Auditors' Comments :-   NS: DV / Collect Excess Coordination   S5	NATIONAL Assessment Centre	services S	MOD 22	310001			
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	TP Insurer	Assessment/Sur	vey Report				
TP Particulars:   Veli No: GACQUER   INC		Ass't Report by	Fax / Hand to	Owner/Wksp			
Owner / Driver (		c Occilor		Tel:	Fax:		)
Policy No (		C'34073E	INC(		)	WANTED STATE	
Confirmed by : (						)	
Insured/Driver Liability		d (				)	
Year of Registration: (	- management and the second se	to Est Clubia (II		-	E. 00 14.092	)	
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Drive-In (	( ) Walk-In Customer : Customer's inform	ation strictly Cor	fidential & Stri	city NO rafer of re	pairer.	and appropriately in the contract	
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1) Apply for Transport Allowance (	Drive-In ( )/ Towed-In ( ); Invoice: 1	YES( )/N	O( ); To	owing Co (			)
1) Apply for Transport Allowance ( ) / Courtesy Car ( )   2) QC Check / Post Repair Inspection ( )   3) Upload Resurvey Photo [Repair Cost > \$3000] ( )   Injury :   Date/Time   Actions	Remarks:- (INC hotline: 6788 6616)	eranalyse of the		Date&Time Com	olered	Done	by
2) QC Check / Post Repsir Inspection ( )  3) Upload Resurvey Photo [Repair Cost > \$3000] ( )  Injury:  Date/Time Actions  Invoice Preparation Checklist   Ant (\$)   Ant (\$)    It (\$)   Ant (\$)    It (\$)   Ant (\$)   An	The same of the sa	California Table					
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QC Checked by (Engr-In-Charge):   OII:   *N5: Courtesy Car / Tpt Allowance   \$5     *N6: Repair Co-ordination   \$10     Auditors' Comments :-   *N7: Fost Repair Inspection   \$25     *N8: DV / Collect Excess Coordination   \$5     Int. 1:   IP (N11): TP (N in INC) against INC   \$20     9) N12: thus Mobile   30     Int. 2 / 3:   Invoice dated   Fee Charges	The state of the s	****		THE RESERVE OF THE PARTY OF THE	2160		
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N8: DV / Collect Excess Coordination   \$5			*No: Repuir Co	ordination	\$10		
2) N12. Idea Mobile 30  Int 2 / 3: Fee Charges		171					
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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 the made available upon application by interested parties
- 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

01/03/2022 10:56 (SGT) 28/02/2022 09:55 (SGT) CTE, Singapore TOWARDS AYE BEFORE BRADDELL ROAD Singapore

## **DETAILS OF OWN VEHICLE**

Vehicle Registration Number

GZ300P

INSURED/POLICYHOLDER

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

Yes
1A PTE. LTD.
2XXXXX416G
johnnytwg@outlook.com
(Phone) +65-88777051
+65-88777051

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

•

Toyota

Dyna

Employment

No - Claiming third party Commercial vehicle Manual 2982

AIG Asia Pacific Insurance Pte. Ltd.

INSURANCE COMPANY

Transmission

CC

Name of Insurance Company Type of Coverage Fleet Policy

Comprehensive No 7210033337

DRIVER

Name of Driver Passport No/FIN

Policy Number

Cover Note Number

GUAN YUNBO GXXXX848R

Date Of Birth	11/06/1973
Occupation	Outdoor
Date Of Driving Pass	26/08/2018
Driving experience	3 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-88777051
Alt. Phone Number	
Email Address	johnnytwg@outlook.com
Address	3015 BEDOK NORTH STREET 5 #02-09
Address complement	SHIMEI EAST KITCHEN
Postcode	486350
	A Para A Para
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	
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident	Chain Collision
Weather Conditions	Clear
Road Surface	Dry
Road Sullace	Diy
OTHER INFORMATION	
Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
Was anybody injured in the Accident?	Yes
was anybody injured in the Accident?	
Was any injured conveyed to hospital by ambulance?	No
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?	No
DETAILS OF POLICE ACTION	
DETAILS OF TOLIGE ACTION	
Was the accident reported to the police?	No
was the accident reported to the police?	
Was notice of intended Prosecution given?	No
If yes, against whom?	-
CIRCUMSTANCES OF ACCIDENT	
CIRCUMSTANCES OF ACCIDENT	
PLEASE REFER TO SKETCH PLAN	
ATTACHMENT/C)	
ATTACHMENT(S)	
Are accident photos available for attachment?	Yes
	No
Was there any video captured by Car Camera?	
Was there any audio recorded?	No
DETAILS OF OTHE	R VEHICLE PROPERTY 1
Vehicle Registration Number	GBC3483E
Vehicle Manufacturer	=
Vehicle Model	-
Vehicle Variant	
Vehicle Colour	_
	Commercial vehicle
vernere eategery	Commercial vehicle
Name of Driver	-
Contact Number	
Address	-
Address complement	
Walkstoner was New Transaction & Transaction & Artist Control of C	

	Postcode	-
	Insurance Company Name	-
-	Nature Of Damage	-
	Details of property damaged in accident	,-,
	No. Of Passenger (Including Driver)	1

## DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLH1891D
Vehicle Manufacturer	-
Vehicle Model	
Vehicle Variant	<b>5</b> 1
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	*
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person Gender Phone No	GUAN YUNBO Male (Phone) +65-88777051
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	=
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	GZ300P
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

#### SKETCH PLAN

### **IMPORTANT NOTICE**

- 1. Rease report correctly the details of the accident to speed up the claims process.
- 2. This Formmust 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.
- 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 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.

0 TE L70 UEN: 201911416G

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre

Sketch Plan

X

1	OTE TWAS ALE B4 Braddul Rd	B 6BC 3483E  (E) SLH 18910	
<b>(6)</b>			

Describe Circumstances of the Accident
On 28.02.202 at about 0955hrs, I was traveling along
CTE TOWARDS HE Before Braddell Rd Fat. The traffic was on no directe
more: "A head of me, that's a vehicle slow down and opp, of follow ours.
While writing, all of a siddle of felt an hard impact from the rear their
I realized a reliable 6BC 2483E had collided onto mo rear. The to the
hard impact, mo vehicle had moved from and collided anto SHT 18918
total 3 reliedes involved in the academ. Plat's all.
PTE.
> ((201911416G))

Declaration

IWe declare the foregoing particulars are true in every respect.

Guan / BO

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

Witnessed by Reporting Centre

Personnel

D. J S.Aident	28.02.22 Accident Time: 09 55hrs (24-HR-Format)
Date of Accident	: CTE Trds At By Braddell Road
Accident Place	T - JANALIA ITA TINT
Vehicle. No. (Car Plate No.)	
Insurace Company	: Alt Policy No: 7210033337
Owner or Company Name /IC No.	: 1A Actd (2019114166)
Owner or Company Contact No.	:Owner's HpCompany Tel
DRIVER'S Name / IC No.	: Guan Yun Bo (66928848P)
DRIVER'S Date Of Birth	:11-06.1913 DRIVER'S License Pass Date 26-9.2018
Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling Employee\ Others:
DRIVER'S Address	: 3015 Bedok North of 5 8 02-09 Shimei East EAchen 5(496350)
DRIVER'S Contact No./ Alt No.	2) 88 11 1051
DRIVER'S Occupation	: INDOOR (OUTDOOR) (e.g. working inside or outside office)
Email Address	: Johnny Two authork-com
Weather & Road Surface	CLEAR & DRY RAINING & WET AFTER RAIN & WET
Reporting Type	: Reporting Only Claim Other Party) Claim Own Insurance
Number of Passengers (Including D	priver): Dher on
Was there any video Captured by ca Exact purpose for which vehicle wa Any Injury (If YES, Pls state):	s being used at the time of accident: Private use t work purpose
Other	Party Driver's Particular (if any)
Vehicle. No: 6RC 349	3E Vehicle. No: 3LH 1991D
Vehicle Make\Model:	Vehicle Make\Model:
Name Driver:	Name Driver:
IC No. Driver/Contact:	IC No. Driver/Contact:

\* NEW - Passenger's name & gender:



## **CERTIFICATE OF INSURANCE**

### COMMERCIAL AUTOPLAN COMMERCIAL VEHICLE

Name of Policyholder

: 1A PTE. LTD.

Period of Insurance

: 03 Jun 2021 To 02 Jun 2022

Engine No.

: 1KD2788291

Chassis No.

: JTFAT35Y90K209955

Vehicle No.

: GZ300P

Policy No.

: 7210033337

Endorsement No.

Issued Date

: 31 Mar 2021

ABOUT THE COVER Make/Model

: TOYOTA DYNA 150 1.8 ton [Lorry]

Engine Capacity/Tonnage: 1.8 Tonnage

Sum Insured : Market Value

First Year of Registration : 2018

Mar was a water to

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 Cover

\* 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 A STATE OF THE STATE OF

Fire - \$0 Own Damage - \$600 Theft - \$0 Flood Cover - \$0

Property Damage - \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

### APPROVEDĪREPORTING CENTRĒŠIAUTHORISĒDIRĒPAIRERS (FOR CLAIMS RELATED REPĀIRS). 📜 🤲 🥻 🥻

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 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 (1) A TOUR STATE OF THE STAT

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).

0504686000

TAN MING FU

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

BLK 213 YISHUN STREET 21 #07-173

SINGAPORE 760213 SP-TSJACK

Underwritten by AIG Asia Pacific Insurance Pte, Ltd.

Ming Fu Ton

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# Vehicle Registration Details

Vehicle No. GZ300P	Make/ Model TOYOTA/DYNA 150 5MT	Vehicle Scheme -
Current Propellant  Diesel	Chassis No. JTFAT35Y90K209955	Vehicle Type Goods (Open) Refrigerated Vehicle

Owner's Details

Owner Name:

1A PTE. LTD.

NRIC/Passport/Company Cert No.:

201911416G

Mailing Address:

Owner ID Type:

Company

Registered Address

APT BLK 3015 BEDOK NORTH STREET 5 #02-09 SHIMEI EAST KITCHEN SINGAPORE

Birth Date

**Registration Details** 

Previous Vehicle No.:

05 Jun 2020

Original Registration Date:

No. of Transfers:

20 Apr 2018

1

Registration Date:

Effective Date of Ownership:

20 Apr 2018

IU Label No.:

1043011533

**Vehicle Specifications** 

Engine No.:

1KD2788291

Year of Manufacture:

2018

Chassis No.:

JTFAT35Y90K209955

Primary Colour:

White

Secondary Colour: Passenger Capacity: Engine Capacity / Power Rating: Maximum Power Output: 2982 cc/-Max Unladen Weight: Maximum Laden Weight: 1760 kg 3500 kg Vehicle Attachment 1: Vehicle Attachment 2: No Attachment Vehicle Attachment 3: Additional Registration Fee (ARF) and COE Information Open Market Value: Additional Registration Fee Rate: \$27,084.00 5.00% Actual ARF Paid: Vehicle Lifespan Expiry Date: \$1,355.00 19 Apr 2038 OPC Cash Rebate Eligibility: QP during COE Bidding Exercise: \$0.00 No COE No .: COE Expiry Date: 2018042005000929H 19 Apr 2028 COE Category: COE Registration Category: C - Goods Vehicle & Bus C - Goods Vehicle & Bus Quota Premium (QP) / Prevailing Quota PQP Paid Premium: \$29,746.00 -/\$37,545.00 QP (Regn Cat): **PARF** Rebate Details PARF Eligibility: PARF Eligibility Expiry Date: No Minimum PARF Benefit:

**Vehicle Emissions Details** 

CO2 Emission:

255.00 (g/km)

CO Emission:

0.088000 (g/km)

NOx Emission:

0.106000 (g/km)

CEV/VES Rebate Utilised Amount:

-

HC Emission:

0.003469 (g/km)

PM Emission:

1.800000 (mg/km)

Message:

The vehicle is registered under Early Turnover Scheme.

Printed on 28 Feb 2022 10:37:43

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