NATIONAL Assessment Centre Services	MNA46033490		
Date in 2000 200 15-61 Jeb description	Date & Tune Completed	Done by	
Ref No MPA AICA 80 1199 V SAS e-filing			
Veh No CIG VILTR E-mail (within	Shis, AIC 2hrsi	THE PARTY OF THE P	
DOA 27/06/2018 10/25 1-Motor Clai	Security II		
	(Within: OD 2hrs. TP 4hrs)		01 8
OD (1P) Reporting Only i-Photo Uplo		******	
Assessment/Su			-
TP Insurer:	y Fax / Hand to Owner/Wksp		******
Preferred Wksp / INC Assign Wksp / QW: (Tel: Fax:		1
TP Particulars: Veh No: (46 × 2952)	INC () / Non-INC ()		
Owner / Driver: (Tel:)	
Policy No: () Period: () Cover Type: (<u>-</u>	
Confirmed by : (Date: Time:)	000
	VO): N: 0-20%; P: 21-79%. F: 80-1009	6]	
Year of Registration: () Warranty: YES ()/NO()		===
Excess: (\$) Loading: \$1,000 ()/\$2,000	POWING PARTY		
General Remarks:-	ENDOS TRUE LEL LI		
() Walk-In Customer: Customer's information strictly Co	nfidential & Strictly NO rafer of repairer.	-	
() Total Loss Case : to e-mail Insurer URGENTLY.			
Drive-In ()/Towed-In (); Invoice: YES ()/I	NO (); Towing Co. ()	
Remarks:- (INC horline: 6788 6616)	Date&Time Completed	Done by	
Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()	9-19-1	_
Injury:			-
Date/Time Actions	MANUSCRIPTION OF THE PROPERTY OF THE PARTY O		
Date/1 time Actions	The All Providence (NAME OF SELECTION ASSESSMENT)	(Laborate Laborate La	
**			-77
X10100(661)		Anit (\$) Amit	(5)
MAISOYOTY	Invoice Preparation Checklist	lat Bill Add	Bill
Claimant's Particulars:-	1) AR : Accident Reporting (\$30); 2) DA : Damage Assessment (\$100); INC (\$80)		
Driver/Owner:	3) TF : Towing Fee \$40/\$4 4) FT : Follow-Through Survey \$12		-
Contact No:	5) FT : Follow-Through Survey (Resurvey) \$3		
Contact No:	For claiming against INC Only (wef 10 Jan 2005) 6) TR: Re-inspection 57	5	
Damaged Portion:	7) N1 : Idao DA + SMRT Survey \$16		
Security of the Con or 1971	8) NTUC Additional Services:-		
QC Checked by (Engr-In-Charge):	*N5: Courtesy Car / Tpt Allowance	5	
PROFILE MANUFACTURE IN THE SECOND SEC	*No: Repair Co-ordination S: *N7: Post Repair Inspection S:		
Auditors' Comments :-	*NS: DV / Collect Excess Coordination 5	5	
Cat. 1:	TP (N11) : TP (N is INC) against INC S: 9) N12: Idae Mobile	0	
Zat. 2/3;	Invaice dated Fee Charges	1960	74
September 10	Invoice dated Fee Charged	a star	

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Contact Number

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.
- 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

	ACCIDENT STATEMENT
Date Of Report	28/06/2018 15:01
Date Of Accident	27/06/2018 10:25
Exact Location Of Accident	WOODLANDS AVENUE 12 TOWARDS SLE
Country/State of Loss	SINGAPORE
	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SLG4157B
Insured/Policyholder	
Name Of Registered Owner	CAR COVE LEASING PTE LTD
Co Reg No	201602573M
Email Address	JASON-TAN@AIA.COM.SG
Mobile Phone No	(LOCAL) +65-81384306
Alternative Phone No	OFFICE-81384306
Vehicle Particulars	
Manufacturer	MAZDA
Model	3
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	999994802
Cover Note Number	
Driver	
Name of Driver	JASON TAN HONG CHAI
NRIC No	S7603623C
Date Of Birth	08/02/1976
Occupation	INDOOR
Date Of Driving Pass	06/01/1998
Driving Experience	20 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81384306
Fax Number	

OTHERS-81384306

JASON-TAN@AIA,COM,SG

Address

BLK 167D PUNGGOL EAST

#05-385

Postcode

824167

Was driver an employee of the Insured's Company

If No, Relationship of the Driver with the Insured

OTHER - HIRER

Vehicle Registration Number of Driver's Own

SGH9541X

Vehicle

Insurance Company of Driver's Own Vehicle

AIG ASIA PACIFIC INSURANCE PTE. LTD.

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

2

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

NO

ambulance?

Was any other material or property damaged?

YES

I have been approached by unknown person(s)

NO

soliciting/offering accident claims assistance.

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

GBF2952J

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

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 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.
- 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.

Car Cove Leader

Driver's Signature

(if driver is not the palicyholder)

Date & Time:

Reporting Centre Personnel's Signature

Mame

NRIC/FIN No.:

Policyholder's Signature Date & Time:

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A	Î
b ,	1 1
310	اوارد

A = SLG 4157B B = GBF2952J Woodlands Avenue 12 towards SLE

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

SLE. Whilestop, and mbehind. Wh	8 at about 10:25 hours along Woodlands Avenue 12 towards I was slow moving straight on lane 3 and eventually come to a my front vehicle was stopped, suddenly I heard a loud bang from the I alighted I realised it was vehicle (B) had hit onto rear my vehicle (A).
Vehicle (A):	: SLG 4157B
— Vehicle (B):	: GBF 2952J

DECLARATION

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

Policyholdes Signator

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Persopriel's Signature
Unine:
NRIC/FIN No.:

SQL/ UNITS

SINGAPORE ACCIDENT STATEMENT

coident Date: It colored from the contact Number Standards Address of Driver Date of Service 12 towards see (hh:mm) 24 hr format becation who displayed Address of Driver Bit (12 towards see (hi:mm) 24 hr format becation who displayed for the color of t
ehicle Number SLG 4/STB Issured Name Car Cove Leasing fte Ltd. RIC/FIN 3-16-04-873 m Contact Number Make Mazela Model 2 re you claiming under your own insurance policy for repair to your vehicle? 1) Yes If No,Pls select: () Third Party () Reporting Insurance Company A J G Issurance Company Contact Number Company A J G Issurance Company
RIC/FIN \$\frac{160}{160}\$\frac{1}{3}\text{in}\$ Contact Number Model 2
RIC/FIN \$\frac{160}{160}\$\frac{1}{3}\text{in}\$ Contact Number Model 2
RIC/FIN \$ 160 157 100 Contact Number Iake Nozela Model 2 re you claiming under your own insurance policy for repair to your vehicle?) Yes If No,Pls select: () Third Party () Reporting Insurance Company AJ () Same as Insured NRIC FIN S 160 36 36
Take Model 2 re you claiming under your own insurance policy for repair to your vehicle?) Yes If No.Pls select: () Third Party () Reporting Insurance Company A J G If you of Policy () Comphensive () Third Party Fire & Theft () TP Only Insurance Company A J G Insurance Company Insurance C
re you claiming under your own insurance policy for repair to your vehicle?) Yes If No.Pls select: () Third Party () Reporting Insurance Company AJG Sype of Policy () Comphensive () Third Party Fire & Theft () TP Only Policy Number 1999 4502 Name of Driver Jason Jan Hong Claim ()Same as Insured NRIC / FIN STECSED TO LONG CONTACT Number 1938 4306 Date of Birth 18 12 / 1776 Driving Pass Date 18 / 18 / 18 / 18 / 18 / 18 / 18 / 18
Yes If No,Pls select: () Third Party () Reporting
Yes If No,Pls select: () Third Party () Reporting
Vision Policy () Comphensive () Third Party Fire & Theft () TP Only Policy Number 99994502 Name of Driver Jason Inn Hong Claim ()Same as Insured NRIC / FIN \$7603636 C Contact Number \$135,4306 Date of Birth \$26041776 Driving Pass Date \$2601776 Driving Pass Date \$2601776 Driving Pass Date \$2601776 Occupation () Indoor () Outdoor Gender () Male () Female Email Address \$3500 - ton Gaig Com. Sg ()NO EMAIL Address of Driver \$1506 C Company () Yes ()NO Hirer Was driver an employee of the Insured's Company () Yes ()NO Hirer If No, Relationship of the Driver with the Insured () Owner () Spouse () Friend () Relative () Children () Sibling
Vision Policy () Comphensive () Third Party Fire & Theft () TP Only Policy Number 99994502 Name of Driver Jason Inn Hong Claim ()Same as Insured NRIC / FIN \$7603636 C Contact Number \$135,4306 Date of Birth \$26041776 Driving Pass Date \$2601776 Driving Pass Date \$2601776 Driving Pass Date \$2601776 Occupation () Indoor () Outdoor Gender () Male () Female Email Address \$3500 - ton Gaig Com. Sg ()NO EMAIL Address of Driver \$1506 C Company () Yes ()NO Hirer Was driver an employee of the Insured's Company () Yes ()NO Hirer If No, Relationship of the Driver with the Insured () Owner () Spouse () Friend () Relative () Children () Sibling
Name of Driver Jason Jan Hong Claim () Same as Insured NRIC / FIN STECTOR COntact Number 2013 8 430 6 Date of Birth OS OS OT 1976 Driving Pass Date OS OT 1976 Driving Pass Date OS OT 1976 Occupation () Indoor () Outdoor Gender () Male () Female Email Address Jason - ton Gaia Com. Sg () NO EMAIL Address of Driver BIC / 6+D Pange () Foot #05 - 385 Singerport 8 1416 7 Was driver an employee of the Insured's Company? () Yes () No Hirer If No, Relationship of the Driver with the Insured () Owner () Spouse () Friend () Relative () Children () Sibling
NRIC / FIN STEEDS Ton Hong Chin ()Same as Insured NRIC / FIN STEEDS C Contact Number 2/38/4306 Date of Birth OS OF OF OF OF OF OCCUPATION () Indoor () Outdoor Gender () Male () Female Email Address of Driver BIC / 6+D Punger East Was driver an employee of the Insured's Company? () Yes () No Hirer If No, Relationship of the Driver with the Insured () Owner () Spouse () Friend () Relative () Children () Sibling
NRIC / FIN STEERS C Contact Number 2138 4306 Date of Birth
Date of Birth OB
Date of Birth OB
Driving Pass Date 06/01/1998 Occupation () Indoor () Outdoor Gender () Male () Female Email Address Son - ton Gold Com. Sg () NO EMAIL Address of Driver BIC /6+D Pungsol East #05-385 Singapord & Jy167 Was driver an employee of the Insured's Company? () Yes () No Hirer If No, Relationship of the Driver with the Insured () Owner () Spouse () Friend () Relative () Children () Sibling
Occupation () Indoor () Outdoor Gender () Male () Female Email Address Graph - ton Graph Company () NO EMAIL Address of Driver BIC /6+D Pungsel Fost Was driver an employee of the Insured's Company? () Yes () No Hirer If No, Relationship of the Driver with the Insured () Owner () Spouse () Friend () Relative () Children () Sibling
Occupation () Indoor () Outdoor Gender () Male () Female Email Address Grant - ton Grant Com. Sg () NO EMAIL Address of Driver BIC /6+D Panger East Was driver an employee of the Insured's Company? () Yes () No Hirer If No, Relationship of the Driver with the Insured () Owner () Spouse () Friend () Relative () Children () Sibling
Gender () Male () Female Email Address Grant - ton Grant Coming () NO EMAIL Address of Driver BIC /6+D Pungsel Fost Was driver an employee of the Insured's Company? () Yes () No Hirer If No, Relationship of the Driver with the Insured () Owner () Spouse () Friend () Relative () Children () Sibling
Email Address ASON - ton GOIA . Com. Sg ()NO EMAIL Address of Driver BIC /6+D Purgsel Fost Was driver an employee of the Insured's Company? () Yes () No Hirer If No, Relationship of the Driver with the Insured () Owner () Spouse () Friend () Relative () Children () Sibling
Address of Driver BIE /6+D Punge East #05-365 Singupord & 44/67 Was driver an employee of the Insured's Company? () Yes () No Hirer If No, Relationship of the Driver with the Insured () Owner () Spouse () Friend () Relative () Children () Sibling
Was driver an employee of the Insured's Company? () Yes () No Hirer If No, Relationship of the Driver with the Insured () Owner () Spouse () Friend () Relative () Children () Sibling
Was driver an employee of the Insured's Company? () Yes () No Hirer If No, Relationship of the Driver with the Insured () Owner () Spouse () Friend () Relative () Children () Sibling
If No, Relationship of the Driver with the Insured () Owner () Spouse () Friend () Relative () Children () Sibling
() Owner () Spouse () Friend () Relative () Children () Sibling
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 (V) 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 GBF 29527
Veh C
Veh D
Veh E
Veh F

REPUBLIC OF SINGAPORE IDENTITY CARD NO. S7603623C





JASON TAN HONG CHAI

材

SHINESE CHINESE

Date 51 667 5ct 08-02-1976 M STUDEN OF BURN

1750052

driver 5294137B

6708136





12-04-2011

APT BLK 1670 PUNGGOL EAST #05 - 385 SINGAPORE 824167

NRIC No. S7803823C

Date: 01/07/2011 No: 6859832



dnuly 5244157 B

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

EFFECTIVE DATE

Class 28 Motorcycles =< 200 cc 27 Jul 1993
Class 2A Motorcycles between 201 oc and 400 cc 09 May 2000
Class 3 Motor Cars =< 3000kg with =<7 passengers exclusive of the driver; and other motor vehicles << 2500kg

NF 428A

Licence No: \$7603625C

W.Z.493



CERTIFICATE NO.

POLICY NO.

CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY NISKS AND COMPENSATION) ACT (CHAPTER 141)

MOTOR VEHICLES (THEID-PARTY RIZES AND COMPERSATION) RULES, 1840

BOAD TRANSCORT ACT, 1987 (MALAYSIA)

MOTOR VEHICLES (THIRD-PARTY BIBKS) BULES, 1955 (MALATSIN)

COMPREHENSIVE COMMERCIAL MOTOR

(The below excess is subject to OGT)

\$\$2000 00 Section (I) POLICY EXCESS 55100 00

WINDSCREEN EXCESS

SUM INSURED

Market Value

INSURING WITH COE/PARF Yes

SLG41578

21 June 2018

11 February 2019

Car Cove Leasing Pte Ltd

1) VEHICLE REGISTRATION NO. 2) NAME OF INSURED

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

SLG4157B

999994802

4) DATE OF EXPIRY OF INSURANCE

5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE"

Any person who is otherg on the Insured's order or with their permission.
If You or Your Authorised Criver is below the age of 23 years old and/or above 65 years old and/or has less than 1 year draining experience, the additional excess Section 1 is \$51,500, outside Singapore is \$55,000 and Fire & Theft excess Section 1 is \$51,500.

Provided that the person triving is permitted in accordance with the scenaing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not dequatried by order of a Court of Law or by reason of any encomment or regulation in that behalf from driving the Motor Vehicle

6) LIMITATION AS TO USE"

Use for social, domestic, pleasure purposes and business purposes of insured

2) Use for social, domestic, pleasure purposes and business purposes of any person whom the vehicle is hard

Use for the carriage of passengers for hire or reward by any person to whom the vehicle is tired

The Pokey does not cover: 1) Use for turbon, driving test, racing, pace-making, milability trial or speed-testing. 2) Use whilst drawing a trailer except the lowing (other than for reward) of any one disabled mechanically propelled vehicle. 3) Use for any purpose in connection with the Motor Trade

LOSS OF USE

Not Included

HIRE PURCHASE COMPANY

Heritage Auto Enterprise Pte Ltd

*Limitations rendered inoperative by Section 8 of the Motor Vetucies (Third-Party Risks and Compensation) Act (Chapter 189) and Section 65 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

If 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 in Singapore 21 Jun 2018

691991-000 Moh Kok Heng 3 Tampines Grande, AIA Tampines #02-38 SINGAPORE 528799

AIG Asia Pacific Insurance Pte Ltd

AUTHORISED REPRESENTATIVE

SSPORC

AND THE PERSON NAMED IN

ORIGINAL