NATIONAL Assessment Centre :	vervices	wet transcol   M	MA 11715581	2			
Date In: 25 11117 11:02	Job description		Date &Tune Comp	leted	Done b	Y	
Ref No: NA   AIG 170 22477 1 h4	SAS e-filing						
Veh No G8F 4357 P	E-mail (within 8	hrs, AIC 2hts)				4	
D.O.A 2414117 14:30	i-Motor Clair	n Form	1000				
7111111 1.30	i-Motor W/O	(Within OD 2hr	a, TP 4hrs)				
OD (P) Peporting Only	i-Photo Uplos	ıded					
	Assessment/Su					H	
TP Insurer	Ass't Report by Fax / Hand to Owner/Wksp						
Preferred Wksp / INC Assign Wksp / QW: (			Tel:	Fax:		y	
TP Particulars: Veh No: 5H	D 1746 J	INC (	)/Non-INC (	)			
Owner / Driver: (			Tel		)		
Policy No: ( ) Perio	d; (	)	Cover Type (		)		
Confirmed by : (		Date:	Time:		)		
Insured/Driver Liability: ( %) [No	te-Est. Status (V	VO): N: 0-2	10%; P: 21-79%.	F: 80-100%	]		
Year of Registration: ( ) Wa	arranty: YES (	)/NO(	)				
Excess: (\$ ) Loading: \$1,000	( )/\$2,000	( )					
General Remarks:-				Liver	Mar 4		
( ) Walk-In Customer: Customer's inform	ation strictly Co	nfidential & S	trictly NO rafer of re	pairer.			
( ) Total Loss Case : to e-mail Insurer	URGENTLY.		- 3				
Drive-In ( ) / Towed-In ( ); Invoice:	YES ( ) / N	io( );	Fowing Co. (			)	
Remarks:- (INC horline: 6788 6616)			Date&Time Comp	aletad	Done	by	
1) Apply for Transport Allowance ( )/Con	urtesy Car (	)					
2) QC Check / Post Repair Inspection	(	)				1812 - 141	
3) Upload Resurvey Photo [Repair Cost > \$300	00] (	)					
Injury:							
				- T-			
Date/Time Actions					SO LOS		
			+ -				
	-1						
		Invoice Pr	reparation Checkli	st	Ant (\$)	Amt (\$)	
	A 1707308	1) AR : Accide		202	30.00	Add Bill	
Claimant's Particulars :-			ge Assessment (\$100);	INC (\$80) \$40/\$45			
Driver/Owner:		4) FT : Follow	·Through Survey	\$120			
Contact No:		5) FT : Follow For claimin	-Through Survey (Resurve equinst INC Only (wef.)	(y) \$30 () Jan 2005)			
Damaged Portion:		6) TR : Re-ins	pection	\$75			
Chinagou i or tou.	-		A + SMRT Survey itional Services •	\$160			
QC Checked by (Engr-In-Charge):		Olit	esy Car / Tpt Allowance	5.5			
, (m.g. 11 cm.Es).		*No: Repai	r Co-ordination	310			
Auditors' Comments :-			ispair Inspection Solleet Excess Coordinate	\$25 in \$5			
Zat I:		TP (N11):	TP (N-n INC) against IN				
2at. 2 / 3:	2012	9) N12 Idac ! Invoice dated	M. C. T. C.	e Charges			
Notes that the same of the sam		to a true decad	25	« Charged	翻訳在第		

# SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

**EMail Address** 

- 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.
- 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 ability.
- 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.
- This report will be forwarded by the insurers of 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

aruresaru.	
AL INCOME STATE OF THE STATE OF	ACCIDENT STATEMENT
Date Of Report	25/11/2017 11:02
Date Of Accident	24/11/2017 14:30
Exact Location Of Accident	PIE TWDS UBI NEAR POLICE ACADEMY
Country/State of Loss	SINGAPORE
The state of the s	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBF4357P
Insured/Policyholder	
Name Of Registered Owner	SHAW RENTERS (SINGAPORE) PTE LTD
Co Reg No	•
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-97543408
Vehicle Particulars	
Manufacturer	NISSAN
Model	NV200
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2100488146-01
Cover Note Number	
Driver	
Name of Driver	TEO LENG SIANG
NRIC No	S1436095F
Date Of Birth	18/09/1960
Occupation	OUTDOOR
Date Of Driving Pass	03/07/1978
Driving Experience	39 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97543408
Fax Number	
Contact Number	

NOEMAIL

Address BLK 232 TOA PAYOH LOR 8 #05-220

Postcode 310232

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

-

NO

NO

NO

YES

NO NO

## General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR

Weather Conditions CLEAR
Road Surface DRY

#### Other Information

Was any foreign vehicle involved in this accident? NO

Was any body injured in the Accident? NO

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver) 2

#### **Details of Police Action**

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

#### Circumstances of Accident

#### PLEASE REFER TO ATTACHED STATEMENT.

#### Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Was there any audio recorded?

# DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHD1746J

Vehicle Make/Model/Colour

**Details Of Properties** 

Name of Driver MR CHUA

NRIC/Passport Number

Contact Number 97425393

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### **Details of Witness**

Name

Phone Number

Email Address

# 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 Authorised Driver.
- 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>.
- 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 Police for investigation.
- 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.
- By the lodgment 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.
- Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

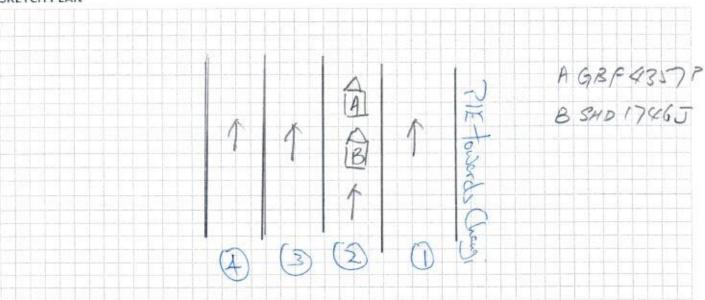
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:
  - 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

SHAW RENTERS (S'PORE) PTE. LTD.,

Policyholder's Signature Date & Time: Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature

NRIC/FIN No.:

Name:



#### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

DESCRIBE CINCOVISTANCES OF THE ACCIDENT
On 24/11/17 @ 2:30pm, I was driving my van (GBF 4357P) along stated location. While driving front vehicle slowed down, I followed as well but behind vehicle (3HD1746 J) was unable to
(9BF 4357P) along stated location. While driving
Stant vehicle slowed down I followed as well
but behind rehiele (SHD1746 J) was unable to
blake is time bit note my van My vanteax
portion damaged. I wanted to state that my colleague lin Beng Hock, 1/c no. 5 0444 011 J was in my car by the time of accident.
colleague Lin Beng Hock, 1/c no. 5 0444 01/7 Was
in my car by the time of accident.
l l

# DECLARATION

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

SHAW RENTERS (S'PORE) PTE, LTD.,

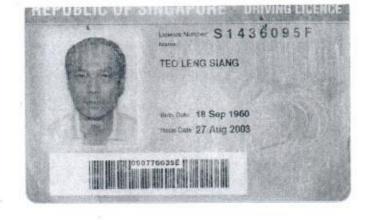
Policyholder's Signature Date & Time: Driver's Signature (If driver is not the policyholder) Date & Time: purch

Reporting Centre Personnel's Signature Name:

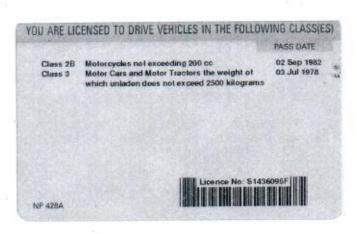
NRIC/FIN No.:

# ACCIDENT STATEMENT

	ACCIDENT DATE (24) 1/1 2017001	(MM/YYYY), TIME:( 2:30 ATTACMM)	
	LOCATION: PIE twds Ubi.		
	7643 471.	mear 1 once negating	
	1. DETAILS OF VEHICLE		
	GIVEHICLE NUMBER: 98F 7	43578	
	DINSURANCE COMPANY: A/S		
	CIPOLICY NUMBER:	The second secon	
		THIRD PARTY / THIRD PARTY FIRE & THEFT)	
	EMAKE & MODEL: NISSAN.		
	FITYPE: (SALOON / COUPE / MPY /VA		
	g) VEHICLE CATEGORY: (PRIVATE / CO		
	h) PURPOSE OF USING AT ACCIDENT T		
	I) ARE YOU CLAIMING UNDER YOUR O		20
	IF NO, PLEASE STATE (THIRD PARTY CI		(Q) (B)
4 1 1	2. INSURED / POLICY HOLDER	Email address:	
	A)NAMESHAW REATERS (SIA	papare) Pto Lto ALE / FEMALE!	聖
	b) NRIC/FIN/FASSPORT:	CONTACT:	
	c) ADDRESS:		
	Part of the second of the seco		82
5 5	* CONTINUE TO 3.d IF DRIVER ALSO FO		11
	3. DRIVER Teo Lena Sian	Email address:	8
100	DINRIC/FIN/PASSPORT	MALE/EEMALE)	-
	CIADDRESS: 8/K 232 709	Pauch Lot 8	
8.0	# 05-220 50		
12	*d) DATE OF BIRTH: (181 091196		
	e)OCCUPATION: (INDOOR: / OUTDOOR	RI COLL CONTROL (R)	))
	FIYEARS OF DRIVING EXPRERIENCE:		0
	4. WAS DRIVER AN EMPLOYEE OF THE		
	IF NO, RELATIONSHIP OF THE DRIVE		
	5. DIWEATHER CONDITION: (CLEAR ARAH		
	6. WAS ANYBODY INJURED (YES NOW		
	7. GIREPORTED TO POLICE IYES NOT	No of presenger incl drive	1
	IF YES, PLEASE STATE WHICH POLICE ST	TATION	
	8. THIRD PARTY VEHICLE	IANOIS.	
	a) VEHICLE NUMBER: 3HD 174	6 J_MODEL:	
	b) DRIVER'S NAME: Mt. Chua		
	C) NRIC/FIN/PASSPORT:	CONTACT: 9742 5393	9
	9. THIRD PARTY VEHICLE "	51 62	
	d) VEHICLE NUMBÉR:	MODEL:	
- 2	e) DRIVER'S NAME:	9	
	f) NRIC/FIN/PASSPORT:	CONTACT:	











# CERTIFICATE OF INSURANCE

# COMMERCIAL AUTOPLUS COMMERCIAL VEHICLE

Name of Policyholder

: Shaw Renters (Singapore) Pte. Ltd

Period of Insurance

: 31 Oct 2017 To 30 Oct 2018

Engine No. Chassis No. : K9KC400D055932 : VSKYBAM20Z0131431

Vehicle No. Policy No.

Issued Date

: GBF4357P : 2100488146-01

Endorsement No.

: 25 Oct 2017

#### ABOUT THE COVER

Make/Model

NISSAN NV 200

Engine Capacity/Tonnage : 0.6 Tonnage

Sum Insured : Market Value

First Year of Registration : 2016

Driver Restriction

NA

Off Peak Car : No

Insuring with COE/PARF : Yes

### Person or Classes of Persons Entitled to Drive\*

a) Any serson who is driving an the Policyholder's order or with their perhission.
 b) This Policy will indemnify the Policyholder or any authorised driver only if heishe meets the specified age condition.

You have to pay an additional outh 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 analor 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.

1) Use in contrauner with the Policyholder's business.

2) Use for this carriage of passenger (other than for thre of reward) in contraction with the Policyholder's business.

3) Use for a soull, conception of passenger (other than for thre of reward) in contraction with the Policyholder's business.

3) Use for a soull, conception of passenger (other than for thre of reward, driving fast reding, pace-making, reliability half or absent fasting, and b) use white drawing a frailer except the towing of anyone disabled using a mechanically propelled vehicle of use for any purpose in contractor with Motor Trade.

\* Limitstons rendered inoperative by Section 6 of the Motor Vehicles (Third-Party Risks and Compensation), Act (Cap. 169), and Section 85 of the Read Transport Act, 1667 (Maleysia), are not to be included under those bearings.

#### EXCESS

Fire - \$0 Own Damage - \$1300 Theft - \$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 must be carried out by one of our Authorised Repairers. Within the first 3 years of the first registration of the Vehicle in Singapore. You have the option of having the accident repairs carried out it in Sole Agreement workshoot. For other Approved Repairers. All Authorised Repairers, please contact our 24-thour accident emergency holline at 465 5336 6250. Alternatively, You may refer to AICs website www.aug.com.aug or AICs SO Mobile App. Simply aparch and download. AICs SO from Tunes or Google Play.

#### IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: NA

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 Coropanisation) Act (Cap. 189). Part IV of the Road Transport Act, 1987 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0502236000

ENRICH ADVISORY PTE LTD SINGAPORE POST CENTRE P O BOX 0015 SINGAPORE 914001

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd. AUTHORISED REPRESENTATIVE