssued Share Capital	Number of Sha	res*	Currency	Share Type				
AMOUNT)								
1	1		SINGAPORE, DOLLARS	ORDINARY				
Number of Shares include:	s number of Treasury	Shares						
aid-Up Capital	Number of Sha	res	Currency	Share Type				
AMOUNT)								
1			SINGAPORE, DOLLARS	ORDINARY				

Authentication No.: R21549927W

Page 1 of 3

ACCOUNTING AND CORPORATE REGULATORY AUTHORITY





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Business Profile (Company) of VATAN SE TRADING PTE. LTD. (201624650W)

Date: 16/07/2021

Registered Office Address 368 TANJONG KATONG ROAD SINGAPORE (437125) Date of Address 01/10/2020 Date of Last AGM 28/06/2021 Date of Last AR 15/07/2021 FYE As At Date of Last AR 31/12/2020

Audit Firms

NAME

Charges

Charge No. **Date Registered** Currency Chargee(s) **Amount Secured**

Officers/Authorised Representative(s)

SAVANNAH CONDOPARK SINGAPORE (528796)

Name	ID	Nationality/Citizenship	Source of	Date of Appointment	
Address		Position Held	Address		
AMIT BHATNAGAR	S7068227C	INDIAN	OSCARS	08/09/2016	
65 SIMEI RISE #09-71 SAVANNAH CONDOPARK SINGAPORE (528796)		Director			
SAVERA BHATNAGAR	S7168790B	INDIAN	OSCARS	15/08/2018	
65 SIMEI RISE #03-69 SAVANNAH CONDOPARK SINGAPORE (528796)		Secretary			

Shareholder(s)

Name Address		ID	Nationality/Citizenship Place of incorporation/ Origin/Registration	Source of Address	Address Changed	
1	AMIT BHATNAGAR	S7068227C	INDIAN	OSCARS	30/12/2020	
	65 SIMEI RISE					

Authentication No.: R21549927W

Page 2 of 3

ACCOUNTING AND CORPORATE REGULATORY AUTHORITY



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Business Profile (Company) of VATAN SE TRADING PTE. LTD. (201624650W)

Date: 16/07/2021

Shareholder(s)

Name	ID	Nationality/Citizenship	Source of	Address Changed
Address	Place of incorporation/ Origin/Registration		Address	
Ordinary(Number)	Currency			
1	SINGAPORE, DOLLARS			

Abbreviation

UL - Local Entity not registered with ACRA

UF - Foreign Entity not registered with ACRA

AR - Annual Return

AGM - Annual General Meeting

FS - Financial Statements

FYE - Financial Year End

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.

: ACRA210715019089 (Free Business Profile by ACRA)

DATE

: 16/07/2021

This is computer generated. Hence no signature required.



Authentication No.: R21549927W

Page 3 of 3

ACCIDENT STATEMENT

	DENI DATE.		
. Loca	STION: BLE 58 OPEN SI	PACO CARPINE K19	DAKOTA CRESCE
1	DETAILS OF LITTIES	323 ²²	
1.	DETAILS OF VEHICLE a) VEHICLE NUMBER: 9847	72.75/	*
25			
	b) INSURANCE COMPANY:		
	C) POLICY NUMBER: 180011.		
	d)POLICY TYPE: (COMPREHEN	SIVEY THIRD PARTY / THIRD PA	RTY FIRE &THEFT)
	e)MAKE & MODEL: NICOAN	NV300 (M).	85. MARS IN TEXT STREET
	f)TYPE: (SALOON / COUPE / MP	V (VAN / LORRY / MOTORCY	CLE / OTHERS)
	g) VEHICLE CATEGORY: (PRIVAT	TE / COMMERCIAL / MOTORC	YCLE) ·
	h) PURPOSE OF USING AT ACC	IDENT TIME:	1
	1) ARE YOU CLAIMING UNDER Y	OUP OWN INSURANCE (YES/E	101
	IF NO, PLEASE STATE (THIRD P)	ARTY CLAIM / REPORTING ON	YP .
2.,	INSURED / POLICY HOLDER	1 100 150	S 19
	A) NAME: VATAN SE TRA	1414	LE / FEMALE
	b) NRIC/FIN/PASSPORT:	CONTACT:	82980624
	c)ADDRESS:		
(f)	* 001 51 11 5 5 5 5 5 5	<u> </u>	
Male of anna 3	* CONTINUE TO 3.d IF DRIVER A	LSO POLICY HOLDER	
A Ho of passanges	*** The state of t	MINATHAN (11)	TE CERVALES
(Including driver)	b) NRIC/FIN/PASSPORT: 570	7 1417	SPYOL973
(T)	CIADDRESS: BCK 241 JUL		
	7402-661	600241)	
	*d)DATE OF BIRTH: (28 / 05	1/970)(DD/MM/YYYY)	
	e)OCCUPATION: (INDOOR / OI	UTDOOR! / /	
(E)	f) YEARS OF DRIVING EXPRERIEN	ICE3 (/03/2+94)	*
4.	WAS DRIVER AN EMPLOYEE C	OF THE INSURED'S COMPAN	Y? (YES / NO)
	IF NO, RELATIONSHIP OF THE		- DOLEAR
5.	a) WEATHER CONDITION: (CLEA	R / RAINING / OTHERS	CAGGO CUENT
6	D)ROAD SURFACE: (DRY / WET / WAS ANYBODY INJURED (YES /(OTHERS	DRY
7.	a)REPORTED TO POLICE (YES / N	NO)	
	IF YES, PLEASE STATE WHICH PO		42
, , 8. 1	LUIDD DADTY VELLEGIE	75 July 19 19 19 19 19 19 19 19 19 19 19 19 19	
the of passenger	a) VEHICLE NUMBER: CBS	MODEL:	
(Induding driver)	b) DRIVER'S NAME:		
	C) NRIC/FIN/PASSPORT:	CONTACT;	
9. 1	HIRD PARTY VEHICLE		
* No of passanger	d) VEHICLE NUMBER:	MODEL:	**
(Industry Selas)	e) DRIVER'S NAME:		
(Including driver)	NRIC/FIN/PASSPORT:	CONTACT:	C.
()	. 4 4 4		
			. 11M
	240		Lev. ico
1.7	(SE)	vatanse. sg Dya	8
11/11/21	. : Cina11 = 1	vatanse.s) -0	
11			
914 - ur	submit fax =	*	
1		179	
5	VIDEO =		



CERTIFICATE OF INSURANCE

NISSAN COMMERCIAL AUTO PROTECTOR COMMERCIAL VEHICLE

Name of Policyholder

: Vatan Se Trading Pte Ltd

Period of Insurance

: 20 Sep 2021 To 19 Sep 2022

Engine No.

: K9KE628D609484

Chassis No.

: VSKYBAM20Z0170448

Vehicle No.

· GRH72751

Policy No.

: 1800112886-03

Endorsement No.

Issued Date

: 18 Sep 2021

ABOUT THE COVER

Make/Model

: NISSAN NV 200

Engine Capacity/Tonnage : 0.6 Tonnage

Sum Insured : Market Value

First Year of Registration : 2018

Driver Restriction

: NA

Off Peak Car

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; b) use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle; and 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 - \$1800 Theft - \$0 Flood Cover - \$0

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 64909886

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: NA

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).

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TAN CHONG CREDIT PTE LTD-TCK

AIG Asia Pacific Insurance Pte. Ltd.

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SINGAPORE 589623

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

913 BUKIT TIMAH ROAD TAN CHONG MOTOR CENTRE

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