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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
- 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 13/02/2023 17:29 (SGT) Reported by Date of Accident 10/02/2023 09:25 (SGT) **Exact Location of Accident** AYE, Singapore Additional Location Information TOWARDS TUAS ROAD Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number **GBH5944C**

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner THL AIR-CON SERVICES PTE. LTD. Company Reg No 5XXXX130K **Email Address** thlaircon@singnet.com.sg Mobile Phone No (Phone) +65-91306809 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Toyota Model Dyna Variant Exact purpose for which vehicle was being used at time of accident Employment Are you claiming under your own insurance policy for repair to

your vehicle? No - Claiming third party Vehicle Category Commercial vehicle Transmission Manual CC

2982

INSURANCE COMPANY

Name of Insurance Company Great American Insurance Company Policy Number / Cover Note Number MOMVC000008536-02-000

DRIVER

Name of Driver ONG KUANG YONG Passport No/FIN GXXXX425X Date Of Birth 06/01/1985 Occupation Outdoor

Date Of Driving Pass 26/03/2019 Driving experience 3 YEARS AND 11 MONTHS Gender Male Mobile Number (Phone) +65-91306809 Alt. Phone Number Email Address thlaircon@singnet.com.sg Address 38 WOODLANDS INDUSTRIAL PARK E1, #01-02 Address complement Postcode 757700. Is the driver the policyholder? No If No, Relationship of the Driver with the Insured **Employee** 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 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? Yes Was any injured conveyed to hospital by ambulance? No 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? Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement PASSENGER 1 Name SOH CHE BOON Gender **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 TO SKETCH PLAN ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? No **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number SMT1112U Vehicle Manufacturer

Vehicle Model Vehicle Variant

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)	-
2000 (moldang Diffel)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person Gender Phone No Address Address Complement Post Code Approximate Age Years Old Injuries Sustained Injured person in which vehicle? Were seat belts worn? Was this injured conveyed to hospital by ambulance?	ONG KUANG YONG Male (Phone) +65-91306809 SLIGHT INJURY GBH5944C Yes No
Name of injured person Gender Phone No Address Address Complement Post Code Approximate Age Years Old Injuries Sustained Injured person in which vehicle? Were seat belts worn? Was this injured conveyed to hospital by ambulance?	SOH CHE BOON Male SLIGHT INJURY GBH5944C Yes No

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please 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.
- 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)

l 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.

■ THLAIR-CON SERVICES PTE LTD 38 Woodlands Ind. Park E1 #01-02/07 Singapore 757700 Tel: 6358-3219 Fax: 6358-3148

Policyholder's Signature / Date &

Sketch Plan

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

AYE

Witnessed by Reporting Centre Personnel

B- SMTNIZH

Describe Circumstanc	es of the Accident	
V		
 I was travelling str 	aight on AYE toward Tuas Road on the middle lan	e, suddenly I felt a huge impact
on the right portio	ii of the my venicle, and I realize that vehicle R h	ad cut into my lane and collided
to the right portion	of my vehicle.	and conided
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	The state of the s	TARREST CONTRACTOR OF THE CONT
laration		
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doctors the fare:		
deciare the foregoing partic	ulars are true in every respect.	
AND MOSE OFF LTD		
AIR-CON SERVICES PTE LTD		/ 1 /
AIR-CON SERVICES F12 10 38 Woodlands Ind. Park E1 #01-02/07 Singapore 757700 Tal: 6358-3219 Fax: 6358-3148	1	
Tel: 6358-3219 Fax: 6356-3140		12/07/202
yholder's Signature / Date &		Witnessed by Reporting Centre
	& Time	Personnel Personnel
		,

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

491

- Complete and submit this form to the individual insurance authorised reporting centre.
- Please report correctly on the details of the accident to speed up the claim process.
- This form must be filled up by the policy holder and/or authorised driver.
- Information provided must be as fruitful 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.
- Any false reporting may be referred to the traffic police department for investigation.

Date of accident	10-2-23	(DD/MM/YY)
Time of accident	0925	(HH:MM)
Exact location of accident	AYE POWARD TUAS POOL	(1111.101101)

Vehicle registration number		5944C		ALTERNATION OF THE PARTY.		Although the section for the section of the section of
Vehicle make and model						
Type of vehicle	Saloon Lorry	MPV =	City	□ Var	Others:	
Vehicle category	Private 🗆	Comm	ercial @	Motorcy	-	
Purpose of using at said time	V	ORK			TOTO LI	
Are you claiming under your own insurance company?	Yes Third part of	No er		ase select:		

The management of the fig.	INSURANCE INFORMATION	Markett the test of
Insurance company	GREAT AMERICAN	
Policy number	MOM/ C0000085 36-02-000	
Type of policy	Comprehensive Third party fire & th	neft □ TP only □

Name	THL	Air-con	Services	PTE ITO	Male n	Formula
NRIC / Fin / Passport number			30,4,663	111 110.	iviale L	Female
Contact						
Address						

Name	SAME AS INSURED ABOVE ONG KUANG YONG	Male ✓	Female
NRIC / Fin / Passport number	G8174425X	iviale p	remale []
Contact	9130 6809		
Address	38 WOODLAND INDUSTRIAL PAR	IX E1 #01-07	
Email address	thlaircon@singnet.com.	1.0	
Date of birth	06-01-1985	55	
Occupation	Indoor D Outdoor D		
Driving date pass	26-03-2019		

	GENERAL INFORMATION OF THE ACCIDENT
Was driver an employee of	Yes No D
the insured's company?	If no, relationship of the driver and insured:
Accident captured by camera?	Yes D No 🗹
Weather condition	Clear Raining Others:
Road surface	Dry D Wet
No of passenger	(Inclusive of driver)
ito or passerige:	
	PASSENGER 1
Name	SOH CHE BOON
Gender	Male Female
dender	Trial C Territor D
	PASSENGER 2
Name	
Gender	Male Female
1000年,1975年1975年,11年1日年198 1年	PASSENGER 3
Name	
Gender	Male Female
dender	Marc D Territor D
	PASSENGER 4
Name	
Gender	Male Female
dender	more a remove a
	PASSENGER 5
Name	
Gender	Male Female
dender	Wide a Territor a
· North and the second second second	PASSENGER 6
Name	
Gender	Male D Female D
	OTHER INFORMATION
Was anybody injured?	Yes 🗹 No 🗆
Was other vehicle damaged?	Yes 🗹 No 🗆
SHOW, AND PROPERTY AND	DETAILS OF POLICE STATION ACTION
Reported to police?	Yes No If yes, please state which police station.
Police station name	
· Once station name	
	WITNESS 1
Name	
	WITNESS 2
Name	

	THIRD PARTY VEHICLE 1	Market Sank
Vehicle registration number	SMTIIIZU	
Vehicle make model		
Name		
NRIC / Fin / Passport number		
Contact		
	THIRD PARTY VEHICLE 2	Additional and the second
Vehicle registration number		
Vehicle make model		
Name		
NRIC / Fin / Passport number		
Contact		
		reverses and experience of our of the first
	THIRD PARTY VEHICLE 3	
Vehicle registration number		
Vehicle make model		
Name		
NRIC / Fin / Passport number		
Contact		
		Sur-Control of the
Land Control And Control of the Control	THIRD PARTY VEHICLE 4	Paris
Vehicle registration number		
Vehicle make model		
Name		
NRIC / Fin / Passport number		
Contact		
	THIRD PARTY VEHICLE 5	
Vehicle registration number		COLORE DE COME AUTOMODISCO DE COME DE
Vehicle make model		
Name		
NRIC / Fin / Passport number		
Contact		
医多种性性性的现在分词	THIRD PARTY VEHICLE 6	A service and a service
Vehicle registration number		
Vehicle make model		
Name		
NRIC / Fin / Passport number		
Contact		
Control of the Contro	THIRD PARTY VEHICLE 7	Continue to the state of
Vehicle registration number		
Vehicle make model		
Name		
NRIC / Fin / Passport number		
Contact		

Name	ONG KU	IANG YONG
Injuries sustained	NECK	
Which vehicle person in?	GBH 5944	+C
Were seat belts worn?	Yes No 🗆	
Was injured conveyed to hospital by ambulance?	Yes 🗆 No 🗷	

	INJURED PERSON 2
Name	SOH CHE BOON
Injuries sustained	NECK
Which vehicle person in?	GBH 5044C
Were seat belts worn?	Yes 🗹 No 🗆
Was injured conveyed to hospital by ambulance?	Yes D No Ø

Name			
Injuries sustained			
Which vehicle person in?			
Were seat belts worn?	Yes 🗆	No 🗆	
Was injured conveyed to	Yes 🗆	No 🗆	
hospital by ambulance?			

Name				
Injuries sustained				
Which vehicle person in?				
Were seat belts worn?	Yes□	No 🗆	a a	
Was injured conveyed to	Yes 🗆	No 🗆		
hospital by ambulance?				

		INJURE	D PERSON 5	The state of the s
Name				
Injuries sustained				
Which vehicle person in?				
Were seat belts worn?	Yes 🗆	No 🗆		
Was injured conveyed to hospital by ambulance?	Yes 🗆	No 🗆		

		INJURE	D PERSON 6
Name			
Injuries sustained			
Which vehicle person in?			
Were seat belts worn?	Yes 🗆	No 🗆	
Was injured conveyed to hospital by ambulance?	Yes 🗆	No 🗆	



GREAT AMERICAN INSURANCE COMPANY

UEN: TISFCOOPS OST REG. NO.: M903700817 3 TEMASEK AVENUE. #16-01 CENTENNIAL TOWER SINGAPORE 039190 TEL: +65 5804 6000 FAX: +65 6235 2616

CERTIFICATE OF INSURANCE

Policy Details

Certificate Number

Policyholder Name

MOMVC060068636-02-600 THE Air-Con Services Pte. Ltd.

Ghassis Number

Commercial Vehicle (Comprehensive

KDY2318029345

NCO Entitlement

10% No Claim Discount

Engine Number

1KD2708T38

Hire Purchase

United Overseas Bank Limited Registration Number GBH5944C

Period of Insurance

From 19/07/2022 (00:00) To 18/07/2023 (23:59) (Both Dates Inclusive)

Persons or Classes of Persons entitled to Drive

Any person who is driving on the Policyholder's order or with their permission

Provided that the person driving is permitted and is not disqualified by order of a Court of Law or by reason of any enectment or regulation in that behalf from driving the Motor Vehicle.

Limitations as to Use

- Use in connection with Policyholder's business
- Use for carriage of passengers (other fran for hire and reward) in conection with the Policyholder's business
- This Policy does not cover a) Use for Hire and Reward
- b) Use for racing, pace making, reliability trial or speed testing.
- * Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings

Excess (Section 1)

SGD 2,500.00

Excess (Section 2)

N/A

Windscreen Excess

SGD 100.00

Additional Excess

Please refer overleaf

Driver Details

Named Driver 01

Any person who is driving on the policyholder's order or with their permission

Name of Intermediary

ATA (S) Pie. Ltd.

21/06/2022

I/We hereby certify that the policy to which this Certificate relates is issued in accordance with the provision of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Signed for and on behalf of

Great American Insurance Company

Authorised Signatory