NATIONAL Assessment Centre Service	S. [wel 1 Jan'00]		
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Ovner / Driver: (Tel:	,
Policy No: () Period: ()	Cover Type: (,
Confirmed by 1 '(Dalei	Timor)
insured/Driver Liability: (%) [Note-Bst State	15 (WO): N: 0+20	%; P: 21-79%. P: 80-1	00%]
Year of Registration: () Warranty: YES	3()/40()	
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report <u>correctly</u> 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 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.

- 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 ladgement 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 BUILDING SHOW AND THE STATE OF	ACCIDENT STATEMENT
Date Of Report	10/03/2018 14:07
Date Of Accident	09/03/2018 18:15
Exact Location Of Accident	CUSCADEN RD TWDS ORCHARD RD/OPP FORUM SHOPPINGMALL
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SLD3398U
Insured/Policyholder	
Name Of Registered Owner	ASIA CAR LEASING PTE LTD
Co Reg No	201437397C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98766588
Alternative Phone No	OFFICE-98766588
Vehicle Particulars	
Manufacturer	TOYOTA
Model	VELLFIRE 2.5 CVT S/R
Exact Purpose for which vehicle was being used at time of accident	WORK
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	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE, LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	999994934/100782391-00000
San	

Charles and in
Driver

Cover Note Number

NGOK CHIA SEE @ LEE CHIA SEE Name of Driver

S0187565E NRIC No 12/06/1948 Date Of Birth OUTDOOR Occupation 12/07/1967 Date Of Driving Pass

50 YEARS AND 7 MONTHS Driving Experience

Gender

(LOCAL) +65-98766588 Mobile Number

Fax Number

OTHERS-98766588 Contact Number

NOEMAIL **EMail Address**

BLK 550 SERANGOON NORTH AVE 3 Address

#11-39

550550 Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

OTHER - LIMON SINE DRIVER

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

COLLISION - HEAD TO REAR Type Of Accident

CLEAR Weather Conditions DRY Road Surface

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

NO

Was any other material or property damaged? I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

YES

NO

: NIL NAME:

GENDER: : MALE

Details of Police Action

NO 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

PLS REFER TO THE ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment? Was there any video captured by Car Camera?

NO

NO

NO

Was there any audio recorded?

YES

DETAILS OF OTHER VEHICLE PROPERTY 1

SJN4850U Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

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

ON PIEM P

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			
	$ \hat{\mathbf{x}} $	The Forum	A= SLD 33984
	A	Shopping Mall	B= SIN 4850U
	B	77.6.11	Cuscaden Road
	1		towards Orchard Road Posite of The Forum Shopping
		COPP	posite of the toom snopping
DESCRIBE CIRCUM	STANCES OF THE ACCI		
	All Clause and Control		
		16	
	<u> </u>	efer to atto	nch
GENERAL TOTAL SECTION	_/		
1			
DECLADATION			
I/We degree the for	egoing particulars are true	in every respect.	
a la)*)	Mark	10/3/201
D AIRA		cryoty	(0)/1-0

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.:

On 09.03.18 at about 18:15 hours at along Cuscaden Road towards Orchard Road (Opposite of The Forum Shopping Mall). While I was travelling straight on my lane and traffic was heavy, my front vehicle slow down hence I follow suit.

Suddenly I heard a loud bang from behind and when I alighted I realized it was vehicle (B) who hit my rear portion of my vehicle (A) causing damages to my vehicle. I wish to state that I have one passenger in the vehicle.

Vehicle (A): SLD 3398U

Vehicle (B): SJN 4850U

SINGAPORE ACCIDENT STATEMENT

Accident Date: 69 63 18 Time: / 8:/ (hh:mm) 24 hr format
Location Cuscaden Road towards Orchard Road
(opposite of The Forum Shopping Mall)
Vehicle Number 5LD 3398U
Insured Name Asia Car Leasing Pte Ital
NRIC/FIN 201437397C Contact Number -
Make Toxicta Model Vellfire
Are you claiming under your own insurance policy for repair to your vehicle?
() Yes If No,Pls select: (V) Third Party () Reporting
Insurance Company AIG
Type of Policy (✓) Comphensive () Third Party Fire & Theft () TP Only
Policy Number 99999 4934 / 100782391-00000
Name of Driver Ngot Chiq 50l ()Same as Insured
@ Lee Chia See
NRIC / FIN Contact Number 9876 6589
Date of Birth 12/06/19 48
Driving Pass Date 12/07 /1967
Occupation () Indoor () Outdoor
Gender (√) Male () Female
Email Address - No e-way - ()NO EMAIL
Address of Driver BIE 550 Serangoon North Avenue 3
#11-39 5(5(0550)
Was driver an employee of the Insured's Company? () Yes () No Limbu Sind
If No, Relationship of the Driver with the Insured
() Owner () Spouse () Friend () Relative () Children () Sibling
Does the Driver Own Any Other Vehicle? () Yes () No
If Yes, Vehicle Registration Number of Driver's Own Vehicle
Insurance Company of Driver's Own Vehicle
Weather Conditions () Clear () Raining () Others
Road Surface () Dry () Wet () Others
Was any foreign vehicle involved in this accident? () Yes () No
Was anybody injured in the accident? () Yes () No
If yes, injured detail
Was there any video captured by Car Camera? () Yes (V) No
Was the Accident reported to the Police? () Yes (No If yes attach police report
DETAILS OF 3 rd party Name / Nric Contact
Veh B SIN 46 SOU Veh C
Veh D
Veh E
Veh F

Driver + I passenger = 2 person Workshop Email: Vision autowork @gnail-com

REPUBLIC OF SINGAPORE IDENTITY CARD NO. S0187565E





NGOK CHIA SEE @LEE CHIA SEE 樂 嘉 善

CHINESE
Date of Bern
12-06-1948 M
Example of Bern
SINGAPORE

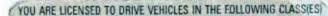


CLD 3398 U





SLD3398U driver



Class 2B Matorcycles =< 200 CC
Class 2A Matorcycles between 201 CC and 400 CC
Class 2A Matorcycles > 200 CC
Class 3 Matorcycles > 200 CC
Class 3 Matorcycles > 200 CC
dess 4 Matorcycles > 200 CC
dess 5 Matorcycles > 200 CC
dess 200 Matorcycles > 200 CC

10 Jun 1969 10 Jun 1969 10 Jun 1969 12 Jul 1967

SRINTS6SE

S/No 9000166464

NP 428A

Licence No. S01875F5E



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)

M-2 400

COMPREHENSIVE COMMERCIAL MOTOR

OWN DAMAGE EXCESS

\$\$2,300.00

(1)

CERTIFICATE NO. 999994934/100782391-00000

WINDSCREEN EXCESS (for policies with effect from 1st November 2002) S\$100.00

SUM INSURED S\$1.00

INSURING WITH COE/PARF YES

1) VEHICLE REGISTRATION NO.

SLD3398U

2) NAME OF INSURED

Asia Car Leasing Pte Ltd

3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE PURPOSES OF THE ACT 18 Oct 2017

4) DATE OF EXPIRY OF INSURANCE

17 Oct 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.

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

LOSS OF USE NOT INCLUDED

N/A * NAMED DRIVER

HIRE PURCHASE COMPANY UNITED OVERSEAS 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 6 Oct 2017

AIG ASIA PACIFIC INSURANCE PTE. LTD.

502806-000 LIEW OOI LIN MAY AIG BUILDING 78 SHENTON WAY #07-16 SINGAPORE 079120

Authorised Representative

SSPLTM

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