

**NATIONAL Assessment Centre Services** (Int'l 1-800-555-4444) **NA180318**

Date In: **17/05/2018** 15:48

Ref No: **NA180318089871**

Veh No: **SA 2863R**

P.O.A: **16/05/2018** 21:50

OD: **TP** Reporting Only

TP Insured:

Job description	Date & Time Completed	Done by
QAS coding		
E-mail (Vehicle Data, AIO, etc)		
1-Motor Claim Portal		
1-Motor V/O (Vehicle Data, AIO, etc)		
1-Photo Uploaded		
Assessment/Survey Report		
AIO Report by PAX/Handle Owner/VWU		

Preferred Wksp / INC Assign Wksp / QWU

TP Particulars: Yell No: **SHC 6332 S** INC ( ) / Non-INC ( )

Owner / Driver: ( )

Policy No: ( ) Period: ( ) Cover Type: ( )

Confirmed by: ( ) Date: ( ) Time: ( )

Insured/Driver Liability: ( ) % (Note: B/L, SLW (WO): NI 0-20%, PI 21-79%, PI 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 later of repair.

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

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

Remarks: **INC Billing: 6788.00** 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: ( )

Signature: ( )

**NA180318**

Human Resources:

Driver/Owner:

Project No:

Assigned Portion:

C Checked by (Engin-In-Charge):

Comments:

Invoice Preparation Checklist:

Item	Amount	Notes
1) AR: Accidental Reporting (\$30)		
2) DA: Damage Assessment (\$100)	INC (\$40)	
3) TP: Towing Fee	\$100.00	
4) PT: Follow Through Survey	\$100.00	
5) PT: Follow Through Survey (Recovery)	\$100.00	
6) TR: Trail Repair	\$100.00	
7) NTUC: Add'l Trail Repair	\$100.00	
8) NTUC: Add'l Trail Repair	\$100.00	
9) NTUC: Add'l Trail Repair	\$100.00	
10) NTUC: Add'l Trail Repair	\$100.00	
11) NTUC: Add'l Trail Repair	\$100.00	
12) NTUC: Add'l Trail Repair	\$100.00	
13) NTUC: Add'l Trail Repair	\$100.00	
14) NTUC: Add'l Trail Repair	\$100.00	
15) NTUC: Add'l Trail Repair	\$100.00	
16) NTUC: Add'l Trail Repair	\$100.00	
17) NTUC: Add'l Trail Repair	\$100.00	
18) NTUC: Add'l Trail Repair	\$100.00	
19) NTUC: Add'l Trail Repair	\$100.00	
20) NTUC: Add'l Trail Repair	\$100.00	

Invoice Total: ( )

Net Charge: ( )

## 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	17/05/2018 15:48
Date Of Accident	16/05/2018 21:50
Exact Location Of Accident	BAYFRONT AVE TWRDS CTRL BLVD INFRONT OF TOWER 3
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLA2863R
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ASIA CAR LEASING PTE LTD
Co Reg No	201437397C
Email Address	PETER96605852@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-96605852
Alternative Phone No	OFFICE-96605852

### Vehicle Particulars

Manufacturer	TOYOTA
Model	VELLFIRE
Exact Purpose for which vehicle was being used at time of accident	
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	999994934/100782021-00000
Cover Note Number	

### Driver

Name of Driver	LEONG KOK LEONG
NRIC No	S0096045D
Date Of Birth	08/01/1954
Occupation	OUTDOOR
Date Of Driving Pass	01/09/1998
Driving Experience	19 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96605852
Fax Number	
Contact Number	OTHERS-96605852
Email Address	PETER96605852@YAHOO.COM.SG

Address	BLK 721 BEODK RESERVOIR ROAD #16-4632
Postcode	470721
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)	3
Passenger 1	NAME: : GUEST GENDER: : FEMALE
Passenger 2	NAME: : GUEST GENDER: : MALE

#### 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	SHC6332S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
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

1. Please report correctly the details of the accident to speed up the claims process.
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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.
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 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.

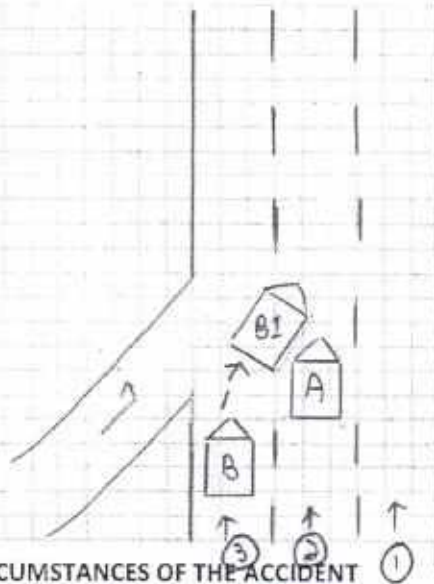


Policyholder's Signature  
Date & Time:

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

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

SKETCH PLAN



A = SLA2863R

B = SHC 63325

Bayfront Ave

towards Central Blvd

(In front of Tower 3 MBS)

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to attach

DECLARATION

I/We declare that the following 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.:

17/05/2018  
Kee W Hoon

On 16.05.18 at about 21:50 hours along Bayfront Ave towards Central Blvd (In front of Tower 3 MBS). I was travelling straight on the lane 2, suddenly vehicle (B) from left cut into my lane and collided onto front left hand side portion of my vehicle (A). I wish to state that I have 2 passengers inside my vehicle (A).

Vehicle (A): SLA 2863R

Vehicle (B): SHC 6332S



A handwritten signature in blue ink, appearing to be "Kerry".

A handwritten signature in blue ink, appearing to be "Rishi Watar", with the date "17/05/2018" written above it.

# SINGAPORE ACCIDENT STATEMENT

Accident Date:	16/05/2018	Time:	21:50	(hh:mm) 24 hr format
Location	Bayfront AVE towards Central Blvd (in front of Tower 3 MBS)			
Vehicle Number	SLA2863R			
Insured Name	Asia Car Leasing Pte Ltd			
NRIC/FIN	201437397C	Contact Number	-	
Make	Toyota	Model	Vellfire	
Are you claiming under your own insurance policy for repair to your vehicle?				
( ) Yes If No, Pls select: ( <input checked="" type="checkbox"/> ) Third Party ( ) Reporting				
Insurance Company	AIG			
Type of Policy ( <input checked="" type="checkbox"/> ) Comprehensive ( ) Third Party Fire & Theft ( ) TP Only				
Policy Number	999994934 / 100782021-00000			
Name of Driver	Leong Kok Leong	( ) Same as Insured		
NRIC / FIN	S0096045D	Contact Number	96605952	
Date of Birth	08/01/1954			
Driving Pass Date	01/09/1998			
Occupation ( ) Indoor ( <input checked="" type="checkbox"/> ) Outdoor				
Gender ( <input checked="" type="checkbox"/> ) Male ( ) Female				
Email Address	Peter 96605882@tycho.com.sg	( ) NO EMAIL		
Address of Driver	Blk 721 Bedok Reservoir Road # 16-4632 Singapore 470721			
Was driver an employee of the Insured's Company? ( ) Yes ( <input checked="" type="checkbox"/> ) No				
If No, Relationship of the Driver with the Insured ( <input checked="" type="checkbox"/> ) Hired				
( ) 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 ( <input checked="" type="checkbox"/> ) Clear ( ) Raining ( ) Others				
Road Surface ( <input checked="" type="checkbox"/> ) Dry ( ) Wet ( ) Others				
Was any foreign vehicle involved in this accident? ( ) Yes ( <input checked="" type="checkbox"/> ) No				
Was anybody injured in the accident? ( ) Yes ( <input checked="" type="checkbox"/> ) No				
If yes, injured detail				
Was there any video captured by Car Camera? ( ) Yes ( <input checked="" type="checkbox"/> ) No				
Was the Accident reported to the Police? ( ) Yes ( <input checked="" type="checkbox"/> ) No If yes attach police report				
DETAILS OF 3 <sup>rd</sup> party	Name / Nric	Contact		
Veh B	SHC 6332S			
Veh C				
Veh D				
Veh E				
Veh F				

P<sub>1</sub> = Unknown (M) } Guest.  
P<sub>2</sub> = Unknown (F) }

Driver + 2 passengers.

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S0096045D



LEONG KOK LEONG

Race  
CHINESE  
Date of birth  
08-01-1954  
Sex  
M  
Country of birth  
SINGAPORE



SLA 2863 R  
driver

3007342



NRIC No: S0096045D



Blood Group: O+ Date of issue: 10-02-1995

AP1 BLK 721 BLUOK HSEKVIUK HUAI #10-4832  
SINGAPORE 470721

NRIC No: S0096045D

Date: 11/11/2011

No: 8872272

**REPUBLIC OF SINGAPORE DRIVING LICENCE**

Portrait photo of a man.

License Number: **S0096045D**

Name: **LEONG KOK LEONG**

Birth Date: **08 Jan 1954**

Issue Date: **01 Jul 2003**

Barcode: **000613647G**

SLA 2863R  
driver

**YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)**

Class	Description	PASS DATE
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	01 Sep 1998

NP 425A

Barcode: **License No: S0096045D**



HOTLINE TEL: (65) 6419-3000  
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

CERTIFICATE NO: 999994934/100782021-00000

OWN DAMAGE EXCESS

WINDSCREEN EXCESS

(for policies with effect from 1st November 2002)

SUM INSURED

S\$1.00

INSURING WITH COE/PARF

YES

1) VEHICLE REGISTRATION NO.

SLA2863R

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.

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 HONG LEONG FINANCE 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

ORIGINAL

SSPLTM