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Driver/Owner:	And the second	2) DA: Damage A 3) TF: Towing Fe	ē .	240/24	-	
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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.

7. By the loagement of this report to the insurers, you hereby	y consent to the archiving of this report at the centre and to copies of the	o report being made available are research
	ACCIDENT STATEMENT	
Date of Submission Date of Accident Exact Location of Accident Additional Location Information Country/State of Loss	Q., 180-1-180-180-18-19-19-1	
actions that the second of the second	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GBD8314Y	

INISI	IRED/POL	ICYHOL	DER

Is company? Name Of Registered Owner Company Reg No Email Address Mobile Phone No Alternative Phone No	Yes WINSOME GREEN PTE LTD 2XXXXX040M debby@mingoicecream.com (Phone) +65-93556860 (Office) +65-62613669
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VEHICLE PARTICULARS

Manufacturer Model	Mitsubishi Canter
Variant	-
Exact purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to	Employment
your vehicle?	No - Reporting only
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	2998

INSURANCE COMPANY

Name of Insurance Company Type of Coverage Fleet Policy Policy Number	AIG Asia Pacific Insurance Pte. Ltd. Comprehensive No 2070073291-01
Cover Note Number	-
DRIVER	

Name of Driver Passport No/FIN

Accident report SN08221H0003

THIEN HTAY AUNG GXXXX821T

Date Of Birth 29/07/1978 Outdoor Occupation Date Of Driving Pass 02/10/2018 3 YEARS AND 3 MONTHS Driving experience Gender Mobile Number (Phone) +65-93556860 Alt. Phone Number Email Address debby@mingoicecream.com NO.9 TUAS SOUTH AVENUE 10 #01-03 Address Address complement 637014 Postcode 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 Collision - Head to Rear Type of Accident Clear Weather Conditions Dry Road Surface OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 2 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) Has the driver been approached by unknown person(s) No soliciting/offering accident claims assistance? DETAILS OF POLICE ACTION Was the accident reported to the police? No Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE REFER STATEMENT AND ATTACHMENT ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? No No Was there any audio recorded? DETAILS OF OTHER VEHICLE PROPERTY 1

The state of the s	SLQ2466U
Vehicle Registration Number	
Vehicle Manufacturer	Nissan
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	(m)
Vehicle Category	Private car
Name of Driver	-
Contact Number	i -
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 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)

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) w ho 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 (If driver is not the policyholder) / Date & Time 14120

RAFAR & AMEHMEM?

17.01.2022

Witnessed by Reporting Centre Personnel

Sketch Plan

Describe Circumstances of the Accident	
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	7
CN	17
/ Mr	
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Declaration

I/We declare the foregoing particulars are true in every respect.

GREEN PO TO THE STREET OF THE

Policyholder's Signature / Date &

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

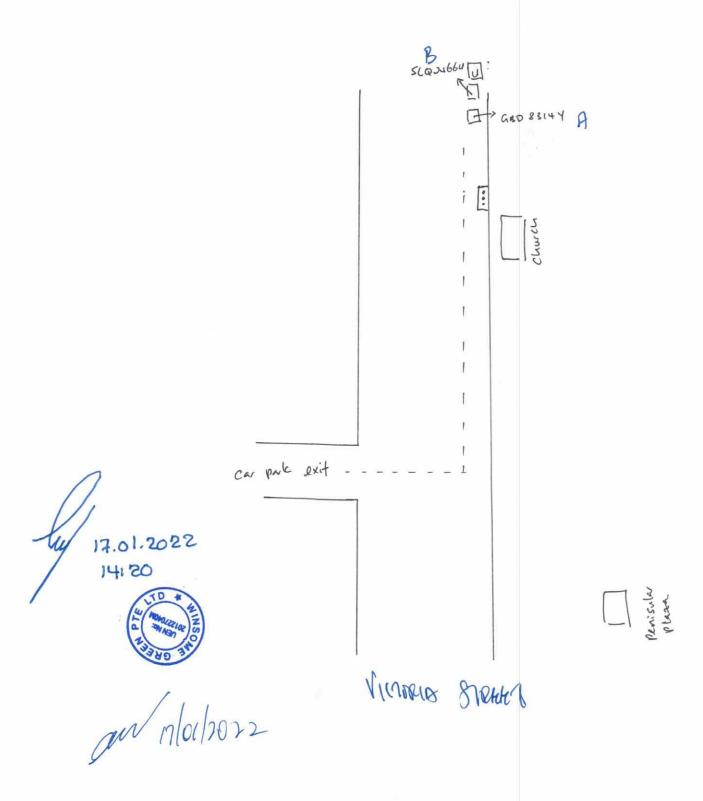
14120

& Time

e Witnessed Personnel

Witnessed by Reporting Centre

Today, I was at along the Victoria Street and came out from the car park behind the Victoria Street. I was kept at the right lane and wanted to head to the ECP after I came out from the car park. There is the traffic light in front which for U turn. There was a car (Nissan, car plate number SLQ 2466U) in front of me and he wasn't showing the indicator that he wants to make a u turn. Thus, I hit his back of the car.



ACCIDENT STATEMENT

ACCIDENT DATE: 10,01 7022HOD/M	M/YYYY), TIME: (14.21) (HH:MM).
LOCATION: VICTORIA SICHIM	
DETAILS OF VEHICLE GIVEHICLE NUMBER: GIPOLICY NUMBER: GIPOLICY TYPE: (COMPREHENSIVE / THI BIMAKE & MODEL: FITYPE: (SALOON / COUPE / MPV /VAN, GIVEHICLE CATEGORY: (PRIVATE / COM TO PURPOSE OF USING AT ACCIDENT TIM I) ARE YOU CLAIMING UNDER YOUP OW IF NO, PLEASE STATE (THIRD PARTY CLA 2. INSURED / POUCY HOLDER	RD PARTY / THIRD PARTY FIRE & THEFT) (ORRY / MOTORCYCLE / OTHERS) MERCIAL / MOTORCYCLE) E:
c) ADDRESS:	CONTACT: 63613669
6)OCCUPATION: (INDOOR / OUTDOOR) FIDATE OF DRIVING PASS WAS DRIVER AN EMPLOYEE OF THE IN IF NO, RELATIONSHIP OF THE DRIVER	(MALE / FEMALE) (MALE / FEMALE
5. G) WEATHER CONDITION: (CLEAR / RAININ b) ROAD SURFACE (DRY / WET / OTHERS	IG / OTHERS
6. WAS ANYBODY INJURED (YES / NO) 7. a) REPORTED TO POLICE (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATE	ION:
He of passenger a) VEHICLE NUMBER: SUQ 2466U Including driver) b) DRIVER'S NAME:	MODEL: MUSSAN.
() NRIC/FIN/PASSPORT:	CONTACT:
No of passanger of DRIVER'S NAME: Including driver of NRIC/FIN/PASSPORT:	MODEL:
() NRIC/FIN/PASSPORT:	CONTACT:

email = DEBBY MINGOCECRHAM. Com



CERTIFICATE OF INSURANCE

COMMERCIAL AUTOPLAN COMMERCIAL VEHICLE

Name of Policyholder

: Winsome Green Pte Ltd

Period of Insurance

: 20 May 2021 To 19 May 2022

Engine No.

: 4P10B49402

Chassis No. : FEA01BA10017 Vehicle No.

: GBD8314Y

Policy No.

: 2070073291-01

Endorsement No.

Issued Date

: 11 May 2021

ABOUT THE COVER

Make/Model

MITSUBISHI CANTER FEA01BR2SDEB (CBU)

Engine Capacity/Tonnage :: 1 Tonnage

Sum Insured : Market Value

First Year of Registration

Driver Restriction

: NA

Off Peak Car : No

Insuring with COE/PARF

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

Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cao. 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)

Any accident repairs to the Vehicle can be carried out at the repairer of Your choice (unless specifically excluded by Us) For Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6336 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

Hire Purchase Company/Employer's Loan: Daimler Financial Services Africa & Asia Pacific 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).

0501971000

CHIA HEE LUCK ADRIAN

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature

SINGAPORE 637014

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

NO 9 TUAS SOUTH AVENUE #01-03 T99

HEE LUCK ADRIAN CHIA