NATIONAL Assessment Centre	Services	professors	MMA 118088947		
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7 17 118 19:20.	i-Motor C	Taim Form			
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OD (19) Reporting Only	i-Photo U	ploaded	1		
1000	Assessment	Survey Report			
IP lusurer:		rt by Fax/Hand	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / OW: (Tel:	Fax:	
	E 4157 U	INC () / Non-INC ()		
Owner / Driver: (C 4137 U		Tel)	
Policy No. () Perio	d ()	Cover Type: (
Confirmed by : (Date:	Time:)	
Insured/Driver Liability (%) [No	te-Est Status	(WO): N: 0-2	0%; P. 21-79%. F. 80	-100%i]	
	irranty: YES	W. C.)		
Excess: (\$) Loading: \$1,000	()/\$2,0	00()			1000
General Remarks:-					
() Walk-In Customer : Customer's information	ation strictly (Confidential & St	rictly NO refer of repaire		
() Total Loss Case : to e-mail Insurer t	Committee of the second		T.		
Drive-In ()/Towed-In (); Invoice. Y	/ES()/	NO(),T	owing Co. ().
Remarks:- (INC horline: 6788 6616)			deve en la live		
Apply for Transport Allowance () / Cou	steer Cos (Date&Time Completed	Done	OV.
2) QC Check / Post Repair Inspection	ricsy car (,		-	-
3) Upload Resurvey Photo (Repair Cost > \$300	01 (,			
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Injury :					
Date/Time Actions					
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MAIS	804369	Invoice Prep	paration Checklist	1st Ball	Add Ed
laimant's Particulars :-		1) AR : Accident 2) DA : Damage	Reporting (530); Assessment (5100), INC (30.00	
river/Owner:		1) TF Towing F	ee 5	40/\$45	
ontact No:		4) FT : Follow-Through Survey \$129 5) FT : Follow-Through Survey (Pasurvey) \$19		11752315	
			eningt INC Only (wef 10 Jan 200	573	
amaged Portion:		6) TR: Re-inspec 7) N1: Idac DA+		2160	
		8) NTUC Additio	nal Services -		
Checked by (Engr-In-Charge):		OD:* *N5: Courtesy	Car / Tpt Allowance	\$1	
10 A C C P A C C P A C C C C C C C C C C C		*No Repair Co	endination	510	
ulitors' Comments :-		* N7: Fast Repu * p18: DV / Coll	ir Isspection ect Expess Coordination	525	
		TE(NII) TU	(Non-INC) against 190	\$20	
		2) N12 Idea Mab Invalor dated	de For Charges	3.0	MINE A
		Invaice dated	Fee Charge i	TANAMAN PROFESSION	MARKED AL

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report correctly 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 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	10/07/2018 15:06				
Date Of Accident	07/07/2018 19:20				
Exact Location Of Accident	JUNC OF PUNGGOL CENTRAL & PUNGGOL E				
Country/State of Loss	SINGAPORE				
C	DETAILS OF OWN VEHICLE				
Vehicle Registration Number	SGH43B				
Insured/Policyholder					
Name Of Registered Owner	RPCL PTE LTD				
Co Reg No	÷				
Email Address	NOEMAIL				
Mobile Phone No	(LOCAL) +65-90110015				
Alternative Phone No	OFFICE-62510150				
Vehicle Particulars					
Manufacturer	HONDA				
Model	VEZEL HYBRID				
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL				
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	¥				
Cover Note Number	100861501				
Driver					
Name of Driver	TEO SIN ENG				
NRIC No	S8537860J				
Date Of Birth	10/11/1985				
Occupation	OUTDOOR				
Date Of Driving Pass	11/05/2011				
Driving Experience	7 YEARS AND 1 MONTH				
Gender	MALE				
Mobile Number	(LOCAL) +65-96799502				
Fax Number					
Contact Number					
EMail Address	NOEMAIL				

Address BLK 154 ANG MO KIO AVE 5 #07-3114

Postcode 560154 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 - CHANGE/CROSS LANE

Weather Conditions HEAVY RAIN

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?

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

2

NO

Number of Passengers (Including Driver)

Passenger 1

NAME:

: MALEK

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

I STOP AT THE TRAFFIC JUNCTION OF PUNGGOL CENTRAL & PUNGGOL E DUE TO RED LIGHT ON THE EXTREME LEFT LANE. THERE WAS A TRUCK ON MY RIGHT LANE(CENTER LANE). AFTER THE LIGHT TURN GREEN, I STARTED TO TURNING RIGHT INTO PUNGGOL E, WHILE HALF WAY TURNING, THE SAY TRUCK WENT INTO MY LANE AND HIT ONTO MY VEH RIGHT REAR PORTION.

Attachment(s)

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

YES

Remarks/ Reasons:

FILE TOO LARGE FAIL TO UPLOAD

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number XE4157U

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE Name of Driver VIJAYAN MAGUDAPATHI

NRIC/Passport Number F8032881T

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:

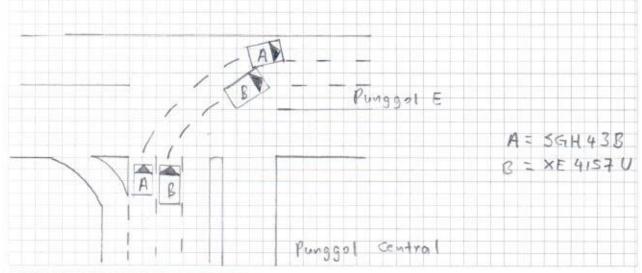
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:
 - (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

Please	Refer	+0	Statement	
			/	
	i e	/		

DECLARATION

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

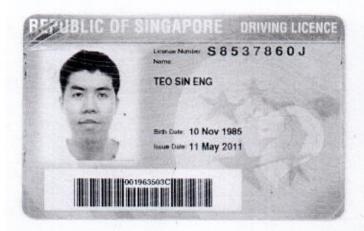
Policyholder's Signature Date & Time:

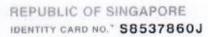
Driver's Signature (If driver is not the policyholder) Date & Time:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

XE 41574 Tipper Struck while on song Punggol central Turnity tight I am on Lane 3 Further left and he on Middle lane while turning he knock onto mys raw he actually broke drive into my lane and I harly tlip. VIJAYan Magudapathi oriver for both kock hears & Enterprise Ptz 1+D F803288/T K0319794 1.1 agudosath







TEO SIN ENG





10-11-1985 Country/Place of birth SINGAPORE



YOU ARE LICENSED TO DOIVE VEHICLES IN THE FOLLOWING CLASSIES)

FFFECTIVE DATE

Class 3A Motor cars without dutch pedals (Auto) =< 3000kg 11 May 2011 Uth. =< 7 pacsengers, exclusive of the driver; and other motor vehicles without clutch pedals =< 2500kg

Licence No: \$85,37560.J

NP #28A

5598628

NRIC No. S8537860J

12-05-2016

APT BLK 154 ANG MO KIO AVENUE 5 #07-3114 SINGAPORE 560154



COVER NOTE

Cover Note No. 100861501

Date 13 Jun 2018

The following risk described in the Schedule is hereby HCLD COVERED in the terms of the applicable Company's policy issued to the Policyhelder.

SCHEDULE

Policyholder.

RPCL Pte Ltd

Age Condition

N/A

Policy Type

COMPREHENSIVE COMMERCIAL MOTOR

Effective Date

31 May 2018

Expiry Date

30 May 2019

Hire Purchase Company NA



Registration No.

Make/Model

CC/Tonnage

Engine No

Chassis No.

Year of Registration

SGH43B

HONDA VEZEL 1.5X HYBRID A

1,496.00

LEB5934701

RU31234687

2017



This policy is subject to driver's age condition. The policy will indemnify the insured or any authorised driver only if he/she meets the age condition. Please refer to policy terms and conditions.

Usagn of vehicle only for the following purposes:

1. Use only for social, demostic and pleasure purposes and for the Policyholder's business.

Use in connection with the Policyholder's business, Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business and use for social, domestic or pleasure purposes.

Please note that acceptance of the risk is subject to our final acceptance and terms and conditions applicable to the policy. Should you require any change to the insurance, please contact us immediately. Otherwise, any change will not be covered under the policy.

The Company may cancel this cover by notice in writing and the insurance will be terminated and a proportionate part of the annual premium for the insurance will be charged for the time the Company has been on risk

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189) MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960 ROAD TRANSPORT ACT, 1967 (MALAYSIA)

MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

CERTIFICATE OF INSURANCE

(We hereby certify that this cover note 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)

based at SINGAPORE

IMPORTANT NOTICE THIS COVER NOTE IS VALID FOR 60 DAYS FROM THE FIRST DAY OF THE POLICY PERIOD. AIG ASIA PACIFIC INSURANCE PTE. LTD.

Authorised Representative

SSPYTE