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Preferred Wksp / INC Assign Wksp / QW:	(Tel:	Fax:	1
TP Particulars: Veh No:	SLW 685K	, INC(,)/ Non-INC () '	
Owner / Driver: (Tel:)
Policy No: ()	Period: (.) (over Type: (majorio - with integrapy glovenskilli)
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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 Actual 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.

A. 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 10/11/2022 16:52 (SGT) Reported by Driver Date of Accident 09/11/2022 19:45 (SGT) **Exact Location of Accident** Yishun Ave 2, Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBD7754S

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner HANA AIRCON & ENGINEERING PTE, LTD.

Company Reg No 2XXXXX509K **Email Address** msyeon0612@gmail.com Mobile Phone No (Phone) +65-81576779 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Nissan Model Nv350

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 Manual CC 2488

INSURANCE COMPANY

Name of Insurance Company Lonpac Insurance Bhd Policy Number / Cover Note Number Z22VC05011371

DRIVER

Name of Driver NRIC No Date Of Birth Occupation

KIM JO HEONG SXXXX795D 07/08/1963 Outdoor

Employment

No - Reporting only

Commercial vehicle



Date Of Driving Pass 06/06/1996 Driving experience 26 YEARS AND 5 MONTHS Gender Mobile Number (Phone) +65-81576779 Alt. Phone Number Email Address msyeon0612@gmail.com Address BLK 768 YISHIN AVENUE 3 #10-333 Address complement Postcode 760768 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 Type of Accident Side Swipe Weather Conditions Raining Road Surface Wet 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) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement 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 ON 09-10-2022 AT ABOUT 19:45HRS I WAS TRAVELLING ALONG YISHUN AVENUE 2 AND STOP WHEN THE CAR IN FRONT STOP TRAFFIC WAS HEAVY. WHEN THE CAR INFRONT OF ME START TO MOVE AND WAS NT MOVE YET, SUDDENLY THE CAR SLW685K ON THE RIGHT TURN INTO MY LANE (TO AVOID THE BUS LANE) AND HIT THE FRONT OF MY VAN GBD7754S. HE CAME DOWN AND ACCUSE ME OF DAMAGE HIS CAR BUT I DID NOT MOVE AT ALL. ATTACHMENT(S)

Camera? No

Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

SLW685K
-
-
21
-
Private car



Are accident photos available for attachment?

Was there any video captured by Car Camera?

Name of Driver NRIC No Contact Number Address	TAN YEW SHENG LIONEL SXXXX231A (Phone) +65-90677644
Address complement	-
Postcode	-
Insurance Company Name Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Actual Driver.
- 3. Information provided must be as <u>truthful</u> and <u>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 Traffic Police Department for investigation.

- 6. This report will be forwarded by the insurers to 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, 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' lawyers/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' lawyers/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 lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

ENASSIE 10, NOV 22

Policyholder's Signature / Date & Time

Co. Reg. No:

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

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

Sketch Plan

SHUN AVENUE

A DESCRIPTION OF THE PLAN AVENUE

NUMBER

NU

Describe Circumstance of the Accident REFER 10 STATEMENT.
Declaration

Declaration

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

(o. Reg. No:

10, NOV, 22

Policyholder's Signature / Date & Time Actual Driver's Signature (if Ariver is not the policyholder) Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

vJun2022

ACCIDENT'STATEMENT.

. ACCID	ENT DATE 69 NOV	122)(DD/MM/YYY),	IME: 45 19 (HI	KMM): ?
LOCATI		Yishun	3,1	,
· · · · · · · · · · · · · · · · · · ·	e)MAKE & MODEL: N F)TYPE: (SALOON / COU g) VEHICLE CATEGORY: h) PURPOSE OF USING A I) ARE YOU CLAIMING U	REHENSIVE / THIRD PARTY PE / MPV / MAN LORRY / (PRIVATE / COMMERCIAL T ACCIDENT TIME: 19 NDER YOUP OWN INSURA HIRD PARTY CLAIM / REPRO	MOTORCYCLE, OTHE MOTORCYCLE) MOTORCYCLE) MOTORCYCLE)	RS) .
(T)	c)ADDRESS:	RIVER ALSO POUCY HOLD	DER (MALE / FEMA) _CONTACT:_8157	LEI 6777
5. 6. 7.	e)OCCUPATION: (INDESTITUTE OF DRIVING WAS DRIVER AN EMPTH OF NO, RELATIONSHIE OF NO, RELATIONSHIE OF NOAD SURFACE: (DEWAS ANYBODY INJURE O) REPORTED TO POUCLE OF YES, PLEASE STATE	PASS LOYEE OF THE INSURED P OF THE DRIVER WITH N: (CLEAR / KAINING / O RY / WED / OTHERS ED (YES / NO)	1996 YES), (ON)
Who of passinger (Including driver,) No of passinger (Including driver	THIRD PARTY VEHICLE d) VEHICLE NUMBER: b) DRIVER'S NAME: c) NRIC/FIN/PASSPO THIRD, PARTY VEHICLE d) VEHICLE NUMBER: e) DRIVER'S NAME:	5LW 685 K TAN YEN SHEN RT: S A532231 A	_MODEL:	<u>- 76</u> 44
			*	<u>e</u>

email.= msyeon 06/2@gmail.com

CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CAP 189) REPUBLIC OF SINGAPORE. MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES 1960 (REPUBLIC OF SINGAPORE). ROAD TRANSPORT ACT 1987 (MALAYSIA). ROAD TRANSPORT (AMENDMENT) ACT 2019 (MALAYSIA). THE MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA).

Certificate No. : Z22VC05011371

Type of Cover: COMPREHENSIVE

Index Mark and Vehicle Registration Number

NISSAN NV350 PANEL VAN 2.5 5MT 5DR EURO V

- GBD7754S

2. Name of Policy Holder

HANA AIRCON & ENGINEERING PTE. LTD.

Effective Date of the Commencement of Insurance for the purpose of the Act

07/05/2022

4. Date of Expiry of the Insurance

06/05/2023

5. Person To Drive

(A) THE POLICYHOLDER.

(B) ANY OTHER PERSON WHO IS DRIVING ON THE POLICYHOLDER'S ORDER OR WITH HIS/THEIR PERMISSION.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

. Limitations as to use

USE IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS.

USE FOR THE CARRIAGE OF PASSENGERS (OTHER THAN FOR HIRE OR REWARD) IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS.

USE FOR SOCIAL, DOMESTIC AND PLEASURE PURPOSES.

THE POLICY DOES NOT COVER:-

USE FOR HIRE OR REWARD OR FOR RACING, PACEMAKING, RELIABILITY TRIALOR SPEED TESTING.

USE WHILST DRAWING A TRAILER EXCEPT THE TOWING OF ANY ONE DISABLED MECHANICALLY PROPELLED VEHICLE.

Excess

: \$\$ 600.00 (SECTION 1)

S\$ 2,500.00 (SECTION 1) ADDITIONAL EXCESS FOR YOUNG AND/OR INEXPERIENCED DRIVERS

S\$ 100.00 WINDSCREEN EXCESS (EXCESS WILL BE DOUBLED ON SUBSEQUENT CLAIMS)

Condition

: ACCIDENT REPAIRS AT LONPAC'S AUTHORISED WORKSHOPS

* Limitations rendered inoperative by Section 95 of the Road Transport Act 1987 (Malaysia) or Section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap 189) Republic of Singapore are not included under heading.

I/WE hereby certify that this covering Note is issued in accordance with the provisions of Part IV of the Road Transport Act 1987 (Malaysia) and Motor Vehicles (Third-Party Risks and Compensation) Act (Cap 189) Republic of Singapore.

H.P. Owner: UNITED OVERSEAS BANK LIMITED

CHIEF EXECUTIVE (Singapore Branch)

User ID: AGNESTAN Date Issued: 19/04/2022