

NATIONAL Assessment Centre Services

| | | | |
|------------------------|--|-----------------------|---------|
| Date In: 14/12/18 | Job description | Date & Time Completed | Done by |
| Ref No: NA/18022504/13 | SAS e-filing | | |
| Veh No: SLB14215 | E-mail (within 8hrs, AIC 2hrs) | | |
| D.O.A: 14/12/18 0945 | i-Motor Claim Form | | |
| OD (TP) Reporting Only | i-Motor W/O (Within: OD 2hrs, TP 4hrs) | | |
| | i-Photo Uploaded | | |
| TP Insurer: | Assessment/Survey Report | | |
| | Ass't Report by Fax / Hand to Owner/Wksp | | |

Preferred Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

| | | |
|--|------------------|-----------------------|
| TP Particulars: | Veh No: SLB67306 | 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%; F: 80-100%] | | |
| Year of Registration: () Warranty: YES () / NO () | | |
| Excess: (\$) Loading: \$1,000 () / \$2,000 () | | |

General Remarks:-

() Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In (); Invoice: YES () / NO (); Towing Co. ()

| | | |
|---|-----------------------|---------|
| Remarks:- (INC hotline: 6788 6616) | Date & Time Completed | Done by |
| 1) Apply for Transport Allowance () / Courtesy Car () | | |
| 2) QC Check / Post Repair Inspection () | | |
| 3) Upload Resurvey Photo [Repair Cost > \$3000] () | | |

Injury: _____

| Date/Time | Actions |
|-----------|---------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |

| | | | | |
|---------------------------------|---|-------------|----------|----------|
| NA/1802238 | Invoice Preparation Checklist | | Amt (\$) | Amt (\$) |
| | | | 1st Bill | Add Bill |
| Claimant's Particulars :- | 1) AR: Accident Reporting (\$30); | | | |
| | 2) DA: Damage Assessment (\$100); INC (\$80) | | | |
| Driver/Owner: | 3) TP: Towing Fee \$40/\$45 | | | |
| Contact No: | 4) FT: Follow-Through Survey \$120 | | | |
| Damaged Portion: | 5) FT: Follow-Through Survey (Resurvey) \$30 | | | |
| | For claiming against INC Only (wef 10 Jan 2005) | | | |
| | 6) TR: Re-inspection \$75 | | | |
| | 7) N1: Idac DA + SMRT Survey \$160 | | | |
| | 8) NTUC Additional Services:- | | | |
| | ON* | | | |
| | *N5: Courtesy Car / Tpt Allowance \$5 | | | |
| | *N6: Repair Co-ordination \$10 | | | |
| | *N7: Post Repair Inspection \$25 | | | |
| | *N8: DV / Collect Excess Coordination \$5 | | | |
| | TP (N11): TP (Non INC) against INC \$20 | | | |
| | 9) N12: Idac Mobile 30 | | | |
| QC Checked by (Engr-In-Charge): | Invoice dated | Fee Charged | | |
| | Invoice dated | Fee Charged | | |
| Auditors' Comments :- | | | | |
| Cat 1: | | | | |
| Cat 2 / 3: | | | | |

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 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.
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 | 14/12/2018 14:02 |
| Date Of Accident | 14/12/2018 09:45 |
| Exact Location Of Accident | CORPORATION RD JUNC OF JLN AHMAD IBRAHIM TWDS TUAS |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|-------------------------|
| Vehicle Registration Number | SLB1421J |
| Insured/Policyholder | |
| Name Of Registered Owner | TWINCAR LEASING PTE LTD |
| Co Reg No | 201533046C |
| Email Address | NOEMAIL |
| Mobile Phone No | |
| Alternative Phone No | OFFICE-83802233 |

Vehicle Particulars

| | |
|--|--------------|
| Manufacturer | HONDA |
| Model | VEZEL |
| Exact Purpose for which vehicle was being used at time of accident | CHAUFFEUR |
| 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 | 999994387 |
| Cover Note Number | |

Driver

| | |
|----------------------|------------------------|
| Name of Driver | LOU JIAK SENG |
| NRIC No | S1588686B |
| Date Of Birth | 12/09/1963 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 02/02/1981 |
| Driving Experience | 37 YEARS AND 10 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-90306805 |
| Fax Number | |
| Contact Number | |
| EMail Address | NOEMAIL |

| | |
|---|-------------------------------------|
| Address | BLK 524 BEDOK NORTH ST 3 #10-390 |
| Postcode | 460524 |
| 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? | NO |
| Was any injured conveyed to hospital by ambulance? | NO |
| Was any other material or property damaged? | YES |
| I have been approached by unknown person(s) soliciting/offering accident claims assistance. | NO |
| Number of Passengers (Including Driver) | 1 |

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

PLS REFER TO THE ATTACHED STATEMENT.

Attachment(s)

| | |
|---|----------------|
| Are accident photos available for attachment? | YES |
| Was there any video captured by Car Camera? | YES |
| Remarks/ Reasons: | SD CARD FAULTY |
| Was there any audio recorded? | NO |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-------------------------------------|--------------|
| Vehicle Registration Number | SHB6730G |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | TAXI |
| Name of Driver | TAY CHENG HO |
| NRIC/Passport Number | |
| 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.
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.
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:
 - (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
- (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.

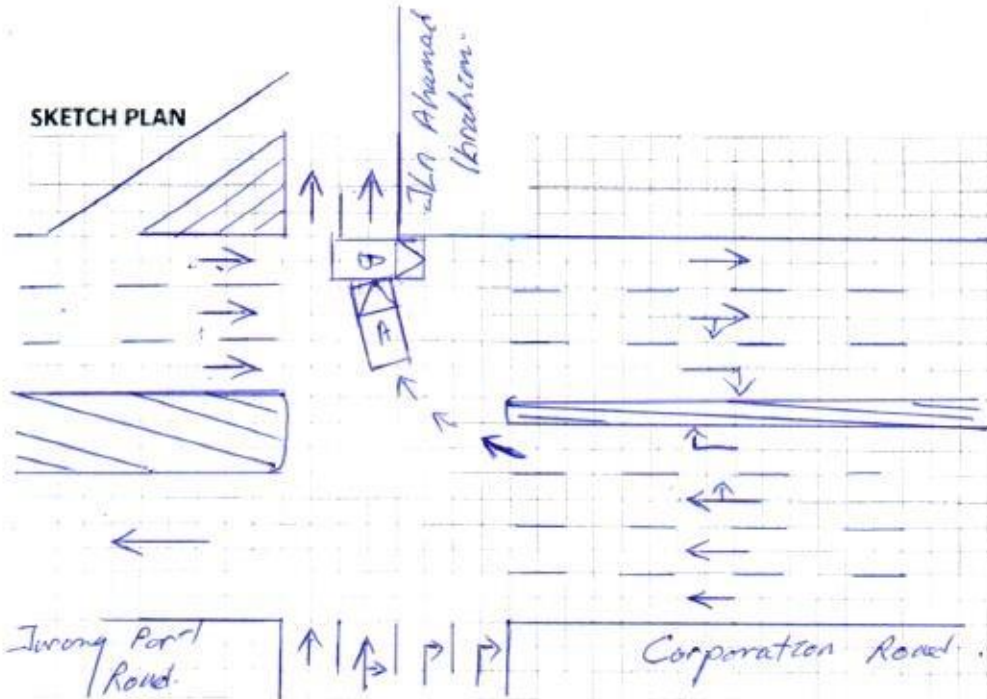


Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN



(A) SLB 1421J
(B) S/B 6730G

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 14/12/18 at @ 0945 hrs, I was travelling in my vehicle (SLB 1421J) along Corporation Road junction Jln Ahmad Ibrahim on the extreme right lane waiting to turn right into Jln Ahmad Ibrahim towards Tuas. I waited at the waiting box, when the green arrow come out and I proceed to turn. Suddenly, a taxi (S/B 6730G) bet the red right and collided with my vehicle.

DECLARATION

I/We declare 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.:

| | | | |
|--|---|---------------------------|----------------------------|
| Vehicle No. | SLB 1421 J | Model / Make | Honda Vezel |
| Date of Accident | 14/12/18 | | |
| Time of Accident | 0945 HRS | | |
| Location of Accident | Corporation Road Junction Jln Ahmad Ibrahim (toward Tuas) | | |
| Exact purpose use during accident | Chauffeur | | |
| Name of Owner | Twincar Leasing Pte Ltd. | | |
| Telephone No. | H/P : 8280 2233 | Home : | Office : |
| NRIC | 201533046 C | | |
| Address | 2, Kaki Bukit Ave 2 #01-17 Kaki Bukit Autohub (S) 417921 | | |
| Claim type | OD <u>THIRD PARTY</u> REPORTING ONLY | | |
| Insurance Company | AIG | | |
| Type of Coverage | <u>Comprehensive</u> | Third Party | Third Party / Fire / Theft |
| Policy No. | 999994387 | | |
| Name of Driver | As Above If No, LOU JIAK SENG | | |
| NRIC | S 1588686 B | Any Passengers : | N.A. |
| Date of birth | 12/09/1963 | | |
| Occupation | <u>Outdoor</u> | / | Indoor |
| Driving License Pass Date | 02/02/1981 | | |
| Gender | <u>Male</u> | / | Female |
| Contact No. | H/P : 9030 6805 | Home : | Office : |
| Address | BLK 524, Bedok North St 3 #10-390 (S) 460524 | | |
| Driver have any own vehicle | <u>No</u> | If yes, Reg No. | |
| Relationship | Employee, | If no, state <u>hirer</u> | |
| Weather condition | <u>Clear</u> | Raining | Other |
| Road Surface | <u>Dry</u> | Wet | Other |
| Any Injuries | <u>No</u> | If Yes, Who? | |
| Name And Contact No. | | | |
| Name And Contact No. | | | |
| Police Report | <u>No</u> | If Yes, Where? | |
| Vehicle B No. | SLB 6730 G | Any Passengers : | N.A. |
| Name of Driver | Tay Cheng Ho | Contact No. : | |
| Vehicle C No. | | Any Passengers : | |
| Vehicle D No. | | Any Passengers : | |
| Vehicle E no. | | Any Passengers : | |
| Vehicle F No. | | Any Passengers : | |
| Vehicle G No. | | Any Passengers : | |
| Witness Name | N.A | Witness Contact : | N.A |
| Accident Portion | <u>Front Portion</u> | | |
| Camera Recorder | <u>Yes</u> | SD Card faulty | |
| Email Address | loujason1@gmail.com | | |
| HAVE YOU BEEN APPROACH BY UNKNOWN PERSON SOLICITING / OFFERING ACCIDENT CLAIMS ASSISTANCE? | | | |
| | | | Yes <u>No</u> |
| PARTICULAR WORKSHOP | N-51 | | |
| CONTACT NO. | 6842 0051 / 6744 0510 | | |
| CONTACT PERSON | Quixin | | |
| FAX NO | 6741 0510 | | |
| WORKSHOP EMAIL ADDRESS | sales@n51.com.sg | | |

Driver

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S1588686B**
Name: **LOU JIAK SENG**

Birth Date: **12 Sep 1963**
Issue Date: **26 Jun 2003**

1000585540K



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S1588686B**

Name: **LOU JIAK SENG**

Race: **CHINESE**
Date of Birth: **12-09-1963**
Country of Birth: **SINGAPORE**

Sex: **M**




Land Transport Authority

VOCATIONAL LICENCE

Licence No: **S1588686B**
Name: **LOU JIAK SENG**
Issue Date: **5/3/2009**

Please visit www.lta.gov.sg to check the status of this vocational licence



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

| Class | Description | PASS DATE |
|---------|--|-------------|
| Class 3 | Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms | 02 Feb 1981 |

Licence No: **S1588686B**

NP 428A

1449261

NRIC No. S1588686B

1449261

A+ **20-11-1993**

APT BLK 524 BEDOK NORTH STREET 3
#10-390
SINGAPORE 1646



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 | Description | Issue Date |
|------|-------------|------------|
| 02 | TAXI VL | 05/03/2009 |



HOTLINE TEL: (65) 6419-3000
FAX: (65) 6415-3723

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)

MZ400

| COMPREHENSIVE | | COMMERCIAL MOTOR | | (The below excess is subject to GST) | |
|---|-----------|-------------------------|-----|--------------------------------------|--|
| CERTIFICATE NO. | SLB1421J | POLICY EXCESS | | S\$2000.00 (Sect I & II) | |
| POLICY NO. | 999994387 | WINDSCREEN EXCESS | | S\$100.00 | |
| 1) VEHICLE REGISTRATION NO. | | SUM INSURED | YES | | |
| 2) NAME OF INSURED | | INSURING WITH COE/PARF | YES | | |
| 3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE PURPOSES OF THE ACT | | SLB1421J | | | |
| 4) DATE OF EXPIRY OF INSURANCE | | Twincar Leasing Pte Ltd | | | |
| 5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE* | | 19 October 2018 | | | |
| | | 18 October 2019 | | | |
| <p>Any person who is driving on the Insured's order or with their permission.</p> <p>S\$2,000.00 Section I & S\$2,000.00 Section II Excess is applicable for driver who is between 23 years to 65 years old with minimum 2 years driving experience in Singapore.</p> <p>Up to \$250.00 one-time waiver excess under section I for build in car camera and applicable on non at fault claim only. (Valid for 6 months).</p> <p>Accident repair can be carried out at any of your preferred workshop for repair subjected that all claim matters does not involved any lawyer services.</p> <p>An additional excess of \$1,000.00 per accident is applicable in the event of an accident occurring outside Singapore.</p> <p>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.</p> | | | | | |
| 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 whom the vehicle is hired. | | | | | |
| 3) 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 tuition, 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. | | | | | |
| It is hereby agreed and acceptance that we would make special arrangement to this workshop known as N-51 Automotive Pte Ltd to be your accident claim reporting center based on the conditions below. | | | | | |
| LOSS OF USE | | Not Included | | | |
| HIRE PURCHASE COMPANY | | NIL | | | |
| *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).

Issued in Singapore 17 Oct 2018

AIG Asia Pacific Insurance Pte. Ltd.

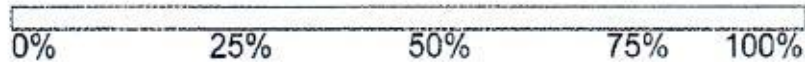
Swift Link Insurance Agency - 502117
61 Ubi Avenue 2
#08-04A Automobile Megamart
Singapore 408698



AUTHORISED REPRESENTATIVE

ORIGINAL

SSPOEC

**Register New Vehicle (Acknowledgement)****Vehicle Particulars**

| | | | |
|--------------------------|--|-----------------------------------|---------------------------------|
| Vehicle No.: | SLB1421J | | |
| Vehicle Type: | Z11 - Private Hire (Chauffeur) Station Wagon/Jeep/Land Rover | Vehicle Scheme: | Normal |
| Vehicle Attachment 1: | No Attachment | | |
| Vehicle Attachment 2: | - | Vehicle Attachment 3: | - |
| Vehicle Make: | HONDA | Vehicle Model: | VEZEL 1.5X CVT ABS D/AIRBAG 2WD |
| Chassis No.: | RU11113025 | Engine No.: | L15B4033031 |
| Motor No.: | - | Trailer Chassis No.: | - |
| Propellant: | Petrol | Passenger Capacity: | 4 |
| Engine Capacity: | 1496 cc | Power Rating: | - |
| Maximum Power Output: | 96.0 kW (128 bhp) | | |
| Unladen Weight: | 1190 kg | Maximum Laden Weight: | 1465 kg |
| Primary Colour: | Black | Secondary Colour: | - |
| First Registration Date: | 29 Mar 2016 | Original Registration Date: | 29 Mar 2016 |
| Manufacturing Year: | 2016 | Open Market Value: | \$19,627.00 |
| PARF Eligibility: | Yes | Minimum PARF Benefit: | \$4,813.00 |
| No. of Transfers: | 0 | Additional Registration Fee Rate: | First \$19,627.00 (100%) |
| Actual ARF Paid: | \$9,627.00 | | |

Owner Particulars

| | |
|-----------------------------|--|
| Owner Name: | TWINCAR LEASING PTE LTD |
| Owner ID Type: | Company |
| Owner ID: | 201533046C |
| Registered Address Type: | Private Residential (Condo Apt or House) / Shopping / Office Complexes |
| Registered Block/House No.: | 2 |
| Registered Street Name: | KAKI BUKIT AVENUE 2 |
| Registered Unit No.: | # 01 - 17 |
| Registered Building Name: | KAKI BUKIT AUTOHUB |
| Registered Postal Code: | 417921 |
| COE No. / Expiry Date: | 2016020101001465W / 28 Mar 2026 |
| COE Bid Category: | A - Car (up to 1600cc & 97kW (130bhp)) |
| QP Paid: | \$45,002.00 |

Transaction Details

| | |
|--------------------------------|----------------------|
| Business Transaction Ref. No.: | 20160329111915178225 |
| Business Transaction Date: | 29 Mar 2016 |
| Business Transaction Time: | 11:19:15 |

Message