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OD : TJ Reporting Only	I-Motor W/O	(Withla: OD 2hts	, TP 4brs)	
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TP Insurer:	Assessment/Sur	vey Report		
11 Indivi-	Ass't Report by	Fax/Hand	o Owner/Wksp	Land Commence of the Commence
Proforred Wksp / INC Assign Wksp / QW: (14	Tolt	Fax:
TP Particulars: Veh No: SW	065814	. INC(
Owner / Driver: (Tel:	
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Confirmed by : (Date:	Time:	1000/1
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1) Apply for Transport Allowance ()/Co	urtesy Car ()			ļ
2) QC Check / Post Repair Inspection	(+)		<u> </u>	· · · · · · · · · · · · · · · · · · ·
3) Upload Resurvey Photo [Repair Cost>\$30	00] ()		1	
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ALL THE CONTROL OF TH	COMPANY CASHANIA	2) DA Damage 3) TF Towing	Fee	\$120
Priver/Owner:		4) PT : Fellow-T	Chemich Survey (Resurvey)	230
Contact No:			E101-2	(200)
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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 flability.
- 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.
- 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	17/12/2018 19:17	
Date Of Accident	17/12/2018 14:20	
Exact Location Of Accident	ALONG BUKIT TIMAH ROAD AFTER WINSTEDT DRIVE	
Country/State of Loss	SINGAPORE	
	ETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLM7574D	
Insured/Policyholder		
Name Of Registered Owner	VINCAR LEASING AND RENTAL PTE LTD	
Co Reg No		
Email Address	NIGELTANG@VINCAR.COM.SG	
Mobile Phone No	(LOCAL) +65-91370106	
Alternative Phone No	OFFICE-91370106	
Vehicle Particulars		
Manufacturer	HONDA	
Model	VEZEL	
Exact Purpose for which vehicle was being used at time of accident	DRIVING GRAB	
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	COMMERCIAL VEHICLE	
Insurance Company		
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE, LTD.	
Type Of Coverage	COMPREHENSIVE	
Fleet Policy	NO	
Policy Number	999994528	
Cover Note Number		
Driver		
Name of Driver	GOH MIAN SEE	
NRIC No	S0144176J	
Date Of Birth	20/05/1950	
Occupation	OUTDOOR	
Date Of Driving Pass	18/06/2004	
Driving Experience	14 YEARS AND 5 MONTHS	
Gender	MALE	
Mobile Number	(LOCAL) +65-91370106	
Fax Number		
Contact Number	OTHERS-91370106	

NIGELTANG@VINCAR,COM.SG

Address

BLK 404 HOUGANG AVENUE 10

#01-1064

Postcode

530404

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

COLLISION - HEAD TO REAR

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles involved in the accident Was any body injured in the Accident?

NO 2 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

PLEASE REFER TO SKETCH PLAN

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

SJW6587U

Vehicle Make/Model/Colour

FIAT

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

PANG SHOA FENG

NRIC/Passport Number

S8500491C

Contact Number

60173217695

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.
- 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:
 - (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: 17/12/18

4-10pm

Beporting Centre Parsonnal's Signature

W-0/

NRIC/EIN No -

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

The supplied of the framework of the supplied
On 17 Dec 2018 at about 2 Depm. I was at
BURIT LIMAN ROAD Where there is road work on the
sta lane. So, I have to change to the centre lane
suggestion the car in home to the three
causing my left front to brump his year right of the
causing my left front to brump his year right of the car SJW 6587 U driven by Mr. Pang shaofeng.

DECLARATION DENTAL OF

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

A HADA

Policyholder's Signature Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time: 17/12/18

4.10 pm

Reporting Centre Personnel's Signature
Name:
Name: XOLV WATOS

ACCIDENT STATEMENT

ACCIDENT DATE: 1 12 301	D)(DD/MM/YYYY), TIME:(@): 20)(HH:MM)
De Polity	1 5 1 2 2 1 1 5 1 1 5
LOCATION: CHONG BUKIT I'M	nah Rd after Winstadt Dr
1. DETAILS OF VEHICLE	
a) VEHICLE NUMBER: SLM	75747
b)INSURANCE COMPANY:	A1/2
C)POLICY NUMBER: 999	194528
-,	
BIMAKE & MODEL: TTOND	
FITYPE: (SALOON / COUPE / MP	V /V AN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVAT	E / COMMERCIAL / MOTORCYCLE)
h)PURPOSE OF USING AT ACCI	DENT TIME: A FIVING GERAR
TARE YOU CLAIMING LINDER Y	OUP OWN INSURANCE (YES/NO)
IF NO. PLEASE STATE (THIPD PA	RTY CLAIM / REPORTING ONLY)
2. INSURED / POLICY HOLDER	REPORTING ONLY
t - White White	
Spager Sp	(MALE / FEMALE)
Sharpi Clappece	CONTACT:
c)ADDRESS:	
A CONTRACT TO A 1	
*CONTINUE TO 3.d IF DRIVER AI	LSO POLICY HOLDER
Huo of passongs. DRIVER	Car
(Including driver) a)NAME: JCH MIAH	SEE (MALE / FEMALE)
OJNKIC/FIN/PASSPORT: SOLA	4116-1 CONTACT: 91370106
CJADDRESS: BIK 404 T	OI-LOGH HOUGANG AVE TO
THE THE WILLIAM STATES AND ADDRESS OF THE PARTY OF THE PA	SIPERE 530404
*d)DATE OF BIRTH: (30/05/	(950)(DD/MM/YYYY)
e)OCCUPATION: (INDOOR / OU	TDOOR)
FIDHTE OF DRIVING PACC	18-06-2004
4. WAS DRIVER AN EMPLOYEE O	THE INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE	DRIVER WITH INCLIDED. HIRER
5. di Weather Condition: (CLEAR	/ RAINING / OTHERS
b)ROAD SURFACE: [DRY / WET /	OTHERS
6. WAS ANYBODY INJURED (YES / N	ioi
 a) REPORTED TO POLICE (YES / NO 	21
IF YES, PLEASE STATE WHICH PO	LICE STATION!
	DCESTATION:
HILL of passenger a) VEHICLE NUMBER: SJW 6	587 U TINT
(Induding driver) b) DRIVER'S NAME: PANG SH	MODEL: TIAT
9. THIRD PARTY VEHICLE	6491-C CONTACT: 6617 3217695
	10/10/E0020555.5
The second of th	MODEL:
(Including driver) () DRIVER'S NAME:	· 1
NRIC/FIN/PASSPORT:	CONTACT::-
(_)	
70 W.	
	A. I. S.

email = MIGHECTANGE VINCARE. Com SG VIDRO

REPUBLIC OF SINGAPORE IDENTITY CARD NO. SO144176J



GOH MIAH SEE

CHINESE

20-05-1950 M Country of birth SINGAPORE







29-12-2008

APT BLK 404 HOUGANG AVENUE 10 #01-1064 SINGAPORE 530404

4336443

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

NP.428A



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)

1) VEHICLE REGISTRATION NO.

MOTOR VEHICLES [THIRD-PARTY RISKS] RULES, 1959 [MALAYSIA]

M-Z:400

COMPREHENSIVE CERTIFICATE NO.

2) NAME OF INSURED

COMMERCIAL MOTOR

SLM7574D

POLICY NO.

999994528

(The below excess is subject to GST) POLICY EXCESS

S\$2000.00 (Sect I)

WINDSCREEN EXCESS

\$\$100.00

SUM INSURED

Market Value

INSURING WITH COE/PARF Yes

SLM7574D

Vincar Leasing and Rental Pte Ltd

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

4) DATE OF EXPIRY OF INSURANCE

19 July 2018

18 July 2019

5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE*

Any person who is driving on the insured's order or with their permission.

\$2,000.00 Section 1 & \$52,000.00 Section II Excess is applicable for driver who is above 22 years old with minimum 2 years driving experience.

The policy does not cover drivers who are below 22 years old and/or with less than 2 year driving experience.

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.

6) LIMITATION AS TO USE.

- 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.
- 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 fultion, driving test, racing, pace-making, reliability trial or speed-testing, 2) Use whilst drawing a trailier 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

MAYBANK

*Limitations rendered inoparative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1887 (Malaysia), are not to be included under these headings.

1 / 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 18 Jul 2018

501980-000 Vincar Pte Ltd No. 1 Chang Charn Road #05-02 OC Building Singapore 159630

AIG Asia Pacific Insurance Pte. Ltd.

AUTHORISED REPRESENTATIVE

SSPORG

ORIGINAL