NATIONAL Assessment Centre	services -				
Date in 10/01/22	Job description	Date & Tane C	ompleted	Don	e by
Rel No NA/A1622000269/13	SAS e-filing	****		-	
VeliNo GB4682R	E-mail (widow show is	i Thre.	1		
DOA 07/01/22 1000	i-Motor Claim Fo				
OD (1P) Reporting Only	i-Motor W/O (With	in: OE 2hrs TP 4hrs)			
Ob (17) Reporting Only	i-Photo Uploaded				
TP Insurer:	Assessment/Survey I	Report			
	Ass't Report by Fax	/ Hand to Owner/Wksp			
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:		
	GBJ3579B .	INC () / Non-INC	()		Social Delor
Owner / Driver: (Tel:)	
	od: () Cover Type ()	
Confirmed by : (Dat)	
		N: 0-20%; P: 21-79%	F: 80-100%]	
	arranty: YES ()/N	10()			
General Remarks:-	0 () / \$2,000 ()			-	
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30] Injury: Date/Time Actions	()				
NA2200090	150100	ce Preparation Checkl	ist	Anit (S)	Amt (3)
laimant's Particulars :-	THE RESERVE THE PROPERTY OF STREET AND ADDRESS OF THE PARTY OF THE PAR	1) AR: Accident Reporting (\$30); 2) DA: Damage Assessment (\$100); INC (\$80			
Priver/Owner:	3) TF:	3) TF : Towing Fee \$40.			
Contact No:	5) FT:	4) FT: Follow-Through Survey \$120 5) i*T: Follow-Through Survey (Resurvey) \$30			
amaged Portion:	6) TR: 7) N1:	For claiming against INC Only (wef 10 Jan 2005) 6) TR: Re-inspection \$75 7) N1: Idae DA + SMRT Survey \$160			
C Checked by (Engr-In-Charge):	<u>On*</u> *N3:	*NS: Courtesy Car / Tpt Allowance \$5			
uditors' Comments :-	*N7:	*N6: Repair Co-ordination 510 *N7: Post Repair Inspection \$25			
it, 1:	# N 10	Director March	*N8: DV / Collect Excess Coordination \$5 TP (N11): TP (Non INC) against INC \$20 9) N12: Idae Mobile 30		
1.2/3	TP (N	(11) : TP (Non INC) against INC	and the second s		

SN09221A0004 / National Assessment Centre Services [408933] ENTRY DATE & TIME: 10/01/2022 12:43 (SGT) SUBMITTED BY: Roslinda Binte A. Wahab VERSION: 1 (10/01/2022 12:43 (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

10/01/2022 12:43 (SGT) 07/01/2022 10:00 (SGT) Boon Keng Rd, Singapore

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

GBH682R

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

Company Reg No **Email Address**

Mobile Phone No

Alternative Phone No

Yes

SENNETT BATTERY CO PTE LTD

1XXXXX564D

jmartauto@gmail.com (Phone) +65-97398209

+65-97398209

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

Transmission CC

Nissan

Cabstar

Employment

No - Claiming third party

Commercial vehicle Manual

2953

INSURANCE COMPANY

Name of Insurance Company

Type of Coverage Fleet Policy Policy Number

Cover Note Number

AIG Asia Pacific Insurance Pte. Ltd.

Comprehensive

No

7210152845

DRIVER

Name of Driver

NRIC No

GAN KOK HUA SXXXX705E



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? Yes
Number of Passengers (Including Driver) 1

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? Was notice of intended Prosecution given?

If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE ATTACHED STATEMENT.

ATTACHMENT(S)

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

Was there any audio recorded?

Yes No

15/07/1949

16/09/1976

45 YEARS AND 4 MONTHS

BLK 635 HOUGANG AVE 8

(Phone) +65-97398209

jmartauto@gmail.com

Collision - Head to Rear

Outdoor

Male

#05-75

530635

Employee

No

No

Clear

Dry

No

No

No

No

No

2

No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Vehicle Manufacturer Vehicle Model

Vehicle Variant

Vehicle Colour

Vehicle Category

Name of Driver

Contact Number Address

Address complement

GBJ3579B

.

-

Commercial vehicle

š.

2

82

Accident report SN09221A0004

Page 2 of 20

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 <u>correctly</u> the details of the accident to speed up the claims process.
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- 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, 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 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

G-AN	or many times to the state of t	2/4 10/0.15		
Policyholder's Signature / Date & Time	Driver's Signature (If driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel		
Sketch Plan				
		DCA - 7 1 22		
	A D	B: 687 3579B		

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- (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")
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aporting Centre
1
1 25 K
3579B
)

Date of Accident : 7 1 32	Time of Accident : 10 - 00 am				
Exact Location of Accident :	200	(ana R		11.01	
Purpose Of Reporting: OWN DAMAGE CL	Hara III - III E	4.1		ST REPORTING ONLY	
Weather Condition : Clear / Rainir	ng	Wet / Dry	,	Private Use / Work	
Owner's Name: Seggett Botteny Co	6	NRIC:		HP:	
Driver's Name : Gan Kok Hua		NRIC: 31046705E		HP: 97398109	
DOB: 15 1 1949 Driving Licence Passin	ng Date : (1 72	is and the second	n: Indoor/Outdoor	
Address: 635 Haugang Ave 8	# 05 - 75	(530	(35)		
Relationship Of Driver with Insured : (A)		Email: jmartaute @ gnail com			
Vehicle Number: GBH 682R	Vehicle Number: GBH 682R Make & Model: Nissan				
Insurance Company : A\G	Policy Num :			Coverage :	
Any passengers inside vehicle involved (YA :	ES / NO) 1 C :	f yes, Vehicl	D :	& How many pax	
Anyone Injured : O NO O YES Name / N	RIC / Which	Vehicle :			
Was The Accident Reported To The Police ?				1170	
	olice Station):			
Does The Driver Own Any Other Vehicle ?					
o NO O YES Vehicle N	Number :		Insure	r:	
Was Any Foreign Vehicle Involved ?					
More en	Number & (Category :			
Was There Any Video Captured By Car Came	era ?	o NO		o YES	
Third Party's Particular					
Vehicle B's Number: (167 35798	Make & N	odel :			
Driver's Name :		NRIC:		HP:	
Vehicle C 's Number :	Make & M	Make & Model :			
Driver's Name :		NRIC :		HP:	



CERTIFICATE OF INSURANCE

COMMERCIAL AUTOPLAN COMMERCIAL VEHICLE

 Name of Policyholder
 Bennett Battory Co Pts Ltd

 Period of Insurance
 29 Dard 2021 To 29 Dec 2022

 Engine No.
 2030026537N

 Chassis No.
 1 N15CGP9420960940

Vehicle No. PoSey No. Endorsement No. lawaed Date

: 24 Oec 2021

ABOUT THE COVER

Make/Model NISSAN CABSTAR 3.0 SMT
Engine Capacity/Tornage 1.7 Tunnage Sum Insured Murket Value
Driver Restriction NA Off Peak Car No
Person or Classes of Persons Entitled to Drive*
in the price of a charge one for the department.
In the hold, all resembly the hold peak or any scholared of user on, 5 holders are used to could be preceded. First Year of Registration 2017 Insuring with GOE/PARF Yes

You have to pay an additional sum of S\$\$3,000 on "Young also than 2 points' along organization.

Age Condition All Age Condition

Limitation as to use*

5. Data convenient with the "Mittabilities beginned.

5. Data convenient with the "Mittabilities beginned.

5. One to reaching of plasting production from for right or research in properties with the Publishaber's business.

5. Value for the convenience of plasting production from for right or research or convenience of the publishaber's business.

5. Value for the convenience of plasting production beginned or of the publishaber's business and convenience and tracks of the format of the publish production beginning and continue or of the format of the publish production beginning to beginning the publish and the publish publishes the publish publishes beginning to beginning the publishes.

* Limitations, completed Imperiod on Sestion it of the March Vintedes (Thest Party Trees and Compani Dampaters of Air 2018, see not to be codeted under the facility for the Company

EXCESS

Windsomer - \$100

Named Driver and Excess (www.spanels)

APPROVED REPORTING CENTRES/AUTHORISED REPAIRERS (FOR CLAIMS RELATED REPAIRS)

INFORTANT NOTES

Hire Purchase Company/Employer's Loan: MayBank

This belong party, that the purity is which the Conflictor of Assessment stages in his case to more force with the processes of the Matter Vo. The Board Interprets Asi, 1997 (Materials, Boar) (removes Assessment) for 2013 and Mater Workski (Deep Party Board Boles, 1908 No.

AlG Asia Pacific Insurance Pte. Ltd.

ENGAPORE ISSUES SPICIAL Underwritten by ANI Asia Pacific breatures Plu. Ltd.



AIG Asia Pacific Insurance Pte. Ltd. 78 Shenton Way #09-16 AIG Building Singapore 079120 Co.Reg.No.201009404M

24 Dec 2021

Sennett Battery Co Pte Ltd 1003 Eunos Avenue 8 #01-35 SINGAPORE 409498

Dear Sennett Battery Co Pte Ltd

COMMERCIAL AUTOPLAN COMMERCIAL Insurance Policy 7210152845

Period Of Insurance: 29 Dec 2021 - 28 Dec 2022 For Vehicle Registration No. GBH682R

Thank you for placing your insurance policy with ATG Asia Pacific Insurance Pte. Ltd.

Your policy documents will be sent to you in a separate mail. A copy of the Proposal Form containing details of Information disclosed and declared to us prior to the inception of your motor insurance cover ("Disclosed Information") is enclosed.

Please take note that this insurance cover is incepted on the basis of the Disclosed Information contained in the Proposal Form. You have an obligation to disclose all facts which you know or ought to know in the Proposal Form fully and faithfully. Any inaccurate discrepancy and/or omission may result in the policy being void or affect your rights at the time of class. Please notify us in writing or call our Customer Care Centre at +65 6449 3000 (9am - 5pm, Mondays to Fridays, excluding public holidays) within 15 days from the date of this letter to advise us of any inaccuracy, discrepancy and/or omission in the Disclosed Information. If we do not hear from you within this period, the Disclosed Information shall be taken to have the new verified by you as true and accurate and we shall rely on the Disclosed Information as the basis of this insurance cover.

Please also take note that it is a fundamental and absolute Special Condition of the insurance that the total premium due must be paid to us, or via our agent or broker on or before the inception of your insurance cover. Otherwise, the insurance cover shall not attach and no benefits whatsoever shall be payable by us.

This letter also confirms your undertaking to pay to us the shortfall in premium for your motor insurance within 14 working days from the date of our notification in the event the No Claim Discount disclosed by you in the Proposal Form is incorrect thereby resulting in the shortfall in the premium paid. Your policy will lapse automatically upon the exhaustion of the premium paid term in the event you fail to pay the premium within the above said period.

Once again, thank you for choosing AIG as your preferred insurer.

Yours sincerely

Manik Bucha

Head of Consumer Insurance