NATIONAL Assessment Centre	Services	[werl+James]	4MA 118073631		
Date III 616118 16:46	Jeb descriptio	11	Date &Time Completed	Don	e by
Reino WA (AIG 18010322/14	SAS e-filing				
Veli No Skm 3850 U	E-mail (with	n Shrs, AIC 2hrs)			
D.O.A : 116/18 08:00	i-Motor Cla	im Form			
	i-Motor W/	O (Within: OD 2hr	s, TP 4hrs)		
OD / TP / Reoring Only	i-Photo Upl	oaded		**********	
	Assessment/S	Survey Report			
TP Insurer:	Ass't Report	by Fax / Hand t	o Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (J have a second and a second an		Tel: Fax		
TP Particulars: Veh No: 52	W 93247.	INC ()/Non-INC()		
Owner / Driver: (Tel:)	
Policy No: () Perio	od: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%) [No	ote-Est. Status (WO): N: 0-2	0%; P: 21-79%. F: 80-100	196]	
Year of Registration: () W:	arranty: YES ()/NO()		
Excess: (\$) Loading: \$1,000)()/\$2,000	0()			
General Remarks;-					
() Walk-In Customer: Customer's inform					
() Total Loss Case : to e-mail Insurer					
Drive-In ()/Towed-In (); Invoice:			owing Co: (1
	120(),	(),.	The Co. (,
Remarks:- (INC hotline: 6788 6616)			Date&Time Completed	Don	b by
Apply for Transport Allowance ()/Cou	urtesy Car ()			
2) QC Check / Post Repair Inspection	()			
3) Upload Resurvey Photo [Repair Cost > \$300	00] ()	100		
Injury:					
				DAYS OF ANA	
Date/Time Actions		15 - 15 - 15 - 15	Market and the American	ALCOHOL:	
	1				
W	F828081	Invoice Prep	paration Checklist	Ant (S)	Amt (I)
laimant's Particulars :-	11 10 33 0 1	1) AR : Accident		30.00	7,4071,42111
TOTAL SELECTION		2) DA : Damege . 3) TF : Towing F	Assessment (\$100); INC (\$80) ee \$40/\$4	5	
river/Owner:		4) FT : Follow-T	hrough Survey \$12		
ontact No:			hrough Survey (Resurvey) \$3 rainst INC Only (waf 10 Jan 2005)	0	4
arnaged Portion:		6) TR : Re-inspec	tion \$7	5	
		7) N1 : Idac DA - 8) NTUC Additio	and the second state of the second se	D	
C Checked by (Same In Channel)		OD*	Half Get Arces.		
C Checked by (Engr-In-Charge):		*N5: Courtesy	Car/Tpt Allowance 5		
wife 10	Last Two Zerl	*N6: Repair Co			
uditors' Comments :-		* N8: DV / Col	lect Excess Coordination 5	5	
at. 12		TP (N11) : TP 9) N12: Idac Mol	(Non INC) against INC 52	0)	
t 2/3		Invaice dated	Fee Charged		
		Invaice dated	Fee Charged		

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.
- 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.
- 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.

Christophia Saffini a Saffini wasan safa	ACCIDENT STATEMENT
Date Of Report	06/06/2018 16:46
Date Of Accident	01/06/2018 08:00
Exact Location Of Accident	JLN TAN TOCK SENG
Country/State of Loss	SINGAPORE
Regulation of the control of the control of the D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SKM3850U
Insured/Policyholder	
Name Of Registered Owner	MARIC & PARTNERS PTE LTD
Co Reg No	5
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-92478438
Vehicle Particulars	
Manufacturer	MAZDA
Model	MAZDA 3
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	REPORTING ONLY
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	999994655
Cover Note Number	•
Driver	
Name of Driver	ENG CHEN WEI
NRIC No	S8846949F
Date Of Birth	28/11/1988
Occupation	OUTDOOR
Date Of Driving Pass	14/01/2009
Driving Experience	9 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92478438
Fax Number	
Contact Number	
Driver Name of Driver NRIC No Date Of Birth Occupation Date Of Driving Pass Driving Experience Gender Mobile Number Fax Number	\$8846949F 28/11/1988 OUTDOOR 14/01/2009 9 YEARS AND 4 MONTHS MALE

NOEMAIL

Address BLK 775 WOODLANDS CRESCENT #07-14

Postcode 730775

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

NO

1

NO

NO

General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR

Weather Conditions RAINING Road Surface WET

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?

YES 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)

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? NO NO

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1 SLW9324T

YES

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

- 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 <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.

Maric & Partners Pte Ltd Co Reg No 201820701N

9 Tagore Lane #03/04

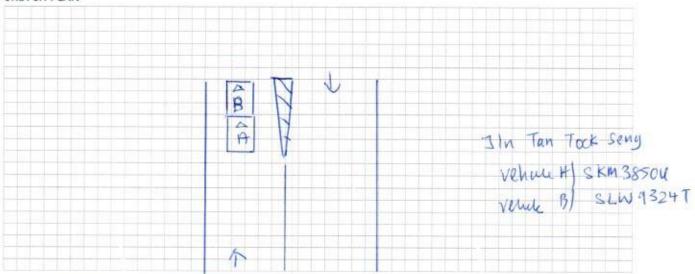
Policyholder's Signature Date & Time: ON

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

Reporting Centre Personnel's Signature Name:

me: NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on the stated date and time 1 I vehicle "A" is	C
travelling on the stated venue. I was travelling straight	14
my lane, suddenly vehicle B' infront jan brake,	
there was no vehicle introd of him. I appled my	
brakes and came to a full stop, however the	
weather condition was raining and floor was wet,	
my vehile slightly surge forward. rehick B' driver got	
down and claim that I had hit outo his reliable, I	_
notice there was very slight scratches but I'm not sure	
if it's old damage. He mention to proceed for insurance.	
That is all.	

DECLARATION

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

Maric & Partners Pte Ltd Co Reg No 2016/01/21N

9 Tagore Lane #03 64

Policyholderis Signature 87472 Date & Time: Driver's Signature

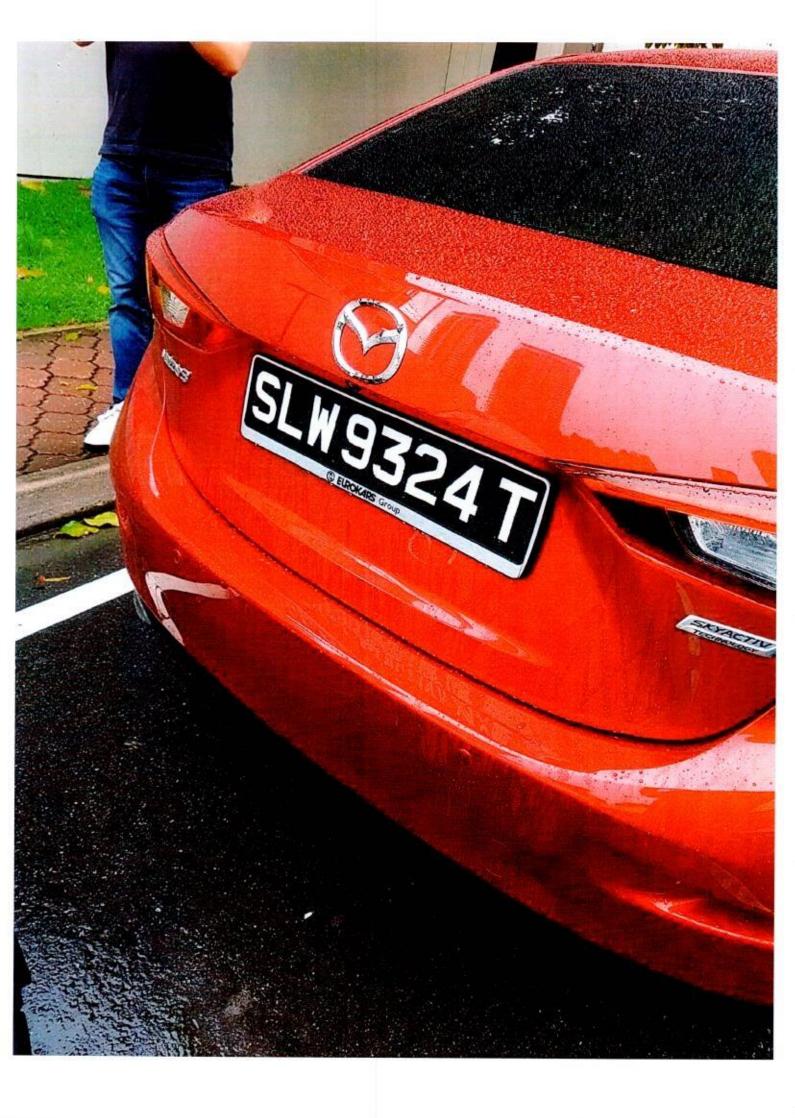
Oriver's Signature (If driver is not the policyholder) Date & Time: fund

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

	-			Company of		
D. E		IDE	MT	STA	TEA	1EN1
~~ 1		-		A 2 2 PM	9. F E-19	1 L I V I

ACCIDENT DATE: 01 / 06 / 18)(DD/MM/YYYY), TIME: 00 (HH:MM)
LOCATION: JIN Tan Tock Seny
1. DETAILS OF VEHICLE SKM 38504
DINSURANCE COMPANY: A16
C)POLICY NUMBER: 99 49 4 4655.
CIPOLICY TYPE: (COMPRECENSIVE / THIRD PARTY FIRE &THEFT)
e)MAKE & MODEL: Mazda 3
f)TYPE:(SALGON / COUPE / MPV /V AN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h)PURPOSE OF USING AT ACCIDENT TIME: WORD PURPOSE
I) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)
2. INSURED / POLICY HOLDER
A)NAME: Mavic & Partners PALLEC (MALE/FEMALE)
DINRIC/FIN/PASSPORT: 201620701N CONTACT:
CJADDRESS: d Tayore lane #03-04
* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER
Tho of persongs DRIVER ENG CHEN WEI (MADE/FEMALE)
CInduding driver) OJNAME: ENG CHEW GOT (MALE / FEMALE) DJNRIC/FIN/PASSPORT: 58846949 F CONTACT: 92478438
COLD CIADDRESS: 775 WOODLANDS CRESCENT #07-14
S 730775
*d)DATE OF BIRTH: (28 / 11 / (488) (DD/MM/YYYY)
e)OCCUPATION: (INDOOR / OUTDOOR)
f)YEARS OF DRIVING EXPRERIENCE: Quears
4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: HIVE
5. a) WEATHER CONDITION: (CLEAR / RAKING / OTHERS)
6. WAS ANYBODY INJURED (YES / NO)
7. aJREPORTED TO POLICE (YES / NO)
IF YES, PLEASE STATE WHICH POLICE STATION:
가게 되고 있는 것이 되었습니다. 그런 그리고 있는 것이 되었습니다. 그런 그리고 있는 것이 되었습니다. 그런 그리고 있는 것이 되었습니다. 그리고 있는 것이 되었습니다. 그리고 있는 것이 되었습니다.
No of passenger a) VEHICLE NUMBER: SLW9324T MODEL:
(Including driver) D) DRIVER'S NAME:
(O) \ C) \ NRIC/FIN/PASSPORT:CONTACT:
y, THIRD PARTY VEHICLE
Ho of passenger of VEHICLE NUMBER:MODEL:
(Including departs)
CITIETURING APPLIED F) NRIC/FIN/PASSPORT:CONTACT:
LKK Charl = REPORTING
TOPOLIE 6 com
fax = 6452 4584
AGI-25, 51 ULI AVE \ Pax = 6452 4584
s (408 933)
5 (708 73 3)





REPUBLIC OF SINGAPORE IDENTITY CARD NO. S8846949F



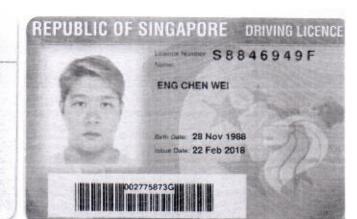
ENG CHEN WEI



28-11-1988 Country/Piace of birth SINGAPORE

CHINESE Date of birth

S8846949F



5403823



08-12-2014

APT BLK 775 WOODLANDS CRESCENT #07-14 SINGAPORE 730775

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIE

Motor cars with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg

NP 428A

M.Z.400



CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THRO 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, 1929 (MALAYSIA)

(The below excess is subject to GST)

COMPREHENSIVE

COMMERCIAL MOTOR

CERTIFICATE NO.

SKM3850U

POLICY NO.

999994655

POLICY EXCESS

S\$1000.00 (Sect I)

WINDSCREEN EXCESS

\$\$100.00

SUM INSURED

Market Value

INSURING WITH COE/PARF Yes

SKM3850U

MARIC & PARTNERS PTE LTD

2) NAME OF INSURED

3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE

1) VEHICLE REGISTRATION NO.

FOR THE PURPOSES OF THE ACT

4) DATE OF EXPIRY OF INSURANCE

25 April 2018 24 April 2019

5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE.

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

\$\$1,000.00 Section I Excess and \$\$1,000.00 Section II Excess is applicable for driver who is above 22 years old and/or with minimum 2 years driving experience \$52,000.00 Section I Excess and \$52,000.00 Section II Excess is applicable for drivers who is 21 years old with minimum 1 year driving experience.

The policy does not cover drivers who are below 21 years old or less than 1 year driving expe

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*

- 1) Use for social domestic pleasure purposes and business purposes of insured
- 2) Use for social, comercic, pleasure purposes and business purposes of any person whom the vehicle is hired.
- Use for the carriage of passengers for hire or reward by any person to whom the vehicle is hired.

The Policy does not cover 1) Use for fusion, driving test, racing, pace-making, miliability trial or speed-testing, 2) Use whitst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle. It Use for any purpose in connection with the Motor Trade.

LOSS OF USE

Not included

HIRE PURCHASE COMPANY

TAI THONG LEE TRADING PTE 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.

17 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 (V of the Road Transport Act, 1967 (Malaysia)

Issued in Singapore 25 Apr 2018

500656-000 Cowell Insurance (Agency) Pte. Ltd. 8 Burn Road #09-09 Trives Singapore 369977

ORIGINAL

AIG Asia Pacific Insurance Pte Ltd

AUTHORISED REPRESENTATIVE

SSPOEC

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle Vehicle Owner Particulars

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	0701N
Vehicle Details	
Vehicle No.:	SKM3850U
Vehicle to be Exported:	Yes
Intended De-registration Date:	06 Jun 2018
Vehicle Make:	MAZDA
Vehicle Model:	MAZDA3 1.6L SDN
Primary Colour:	Grey
Manufacturing Year:	2009
Engine No.:	Z6803078
Chassis No.:	JM6BL10Z1A0111154
Maximum Power Output:	77.0 kW (103 bhp)
Open Market Value:	\$19,925.00
Original Registration Date:	28 Aug 2009
First Registration Date:	28 Aug 2009
Transfer Count:	4
Actual ARF Paid: Intended PARF Rebate Details	\$19,925,00
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	27 Aug 2019
PARF Rebate Amount: Intended COE Rebate Details	\$10,958.00
COE Expiry Date:	27 Aug 2019
COE Category:	A - Car (1600cc & below)
COE Period(Years):	10
QP Paid:	\$15,019.00
COE Rebate Amount:	\$1,837.00
Total Rebate Amount:	\$12,795.00
The information contained herein is correct as at 06 Jun 2018	