#### 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.
- 3. Information provided must be as <u>truthful and accurate</u> 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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	24/07/2018 15:18
Date Of Accident	23/07/2018 10:40
Exact Location Of Accident	ALONG CTE TOWARDS CITY
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SGN5161D
Insured/Policyholder	
Name Of Registered Owner	AC DRIVER
Co Reg No	53328211W
Email Address	ANNIE_XAVIER03@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-98892238
Alternative Phone No	OFFICE-98892238
Vehicle Particulars	
Manufacturer	KIA
Model	RIO 1.4M
Exact Purpose for which vehicle was being used at time of accident	HIRE & REWARD
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	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	P1718700
Cover Note Number	02/02/2018 - 01/02/2019
Driver	
Name of Driver	CHUA SEAH YING, ANNIE
NRIC No	S7721082B
Date Of Birth	03/08/1977
Occupation	OUTDOOR
Date Of Driving Pass	18/02/2009
Driving Experience	9 YEARS AND 5 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-98892238
Fax Number	

ANNIE XAVIER03@YAHOO.COM.SG

BLK 615 YISHUN RING ROAD #10-3282 Address

Postcode

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

**General Information of the Accident** 

Type Of Accident **CHAIN COLLISION** 

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 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) 3

Passenger 1

NAME: : UNKNOWN

GENDER: : MALE

Passenger 2 NAME: : UNKNOWN

> GENDER: : MALE

**Details of Police Action** 

YES Was the accident reported to the police?

If Yes, Please state which Police Station

POLICE STATION NAME [OTHER] YISHUN SOUTH N.P.C

Was notice of intended Prosecution given? NO

If Yes, against whom?

**Circumstances of Accident** 

REFER TO THE ATTACHED SKETCH PLAN BY DRIVER.

Attachment(s)

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

Remarks/ Reasons: KEEP BY OWNER

Was there any audio recorded? NO

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

SJW338I Vehicle Registration Number

Vehicle Make/Model/Colour

**Details Of Properties** 

PRIVATE CAR Vehicle Category

Name of Driver TAY LIAN WEE NRIC/Passport Number S6943943H **Contact Number** 94309549

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### **DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number SLR5461H

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category PRIVATE CAR

Name of Driver DON KEITHSIRI WIJENDRA

NRIC/Passport Number S7348680G Contact Number 98574915

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

### **DETAILS OF INJURED PERSON 1**

Name UNKNOWN

Approximate Age

Injuries Sustain ON FOREHEAD Injured person in which vehicle? SGN5161D

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

Address

Postcode

## **DETAILS OF INJURED PERSON 2**

Name UNKNOWN

Approximate Age

Injuries Sustain BODYUNWELL Injured person in which vehicle? SGN5161D

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

Address Postcode

Page 3 of 34

Pate of accidents	: 23 07/2018 SGN5161D	「ime: <u>/Ս։                                   </u>	Can Location:	JE Yoward	city
y Vehicle A:	1 2 GIN 2161 D	Vehicle B:	SUMSSAL	Vehicle C:	JSLR546
ETCH PLAN					
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	STANCES OF THE ACC	INEIA I			
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		***************************************			
Claim OD/TF	at Ah Lim Motor	Claim O	D/TP at other wo	rkshop 🛮 Repo	orting Only
Remarks: Please	forward a copy of m	y efile accident	report to:		
My workshop :					
Email address :			10 M. SA		
Email address :/	annie - Xavier	03@ Yar	100, 60 11		
Note: Please tak	e note that your insu	rer have 14 days	s timeframe for you	ı to submit own dama	ge claim under
you own policy.	Kindly check with you	ır own insurer f	or more informatio	on.	0
CLARATION					<del>/)</del>
Ve declare the fore	going particulars are true	in every respect.		\$ · W	/
( )	(				
Sc Sc	de-proprietur	XX		B COL	-
licyholder's Signature		's Signature		Reporting Costs 2	oppolie Signature
te & Time:		s signature ver is not the policy	yholder)	Reporting Centre Pers Name:	ninier z pignature
		& Time:	•	NRIC/FIN No.:	

AH LIM MOTOR COMPANY

#### 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.
- 3. 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>.
- 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. 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.
- 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:
  - 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

Sche-proprietor

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:





Police Station Of Origin: Yishun South N.P.C

32 Yishun Street 81 SINGAPORE 768456

Tel No: 1800-8522999

1 of 4 Report No. T/20180724/2000

TRAFFIC	ACCIDENT			
Date/Time Report Made: 24/07/2018 00:04		Vide Report No.:	Station Diary No.: 2	
s Particul	ars			
formant:		Address:		
H YING, A	ANNIE	APT BLK 615 YISHUN RING ROAD #10-3282 SINGAPO		
No.:		Contact No.:		
IRIC NO / S7721082B		Home/Office: Mobile: 98892238		
	***************************************	Email:		
E CITIZE	N			
Age:	Date of Birth:	Type of Informant:		
40	03/08/1977	Driver		
		Language:	Institution / School Name:	
English English				
•		Driving Licence Information:		
		Class: 3	Date of Expiry:	
	Report Ma 00:04 3 Particular Formant: H YING, A D No.: S7721082 RE CITIZE Age: 40	O0:04  S Particulars  Formant: H YING, ANNIE  O No.: S7721082B  RE CITIZEN  Age: Date of Birth: 40 03/08/1977	Report Made: 00:04  SPArticulars  Formant: H YING, ANNIE ONO.: S7721082B  Address: APT BLK 615 YISHUN RING 760615 Contact No.: Home/Office: Email:  EE CITIZEN  Age: Date of Birth: 40 03/08/1977  Language: English  Driving Licence Information:	

	Injury	Deink	Dete/Time of	T= 61 (1
Type of	Injury	Drink	Date/Time of	Type of Location:
Accident:	Others	Drive:	Accident:	
		No	23/07/2018 10:40	0
Location:				
Along Road 1				
CENTRAL EX	(PRESSWAY			
CTE towards	city, before Balestie	r exit		
CTE towards Weather:	city, before Balestie	r exit Road Surface:		Road Speed Limit:
	city, before Balestic			Road Speed Limit:
Weather:	city, before Balestie	Road Surface:		
Weather: Clear	city, before Balestie	Road Surface: Dry		Traffic Volume:
Weather: Clear Traffic Flow:		Road Surface: Dry		Traffic Volume: Moderate
Weather: Clear Traffic Flow: Type of Collis	ion:	Road Surface: Dry Traffic Control:		Traffic Volume: Moderate Anyone conveyed by
Weather: Clear Traffic Flow: Type of Collis		Road Surface: Dry Traffic Control:		Traffic Volume: Moderate

Details of Vehicle Involved							
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger	
SGN5161D	Car	KIA		Blue	Slightly Damaged	2	
SJW338L	Car		Lexus	White	Slightly Damaged	0	
SLR5461H	Car				Slightly Damaged	0	





Police Station Of Origin: Yishun South N.P.C 32 Yishun Street 81 SINGAPORE 768456 2 of 4 Report No. T/20180724/2000

32 Yishun Street 81 SINGAPORE 76845 Tel No: 1800-8522999

CONTINUATION OF REPORT

Details of Perso				
Any Pedestrian Ir No. of Pedestrian		Lisa of Pag	tostrion Cross	sing: NA
Driver	is rijured. W.L.	USE OF FE	destrian Cross	sing. IVA
Name	Chua Seah Ying, Annie		ID No.	S7721082B
Related Vehicle	SGN5161D (Car)		Contact No.	98892238
Hospital/Clinic	NIL	TO THE PERSON NAMED OF THE	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Disc	<u> </u>	
	ted Medical Leave NIL	Degree of		
Driver				
Name	Tay Lian Wee		ID No.	S6943943H
Related Vehicle	SJW338L (Car)		Contact No.	94309549
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Disc	narge NIL	
	ted Medical Leave NIL	Degree of		
Driver				The state of the s
Name	Don Keithsiri Wijendra		ID No.	S7348680G
Related Vehicle	SLR5461H (Car)		Contact No.	98574915
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Disc		
No. of Days grant	ted Medical Leave NIL	Degree of		

#### Brief Details.

On 23/07/18 at about 1041hrs, I was driving my own car, Blue, KIA, vehicle registration plate number, SGN5161D, along CTE towards city, before Balestier exit. Inside my vehicle, there are two passengers sitting at the back of my vehicle. I was driving at a speed of 90km/h. I was driving on the extreme right lane of a four laned road. My vehicle have in car camera installed at the front and back and its operating.

As I was driving along the road, out of a sudden, one White, Lexus, vehicle registration plate number, SJW338L, that was driving in front of me suddenly stopped. To avoid collision, I then applied emergency brake however I was unable to stop my vehicle on time. As a result, the front part of my vehicle hit onto





3 of 4

Police Station Of Origin: Yishun South N.P.C 32 Yishun Street 81 SINGAPORE 768456 Tel No: 1800-8522999

Report No. T/20180724/2000

#### CONTINUATION OF REPORT

the rear of the vehicle, SJW338L. After the collision, I came down to make a check and noticed it was a chain collision, involving three vehicles. My vehicle was the third car, vehicle SJW338L was the second car and the first car was SLR5461H. I then exchanged particulars with all the drivers and I was also told by the driver namely, Tay Lian Wee, S6943943H, contact: 94309549, that the first car, vehicle SLR5461H suddenly stopped in front of him and he also applied emergency brake however he was unable to stop on time as well. His vehicle had also hit onto the rear of the first car. The first driver was namely, Don Keithsiri Wijendra, S7348680G, contact: 98574915.

After the collision, I have also make a check with my passenger and one of my male passenger told me he felt pain on his head however he does not need any medical attention and told me to send him and his friend to their destination. I also passed my contact number to my passenger. On the same day at about 1340hrs, I received a text from my passenger that there is a bump on his forehead and he will be seeing a doctor soon. On the same day at about 1421hrs, my passenger updated me again and told me the doctor had told my passenger to check for any symptoms for this 1.5 weeks. My passenger did not tell me his name and did not tell me which hospital or clinic he went to and whether there is any medical





Police Station Of Origin: Yishun South N.P.C 32 Yishun Street 81 SINGAPORE 768456 Tel No: 1800-8522999

4 of 4 Report No. T/20180724/2000

CONTINUATION OF REPORT

## Sketch Plan

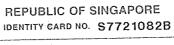
Informant is not able to provide sketch plan

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 Informant:
Date/Time:
24/07/2018 00:04
Classification Of Case:
<b>5</b>

SJW3381 4 SUST	g my vehicle no LR도나61년 (other vehicle no	SGN5161D  o) along	_on:	23/04/18 Ird City	(date) wi
1, AC driver			) 4	RegNo. VricNo. 53	3328Z11N
	no. <u>SGN5161D</u>				
	(Date) while car w				
Nric No. S7721	082B . I hereb	y, authorise hi	m / her to	make the re	eport.
<u>.</u>					
	***************************************				
Name					
Name Date:					
Date: To fill in if there is		d agreeable to	claim my		
Date: To fill in if there is	a OD claim	d agreeable to	claim my	own insurar	
Date: To fill in if there is		d agreeable to	claim my	own insurar	nce for the
Date: To fill in if there is		d agreeable to	claim my d	own insurar	nce for the









CHUA SEAH YING, ANNIE (CAI XIAYUN)

蔡夏云 CHINESE

0ate of birth Sex 03-08-1977 F Country of birth

S7721082B

3pou-2poissager Video- yes (owner leept it) injury-yes to passenger (both) Clearedry 3rd party - Private Car

4092382

9872238

NP 428A

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

PASS DATE

Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive 18 Feb 2009 of the driver; and other motor vehicles =< 2500kg

Licence No: \$7721682B

30-08-2007

APT BLK 615 YISHUN RING ROAD #10-3282 SINGAPORE 760615

**AXA INSURANCE PTE LTD** 8 Shenton Way, #24-01 AXA Tower, Singapore 068811 Customer Service Centre #B1-01 Tel:(65)63387288 Fax:(65)63382522 Website:www.axa.com.sg GST Registration Number: 199903512M

customer.service@axa.com.sg



#### 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)

CERTIFICATE NO. : VCX/P1718700 Account No.: 13201

: Comprehensive Coverage

Sum Insured : Market Value At The Time Of Loss

Name of Policy Holder : AC DRIVER Vehicle Registration No. : SGN5161D

: From 02/02/2018 To 01/02/2019 (Both Dates Inclusive) Period of Insurance

#### PERSONS OR CLASSES OF PERSONS ENTITLED TO DRIVE\*

Named Driver(s) as stated in the Policy

1. CHUA SEAH YING ANNIE 2. ANY AUTHORISED DRIVER

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.

#### LIMITATIONS AS TO USE\*

- (a) Use for the carriage of passengers or goods in connection with the Policyholder's business.
- (b) Use for social, domestic and pleasure purposes.

The Policy does not cover

- (a) Use for racing, pace making, reliability trial or speed-testing(b) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle

(04)

#### EXCESS :

All Claims-Any Author'd Driver : SGD 2,000.00 Windscreen Excess : SGD 100.00

(For Unnamed Driver Excess, please refer to your policy)

\* 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).

AXA INSURANCE PTE LTD

Authorized Signature

Issued by - SGOMOHA on 31/01/2018

IMPORTANT:

Policyholders are warned that on the sale of a motor vehicle they must surrender the Certificate of Insurance and the Policy to the insurance company. If the Certificate of Insurance has been lost or destroyed a Statutory Declaration to the effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicle (Third-Party Risks and Compensation Act (Cap.

The Premium Warranty Clause requires the premium to be paid in full within a specific period failing which there would be no liability under the policy, renewal certificate, covernote and endorsement etc.

Page 1

RANCE PTE LTD

on Way, #24-01

ower, Singapore 068811

omer Service Centre #B1-01

i:(65)63387288 Fax:(65)63382522

Website:www.axa.com.sg

GST Registration Number: 199903512M

customer.service@axa.com.sg



Commercial Individual Cars
POLICY SCHEDULE
RENEWAL
Original

POLICY	INFORMATION	Policy	No.	VCX/P1718700

Source : 13201 AON SINGAPORE PTE LTD

Insured : AC DRIVER

Address : BLK 615 YISHUN RING ROAD

#10-3282

SINGAPORE 760615

Business/Profession : AS PER MEMO

Carrying on or engaged in the business or profession last declared and no

other for the purpose of this insurance.

Period of Insurance : From 02/02/2018 To 01/02/2019 (Both Dates Inclusive)

Any subsequent period for which the Insured shall pay and the Company shall agree to accept a renewal premium.

PREMIUM

Premium After 15.00 : SGD 1,190.79

GST 7.00% : SGD 83.36 Annual Premium : SGD 1,274.15

Total Payable : SGD 1,274.15

RISK DETAILS THE MOTOR VEHICLE

Type of Cover : Comprehensive

Regn. No. : SGN5161D

Type Of Use : Hire Car

Make/Model : KIA RIO 1.4M

Year of Manufacture : 2006
Seating Cap. (Excl. Driver)

Driver : 4

Body Type : SALOON

Chassis No. : KNADE221266147473

: Market Value At The Time Of Loss

(including Accessories and Spare Parts)

Limitations as to : As specified in Certificate of Insurance

Use

Excess Applicable

All Claims-Any Author'd Driver : SGD 2,000.00

Windscreen Excess : SGD 100.00

Named Drivers

1 CHUA SEAH YING ANNIE

2 ANY AUTHORISED DRIVER

Continuation page 1

/WA	redefining / msurance
Date: _	$\frac{84}{76} \frac{7}{501}$ where of Vehicle Number: $\frac{86}{100} \frac{1}{100} \frac{1}{1$
To: Ow	rner of Vehicle Number: SGN 5766
The fol	llowing has been advised to you via your workshop, Ah Lim Motor Company through their Zila/ Eileen / Mui Hong.
Please	tick the applicable box if you had been advice on the content as seen below:
\\ \	You had been advised by the workshop that in the case that you wish to claim against your own policy, there is a Fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence.
( )	You had been advised by the workshop on the liability and merits of the case accordingly.
( )	You had been advised by the workshop on the claims procedure for the type of claim that you will be making due to this accident.
( )	There will be delay to your vehicle repair due to the unavailability of spare parts locally and there is no other option except to indent it from overseas.
( )	There will be no cancellation/withdrawal of the Own Damage claim once the order of the spare parts have been placed. If you wish to cancel/withdraw the claim, you shall bear all costs, expenses &/or related charges incurred directly &/or indirectly to the procurement of the spare parts.
( )	The estimated waiting time for the spare parts to arrive is The estimated arrival time does not include the repair period.
( )	You will be driving the vehicle out despite being advised by the workshop mechanic/personnel that the vehicle may not be road worthy.
( )	For vehicles below Three (3) years old, your Insurance Company will use only genuine original parts to repair your vehicle.
	For vehicles above Three (3) years old, your Insurance Company will be carrying out repairs using <i>any combination</i> of genuine original parts and/or original equipment manufacturer (OEM) parts.
( )	You had been advised by the workshop of the Twelve (12) months warranty for <u>Own Damage</u> repairs on workmanship related to the accident.
( )	For vehicles that are under warranty with a local distributor, you have been advised by the workshop to check with your local distributor on any effect to your warranty prior to making this Own Damage claim.
	Others Reporting Only.
Signed	and acknowledge by:
Name	and signature of policyholder/authorised driver
Name	and signature of Porkshop personnel including company stamp

ACCOUNTING AND CORPORATE REGULATORY AUTHORITY



## - KabaMadoMarambiga<u>a</u>s

WHILST EVERY ENDEAVOR IS MADE TO ENSURE THAT INFORMATION PROVIDED IS UPDATED AND CORRECT. THE AUTHORITY DISCLAIMS ANY LIABILITY FOR ANY DAMAGE OR LOSS THAT MAY BE CAUSED AS A RESULT OF ANY ERROR OR OMISSION.

Business Profile (Business) of AC DRIVER (53328211W)

Date: 17/07/2018

The Following Are The Brief Particulars of:

Name of Business : AC DRIVER

Former Name(s) if any

Date of Change of Name

Registration No. 53328211W Registration Date 01/02/2016 Commencement Date 01/02/2016 Status of Business

Live Status Date 16/03/2018

Renewal Date 16/03/2018 Expiry Date 01/02/2019

Renewal via GIRO : NO

Constitution of Business Sole-Proprietor

Principal Place of Business 615 YISHUN RING ROAD

#10-3282

SINGAPORE (760615)

Date of Change of Address

**Principal Activities** 

Activities (I) PASSENGER LAND TRANSPORT N.E.C. (EG PRIVATE CARS FOR HIRE WITH OPERATOR AND TRISHAWS) (49219)

Description

Activities (II)

Description

Particulars of Authorised Representative(s)

Name Nationality Address Address Date of Source **Appointment** 

Authentication No.: X18492649D

Page 1 of 2

ACCOUNTING AND CORPORATE REGULATORY AUTHORITY (ACRA)



Date: 17/07/2018

## - Managami agamagas

WHILST EVERY ENDEAVOR IS MADE TO ENSURE THAT INFORMATION PROVIDED IS UPDATED AND CORRECT. THE AUTHORITY DISCLAIMS ANY LIABILITY FOR ANY DAMAGE OR LOSS THAT MAY BE CAUSED AS A RESULT OF ANY ERROR OR OMISSION.

Business Profile (Business) of AC DRIVER (53328211W)

Existing Sole-Proprietor(s) <i>I</i> Name	ID	Nationality/Place of incorporation/Origin	Address	Source	Date of Entry Position
CHUA SEAH YING ANNIE	\$7721082B	SINGAPORE CITIZEN	615 YISHUN RING ROAD #10-3282	ACRA	01/02/2016
		0.1144411	SINGAPORE (760615)		Owner

Withdrawn Partner(s)		
Name	Nationality/Place of Address Address Date of Entry incorporation/Origin Source	Date of Withdrawal

#### Abbreviation

OSCARS - One Stop change of Address Reporting Service by Immigration & Checkpoint Authority.

#### Note

- The information contained in this Business Profile is extracted from lodgements filed by this entity with ACRA.
- The list of officers for this entity is available for online authentication within 30 days from the date of purchase of this Business Profile. Please scan the QR code available on the last page of this profile to access the authentication page. For more information, please visit <a href="www.acra.gov.sg">www.acra.gov.sg</a>.

FOR REGISTRAR OF COMPANIES AND BUSINESS NAMES SINGAPORE

RECEIPT NO. : ACRA180717191263

DATE : 17/07/2018

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Authentication No.: X18492649D

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