

NATIONAL Assessment Centre Services (wef 1 Jan'06)

| | | | |
|--------------------------|--|-----------------------|---------|
| Date In: 17/07/2023 | Job description | Date & Time Completed | Done by |
| Ref No: NA/1423007375/d4 | SAS e-filing | | |
| Veh No: GBD 878P | E-mail (within 8hrs. AIC 2hrs) | | |
| D.O.A: 16/07/2023 11:30 | i-Motor Claim Form | | |
| OD / TP / Reporting Only | i-Motor W/O (Within: OD 2hrs, TP 4hrs) | | |
| | i-Photo Uploaded | | |
| TP Insurer: | Assessment/Survey Report | | |
| | Ass't Report by Fax / Hand to Owner/Wksp | | |

| | | |
|--|---|-----------------------|
| Preferred Wksp / INC Assign Wksp / QW: (| Tel: | Fax: |
| TP Particulars: | Veh No: FBP 50494 | 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: YES () / NO () | |
| Excess: (\$ | Loading: \$1,000 () / \$2,000 () | |

General Remarks:-

() Walk-In Customer : Customer's information strictly Confidential & Strictly NO refer of repairer.

() Total Loss Case : to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

| Remarks:- (INC hotline: 6788 6616) | Date & Time Completed | Done by |
|---|-----------------------|---------|
| 1) Apply for Transport Allowance () / Courtesy Car () | | |
| 2) QC Check / Post Repair Inspection () | | |
| 3) Upload Resurvey Photo [Repair Cost > \$3000] () | | |

Injury : _____

| Date/Time | Actions |
|-----------|---------|
| | |
| | |
| | |
| | |
| | |

| | | | |
|---------------------------------|---|-------------|----------|
| NA2302175 | Invoice Preparation Checklist | Amf (\$) | Amf (\$) |
| Claimant's Particulars:- | 1) AR: Accident Reporting (\$30); | Est. Bill | Add |
| Driver/Owner: | 2) DA: Damage Assessment (\$100); INC (\$80) | | |
| Contact No: | 3) TF: Towing Fee \$40/\$45 | | |
| Damaged Portion: | 4) FT: Follow-Through Survey \$120 | | |
| QC Checked by (Engr-In-Charge): | 5) FT: Follow-Through Survey (Resurvey) \$30 | | |
| Auditors' Comments:- | For claiming against INC Only (wef 10 Jan 2005) | | |
| | 6) TR: Re-inspection \$75 | | |
| Cat. 1: | 7) N1: Idao DA + SMRT Survey \$160 | | |
| Cat. 2 / 3: | 8) NTUC Additional Services:- | | |
| | ON* | | |
| | *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 (Non INC) against INC \$20 | | |
| | 9) N12: Idao Mobile \$30 | | |
| | Invoice dated | Fee Charged | |
| | Invoice dated | Fee Charged | |

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 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. 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 | 17/07/2023 18:13 (SGT) |
| Reported by | Actual Driver |
| Date of Accident | 16/07/2023 19:30 (SGT) |
| Exact Location of Accident | Singapore |
| Additional Location Information | JUNCTION OF PASIR RIS DRIVE 2 AND PASIR RIS STREET 21 |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBD878P

INSURED/POLICYHOLDER

| | |
|--------------------------|-----------------------|
| Is company? | Yes |
| Name Of Registered Owner | GAN SOLUTION SERVICES |
| Company Reg No | 5XXXX185A |
| Email Address | ccgan1907@gmail.com |
| Mobile Phone No | (Phone) +65-93386994 |
| Alternative Phone No | - |

VEHICLE PARTICULARS

| | |
|--|---------------------|
| Manufacturer | Toyota |
| Model | Hiace |
| Variant | - |
| Exact purpose for which vehicle was being used at time of accident | Private use |
| Are you claiming under your own insurance policy for repair to your vehicle? | No - Reporting only |
| Vehicle Category | Commercial vehicle |
| Transmission | Auto |
| CC | 1998 |

INSURANCE COMPANY

| | |
|-----------------------------------|--------------------------------------|
| Name of Insurance Company | AIG Asia Pacific Insurance Pte. Ltd. |
| Policy Number / Cover Note Number | 7230016641 |

DRIVER

| | |
|----------------|----------------|
| Name of Driver | GAN CHOON CHAI |
| NRIC No | SXXXX658G |
| Date Of Birth | 19/07/1955 |
| Occupation | Outdoor |

| | |
|--|--------------------------------|
| Date Of Driving Pass | 17/12/1977 |
| Driving experience | 45 YEARS AND 7 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-93386994 |
| Alt. Phone Number | - |
| Email Address | ccgan1907@gmail.com |
| Address | APT BLK 208A TAMPINES AVENUE 2 |
| Address complement | # 04-07 |
| Postcode | 521208 |
| Is the driver the policyholder? | No |
| If No, Relationship of the Driver with the Insured | OWNER |
| Does Driver Own Other Vehicles? | Yes |
| Vehicle Registration Number of Other Vehicle Owned by Driver | GBM2415G |
| Insurance Company of Other Vehicle Owned by Driver | EQ Insurance Company Ltd |

GENERAL INFORMATION OF THE ACCIDENT

| | |
|--------------------|------------|
| Type of Accident | Side Swipe |
| 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 | UNKNOWN |
| Gender | Female |

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 THE ATTACHED STATEMENT

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 | FBP5049U |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |

| | | |
|---|-------|-----------------------------|
| Vehicle Colour | ..... | - |
| Vehicle Category | ..... | Motorcycle |
| Name of Driver | ..... | SUFI HAFIZ BIN ABDUL RAHMAN |
| NRIC No | ..... | SXXXX126E |
| Contact Number | ..... | (Phone) +65-96209695 |
| 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, 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.



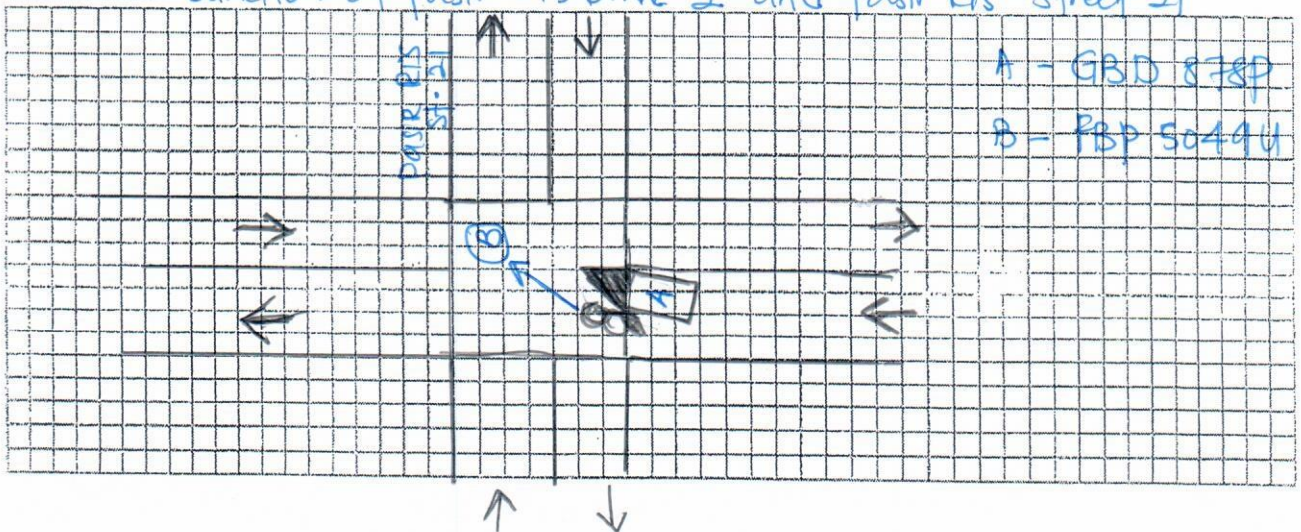
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Junction of Pasir Ris Drive 2 and Pasir Ris Street 21



Describe the Circumstance of the Accident

on the above stated date and time, I was at the traffic junction of pasir ris Drive 2 and pasir ris street 21. My vehicle was stationary waiting for the traffic signal to turn green as I wanted to turn right into pasir ris street 21. When the signal turns to green, I moved off and suddenly vehicle B hit my front left portion of the vehicle, and he falls down.

Declaration

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



Policyholder's Signature / Date & Time

[Signature] 17/7/2023

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

[Signature] 17/7/2023

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

IDAC ACCIDENT STATEMENT

| | |
|---|---|
| DATE OF ACCIDENT : 16/07/2023 | TIME OF ACCIDENT : 19:30pm |
| VEHICLE NO : GBD 878P | TRANSMISSION : AUTO / MANUAL |
| MAKE & MODEL : Toyota Haze. | LOCATION : Junction of Pasir Ris Drive 2 - and Pasir Ris Street 21 |
| EXACT PURPOSE USE DURING ACCIDENT: EMPLOYMENT / PRIVATE USE / PRIVATE HIRE | CLAIM TYPE: OD / THIRD PARTY / REPORTING ONLY |
| INSURANCE COMPANY : AIG | POLICY NO : 723 0016641 |
| TYPE OF COVERAGE : | VEHICLE TYPE : (SALOON / COUPE/MPV/VAN/LORRY/MOTORCYCLE) |
| COMPREHENSIVE / THIRD PARTY / THIRD PARTY & THEFT | NRIC : — |
| NAME OF OWNER : Gan Solution Services | CONTACT NO : 9338 6994 |
| ADDRESS : | VIDEO RECORDING : YES / NO |
| EMAIL ADDRESS : ccgan1907@gmail.com | NRIC : S119 86589 CONTACT NO : 9338 6994 |
| NAME OF DRIVER : AS ABOVE / IF NO : Gan Choon Chai | PASSENGER : 2(1) MALE () FEMALE () |
| DRIVER OWNER RELATIONSHIP : owner | DRIVING PASSING DATE : 17 / 12 / 1977 |
| DATE OF BIRTH : 19 / 07 / 1955 | ADDRESS : Apt B1K 208A Tampines Ave 2 # 04-07, 8521208 |
| OCCUPATION: INDOOR / OUTDOOR | POLICE REPORT : NO / IF YES WHERE ? |
| ANY INJURIES: NO, IF YES : | ROAD SURFACE: DRY / WET / OTHERS |
| WEATHER CONDITION: CLEAR / RAINING / OTHERS: | |
| VEHICLE B REG NO : FBP S049U | VEHICLE C REG NO : _____ |
| DRIVER NAME : sufi Hafiz Bin Abdul Rehman | DRIVER NAME : _____ |
| NRIC : S9907126E | NRIC : _____ |
| CONTACT : 9620 9695 | 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 ? : YES / NO |
| | WERE INJURY CONVEYED BY AMBULANCE : YES / NO |
| DOES THE ACTUAL DRIVER OWN OTHER VEHICLES: YES / NO | |
| VEHICLE NUMBER: GBM 2415G | HANDLING INSURER: GQI |

COMMERCIAL AUTOPLAN COMMERCIAL VEHICLE

Name of Policyholder : GAN SOLUTION SERVICES
Period of Insurance : 20 Feb 2023 To 19 Feb 2024
Engine No. : 1TR2524711
Chassis No. : TRH2000367914

Vehicle No. : GBD878P
Policy No. : 7230016641
Endorsement No. :
Issued Date : 20 Feb 2023 12:07

ABOUT THE COVER

Make/Model : TOYOTA HIACE [Van]

Engine Capacity/Tonnage : 1.39 Tonnage

Driver Restriction : NA

Sum Insured : Market Value
Off Peak Car : No

First Year of Registration : 2023
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 drawing a 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

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

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: TOKYO CENTURY LEASING (SINGAPORE) 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 of the Road Transport Act, 1987 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0504710000

1F INSURANCE AGENCY PTE LTD

8 KAKI BUKIT AVE 4 #07-39 PREMIER @ KAKI BUKIT
SINGAPORE 415875

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

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