NATIONAL Assess	sment Centr	e Services	[ref Jakos]				
Date In 18/07/c8 Jeb description				Date & Time Co	ompleted	Done	py
Ref No NA/A1618013047/13 SAS e-filing				1			
VeliNo SJV4138B	Shrs, AIC 2hrs)				012:24.		
DOA 18/03/18	0705	i-Motor Clair	m Form	1			
		i-Motor W/O	(Within: OD 2h	rs, TP 4hrs)			
OD (1P)' Peporting Or	ily	i-Photo Uplo	aded			Control III	1888 8
TP Insurer	ninai-	Assessment/Su	rvey Report				
TE HISUTCE		Ass't Report b	y <u>Fax / Hand</u>	to <u>Owner/Wksp</u>			
Preferred Wksp / INC Assig	n Wksp / QW: (	TORQUE	5	Tel:	Fax:	20-11	
TP Particulars:	Veh No:	5KW4085C	, INC(	)/Non-INC	( )		
Owner / Driver: (				Tel:		)	
Policy No: (	) Per	riod: (	)	Cover Type: (		)	
Confirmed by : (			Date:	Time		)	
Insured/Driver Liability		Note-Est. Status (V	CONTRACTOR OF STREET	20%; P: 21-79%	F: 80-100%	6]	
Year of Registration: (		Warranty: YES (	)/NO(	)			
Excess: (\$ ) General Remarks:-	Loading: \$1,0	00 ( ) / \$2,000	( )	CO recording			
1) Apply for Transport Allo 2) QC Check / Post Repair 3) Upload Resurvey Photo Injury: Date/Time Actions	Inspection	( )	)				
aimant's Particulars :-	NA180450	7	Invoice Pro	eparation Check		Anit (\$)	Amt (\$)
COLUMN TO THE SERVICE OF THE SERVICE	ge er burkhisar i	A SECTION OF THE PROPERTY OF T	2) DA : Damage 3) TF : Towing	e Assessment (\$100); Fee	INC (\$80) \$40/\$45		
iver/Owner:			4) FT : Follow-	Through Survey Through Survey (Resu	\$120 rvev) \$30		
ontact No:	S62 9 E		For claiming	against INC Only (we	f 10 Jan 2005)		
maged Portion:				+ SMRT Survey	\$75 \$160		
Checked by (Engr-In-	Charge):		And the second s	sy Car / Tpt Allowance	\$5 \$10		
uditors' Comments :-	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		*N7: Post Re	Co-ordination  pair Inspection ollect Excess Coordina	\$25		
t. 1:		100	<u>TP</u> (N11): T	P (Non INC) against I	NC S20		4
1, 2 / 3;		100	9) N12: Idne M Invoice dated	ACCORDING TO THE PARTY OF THE P	30 Fee Charged	-	1007
			Invalor dated		es Charged	elete?	

#### 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.
- 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.
- 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	18/07/2018 14:26
Date Of Accident	18/07/2018 07:05
Exact Location Of Accident	BRADDELL RD TWDS CTE
Country/State of Loss	SINGAPORE
Birds Calebrate Comment	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJV4138B
Insured/Policyholder	
Name Of Registered Owner	MARIC CAR RENTAL PTE LTD
Co Reg No	201620648G
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-64524300
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	ALTIS
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	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	999994658
Cover Note Number	
Driver	
Name of Driver	FOO KOK JEN(FU GUOREN)
NRIC No	S7937180G
Date Of Birth	25/11/1979
Occupation	OUTDOOR
Date Of Driving Pass	26/02/2001
Driving Experience	17 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86414011
ax Number	
Contact Number	

NOEMAIL

Address BLK 121 YUAN CHING ROAD

#07-413

Postcode 610121

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

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

ambulance?

NO YES

Was any other material or property damaged? I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO 2

Number of Passengers (Including Driver)

Passenger 1

NAME:

: JEREMY CHIN

GENDER: : MALE

**Details of Police Action** 

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

KAMPONG UBI NEIGHBOURHOOD POLICE POST

Police Station Address ROAD: BLK 9 EUNOS CRESCENT #01-2687 , POSTCODE: 400009 , COUNTRY: SINGAPORE

TEL NO: 1800-7479999 - FAX NO: 67453410

Was notice of intended Prosecution given?

If Yes, against whom?

Police Station Contact

NO

YES

NO

NO

Circumstances of Accident

PLS REFER TO THE POLICE REPORT:T/20180718/2076

Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Was there any audio recorded?

**Details of Witness 1** 

Name JEREMY CHIN
Phone Number 98226413

Email Address

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number

SKW4085C

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category

PRIVATE CAR

Page 2 of 23

Name of Driver

LEE CHYE SOON

NRIC/Passport Number

S7717652G

Contact Number

97697306

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

# **DETAILS OF INJURED PERSON 1**

Name FOO KOK JEN(FU GUOREN)

Approximate Age

Injuries Sustain SLIGHT
Injured person in which vehicle? SJV4138B
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance?

Address Postcode

#### 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.

Policyholder's Signature Date & Time:

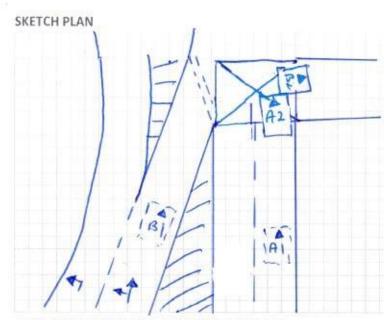
Renta

Co. Reg. No.

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

Name: NRIC/FIN No.:

Mild and Comment



Bradden Road towards CTE Vehicle A: SJV 4138B

Vehicle B: Skw 4085C

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report.
T/20180718/2076
[[2018041312940
Passanger: Jeverny Chin (M)
DECLARATION

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

Policyholder's snature Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:





1 of 4

Report No. T/20180718/2076

Police Station Of Origin: Kampong Ubi NPP 9 Eunos Crescent #01-2687 SINGAPORE 400009

Tel No: 1800-7479999

# REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/07/2018 13:09		Made:	Vide Report No.:	Station Diary No.:	
Informa	nt's Partic	ulars			
Name o	f Informant OK JEN		Address: APT BLK 121 YUAN CHING 610121	ROAD #07-413 SINGAPORE	
ID Type / ID No.: NRIC NO / S7937180G			Contact No.: Home/Office: Mobile: 86414011		
Nationality: SINGAPORE CITIZEN		ZEN .	Email:	1	
Sex: Male	Age: 38	Date of Birth: 25/11/1979	Type of Informant: Driver		
Race: Chinese			Language:	Institution / School Name:	
Occupation: GRAB DRIVER			Driving Licence Information: Class:	Date of Expiry:	

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 18/07/2018 07:05	Type of Location
Location: Along Road 1 BRADDELL F CENTRAL EX		Road 2		
Weather: Clear		Road Surface: Dry	R	pad Speed Limit:
T65- FI		Traffic Control:	Tr	
Traffic Flow: One Way Type of Collis	(4)	Not Controlled	10.000	affic Volume:

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SJV4138B	Car				Slightly Damaged	1
SKW4085C	Car				Slightly Damaged	1

Details of Person Involved	
Any Pedestrian Involved: No	· · · · · · · · · · · · · · · · · · ·
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





Police Station Of Origin: Kampong Ubi NPP 9 Eunos Crescent #01-2687 SINGAPORE

Report No. T/20180718/2076

2 of 4

400009 Tel No: 1800-7479999

CONTINUATION OF REPORT

hassenger			S SEASON		
Name	JEREMY CHIN		ID No.		NIL
Related Vehicle	SJV4138B (Car)		Contact No.		98226413
Hospital/Clinic	NIL		Class Drivin Licend Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Disch	arge	NIL	
No. of Days gran	ted Medical Leave NIL	Degree of			10
Driver			ALC: N	HE HALL	
Name	FOO KOK JEN		ID No.		S7937180G
Related Vehicle	SJV4138B (Car)		Contact No.		86414011
Hospital/Clinic	KHOO TECK PUAT HOSPITAL		Class Drivin Licent Expiry	g ce &	Class: NIL Date of Expiry: NIL
Date Treatment	18/07/2018	Date Disch		NIL	
	ted Medical Leave 03	Degree of		Slight	
Driver					A STATE OF THE PARTY OF THE PAR
Name	LEE CHYE SOON		ID No		S7717652G
Related Vehicle	SKW4085C (Car)		Conta	ct No.	97697306
Hospital/Clinic	NIL			of g ce & Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Disch		NIL	
No of Dave grant	ed Medical Leave NIL	Degree of I		NIL	*

#### Brief Details.

On 18th July 2018 at about 7.05am, I was driving Grabcar services with my car SJV4138B along the first lane of Braddell Rd towards Lornie Rd with one passenger on board (Jeremy Chin). When approaching the Central Expressway (CTE) flyover, I turned right into the slip road.

When I was approaching a yellow box along the slip road of CTE on the right lane, suddenly one black car (SKW4085C, Nissan) dash out from my left side and cut into my lane. I tried to stop my car but could not stop in time and his car right rear hit onto my car front left portion.

I then quickly stopped my car and made a check. I discovered that my front left bumper is dented, left headlight is damaged and my number plate had fallen off. While the black Nissan have some cracks & scratches on the rear right bumper.





Police Station Of Origin: Kampong Ubi NPP 9 Eunos Crescent #01-2687 SINGAPORE 400009

- 3 of 4 Report No. T/20180718/2076

Tel No: 1800-7479999

CONTINUATION OF REPORT

I checked with my passenger and he did not suffer any injury. However, I felt some pain on both of my shoulder as well as my lower back. I went to Khoo Teck Puat Hospital A&E department for consultation and was given 3 days of sick leave from Dr Koh, Jue xi Casey (13894J).

I wish to state that I do not have any in-car camera installed but my passenger Mr Jeremy Chin, informed that he saw the process and is willing to be my witness should there be a need. I also wish to state that the driver of the black Nissan did not mention anything and we simply exchange our contact details and drove off due to in-coming traffic.





Police Station Of Origin:
Lampong Ubi NPP
G Eunos Crescent #01-2687 SINGAPORE
400009

Report No. T/20180718/2076

Tel No: 1800-7479999

CONTINUATION OF REPORT

# Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

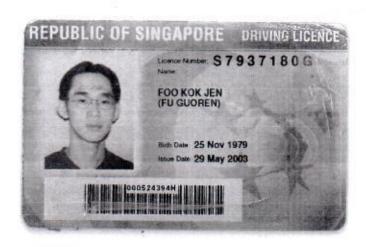
Signature Of Officer Recording The Report:	Signature Of Informant:
Sgt 2 NG KA WAI	My
Signature Of Interpreter: Not applicable	Date/Time: 18/07/2018 13:09
Officer In Charge Of Case: TP / AEIT /	Classification Of Case:
SI DZUL HAIRIE BIN RAMLI Contact No.: 65476220 SINGAPORE POLICE FORCE	
Authentication Stamp NP168 SIGNATURE	

# ACCIDENT STATEMENT

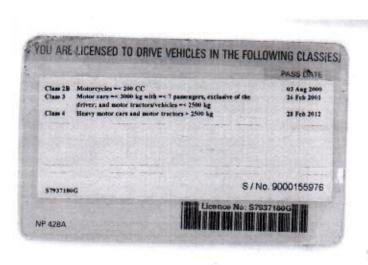
ACCIDENT DATE: 18/07/2018 HOD/MM	/YYYY), TIME: ( 07: 05)(HH:MM)
LOCATION: Braddell Road towar	els CTE
1. DETAILS OF VEHICLE SAV4138B	W No.
DINSURANCE COMPANY: A16	
CIPOLICY NUMBER: 999 94658	
d)POLICY TYPE: (COMPREHENSIVE / THIRD	BARTY ATURE BARTY FIRE STUFFT
SIMAKE & MODEL: Toyota A	Ity.
f)TYPE:(SALOON / COUPE / MPV /V AN / L g)VEHICLE CATEGORY:(PRIVATE / COMM h)PURPOSE OF USING AT ACCIDENT TIME: i) ARE YOU CLAIMING UNDER YOUR OWN	ERCIAL / MOTORCYCLE)
IF NO, PLEASE STATE (THIRD PARTY CLAIM	/ PEPOPTING ONLY)
2. INSURED / POLICY HOLDER	NAMES OF THE PROPERTY OF THE P
A)NAME: Maric car Rento	AL PLE (to MALE / FEMALE)
bINRIC/FIN/PASSPORT: 201620648	G CONTACT:
CIADDRESS: 9 Tayore Lave	#03-04
* CONTINUE TO 3.d IF DRIVER ALSO POLICY	HOLDER
14 No of passengs DRIVER	
(Induding driver) DINAME: FOO KOK Jen	(MALE) FEMALE)
OL)	
CIADDRESS: BIK 121 Yuan Ching 1	Each #07-413 5(610124)
*d) DATE OF BIRTH: (75/11/1979)(D	D/MM (VVVV)
e)OCCUPATION: ((NDOOR) OUTDOOR)	D/MM/TTTT)
f) YEARS OF DRIVING EXPRERIENCE:	-
4. WAS DRIVER AN EMPLOYEE OF THE INSU	IRED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER W	ITH INSURED: Hiver
5. a) WEATHER CONDITION: (CLEAR / RAINING	/ OTHERS
b)ROAD SURFACE: (DRY / WET / OTHERS	
6. WAS ANYBODY INJURED (YES / NO) DRIU	ER
/. GIREPORTED TO POLICE (YES)/ JO!	
IF YES, PLEASE STATE WHICH POLICE STATIO	N: Kompany Opi NYT
No of passenger a) VEHICLE NUMBER: SEW 40850	MICHAL BUSHOW
Ind It I b) DRIVERICATION	MODEL: ALSSAN GHSHQH/
Induding driver) b) DRIVER'S NAME:	
( ) NRIC/FIN/PASSPORT:	CONTACT:
	11005
No of passenger d) VEHICLE NUMBER:	
Including driver) f) NRIC/FIN/PASSPORT:	CONTACT
( )	CONTACT:

email = REFORTINS © TOPQUE 5.com fax = 6452 4584











# CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD PARTY MISKS AND COMPENSATION) ACT (CHAPTER 188) MOTOR VEHICLES (THIRD PARTY RIDKS AND COMPENSATION) MILES, 1985

ROAD THANSFORT ACT, 1987 (MALAYSIA)

MOTOR VEHICLES (THREE PARTY HISKS) PLACES, 1969 (MALAYSIA)

COMPREHENSIVE COMMERCIAL MOTOR
CERTIFICATE NO. 5 (VALUE) POLICY EXCESS

5JV4138B

WINDSCREEN EXCESS 999994658

5\$1000.00 (Sect I) 5\$100.00

SUM INSURED

INSURING WITH COE/PARF Yes

Market Value

1) VEHICLE REGISTRATION NO. SJV41388 MARIC CAR RENTAL PTE LTD

2) NAME OF INSURED

CERTIFICATE NO.

POLICY NO.

3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE 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"

on who is driving on the Insured's order or with their pe \$\$1,000.00 Section | Excest and \$\$1,000.00 Section II Excest is applicable for driver who is above 22 years old and/or with min \$52,000.00 Section 1 Excess and \$52,000.00 Section II Excess is applicable for drivers who is 21 years is

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

Provided that the person driving is permitted in accordance with the scenaring or other taws or requisitions to drive the Motor Valvice or has been to permitted sent is not disquisity order of a Court of Law or by issued of any enactment or regulation at that behalf burn driving the Motor Valvide.

#### 6) LIMITATION AS TO USE"

- 1) Use for social, domestic, pleasure purposes and business purposes of insured
- 2) Use for social, domestic, pleasure purposes and business purposes of any person when the vehicle is fixed
- 3) Use for the camage of passengers for him or reward by any person to whom the vehicle is himd

The Puricy does not cover it) Use for fution, driving test, racing, pace-making, reliability tric or speed-testing. 2) Use whilst drawing a frailer excit this foreign (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

TAI THONG LEE TRADING PTE LTD

\*Limitations rendered inoperative by Section 6 of the Motor Vehicles (Third-Party Rose and Compensation) Act (Chapter 189) and Section 65 of the Road Transport Act, 1917 (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 pr (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Issued in Singapore 10 Apr 2018

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

AIG Asia Pacific Insurance Pte Ltd.

AUTHORISED REPRESENTATIVE

SEPORC