NATIONAL Assessment C	The state of the s		The second was a second of		
Date In: 11/11/18 -16-55	Jeb description	1	Date &Time Completed	Done	s pi.
Rei No: NA A1618072402/24	SAS e-filing				
Veli No: SH 4847E	E-mail (within	Shrs, AIC 2hrs)			
D.O.A : 1/10/19-08:15	i-Motor Clai	im Form			
SPRINGS AND STREET, STATE OF THE SPRINGS	i-Motor W/C	(Within: OD 2hrs, 7	YP 4hrs)		AND AND ADDRESS OF THE PARTY.
OD : TP : Reporting Only	i-Photo Uplo	aded			
Th Indiana	Assessment/St	urvey Report			
TP Insurer:	Ass't Report b	y Fax / Hand to	Owner/Wksp	Done by  Ant (S) Amt (S)  Ant (S) Add Bit  Add Bit  Add Bit	
Preferred Wksp / INC Assign Wksp / QV	W: (		Tol: Fa	ix:	)
TP Particulars: Veh No:	SLC 8670	INC (	)/Non-INC()		
Owner / Driver: (			Tel:	)	
Policy No: ( )	Period: (	) (	Cover Type: (	)	
Confirmed by : (		Date:	Time:	)	
Insured/Driver Liability: (	%) [Note-Est. Status (	WO): N: 0-20%	%; P: 21-79%. P: 80-10	0%]	
Year of Registration: (	) Warranty: YES (	)/NO( )			
Excess: (\$ ) Loading	;:\$1,000()/\$2,000	( )			
General Remarks;-			and the production of the second	1000 S	
( ) Walk-In Customer : Customer	r's information strictly Co	nfidential & Stric	tly NO refer of repairer.		
( ) Total Loss Case : to e-mail	Insurer URGENTLY.		A		
Drive-In ( )/ Towed-In ( ); I	nvoice: YES ( ) / N	NO ( ); Tox	ving Co: (		)
Remarks:- (INC hotline: 6788 66	616)		Date&Time Completed	Done	by
1) Apply for Transport Allowance (	) / Courtesy Car (	)		127112	
2) QC Check / Post Repair Inspection	( )		*		
3) Upload Resurvey Photo [Repair Co.	st>\$3000] (	)			
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Date/Time Actions	# * * * * * * * * * * * * * * * * * * *		real frame of the contract of	and contract	<u>.: </u>
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NA 18081 N			ration Checklist	NAME OF THE OWNERS OF	Add Bill
laimant's Particulars :-		1) AR : Accident Re 2) DA : Darriage Ass		)	
river/Owner:		3) TF : Towing Fee	. \$40/\$	45	
ontact No:		4) FT : Follow-Thro 5) FT : Follow-Thro		30	
		For claiming again 6) TR : Re-inspectio	nst INC Only (wef 10 Jan 2005)	675	
maged Portion:		7) N1 : Idao DA + S	MRT Survey \$1	160	
		8) NTUC Additional			
Checked by (Engr-In-Charge):			Services:-		
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		*N5: Courlesy Co *N6: Repair Co-o *N7: Fost Repair *N8: DV / Collec TP (N11): TP (N	r/Tpt Allowance rdination 5 Inspection 5 t Excess Coordination vn INC) against INC 5	510 525 55 520 30	23430)

#### SINGAPORE ACCIDENT STATEMENT

# IMPORTANT NOTICE

Mobile Number

Fax Number Contact Number

EMail Address

- 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.
   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.
- 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	11/12/2018 16:55
Date Of Accident	11/12/2018 08:25
Exact Location Of Accident	SLIP RD YUAN CHING RD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJN4847E
Insured/Policyholder	
Name Of Registered Owner	MARIC CAR RENTAL PTE LTD
Co Reg No	201620648G
Email Address	NOEMAIL
Mobile Phone No	the state of the s
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	THE RESERVE OF THE PROPERTY OF THE PARTY OF
Manufacturer	MITSUBISHI
Model	LANCER 1.6 CVT SPORTS GLX AIRBAG 2WD 4DR
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	AVERTURAL PROPERTY AND AND AND ADDRESS OF THE PARTY OF TH
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	999994657
Cover Note Number	
Driver	
Name of Driver	HO THIAM SOON STEVEN
NRIC No	S1557207H
Date Of Birth	11/10/1962
Occupation	OUTDOOR
Date Of Driving Pass	22/05/1986
Oriving Experience	32 YEARS AND 6 MONTHS
Sender	MALE

(LOCAL) +65-97800701

OFFICE-97800701

NOEMAIL

BLK 564 HOUGANG STREET 51 Address

#15-430

Postcode 530564

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

OTHER - HIRER

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR

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

NO.

2

NAME:

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

REFER TO STATEMENT.

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

SLC867U

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

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.
- 3. 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.
- 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:

- 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)
  - (i) 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
- 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.
- 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.

Maric Car Rental Pte Ltd Co. Reg. No.: 201620648G 9 Tagore Lane #03-04 Singapore 787472

Policyholder's Signature

Date & Time:

Driver's Signature

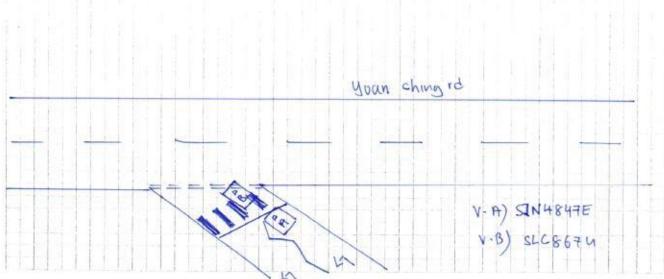
(If driver is not the policyholder)

Date & Time:

'ersonnel's Signature Reporting Centre P

Name:

NRIC/FIN No.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On -	the	stated	dw	re a	nd ti	me, I	nch	icle V	a' wa	u tro	wellin	y or	the .	stated
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a priv	ate	Set	tleme	nt.										
Passev	yer	4	: h1	rab	Cn	rale)								

# **DECLARATION**

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

Maric Car Rental Pte Ltd

Co. Reg. No.: 201620648G 9 Tagore Lane #03-04

Policyholder S Signature 72

Date & Time:

Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

# ACCIDENT STATEMENT

	ACCIDENT DATE:	11/12/18	)(DD/MM/Y	(YY), TIME: (08 : 25)(HH:N	(M)
	LOCATION:	yvan	ching rd	(Slip rd)	
	1. DETAILS OF V		53N484	J.E.	
	a)VEHICLE N	THE STREET WAS A STREET OF THE STREET		TC	
		ECOMPANY:	Alh	7	
	CJPOLICY NU	The state of the s	19999465		
	ajPolicy TYP	E: (COMPREH	ENSIVE / THIRD P	ARTY / THIRD PARTY FIRE &THEF	T)
	e)MAKE & MC		Mitsubish:		
	T)TYPE:(SALOX	ON / COUPE /	MPV /V AN / LOF	RY / MOTORCYCLE / OTHERS)	
				CIAL / MOTORCYCLE)	
			CCIDENT TIME:		
	IJARE YOU CL	AIMING UNDE	R YOUR OWN INS	URANCE (YES/NO)	
	IF NO, PLEAS	E STATE (THIRD	PARTY CLAIM /	REPORTING ONLY)	
	2. INSURED / POI A) NAME:		Rental Pt	1+4	
	b) NRIC/FIN/PA		016 20648		
		9 Tagore	lane #0	3-64 S 78 7472	-
W B			1110	- 01 - 10 1112	-
×	* CONTINUE TO	3.d IF DRIVER	ALSO POLICY H	OLDER	-
24 Ho of passo	3. DRIVER	10			
Claduding de			hiam soon		
(02)	DIMINIC/ FIN/FA		122 ± 5213	CONTACT: 9780 070	11
(32)	c) ADDRESS: 56	4 Hougar	g Street s	. 7	
		#15-04		264	_
- 27	*d)DATE OF BIR	TH: ((	0/1962/(DD/	MM/YYYY)	
-	e)OCCUPATION f)YEARS OF DRIV	N: (INDOOR / (	DUIDOOR)		
				ED'S COMPANY? (YES / NO)	
	IF NO, RELATIO	ONSHIP OF T	HE DRIVER WIT	HINSUPED HIVE	
	5. a) WEATHER CO	NDITION: (CLE	AR / RAINING /	OTHERS	_
(I)	b)ROAD SURFAC	CE: (DRY / WE	/OTHERS		-/
3	6. WAS ANYBODY	INJURED (YES	/NO)		
	<ol><li>a)REPORTED TO</li></ol>				
	IF YES, PLEASE	STATE WHICH	POLICE STATION:	Housany NPC	
\$ No of passenge	8. THIRD PARTY VEH		101711	0 3	
Challe le	r o) VEHICLE NU		-C80701	_MODEL:	
Clinduding drivi	c) DRIVER'S NA			COUTLOS	ō
(_)	9. THIRD PARTY VEH	IICLE		CONTACT:	-03
× 110 - 0 - 2 - 2				MODEL:	
No of passing	-I DRIVEDIALLE	- CONTRACTOR		_MODEL	
(Including driv	(4) f) NRIC/FIN/PA	The state of the s		_CONTACT:	
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1111-75,5104	Ave 1	fax =	6452 4584		
< 1 468 933)			10		

### CONFIDENTIAL

Annex E

### NOTICE OF COMPLIANCE

This is to confirm that Ho Thiam Soon Steven, NRIC/FIN S1557207H, has reported to the Police a non-injury traffic accident which occurred along T-junction of Yuan Ching Road and AYE on 11/12/2018 at 0825hrs involving the following vehicles:

- 1) Complainant Blue, Mitsubishi Lancer HRV, SJN4847E
- 2) Other Party White, Volkswagon, SLC867U

1

2 If this accident was reported to the Police within 24 hours of its occurrence, Then he/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

HOUGANG NPC

Rank/Name of Issuing Officer: Sgt(2) Boh Yong Seng

Date: 11/12/2018 Time: 1023hrs

S/D Ref: 41 60 HOUGANG AVE 9 SINGAPORE 538775 TEL: 1800-4890999

Police Post/Unit: Hougang NPC

Original - to be issued to informant Duplicate - to be submitted to Traffic Police

CONFIDENTIAL

Version as of 15 Jan 2002



REPUBLIC OF SINGAPORE MENTITY CARD NO. \$1557207H





HO THIAM SOON STEVEN

Race CHINESE 11-10-1962

S1557207H

5983661

Country/Place of birth SINGAPORE

20-07-2018

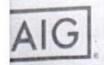
APT BLK 564 HOUGANG STREET 51 #15-430 SINGAPORE 530564

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

Class 28 Motorcycles not exceeding 200 cc
Class 2A Motorcycles between 201 cc and 400 cc
Class 3 Motor Cars and Motor Tractors the weight of
which unladen does not exceed 2500 killograms

PASS DATE

19 Apr 1985 19 Apr 1985 22 May 1986



HIRD PARTY

DLICY NO.

ERTIFICATE NO.

# CERTIFICATE OF INSURANCE

TOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)

TOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960

AD TRANSPORT ACT, 1987 (MALAYSIA)

TOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

M.Z.40

(The below excess is subject to GST)

**POLICY EXCESS** 

S\$1000.00 (Sect II)

WINDSCREEN EXCESS

NA

SUM INSURED

NA

INSURING WITH COE/PARF

SJN4847E

25 April 2018

24 April 2019

MARIC CAR RENTAL PTE LTD

VEHICLE REGISTRATION NO.

NAME OF INSURED

**EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE** 

**SJN4847E** 

999994657

OR THE PURPOSES OF THE ACT

DATE OF EXPIRY OF INSURANCE

PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE\*

by person who is driving on the Insured's order or with their permission

1,000.00 Section II Excess is applicable for driver who is above 22 years old and/or with minimum 2 years driving experience.

2,000,00 Section II Excess is applicable for drivers who is 21 years old with minimum 1 year driving experience

COMMERCIAL MOTOR

se policy does not cover drivers who are below 21 years old or less than 1 year driving experience.

revided 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 order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

# LIMITATION AS TO USE

- 1) Use for social, domestic, pleasure purposes and business purposes of Insured
- Use for social, domestic, pleasure purposes and business purposes of any person whom the vehicle is hired
- Use for the carriage of passengers for hire or reward by any person to whom the vehicle is hired.

The Policy does not cover: 1) Use for fulfion, driving test, racing, pace-making, reliability trial or speed-testing. 2) Use whilst drawing a trailer except the towing (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

NA

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.

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)

ssued in Singapore 25 Apr 2018

500656-000 Cowell Insurance (Agency) Pte. Ltd. 8 Burn Road #09-09 Trivex Singapore 369977

AIG Asia Pacific Insurance Pte. Ltd.

AUTHORISED REPRESENTATIVE

SSPOED

ORIGINAL