NATIONAL Assessment Centre Service	S- part i Jamos).	. 1		
Date In: 15/11/18 Jeb deser	iption	Date &Time Completed	Done	pì.
Re[No: NA/AIG/8030697/13 SAS 6-1	lling			
Veh No. SCHO937A E-mail-	(within Shrs, AIC 2hrs)			,
DOA: 15/11/18 0820 1-Motor	Claim Form			
1 Maron	W/O (Within: OD 2ho	s, TP 4brs)		
(ID) (TP) Peporting Only	Uploaded			1
Assessm	ent/Survey Report		<u> </u>	
TP Insurer: Ass't Re	port by Fax / Hand	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel: Fa	x:	
TP Particulars: Veh No: Pr 404	oc . INC()/Non-INC()	*	
Owner / Driver: (Tcl:)	
Policy No: () Period: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%) [Note-Est. Sta	tus (WO): N: 0-2	0%; P: 21-79%. P: 80-10	0%]	
Year of Registration: () Warranty: YI	BS()/NO()		
Excess: (\$) Loading: \$1,000 ()/\$	2,000()		*	
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() Total Loss Case : to e-mail Insurer URGENT	LY.	, has his state of the state of		
Drive-In ()/Towed-In (); Invoice: YES ()/NO();T	Towing Co: (' '		
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1) Apply for Transport Allowance ()/ Courtesy Car		**************************************		
2) QC Check / Post Repair Inspection (.)			
3) Upload Resurvey Photo [Repair Cost > \$3000]	() .	-	- None year	
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Injury:			reage se	T. M. P.
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NA 1807897	Invoice Pre	paration Checklist	经外面的	HAdd Bill
lanmant's Particulars :-	1) AR : Acciden	t Reporting (\$30); Assessment (\$100); INC (\$80)	
river/Owner:	3) TF : Towing I	Pee . 540/	\$45	
	4) FT : Follow-T 5) FT : Follow-T	Through Survey (Resurvey)	30	
ontact No:	For claiming a	resinst INC Only (wef 10 Jan 2003)	575	
unaged Portion:	7) N1 : Idao DA	+ SMRT Survey 5	160	
1	8) NTUC Additi	onal Services:-		
Checked by (Engr-In-Charge):	*NS: Courtesy	Cor / Tpt Allowance	22	
	*N6: Repair C	neir Inspection	\$10	
utitors Comments:	*N8: DV / Co	llect Excess Coordination	\$20	
Lib	9) N12: Idaa Ma	bbile	30	white Tal
273	Invoice dated	Fee Charged Fee Charged	MEUZ	
	I Invoice dated			

Figure 1 to 1997

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 witholding 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.
- 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.

A STATE OF S	ACCIDENT STATEMENT
Date Of Report	15/11/2018 14:01
Date Of Accident	15/11/2018 09:20
Exact Location Of Accident	BRAS BASAH ROAD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLH2937A
Insured/Policyholder	
Name Of Registered Owner	NEO R & R PTE LTD
Co Reg No.	201026086E
Email Address	90709947@NEORENTALANDRESOURCES.COM
Mobile Phone No	
Alternative Phone No	OFFICE-90709947
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	SIENTA
Exact Purpose for which vehicle was being used at time of accident	GRAB
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	999994579
Cover Note Number	
Driver	
Name of Driver	MUHAMMED THAMIM
NRIC No	S7261265E
Date Of Birth	22/05/1972
Occupation	OUTDOOR
Date Of Driving Pass	29/01/2009
Driving Experience	9 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90954959
Fax Number	
Contact Number	
EMail Address	NOEMAIL

BLK 413B FERNVALE LINK Address

#03-47

Postcode 792413

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

OTHER - HIRER

General Information of the Accident

Type Of Accident COLLISION - CHANGE/CROSS LANE

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? 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.

Number of Passengers (Including Driver)

Passenger 1

2 NAME:

NO

NO

: UNKNOWN

GENDER: : FEMALE

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 WAS TRAVELLING STRAIGHT ALONG BRAS BASAH RD ON THE EXTREME RIGHT LANE.SUDDENLY VEH(B)BEARING REG NO PC4040C FROM MY LEFT LANE CUT INTO MY LANE AND GRAZED ONTO MY LEFT SIDE FRONT PORTION TILL TO THE REAR SIDE PORTION OF MY VEH.

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

PC4040C

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

VENKATACHALA MOORTHI VIJAY YAPRASADH

NRIC/Passport Number

Contact Number

83029002

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:
 - 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:

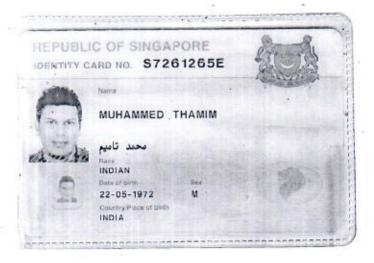
NRIC/FIN No .:

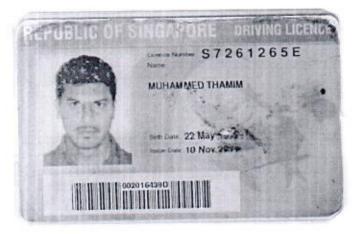
ACCIDENT STATEMENT

	DENT DATE; 15, 11, 20/8)(DD/MM/YYY), TIME: (09: 20)(HH:MM)
LOCA	TION: BRASBASH ROAD
1.	THE PROPERTY OF THE PROPERTY O
	IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)
2.	INSURED / POLICY HOLDER A)NAME: [MALE / FEMALE] b)NRIC/FIN/PASSPORT: 20/026086E CONTACT: 70708887 c)ADDRESS:
of passenger duding driver) 2)	DRIVER DINAME: DINRIC/FIN/PASSPORT: C) ADDRESS: CONTACT: 90954959
F	O)DATE OF BIRTH: (2) 05/ /972 (DD/MM/YYYY) O)OCCUPATION: (INDOOR / OUTDOOR) f) YEARS OF DRIVING EXPRERIENCE: 19/ 6 (1009)
4.	WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:
5.	a) WEATHER CONDITION: (CLEAR) RAINING / OTHERS
	WAS ANYBODY INJURED (YES /NO) IF YES, PLEASE STATE WHICH POLICE STATION:
8.	TUIDS PARTY VEHICLE
of passenger lucting driver)	c) NRIC/FIN/PASSPORT: 0 36 4 /8 20 / CONTACT: 6 20 270 5
9,	THIRD PARTY VEHICLE d) VEHICLE NUMBER: MODEL:
of passenger	d) VEHICLE NUMBER:MODEL:
luding driver	f) NRIC/FIN/PASSPORT:CONTACT:
7	2014 800-211 81 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	3600 ORG

email = 90709947 & neovental and resources com

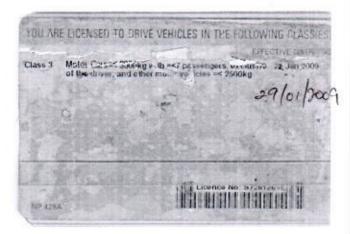
VIDEO =











This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type 13

Description

PRIVATE HIRE CAR VL

Issue Date

01/07/2017





CERTIFICATE OF INSURANCE

MOTORCECHICLES L'HING-PARTY RESIS AND COMPENSATION ACE CHAPTER TES

WOTEN YORICLES CHRISINANTY HISES AND COMPENSATION TIMES: 1960

HORD TRANSPORT ACT 1881 MACKYSIA

MOTOR VEHICLES THROUGHT RISKS RULES, 1968 MALAYSIA.

The perceiv excess is reapped to GST)

COMPREHENSIVE

COMMERCIAL MOTOR

\$\$2000,00 (Sect I)

CERTIFICATE NO.

SLH2937A

POLICY EXCESS WINDSCREEN EXCESS

5\$100.00

POLICY NO.

999994579

SUM INSURED INSURING WITH COE/PARF YES

YES

1) VEHICLE REGISTRATION NO.

2) NAME OF INSURED

NEORARPTELTO

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

11 June 2018

4) DATE OF EXPIRY OF INSURANCE

10 June 2019

SLH2937A

5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE"

Any petron who is sharing on the lineared's urser of with their pertreption.

12 TOC OF Souther FIG. 102 200 DD Section IT Expressis applicable for driver who is above 22 years trid with minimum 2 years driving expensives.

15.4.000 W Nethin 1 Evens and 954 100.00 Section in Excess is applicable for crosses where ut age of 21 years old with renimure 1 year through rependence

100 DOLD CONTROL For Any 200 Viz. 100 US Section H Recess is applicable for more who is below 21 years old another with less than 1 year driving experience

Provided Part that component and is promotival or apportunities with the fracturing or other laws at regulations to drive the Mater Venicte or new been supportuned and is not despuished, the other of a Court of Law or by reason of one enactives or regulation is final benefit from driving the Motor Venicle.

6) LIMITATION AS TO USE"

une for model domentic pleasure purposes and business purposes of insured

29. Use for books domestic pleasure purposes and boomso purposes of any purson whem the vall-cle is fixed

In the firster certains of passenges, for the contents by any presents whom the vehicle is hard.

This MUNICA stokes mix object (1) Date for furtion, driving basic racing, passengating, milebility that or speed-testing, 2) Lists which drawing a tradet stateout from moving (other than for revolut) of any one dispatch mechanisally properlied vehicle. 3) Class for any purpose in connection with the Moker Trade.

LOSS OF USE

Not Included

HIRE PURCHASE COMPANY

TAITHONG LEE TRADING PTE LTD

Contractive contracted exponence by Section 8 of the Major Venicles (Thirst-Pacty Make and Conguencebot), Act (Chapter 188), and Section 90 of the Road Transport Act, 1887.

Malaysian are not to be interpret under these happings.

Compress Control of the Control of the Management of the design of the Principles and the promotion of their Residence Companions. Act Chapter 19th and Part and the Head Transport Act 1987 (Malaresa.)

through in Singapore 36 zur 2016

Cowell Insurance (Agency) Pte. ctd. A Frankasa 2009-00 Ye was

ARS Asia Pacific Insurance Pte. Ltd.

saforc.

CONTRACTO

SINGAPORE 408727 CO. REGN NO.: 201026086E

TEL: 62888324 FAX: 62881002

THIS AUTHORISATION AGREEMENT ("Agreement") is made on 2018-08-17

Between

NEOR&RPTELTD

a company incorporated in Singapore and having its registered office at

61 Ubi Road 1 #01-22 Oxley Bizhub Singapore 408727

("the Company")

And

MUHAMMED THAMIM (NRIC s7261265e), residing at

APT BLK 413B FERNVALE LINK #03-47 SPORE 792413 ("the Driver")

Company and Anti-Amplitude and

and self-to the self-tension of the self-

patrice in a second property of the contract of

EMAIL: milbilwil@gmail.com CONTACT NO: 90954959

Hereby agrees that The Owner will lease to The Hirer the vehicle with the below details, hereinafter referred to us "The Vehicle" with the terms & conditions set out in the Agreement contained herein:-

1. DESCRIPTION OF VEHICLE

a. Model:

Toyota Sienta

b. Registration Number:

SLH2937A

c. Colour:

2. LEASE PERIOD:

17 Aug 2018 To 20 Feb 2019

3. RENTAL FEE:

\$399.00 (Weekly)

4. SECURITY DEPOSIT :

\$500.00

Mesty w