

NATIONAL Assessment Centre Services (over 1 Jan 2005) **MA48080277**

Date In: 21/06/2018 18:07	Job description:	Date & Time Completed	Done by
Ref No: NA/819780/1312/4	SAS e-filing		
Veh No: SL 339E	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 20/06/2018 18:05	i-Motor Claim Form		
OD: TP Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars: Veh No: **840 4860S** INC () / Non-INC ()

Owner / Driver: () Tel: ()

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

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

Insured/Driver Liability: () % [Note-Est. Status (WO): N: 0-20%; P: 21-79%; F: 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 repairer.

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

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

Remarks:- (INC hotline: 6788 6616)

Remarks:-	Date & Time Completed	Done by
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: _____

Date/Time	Actions

NA803913

Claimant's Particulars :-	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
	4) FT: Follow-Through Survey \$120		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD:		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idac Mobile \$0		
	Invoice date:	Fee Charged	
	Invoice dated	Fee Charged	

Auditors' Comments :-

Cat. 1: _____

Cat. 2/3: _____

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	21/06/2018 18:07
Date Of Accident	20/06/2018 18:05
Exact Location Of Accident	JUNCTION OF BEDOK NORTH AVENUE 3 AND PIE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLE339E
Insured/Policyholder	
Name Of Registered Owner	ASIA CAR LEASING PTE LTD
Co Reg No	201437397C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98323828
Alternative Phone No	OFFICE-98323828

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	GLC250

Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
--	-------------

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	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	999994930/100787491-00000
Cover Note Number	

Driver

Name of Driver	KWEK MUAR KANG
NRIC No	S7510636Z
Date Of Birth	03/04/1975
Occupation	INDOOR
Date Of Driving Pass	21/04/1993
Driving Experience	25 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-98323828
Fax Number	
Contact Number	OTHERS-98323828
Email Address	NOEMAIL

Address	50 AMBER ROAD #13-06
Postcode	439888
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	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	WET

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 AND ATTACHMENT

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH OWNER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD4860S
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

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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.

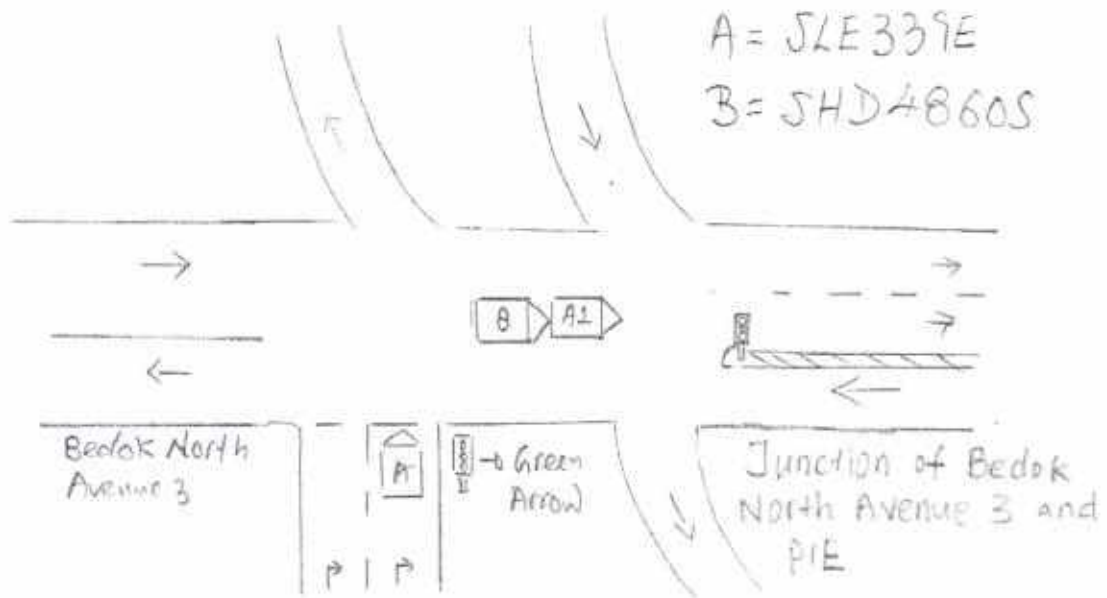


Policyholder's Signature
Date & Time:

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

Refer to attach

DECLARATION

I/We declare 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.:

21/06/2018
[Signature]
[Signature]

On 20.06.18 at about 18:05 hours at Junction of Bedok North Avenue 3 and PIE. I was stationary along Slip Road of PIE turning right to Bedok North Avenue 3 waiting for the traffic light turning arrow to turn green.

When the traffic light turning arrow turned green and I slowly turning to Bedok North Avenue 3, suddenly I heard a loud bang from behind. When I alighted I realised it was vehicle (B) had hit onto rear portion of my vehicle (A).

Vehicle (A): SLE 339E

Vehicle (B): SHD 4860S



21/06/2018
Rashid

SINGAPORE ACCIDENT STATEMENT

Accident Date: 20/06/18	Time: 18:05	(hh:mm) 24 hr format
Location Junction of Bedok North Avenue 3 and PIE		
Vehicle Number SLE339E		
Insured Name Asia Car Leasing Pte. Ltd.		
NRIC/FIN 201437397C	Contact Number	-
Make Mercedes Benz	Model	GLC250
Are you claiming under your own insurance policy for repair to your vehicle?		
() Yes If No, Pls select: (✓) Third Party () Reporting		
Insurance Company AIG		
Type of Policy (✓) Comprehensive () Third Party Fire & Theft () TP Only		
Policy Number 999994930 / 100767491-00000		
Name of Driver KWEE Muar Kang () Same as Insured		
NRIC / FIN 575106362		
Contact Number 98323828		
Date of Birth 03/04/1975		
Driving Pass Date 21/04/1993		
Occupation (✓) Indoor () Outdoor		
Gender (✓) Male () Female		
Email Address - No e-mail - (✓) NO EMAIL		
Address of Driver 50 Amber Road		
#13-06 Singapore 439888		
Was driver an employee of the Insured's Company? () Yes (✓) No		
If No, Relationship of the Driver with the Insured (✓) 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 (✓) 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 () 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 SHD48605		
Veh C		
Veh D		
Veh E		
Veh F		

Driver Only

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7510636Z



Name

KWEK MUAR KANG
(GUO MANJIANG)

郭满江

Race

CHINESE

Date of birth

03-04-1975

Sex

M

Country/Place of birth

SINGAPORE

S7510636Z

SLE339E

driver



5723487

NRIC No. S7510636Z



Date of issue

17-03-2017

Address

50 AMBER ROAD
#13-06
SINGAPORE 439886

REPUBLIC OF SINGAPORE DRIVING LICENCE

 Licence Number: **S7510636Z**
Name: **KWEK MUAR KANG**
(GUO MANJIANG)
Birth Date: **03 Apr 1975**
Issue Date: **08 Apr 2003**

 000362409F

SLE 339 E

driver

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

	PASS DATE
Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 3500 kilograms	21 Apr 1993

NP 428A

Licence No: **S7510636Z**





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)

M 2.400

COMPREHENSIVE COMMERCIAL MOTOR

OWN DAMAGE EXCESS

WINDSCREEN EXCESS

CERTIFICATE NO. 999994930/100787491-00000

(for policies with effect from 1st November 2002)

SUM INSURED S\$1.00

INSURING WITH COE/PAF YES

- 1) VEHICLE REGISTRATION NO. SLE339E
- 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 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 11 Oct 2017

AIG ASIA PACIFIC INSURANCE PTE. LTD.

502806-000
LIEW OOI LIN MAY
AIG BUILDING
78 SHENTON WAY #07-15
SINGAPORE 079120

Authorised Representative

ORIGINAL

SSPLTM