NATIONAL Assessment Centre Serv	CES (Wef Jan'06)
Date In: 30 \$ 05 2023 Jeb de	escription , Date & Time Completed Done by
Ref No: NA AG 23005470/04 SAS	S e-filing
Vala No. : CO C 70 0 77	1ail (within 8hrs, AIC 2hrs)
No.	otor Claim Form
	otor W/O (Within: OD 2hrs, TP 4hrs)
OD 1 17 (Reporting Only	noto Uploaded
	ssment/Survey Report
11 11154161.	Report by Fax / Hand to Owner/Wksp
Preferred Wksp / INC Assign Wksp / QW: (Tel: Fax:
TP Particulars: Yeh No: SLB 3	3158G INC()/Non-INC()
Owner / Driver: (Tel:
Policy No: (Period: () Cover Type: ()
Confirmed by: (Date: Time:
Insured/Driver Liability: (%) [Note-Est.	Status (WO): N: 0-20%; P: 21-79%. P: 80-100%]
Year of Registration: () Warranty:	
	/\$2,000()
General Remarks:-	
() Walk-In Customer: Customer's information s	trictly Confidential & Strictly NO
() Total Loss Case : to e-mail Insurer URGE	
Drive-In () / Powed-In (); Invoice: YES () / NO (); Towing Co: ()
Remarks:- (INC horline: 6788 6616)	Date&Time Completed Done by
Apply for Transport Allowance () / Courtesy Courtes	
2) QC Check / Post Repair Inspection	()
3) Upload Resurvey Photo [Repair Cost > \$3000]	
Injury:	
Date/Time Actions	
NACON FOO	
NA2301592	Invoice Preparation Checklist Amt (S) Amt (
aimant's Particulars :-	1) AR: Accident Reporting (\$30);
	2) DA: Damage Assessment (\$100); INC (\$80) 3) TF: Towing Fee \$40/\$45
iver/Owner:	3) TF: Towing Fee \$40/\$45
entact No:	4) FT: Follow-Through Survey \$120
mact No:	4) FT : Follow-Through Survey \$120 5) FT : Follow-Through Survey (Resurvey) \$30
	4) FT: Follow-Through Survey \$120 5) FT: Follow-Through Survey (Resurvey) \$30 For claiming against INC Only (wef 10 Jan 2005)
4	4) FT: Follow-Through Survey \$120 5) FT: Follow-Through Survey (Resurvey) \$30 For claiming against INC Only (wef 10 Jan 2005) 6) TR: Re-inspection \$75 7) N1: Idac DA + SMRT Survey \$160
maged Portion:	4) FT: Follow-Through Survey \$120 5) FT: Follow-Through Survey (Resurvey) \$30 For claiming against INC Only (wef 10 Jan 2005) 6) TR: Re-inspection \$75 7) N1: Idac DA + SMRT Survey \$160 8) NTUC Additional Services:-
nmäged Portion:	4) FT: Follow-Through Survey \$120 5) FT: Follow-Through Survey (Resurvey) \$30 For claiming against INC Only (wef 10 Jan 2005) 6) TR: Re-inspection \$75 7) N1: Idac DA + SMRT Survey \$160
C Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120 5) FT: Follow-Through Survey (Resurvey) \$30 For claiming against INC Only (wef 10 Jan 2005) 6) TR: Re-inspection \$75 7) N1: Idac DA + SMRT Survey \$160 8) NTUC Additional Services:- OD* *N5: Courtesy Car / Tpt Allowance \$5 *N6: Repair Co-ordination \$10
amaged Portion: C Checked by (Engr-In-Charge): uditors! Comments :-	4) FT: Follow-Through Survey \$120 5) FT: Follow-Through Survey (Resurvey) \$30 For claiming against INC Only (wef 10 Jan 2005) 6) TR: Re-inspection \$75 7) N1: Idac DA + SMRT Survey \$160 8) NTUC Additional Services:- OD* *N5: Courtesy Car / Tpt Allowance \$5 *N6: Repair Co-ordination \$10 *N7: Post Repair Inspection \$25
amaged Portion: C Checked by (Engr-In-Charge): uditors' Comments:-	4) FT: Follow-Through Survey \$120 5) FT: Follow-Through Survey (Resurvey) \$30 For claiming against INC Only (wef 10 Jan 2005) 6) TR: Re-inspection \$75 7) N1: Idae DA + SMRT Survey \$160 8) NTUC Additional Services:- OD* *N5: Courtesy Car / Tpt Allowance \$5 *N6: Repair Co-ordination \$10 *N7: Post Repair Inspection \$25 *N8: DV / Collect Excess Coordination \$5 TP (N11): TP (N in INC) against INC \$20
amaged Portion: C Checked by (Engr-In-Charge): uditors! Comments::	4) FT: Follow-Through Survey \$120 5) FT: Follow-Through Survey (Resurvey) \$30 For claiming against INC Only (wef 10 Jan 2005) 6) TR: Re-inspection \$75 7) N1: Idae DA + SMRT Survey \$160 8) NTUC Additional Services:- OD* *N5: Courtesy Car / Tpt Allowance \$5 *N6: Repair Co-ordination \$10 *N7: Post Repair Inspection \$25 *N8: DV / Collect Excess Coordination \$5



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

IMPORTANT NOTICE

1. Please report <u>correctly</u> the details of the accident to speed up the claims process.

2. This Form must be <u>completed by the Policyholder and/or the Actual Driver</u>

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

3. Information provided must be as truthful and accurate as possible. Any willul misrepresentation of without grant and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.

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

DETAILS OF OWN VEHICLE		
Vehicle Registration Number	GBG7299Z	
INSURED/POLICYHOLDER		
Is company? Name Of Registered Owner Company Reg No Email Address Mobile Phone No Alternative Phone No	Yes JIAXING HOLDINGS PTE LTD 2XXXXX104W jiaxingacc@gmail.com (Phone) +65-86131018	
VEHICLE PARTICULARS		
Manufacturer Model Variant Exact purpose for which vehicle was being used at time of accident	Toyota Hiace - Employment	

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	pio/mone
your vehicle?	No - Reporting only
Vehicle Category	Commercial vehicle
Transmission	Auto
22	commenced and
OO amanamanamanamanamanamanamanamanamanama	2982

INSURANCE COMPANY

Name of Insurance Company	********************************	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	************************************	7230024896

DRIVER

Name of Driver	LIFENG
Passport No/FIN	GXXXX466X
Date Of Birth	20/05/1981
Occupation	Outdoor

Date Of Driving Pass Driving experience Gender	17/01/2019 4 YEARS AND 4 MONTHS Male
Mobile Number Alt. Phone Number	(Phone) +65-86131018
Email Address	- Havingson & II
Address	jiaxingacc@gmail.com
Address complement	626 HOUGANG AVENUE 8 # 04-164
Postcode	530626
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	110
Insurance Company of Other Vehicle Owned by Driver	
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident	Collided into Parked Vehicle
Weather Conditions	Clear
Road Surface	Dry
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)	2
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	•
PASSENGER 1	
Name	LOW CHERN XUN
Gender	Male
DETAILS OF POLICE ACTION	
Was the accident reported to the police?	
Was notice of intended Prosecution given?	No
If yes, against whom?	No -
CIRCUMSTANCES OF ACCIDENT	
PLEASE REFER TO THE ATTACHED STATEMENT	
ATTACHMENT(S)	
Are accident photos available for attachment?	
Was there any video captured by Car Camera?	Yes No
	- 1.120°
	VEHICLE PROPERTY 1
Vehicle Registration Number	SLB3158G
Vehicle Manufacturer	-
Vehicle Model	
Vehicle Variant	-

Vehicle Colour	_
Vehicle Category	Private car
Name of Driver	i iii die edi
Contact Number	1
Address	_
Address complement	_
Postcode ,	
Insurance Company Name	
Nature Of Damage	
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-
3 - (-

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as <u>truthful and 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 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)

funderstand, 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.

Policyholder's Signa	ature / Date & Driv	まいる 30.05.2023 er's Signature (If driver is not the policyholde	
Time	* & T	me	Daragnad
Sketch Plan	casablanca	201 ROSCWOOD Drive purh	and 14
			A- GBG 72992
			B-SLB 3158 G
		I A A	

Detibe Circumstance of the Accident
on the above stated obte and mile, tous of
Casablanca 29 Rose wood Drive pandio of the my co-
I had one pussender in my venicre control to butterna
marker as I was reversing my venicle from the family
lot, my vear night hist rehicle B's front left portion of
DI O DI STANDARIO CATALONIO
The scilled to
Dentina lot. NO one was inside to
muself and my co-worker.
William Trie Visa
·
·

Declaration

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

Policyholder's Signature / Date & Time

Actual Driver's Signature (if driver is not the policyholder)

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

vJun2022

2

IDAC ACCIDENT STATEMENT

DATE OF ACCIDENT: 27/05/2023	TIME OF ACCIDENT: 10:15 am
VEHICLE NO: GBG 72997	TRANSMISION: AUTO MANUAL
MAKE & MODEL: Toyota Hiace	Drive purling Lat L4
/ PRIVATE USE / PRIVATE HIRE	CLAIM TYPE: OD / THIRD PARTY / REPORTING ONLY
INSURANCE COMPANY: AIG	POLICY NO: 723 0024 89 6
TYPE OF COVERAGE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY & THEFT	VEHICLE TYPE : (SALOON / COUPE/MPV/VAN/LORRY/MOTORCYCLE)
NAME OF OWNER: Joixing Holdings pte 1td	201210(0710
ADDRESS:	CONTACT NO: .8613 1018
EMAIL ADDRESS: jiaxing ace @ gmail-com	VIDEO RECORDING : YES (NO
NAME OF DRIVER: AS ABOVE / IF NO:	NRIC: G3804466x CONTACT NO: 86131018
DRIVER OWNER RELATIONSHIOP: employee	PASSENGER: 2 MALE(I) FEMALE() LOW Chern XUN
DATE OF BIRTH: 20 / 05 / 18	DRIVING PASSING DATE: 17/01 / 2019
OCCUPATION: INDOOR OUTDOOR	ADDRESS: 626 Hovery Avenue 8 # 04-164, \$ 530626
ANY INJURIES : NO, IF YES :	POLICE REPORT : NO. IF YES WHERE ?
WEATHER CONDITION: CLEARY RAINING / OTHERS	ROAD SURFACE : DRY / WET / OTHERS
VEHICLE B REG NO: SLB 31586	VEHICLE C REG NO :
DRIVER NAME :	DRIVER NAME :
NRIC :	NRIC:
CONTACT:	CONTACT:
VEHICLE D REG NO :	ANY WITNESS ? NO, IF YES:
DRIVER NAME :	NAME:
NRIC :	CONTACT:
CONTACT:	
WAS NOTICE OF PROSECUTION GIVEN? (YES NO) IF YES, AGAINST WHOM:	WERE SEAT BELTS WORN 7: YES / NO
	WERE INJURY CONVEYED BY AMBULANCE : YES (NO



CERTIFICATE OF INSURANCE

COMMERCIAL AUTOPLAN COMMERCIAL VEHICLE

Name of Policyholder Period of Insurance

: JIAXING HOLDINGS PTE LTD : 17 Apr 2023 To 16 Apr 2024

Engine No.

: 1KD2742016

Chassis No.

: KDH2010230881

Vehicle No.

: GBG7299Z

Policy No.

: 7230024896

Endorsement No.

Issued Date

: 17 Mar 2023 16:23

ABOUT THE COVER

Make/Model

: TOYOTA HIACE [Van]

Engine Capacity/Tonnage: 1.1 Tonnage

Sum Insured : Market Value

First Year of Registration : 2017

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 S\$\$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; b) use whilst dra trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle; and 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 1960, 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

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 6338 6200. Alternatively, you may refer to AIG website www.aig.sg or AIG Mobile App. Simply search and download "AIG SG" from Apple App Store or Google Play Store.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: MITSUBISHI HC 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 1960, Part IV (Road Transport Act, 1987 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).