

NATIONAL Assessment Centre Services (ver 1.0/2000)

NA/18027731

Date In: 27/01/2018 11:13
Ref No: NA/18027731
Veh No: SKG 6813 P
D.O.A: 25/01/2018 13:30
OD / TP / Reporting Only

Job description	Date & Time Completed	Done by
SAS e-filing		
E-mail (within 2hrs, A/C 2hrs)		
1-Motor Claim Form		
1-Motor V/O (Within 200 hrs, TP check)		
1-Photo Uploaded		
Assessment/Survey Report		
Ass'l Report by Box/Hand to Owner/VKSP		

Preferred Wksp / INC Assign Wksp / OWI:

Tel:

Fax:

TP Particulars: Yell No: SHD 6651R, INC () / Non-INC ()

Owner / Driver:

Tel:

Policy No:

Period:

Cover Type:

Confirmed by:

Date:

Time:

Insured/Driver Liability:

() % (Note: BSL Status (WO): NI 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 repeller.

() 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 Transition Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Recovery Photo (Repair Cost > \$3000) ()

Injury:

Date/Time	Actions

NA/1801296

Invoice Preparation Checklist

NA/1801296

NA/1801296	NA/1801296
1) AR: Accident Reporting (\$30)	1
2) DA: Damage Assessment (\$100)	INC (\$30)
3) TP: Towing Fee	\$40/\$15
4) FT: Follow-Through Survey	\$10
5) PT: Follow-Through Survey (Recovery)	\$20
For claimants against INC Only (ver 1.0 Jan 2000)	
6) TR: Anti-lapse Fee	\$25
7) NI: NI & DA + SMRT Survey	\$160
8) NTUC Additional Services	
Q11	
* NI: Courtesy Car / Tpl Allowance	\$3
* NI: Repair Coordination	\$10
* NI: Post Repair Inspection	\$10
* NI: DV / Collision Excess Coordination	\$3
TP (NI) / TP (NI & INC) against INC	\$20
* NI: Drive Abills	\$0

Human's Particulars:

river/Owner:

contact No:

arranged Portion:

C. Checked by (Engin-In-Charge):

NA/1801296

L1

L2/3

Invoice dated

NA/1801296

NA/1801296

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 withholding 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.**
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 Report	27/02/2018 11:13
Date Of Accident	25/02/2018 13:30
Exact Location Of Accident	LAVENDER STREET TURNING INTO JLN BESAR ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKG6813P
Insured/Policyholder	
Name Of Registered Owner	EUROKARS LEASING PTE LTD
Co Reg No	199200636C
Email Address	JULIENNEKEE@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98262666
Alternative Phone No	OFFICE-94571662

Vehicle Particulars

Manufacturer	MAZDA
Model	3-1.6 L (A)
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
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	999994955/100775328-00000
Cover Note Number	

Driver

Name of Driver	KEE QIULING, JULIENNE
NRIC No	S8207379E
Date Of Birth	21/03/1982
Occupation	OUTDOOR
Date Of Driving Pass	03/10/2008
Driving Experience	9 YEARS AND 4 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-98262666
Fax Number	
Contact Number	OTHERS-94571662
EMail Address	JULIENNEKEE@GMAIL.COM

Address	BLK 4 HOLLAND CLOSE #17-21
Postcode	2710004
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
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
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD6651R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	CHENG WEELIN(SHAY WEILIN)
NRIC/Passport Number	S8033398F
Contact Number	93886321
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

IMPORTANT NOTICE

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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.
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7. 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:
 - (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.
- (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:
 - (i) 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.

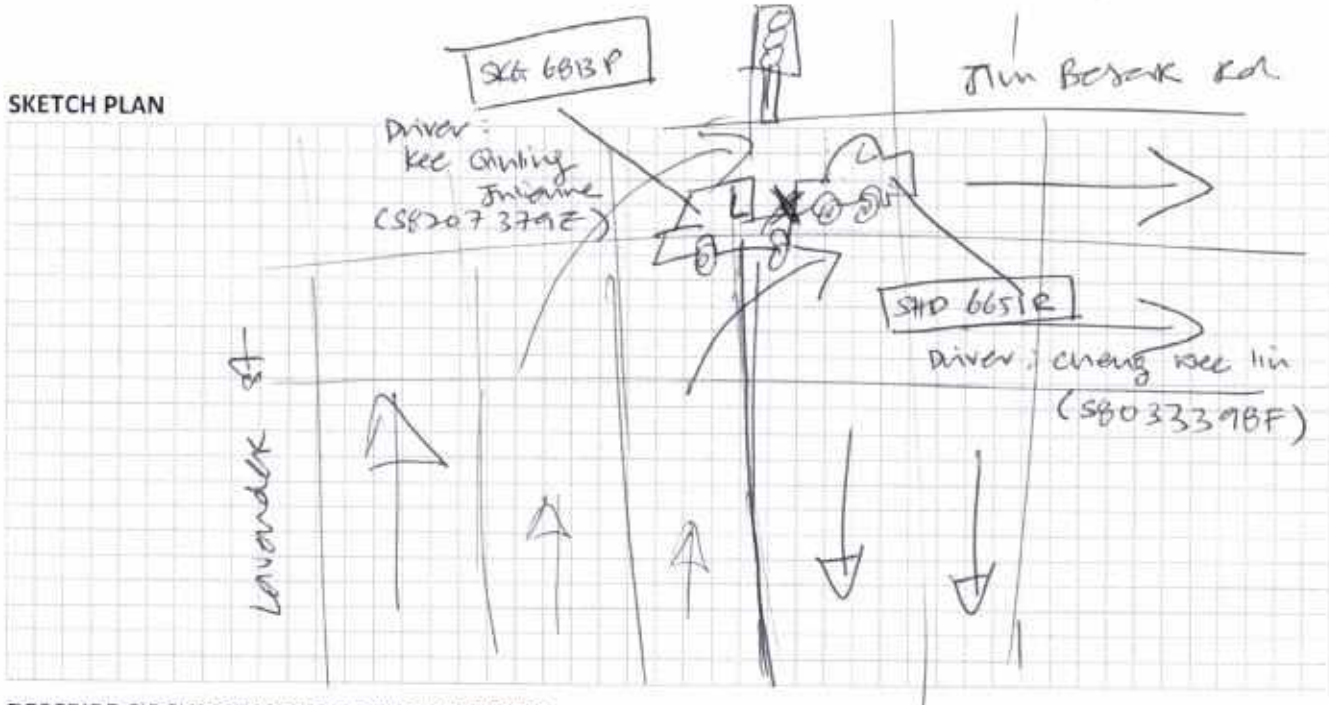


Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

~~Was turning into Jin~~


I was turning Right into Jin Bazar Rd when the lights were Green. when out of no where a white car came from the left and clip into my lane in front of me. By then the lights have turned red. ~~and~~ The driver of the vehicle opened his door to look at me. As he was obstructing oncoming traffic in the first lane, I reversed my vehicle so that he could reverse. I had two passengers in the vehicle, one ~~on~~ on the left passenger seat and one at the back. No one felt a collision.

As the lights turned green, we proceeded to move ~~out~~ off. After which, the other vehicle, white cab SHD 6651R followed me to ask me to stop to ~~to~~ tell me I had collided with his vehicle. We ~~then~~ then proceeded to a small line to check for damages. No superficial markings were seen on my front left bumper. While superficial paint transference ~~was~~ were seen on the right rear bumper of the ~~to~~ cab. We proceeded to As the driver was ~~nd~~ the main river, we proceeded to call the main river for a settlement deal which we did not proceed with as the driver could not give me supporting documents (main river 1/c, his vocational license) for me to draft a private settlement deal. Exchange of information was done on the spot. A police report was made in the evening of 1930 HR.

DECLARATION

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

X
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:

LEASING AGREEMENT NO.

2017/ELPL/JO/LP/1288

13th June 2017

This is a leasing Agreement made between us **EUROKARS LEASING PTE LTD**, identified as the Lessor and having our registered address **12, Sungei Kadut Avenue, Singapore 729648** AND **YOU**, the person(s) identified as the Hirer below :

NAME OF HIRER(S) (IN FULL) : **MASTERMARK PTE LTD**

NAME OF DRIVER(S) (IN FULL) : **KEE QIULING, JULIENNE**

PASSPORT NO. : **S8207379E**

ADDRESS : **61 UBI ROAD 1
#04-01 OXLEY BIZHUB
SINGAPORE 408727**

SCHEDULE

1. DESCRIPTION OF VEHICLE

REG NO. : **SKG6813P**
MAKE / MODEL : **MAZDA 3 1.6L**
COLOUR : **GREY**
ENGINE NO. : **Z6A50802**
CHASSIS NO. : **JM6BL10Z2C0327098**

2. PERIOD OF LEASE

For **Twenty Four (24)** months from the Commencement Date: **14th June 2017 to 13th June 2019** ("Lease Period").

3. LEASE CHARGES

Amount : **S\$[1,500.00] Per Month**
7% GST : **S\$[105]**
Total Amount : **S\$[1,605.00] Per Month**

4. DEPOSIT

Amount: **S\$3,000.00 (2 Months Deposit)**



ACCIDENT STATEMENT

ACCIDENT DATE: 25/02/2018 (DD/MM/YYYY), TIME: 13:30 (HH:MM)

LOCATION: LAVENDER ST turning into Jin Bee Rd.

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKG 6813 P
 b) INSURANCE COMPANY: AIG
 c) POLICY NUMBER: _____
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: _____
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: _____
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) (NO)
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: _____ (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: Ken (Ewokas)
 c) ADDRESS: 9826 2660

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: _____ (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: 9457 1662
 c) ADDRESS: _____

* d) DATE OF BIRTH: (____/____/____) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO) (NO)
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: NIKKER

5. a) WEATHER CONDITION: Clear / RAINING / OTHERS _____

b) ROAD SURFACE: Dry / WET / OTHERS _____

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SHD 6651 R MODEL: _____
 b) DRIVER'S NAME: Cheng Wee Lin (Zhang Wei Lin)
 c) NRIC/FIN/PASSPORT: S8033398F CONTACT: 9380 6321

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
 e) DRIVER'S NAME: _____
 f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

INSURANCE CAR?

I/C

DRIVER LICKNICK

email = Julianee@gmail.com

fax =

VIDEO

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8207379E



Name

KEE QIULING, JULIENNE
(XI QIULING, JULIENNE)

奚秋铃

Race

CHINESE

Date of birth

21-03-1982

Sex

F

Country of birth

SINGAPORE

0801
08/08/16

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number S8207379E

Name

KEE QIULING, JULIENNE
(XI QIULING, JULIENNE)

Birth Date 21 Mar 1982

Issue Date 03 Oct 2008



4851867

NRIC No. S8207379E



Date of issue

21-03-2013

Address

APT BLK 4 HOLLAND CLOSE
#17-21
SINGAPORE 271004

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

RATE DATE

- Class 2B Motorcycles ≤ 250 CC
Class 3A Motor cars without clutch pedals ≤ 2000 kg with ≤ 7 passengers, exclusive of the driver; and motor tractors/vehicles without clutch pedals ≤ 2500 kg

11 Apr 2014
03 Oct 2008

S8207379E

S / No. 9000207960



NP 429A



HOTLINE TEL: (65) 6419-0000
FAX: (65) 6415-3723

CERTIFICATE OF INSURANCE

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)

MZ 400

COMPREHENSIVE COMMERCIAL MOTOR

OWN DAMAGE EXCESS S\$800.00 (1)

CERTIFICATE NO. 999994955/100775328-00000

WINDSCREEN EXCESS S\$100.00

(for policies with effect from 1st November 2002)

SUM INSURED S\$1.00

INSURING WITH COE/PARF YES

1) VEHICLE REGISTRATION NO.

SKG6813P

2) NAME OF INSURED

Eurokars Leasing Pte Ltd

3) EFFECTIVE DATE OF THE COMMENCEMENT
OF INSURANCE FOR THE PURPOSES OF THE ACT

1 Sep 2017

4) DATE OF EXPIRY OF INSURANCE

31 Aug 2018

5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE *

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

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.

6) LIMITATION AS TO USE *

Use for the carriage of passengers or goods in connection with the insured's business.

Use for social, domestic, pleasure purposes and business purposes of any person whom the vehicle is hired.

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 (other than for reward) of any one disabled mechanically propelled vehicle.

3) Use for the carriage of passengers for hire or reward by any person to whom the vehicle is hired.

LOSS OF USE NOT INCLUDED

* NAMED DRIVER N/A

HIRE PURCHASE COMPANY DBS BANK LTD

* 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).

Issued At Singapore 12 Sep 2017

AIG ASIA PACIFIC INSURANCE PTE. LTD.

504028-010
ARF (ASIA PACIFIC) PTE LTD
7 MAXWELL ROAD #01-100
ANNEX 5 MND COMPLEX
SINGAPORE 069111

Authorized Representative

ORIGINAL

SSPKYH