NATIONAL Assessment Centre	Services (MALIJANA			
Date In: 39/11/17	Job description	Date & Time Completed	Dono	e by
Ref No NA/FCI17022697/13	SAS e-filing		THE PART STREET, SAME	
Veh No GBF4640x	E-mail (within 8hrs, AIC 2)	urs)		
DOA 38/11/17 0910	i-Motor Claim Form			
OD (TP) Reporting Only	i-Motor W/O (Within: O	D 2hrs, TP 4hrs)		and the same
OB (17) Reporting Only	i-Photo Uploaded			
TP Insurer:	Assessment/Survey Repo	ort		
	Ass't Report by Fax / Ha	and to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (HUP SOON	Tel: Fax	k:	
1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	HC83508 IN	C()/Non-INC()		
Owner / Driver: (Tel:)	
Policy No: () Perio	od: () Cover Type: ()	
Confirmed by : (Date:	Time:)	
		0-20%; P: 21-79%. F: 80-10	0%]	
The second secon	arranty: YES ()/NO	()		
Excess: (\$) Loading: \$1,000	()/\$2,000()		water twenty towards	
General Remarks:-			OF STREET	
QC Check / Post Repair Inspection Upload Resurvey Photo [Repair Cost > \$300]	()			
Injury:	-			
Date/Time Actions			Control of the Control	
		13		
	0-0-0-0			
NA1707370	Invoice	Preparation Checklist	Amt (\$) 1st Bill	Amt (S)
laimant's Particulars :-		rident Reporting (\$30); mage Assessment (\$100); INC (\$80)		
Driver/Owner: 3) TF: Towing Fee		ing Fee \$40/\$		
ontact No:		ow-Through Survey \$12 ow-Through Survey (Resurvey) \$3	-	
For claiming aga		ing against INC Only (wef 10 Jan 2005)	14	
amaged Portion:	7) N1 : Idao	DA + SMRT Survey \$16		
C Checked by (Engr-In-Charge):	8) NTUCA	dditional Services		
Cocked by (Engr-in-Charge):	The state of the s	artesy Car / Tpt Allowance 5	5	
uditors' Comments :-	*N7: Pos	t Repair Inspection \$2	25	
L.1:		/ Collect Excess Coordination 5 : TP (Non INC) against INC 52	55	tario serence
1.2/3;	9) N12: Ida	Mobile 3	10	
1. 21 3	Invoice date	d Fee Charged		The state of

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 Authorised 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 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,
- 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

aforesaid.	
The law of the factor of the law	ACCIDENT STATEMENT
Date Of Report	29/11/2017 14:07
Date Of Accident	28/11/2017 09:10
Exact Location Of Accident	PIE TWDS TUAS KPE EXIT
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBF4640X
Insured/Policyholder	
Name Of Registered Owner	ROBINSON CAR RENTAL PTE LTD
Co Reg No	Table Annaholis and the dependent of the control of
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-67492002
Vehicle Particulars	
Manufacturer	NISSAN
Model	NV200
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	FIRST CAPITAL INSURANCE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	D-17087580MFCV/12
Cover Note Number	

Driver

Name of Driver TAN PIT LIANG NRIC No S7371097I Date Of Birth 26/11/1973 **INDOOR** Occupation Date Of Driving Pass 03/06/2002

Driving Experience 15 YEARS AND 5 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97237637

Fax Number

Contact Number

EMail Address NOEMAIL

BLK 755 WOODLANDS AVE 4 Address

#07-303

OTHER - HIRER

730755 Postcode

Was driver an employee of the Insured's Company NO

If No. Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

CHAIN COLLISION Type Of Accident

CLEAR Weather Conditions DRY Road Surface

Other Information

Was any foreign vehicle involved in this accident? NO

Was any body injured in the Accident?

Was any other material or property damaged? YES

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

2 Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

BEDOK SOUTH NEIGHBOURHOOD POLICE CENTRE Police Station Name

NO

YES

NO

NO

ROAD: 20 CHAI CHEE DRIVE, POSTCODE: 469045, COUNTRY: Police Station Address

SINGAPORE

TEL NO: 1800-2448999 - FAX NO: 62446558 Police Station Contact

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

PLS REFER TO THE POLICE REPORT:T/20171128/2065

Attachment(s)

YES Are accident photos available for attachment? NO Was there any video captured by Car Camera? Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

SHC8350B

Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Details of Witness

Name

Page 2 of 19

Phone Number

Email Address

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SJF2963H

Vehicle Make/Model/Colour

vortide makermodeli o

Details Of Properties

Name of Driver

NRIC/Passport Number

Contact Number

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

- 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 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.
- 5. 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.
- 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 :
 - 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.

Policyholder's Signature Date & Time:

Driver's Signature (If driver is not the policyholder) Reporting Centre Personnel's Signature

Name: NRIC/FIN No.:

SKETCH PLAN



	,					
Pls	regi	to	the	pohe	report.	7/20171128/20
				1		

DECLARATION

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

Policyholder's Signature Date & Time:

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

Reporting Centre Personnel's Signature

Name: NRIC/FIN No.:





1 of 3

Report No. T/20171128/2065

Police Station Of Origin: Bedok South N.P.C 20 Chai Chee Drive SINGAPORE 469045 Tel No: 1800-2448999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/11/2017 13:40		Vide Report No.:	Station Diary No. 36		
Informa	nt's Partici	ulars			
Name of TAN PIT	Informant: LIANG		Address: APT BLK 755 WOODL/ SINGAPORE 730755	ANDS AVENUE 4 #07-303	
ID Type / ID No.: NRIC NO / S7371097I			Contact No.: Home/Office: Mobile: 97237637		
National MALAYS	A Comment of the Control of		Email:		
Sex: Male	Age:	Date of Birth: 26/11/1973	Type of Informant: Driver		
Race: Chinese	22		Language: English	Institution / School Name:	
Occupation: SERVICE ENGINEER			Driving Licence Information: Class: 2B,2A,3 Date of Expiry:		

General Infor	mation of the Acciden	t		
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 28/11/2017 09:10	Type of Location: Straight Road
A PARA PARAMETER	EXPRESSWAY UAS, BEFORE KPE TO	JNNEL		
Weather: Clear		Road Surface: Dry	F	Road Speed Limit:
Traffic Flow: One Way		Traffic Control:	100	raffic Volume: leavy
Type of Collision: Between Moving Vehicles - Head To Rear		Rear	a	Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
GBF4640X	Van	NISSAN	NV200	Silver	Slightly Damaged	1
SHC8350B	Car	HYUNDAI	140	Blue		1
SJF2963H	Car	VOLKSWAGO N	PASSAT	Black		0





2 of 3

Report No. T/20171128/2065

Police Station Of Origin: Bedok South N.P.C 20 Chai Chee Drive SINGAPORE 469045 Tel No: 1800-2448999

CONTINUATION OF REPORT

Any Pedestrian II	nvolved: No				
No. of Pedestriar	s Injured: NIL	Use of Pe	destrian (Cross	ing: NA
Driver					
Name	TAN PIT LIANG	1	ID No.		S7371097I
Related Vehicle	GBF4640X (Van)		Contact	t No.	97237630
Hospital/Clinic	NIL		Class o Driving Licence Expiry [e &	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	NIL.	Date Disc		NIL	
No. of Days gran	ted Medical Leave NIL	Degree of		NIL	

Brief Details.

On the 28/11/17 at about 0910hrs, I was driving my vehicle bearing registration GBF4640X, travelling along PIE towards Tuas, with one passenger seated at the front. The traffic at that point of time was very heavy and slow moving.

While I was taking the slip road exit towards KPE, just before the merging lanes towards the KPE tunnel, while my vehicle was still slow-moving, I suddenly felt an impact from the rear. I then came to a stop before going out to make a check.

I then realized there was a three vehicle chain collision, whereby I was the first vehicle. The vehicle behind me, a taxi bearing registration number SHC8350B, had jerked forward after the third vehicle bearing registration number SJF2963H, had collided onto the second vehicle.

I wish to state that my vehicle do not have any in-car camera installed, however the other two vehicles might have.

My passenger and I did not sustain any injuries. I am not sure of the condition of the other drivers and passenger from the other two vehicle, however all parties were conscious and did not have any visible injuries.

I wish to further state that my vehicle is rented from Robinsons Rent-A-Car.





3 of 3

Report No. T/20171128/2065

Police Station Of Origin: Bedok South N.P.C 20 Chai Chee Drive SINGAPORE 469045 Tel No: 1800-2448999

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

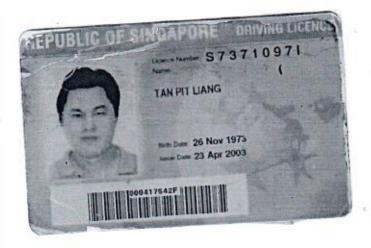
IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report: \	Signature Of Informant:
Sgt 3 MUHAMMAD AZHAR BIN MISSUAN	
Signature Of Interpreter: Not applicable	Date/Time: 28/11/2017 13:40
Officer In Charge Of Case: TP / GIA / Staff Sgt TANG SIEW PING	Classification Of Case:
Contact No.: 65476430	
uthentication Stamp	

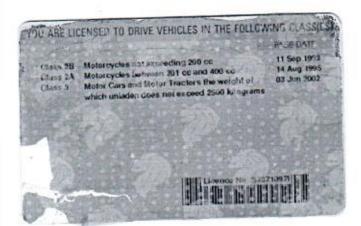
ACCIDENT STATEMENT

AC	CIDENT DATE: (28 / 11 / 2017) (DD/MM/YYY	Y), TIME:(09 : 10)(HH:MM)
LOC	ATION: PIE Towards Tuas KPE	exth.
	1. DETAILS OF VEHICLE a) VEHICLE NUMBER: GBF 4640 X	w 15
	b)INSURANCE COMPANY: c)POLICY NUMBER:	
	d)POLICY TYPE: (COMPREHENSIVE / THIRD PA	RTY / THÍRD PARTY FIRE &THEFT)
	BIMAKE & MODEL: NISSAN NV20	2
	f)TYPE:(SALOON / COUPE / MPV /VAN / LORR	
	g) VEHICLE CATEGORY: (PRIVATE / COMMERC	
	h)PURPOSE OF USING AT ACCIDENT TIME: 6	
	I) ARE YOU CLAIMING UNDER YOUR OWN INSU IF NO, PLEASE STATE (THIRD PARTY CLAIM) RE	EPOPTING ONLY
2	. INSURED / POLICY HOLDER	LI OKTING CIRELY
	A)NAME:	(MALE / FEMALE)
	b)NRIC/FIN/PASSPORT:	CONTACT:
	c)ADDRESS:	
8 8		
Mu. J	* CONTINUE TO 3.d IF DRIVER ALSO POLICY HO	DLDER
* No of passanga	DRIVER DINAME: TAN PIT LIANG	/A A A E / FEA A LEV
Clinduding driver	binric/fin/Passport: 573710971	CONTACT: 9333763
(2)	CIADDRESS: BLOCK 755, WOODLANS A	WEY , #07-303.
	5 PORE 730755	
	*d) DATE OF BIRTH: (26/11/1973)(DD/	MM/YYYY)
	e)OCCUPATION: (INDOOR / OUTDOOR)	.40.7
	f) YEARS OF DRIVING EXPRERIENCE: 03 JUN 3	
4,	WAS DRIVER AN EMPLOYEE OF THE INSURE IF NO, RELATIONSHIP OF THE DRIVER WITH	
5.	a) WEATHER CONDITION: (CLEAR / RAINING /	
873	b)ROAD SURFACE: (DRY / WET / OTHERS	JIHERO
6.	WAS ANYBODY INJURED (YES / NO)	
	a) REPORTED TO POLICE (YES / NO)	Special Control of the Control
	IF YES, PLEASE STATE WHICH POLICE STATION:	BEDOKSDUTH NPC
8.	THIRD PARTY VEHICLE	2010/04/2010/04/2010/04/2010
No of passenger	a) VEHICLE NUMBER: SH C 83508	ADDEL:
. Including driver)	D) DKIVEK 2 NAME:	No. 14 (1970) 10 (1971)
() -	c) NRIC/FIN/PASSPORT:	CONTACT:
9.	THIRD PARTY VEHICLE	
No of passenger	d) VEHICLE NUMBER: STF 2963 H e) DRIVER'S NAME: f) NRIC/FIN/PASSPORT:	WODEL: NOTKZMAGON
Including driver	I NDIC/EIN/DASSBORT	CONTROL
C	I INIC/FIN/F ASSPORT:	CONTACT;

email =









First Capital Insurance Limited

A FAIRFAX Company

Company Reg. No. 195000106C GST Reg. No. M2-0001676-9

CERTIFICATE OF INSURANCE

ORIGINAL

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

Type of Policy.

COMMERCIAL VEHICLE - FLEET

Type of Cover.

: Comprehensive

Certificate No.

: D-17087580MFCV/12

Vehicle No / Chassis No

GBF4640X / VSKYBAM20Z0131089

Name of Insured

ROBINSON CAR RENTAL PTE LTD

Period Of Insurance

01.04.2017 To 31.03.2018

Insured Estimated Value

: Market Value At Time Of Loss

Financial Institution

MV CREDIT PTE LTD

EXCESS: AS INDICATED BELOW

Authorised Driver*

ANY AUTHORISED DRIVERS

Persons or classes of persons entitled to drive*

(1) Whilst the vehicle is being used in connection with the Insured's business:-

(a) Any person provided he is in the Insured's employ and is driving on their order or with their permission.

(2) Whilst the vehicle is being used for social, domestic or pleasure purposes:-

(a) Any person who is driving on the Insured's order or with their permission.

For drivers with more than 1 year driving experience and/or not less than 21 years of age

Excess: S\$1,000.00 on Section I & II separately (for Long Term Lease - 1 year or more) S\$4,000.00 on Section I & II separately (for Short Term Lease - less than 1 year)

S\$1,000.00 on Section I & II separately (for Staff)

For drivers with less than 1 year driving experience and/or less than 21 years of age

Excess: S\$3,000.00 on Section I & II separately (for Long Term Lease - 1 year or more) S\$8,000.00 on Section I & II separately (for Short Term Lease - less than 1 year)

S\$2,000.00 on Section I & II separately (for Staff)

* 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 Insured's business.

Use for the carriage of passengers (other than for hire or reward) in connection with the Insured's business.

Use for social, domestic and pleasure purposes.

The Policy does not cover:-

(1) Use for racing, pace-making, reliability trial or speed-testing.

(2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

(3) Use for the carriage of passengers for hire or reward.

* 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.

I/We HEREBY CERTIFY that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

> First Capital Insurance Limited (Approved Insurers)

LILIA/A0151/MZ301A1

Issued at Singapore on 04.04.2017

Authorised Signature