NATIONAL Assessment Centre	Varvices	[min - Jan 198]				
Date In 26/12/18	Jeb description		Date & Time Completed		Done l	W.
Retho NA/A1418023083/13	SAS e-filing			-		120
Weh No 52812535	E-mail (within	91 - 3 17 31	1			
10 A 25/12/18 1600	i-Motor Clai			-	4	
		(Within, OD 2hr	TP Abrei			
OD TP (Peporting Only)	i-Photo Uplo		5. 11 40(5)			
TD L	Assessment/St	Control Control Control Control	1		-	
TP Insurer	Ass't Report I	y Fax / Hand	to Owner/Wksp	-		
Preferred Wksp / INC Assign Wksp / QW; (TORQUE	5	Tel:	Fax:)
TP Particulars: Veh No: 3	mos459G	INC ()/Non-INC()			
Owner / Driver: (Tel:	4)	Michael Control
Policy No: () Peri	od: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	
	ote-Est. Status (V	WO): N: 0-2	0%; P: 21-79%. F: 80	-100%]		
	arranty: YES ()/NO()			
Excess: (\$) Loading: \$1,00	0 ()/\$2,000	()				
General Remarks:-	The Thirty Continue	Nath Ing	Walter Strategy	565		
() Walk-In Customer: Customer's inform		nfidential & St	rictly NO rafer of repaire			
() Total Loss Case : to e-mail Insurer		Charles In the second				
Drive-In ()/ Towed-In (); Invoice:	YES()/I	NO () ; T	owing Co. ()
Remarks:- (INC hotline: 6788 6616)			Date&Time Completed	-68. I	Done b	рy
Apply for Transport Allowance () / Co	ourtesy Car ()				
2) QC Check / Post Repair Inspection	()				
3) Upload Resurvey Photo [Repair Cost > \$30	000] ()				
Injury:						
Date/Time Actions				7. (-)	-	
Actions .			de la Suesta de la California de la Cali	Control -	1 70	
				-		

NA1802598		Invoice Pre	paration Checklist	And	t (\$)	Amt (\$)
		1) AR : Acciden	Barrier Committee Co	lst	Bill	Add Bill
laimant's Particulars :-		2) DA : Damage	Assessment (\$100); INC	- COVID-1- COVID-1		
river/Owner:		3) TF : Towing I 4) FT : Follow-T		\$40/\$45 \$120		
ontact No:		The second secon	'hrough Survey (Resurvey) against INC Only (wef 10 Jan 20	\$30	-	
amaged Portion:		6) TR : Re-inspe	ction	\$75	-	
	-	7) N1 : Idae DA 8) NTUC Additi	The second secon	\$160		
€ Checked by (Engr-In-Charge):		OD*	/ Car / Tpt Allowance	\$5		
		*N6: Repair C	o-ordination	510		
uditors' Comments :-		*N7: Fost Rep *N8: DV / Co	nir Inspection Heet Excess Coordination	\$25	-	
4l. 12		<u>TP</u> (N11): TF	(Non INC) against INC	\$20		
n. 2/3:		9) N12: Idae Mo Invoice dated	bile Fee Charge	30 đ		wat fall
		Invoice dated	Fee Charge	1 100	rist!	

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.
- 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 dogerment 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 application.
- aforesaid.

	ACCIDENT STATEMENT
Date Of Report	26/12/2018 12:36
Date Of Accident	25/12/2018 16:00
Exact Location Of Accident	JLN TOA PAYOH & BENDEMEER RD JUNC TWDS PIE
Country/State of Loss	SINGAPORE
C	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJR1253S
Insured/Policyholder	
Name Of Registered Owner	MARIC MARKETING PTE LTD
Co Reg No	201620700D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-64524300
Vehicle Particulars	
Manufacturer	HYUNDAI
Model	AVANTE
Exact Purpose for which vehicle was being used at time of accident	WORK
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	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	999994659
Cover Note Number	
Driver	
Name of Driver	CHEW HAK KWANG
NRIC No	S1164186E
Date Of Birth	18/02/1956
Occupation	OUTDOOR
Date Of Driving Pass	17/11/1978
Driving Experience	40 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96925181
Fax Number	400 0000 0000 00000 0000 0000 0000 000
Contact Number	
EMail Address	NOEMAIL

Address BLK 933 JURONGWEST ST 91

#04-377

Postcode 640933

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

5

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 (including own vehicle)

involved in the accident

2

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? NO
Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SMD5859G
Vehicle Make/Model/Colour TOYOTA ALTIS

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number 96177851

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

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- 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.

Maric Marketing Pte Ltd Co Reg No 201620700D 9 Tagore Lane #03-04

Singapore 787472 Policyholder's Signature Date & Time:

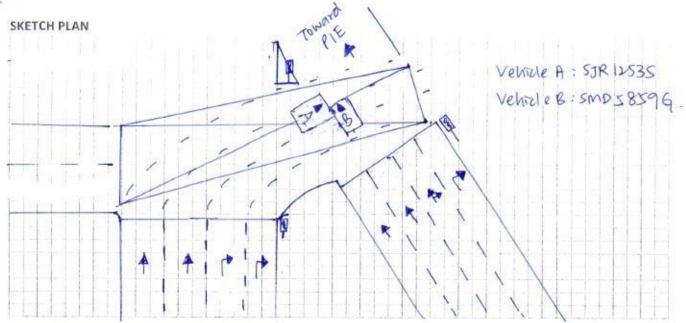
Driver's Signature

(If driver is not the policyholder)

Date & Time:

Name:

NRIC/FIN No.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

	On 4	he	state	ed o	late	and	tin	ne	1 v	ehicle	2 ' A '	W	as t	rave	lling	on the
stated i	venue	. Who	en (ma	ike a	n via	ght	turr	n , H	en	reali	red	traf	fic	light	becam
red. 1	shopp	red	my	car	(m)	medi	iutel	y.	Howe	ver	Can	not	stop	in	time	and
collided	on	vehi	icle '	в'	left	P	0410	n.								
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														-	-11-	

DECLARATION

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

Maric Marketing Pte Ltd Co Reg No 201620700D 9 Tagore Lane #03-04

Policyholder's Signat 878472

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

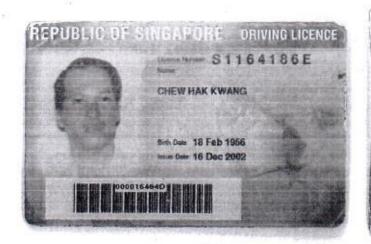
Reporting Centre Personnel's Signature

Name:

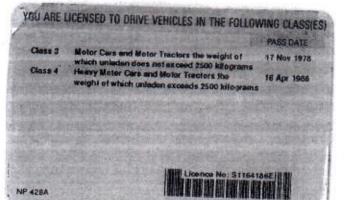
NRIC/FIN No.:

ACCIDENT STATEMENT

ACCIDENT DATE: 15 / 12 / 2018 (DD/MM/YYYY), TIME: 16 . 00 HH:MM
LOCATION: Jalan Toa Payor & Bendemeer Road Juction toward
1. DETAILS OF VEHICLE GIVEHICLE NUMBER: SJR 1253 S b)INSURANCE COMPANY: A19 c)POLICY NUMBER: 99994659
d)POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT) e)MAKE & MODEL: Hyunda: Avante f)TYPE: (SALOON) COUPE / MPV /V AN / LORRY / MOTORCYCLE / OTHERS) g)VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE) h)PURPOSE OF USING AT ACCIDENT TIME: I) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES)NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM (REPORTING ONLY) 2. INSURED / POLICY HOLDER A) NAME: Maric Marketing PHE L+d (MALE / FEMALE) b) NRIC/FIN/PASSPORT: 201627000 CONTACT: 645 > 4300 c) ADDRESS:
*CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER The of passengs, DRIVER (Including driver) a)NAME: Chew Hak kwang (MALEY FEMALE) b)NRIC/FIN/PASSPORT: 5/164186E CONTACT: 1692 S1 c)ADDRESS: BIK 933 JUNING West street 91 #04-377
S (640933) *d)DATE OF BIRTH: (18 / 02 / 1936)(DD/MM/YYYY) e)OCCUPATION: (INDOOR KOUTDOOR) f)YEARS OF DRIVING EXPRERIENCE: 40 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: HIRER 5. a) WEATHER CONDITION: (CLEAR) RAINING / OTHERS b) ROAD SURFACE: (DRY) WET / OTHERS 6. WAS ANYBODY INJURED (YES / NO) 7. a) REPORTED TO POLICE (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION:
8. THIRD PARTY VEHICLE Sho of passenger of VEHICLE NUMBER: SMD 5859 G MODEL: Toyota Altis. (Including driver) b) DRIVER'S NAME: (Including driver) b) DRIVER'S NAME: (Including driver) c) NRIC/FIN/PASSPORT: (Including driver) contact: 90177851
9. THIRD PARTY VEHICLE 4 Ho of passinger of DRIVER'S NAME: (Including doing of DRIVER'S NAME:
() NRIC/FIN/PASSPORT:CONTACT:
LKK 1240 Ubi Industrial Park 2 PMAIL = REPORTINGO TOPQUES.com 101-25.51Ubi Ave 1 Pax = 6452 4584
01 415 923)









M.Z.400



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)

COMMERCIAL MOTOR

THIRD PARTY CERTIFICATE NO. POLICY NO.

SJR1253S

999994659

(The below excess is subject to GST) S\$1000.00 (Sect II)

POLICY EXCESS WINDSCREEN EXCESS

SUM INSURED INSURING WITH COE/PARE NA

13 June 2018

24 April 2019

NA

SJR1253S

MARIC MARKETING PTE LTD

1) VEHICLE REGISTRATION NO.

2) NAME OF INSURED

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

4) DATE OF EXPIRY OF INSURANCE

5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE"

Any person who is driving on the Insured's order or with their permission. 5\$1,000.00 Section II Excess is applicable for driver who is above 22 years old and/or with minimum 2 years driving experience,

\$52,000.00 Section II Excess is applicable for drivers who is 21 years old with minimum 1 year driving experience.

The policy does not cover drivers who are below 21 years old or less than 1 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
- 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 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.

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.

17 We hereby Certify that the policy to which this Certificate relates is issued in secondance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Ross Transport Act, 1987 (Malaysia).

Issued in Singapore 13 Jun 2018

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

AIG Asia Pacific Insurance Pte. Ltd.

AUTHORISED REPRESENTATIVE

SSPOEC

ORIGINAL

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.
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	ACCIDENT STATEMENT
Date Of Report	26/12/2018 12:36
Date Of Accident	25/12/2018 16:00
Exact Location Of Accident	JLN TOA PAYOH & BENDEMEER RD JUNC TWDS PIE
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJR1253S
Insured/Policyholder	
Name Of Registered Owner	MARIC MARKETING PTE LTD
Co Reg No	201620700D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-64524300
Vehicle Particulars	
Manufacturer	HYUNDAI
Model	AVANTE
Exact Purpose for which vehicle was being used a ime of accident	t WORK
Are you claiming under your own insurance policy for repair to your vehicle?	NO
f No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	999994659
Cover Note Number	
Driver	
Name of Driver	CHEW HAK KWANG
NRIC No	S1164186E
Date Of Birth	18/02/1956
Occupation	OUTDOOR
Date Of Driving Pass	17/11/1978
Driving Experience	40 YEARS AND 1 MONTH
Gender	MALE

(LOCAL) +65-96925181

NOEMAIL