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| TP Insurer: | | | Owner/Wksp | | |
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| TP Particulars: Veh No: MF | 1274 | INC (|)/Non-INC(|). | |
| Owner / Driver: (| 10101 | | Tel: | • |) |
| Policy No: () Period | 1: (|) | Cover Type: (| |) |
| Confirmed by : (| | Date: | Timer | |) |
| Insured/Driver Liability: (%) [Not | ic-Est. Status (W | O): N; 0-20 | %; P: 21-79%. | P: 80-100% | |
| Your of Registration: () Was | rranty: YES (|)/NO(|) | | |
| Excess: (\$) Londing: \$1,000 | ()/\$2,000(|) | | | |
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| () Walk-In Customer's Information | ation strictly Con | idential & Str | ictly NO refer of r | epalrer. | Maria Maria |
| () Total Loss Case : to e-mail Insurer (| IRGENTLY. | • | , "- · .; | | |
| Drive-In ()/ Towed-In (); Invoice: Y | 'ES()/N | O();To | wing Co: (· | 4 | |
| Rammalo averida en la malla de la compacta de la co | | | | ne say an | Lylloneby · - |
| 1) Apply for Transport Allowance ()/Cour | rtesy Car () | | | | 5 55 SHIW - 15 50 |
| 2) QC Check / Post Repair Inspection | (·) | | | | |
| 3) Upload Resurvey Photo [Repair Cost>\$300 | 0] () | | 100 | | |
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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.
- 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.
- 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.

| atoresaid. | | | | |
|--|---------------------------------------|--|--|--|
| in a strict of the latest in the | ACCIDENT STATEMENT | | | |
| Date Of Report | 09/01/2019 16:37 | | | |
| Date Of Accident | 08/01/2019 19:20 | | | |
| Exact Location Of Accident | CTE EXIT TO BRADDELL ROAD (SLIP ROAD) | | | |
| Country/State of Loss | SINGAPORE | | | |
| The NA THE PROPERTY OF THE PARTY. | DETAILS OF OWN VEHICLE | | | |
| Vehicle Registration Number | SLM6742S | | | |
| Insured/Policyholder | | | | |
| Name Of Registered Owner | DANDELION ED PTE LTD | | | |
| Co Reg No | 201314301M | | | |
| Email Address | JOHANANLIM@GMAIL.COM | | | |
| Mobile Phone No | (LOCAL) +65-83688639 | | | |
| Alternative Phone No | OFFICE-67023360 | | | |
| Vehicle Particulars | | | | |
| Manufacturer | HONDA | | | |
| Model | VEZEL | | | |
| Exact Purpose for which vehicle was being used at time of accident | † PRIVATE USE | | | |
| 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 | 999994436/100856432-00000 | | | |
| Cover Note Number | | | | |
| Driver | | | | |
| Name of Driver | JAHANAN LIM WEI EN | | | |
| NRIC No | S9312694G | | | |
| Date Of Birth | 16/04/1993 | | | |
| Occupation | OUTDOOR | | | |
| Date Of Driving Pass | 29/03/2018 | | | |
| Driving Experience | 0 YEAR AND 9 MONTH | | | |
| Gender | MALE | | | |
| Mobile Number | (LOCAL) +65-83688639 | | | |
| Fax Number | | | | |
| Contact Number | OFFICE-67023360 | | | |
| | | | | |

JOHANANLIM@GMAIL.COM

Address

BLK 13 LORONG 7 TOA PAYOH

#09-525

Postcode

310013

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

RAINING

Road Surface

WET

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

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

SMF1378T

Vehicle Make/Model/Colour

VOLKSWAGEN TOURAN

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

XIE YU FENG

NRIC/Passport Number

S8120914F

Contact Number

93837767

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

VALA: SLW 6742 S

WhB: SMF 1378T

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 truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- 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.

" I AM AWARED THAT MY INSURER MAY HAVE A 14 DAYS TIMEFRAME FOR ME TO SUBMIT AN OWN DAMAGE CLAIM UNDER MY OWN POLICY I WILL CHECK MY POLICY FOR MORE DETAILS

DANDELION ED PTE LTD ROC: 201314301M

Policyholder's Signature Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time: 09/01/2019 10.52am

Reporting Centre Personnel's Signature

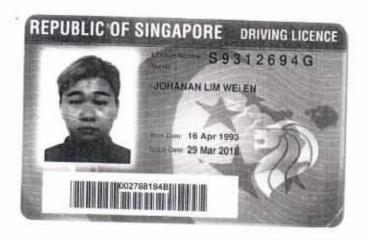
Name:

NRIC/FIN No.:

SKETCH PLAN Veh A: SLM 67425 Veh B: Sm+ 13787 Braddle Rd 1 (TE DESCRIBE CIRCUMSTANCES OF THE ACCIDENT While travelling hom CTE towards Bradella kd followed and However make Stop and (ould not hit Stop ivi fime and omto his portion YEAR DECLARATION I/We declare the foregoing particulars are true in every respect. DANDELION ED PTE LTD ROC: 201314301M Policyholder's Signature Reporting Centre Personnel's Signature Driver's Signature Date & Time: (If driver is not the policyholder) Date & Time: 09/01/2019 10: 52am NRIC/FIN No.:

Accord Auto Services Pte Ltd

Tel: 6271 7433 / 9274 0999 Fax: 6274 5715 Email: avclaims@mycarworkshop.com Particular Of Insured/Driver & Details Of The Accident Motor Accident Report *Date of Accident: 08/01/2019 *Time of Accident: 7,19 pm *Accident Location: CIE Exit To Braddle Vehicle Details *Vehicle Number: SLM 6742 S _ * Make & Model: Hondon Insured / Policyholder *Owner Name: Dandelien ED P/L *NRIC: 2013 14361 W. *Address: *Email: No email * HP: *Occupation: (Indoor / Outdoor) * Tel /H /Other: Mice : 6702 3360 Driver () same as above Lim Wei En/ *NRIC: S93126949. *Driver Name: _Johanan *Address: *Date of Birth: 16/04/1993 - *Driving Pass Date: 29/03/2018 / *HP: 8368863 c/ *Email: Johananim@amail.com *Occupation: Sales (Indoor/Outdoor) * Tel /H /Other: *Driver an employee: Yes / No (*If no, what is relationship with the policyholder :____ Passengers Details (Male/Female) * P/Name: ______(Male/Female) * P/Name: _____ * P/Name: (Male/Female) * P/Name: (Male/Female) Insurance Company *Coverage: C / TPFT / TPO * Policy No: _____ Detail of other vehicle / Property 1 Detail of other vehicle / Property 2 Vehicle No.: SMF 1378 T Vehicle No.: Make & Model: Volkswasen - Tourun Make & Model: Vehicle Category: Vehicle Category: __ Name of Driver: Xie Vurena Name of Driver: :58 120914F NRIC NRIC : 9383 7767 No. of Passengers (Including Driver): No. of Passengers (Including Driver):_____ For Official Use Only *Claiming against Own Ins.: Yes No (If No, Reporting Only / TP Claims) General Information of the accident *Type of accident: Head-Rear / Side swipe / others: *Weather conditions: Clear / Raining / others: *Any video cam: Yes / No *Road Surface: Dry / Wet / others: *Witness: Yes / No (Name: NRIC: HP: *Accident reported to police: Yes //No *Summon against whom: *Injured party: Yes No *No. of passengers (include driver): -I/Name: *Fasten seat belt: Yes / No *Conveyed by Ambulance: Yes / No -I/Name: *Fasten seat belt: Yes / No *Conveyed by Ambulance: Yes / No



REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$9312694G





JOHANAN LIM WEI EN

恩

CHINESE 16-04-1993 M

HIV2196945

Country of birth SINGAPORE

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

EFFECTIVE DATE

Motor cars with unladen weight =< 3000kg with =< 7 29 Mar 2018 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg

NP 428A

Licence No:S83126940

NEIC No. S9312694G

30-11-2010

APT BLK 13 LORONG 7 TO A PAYOH #09-525 SINGAPORE 310013

NRIC No. \$9312694G

Date: 20/06/2016



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)

M.Z.400

COMPREHENSIVE COMMERCIAL MOTOR

OWN DAMAGE EXCESS WINDSCREEN EXCESS \$\$1,500.00 (1811)

CERTIFICATE NO. 999994436/100856432-00000

(for policies with effect from 1st November 2002)

S\$100.00

SUM INSURED S\$1.00 INSURING WITH COE/PARF

YES

1) VEHICLE REGISTRATION NO.

SLM67425

2) NAME OF INSURED

Dandelion ED Pte Ltd

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

14 Sep 2018

4) DATE OF EXPIRY OF INSURANCE

13 Sep 2019

5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE

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

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 the carriage of passengers or goods in connection with the insured's business. Use for social, domestic, pleasure purposes and business purposes of any person whom the vehicle is hired. The Policy does not cover

1) Use for 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.

-2) Use for the carriage of passengers for hire or reward by any person to whom the vehicle is hired-

LOSS OF USE NOT INCLUDED

* NAMED DRIVER

HIRE PURCHASE COMPANY SWEE SENG CREDIT PTE LTD

* 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.

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 At Singapore 27 Sep 2018

AIG ASIA PACIFIC INSURANCE PTE. LTD.

000064-000 DIRECT CLIENTS 01,4,95 AIG BUILDING 78 SHENTON WAY #07-16 SINGAPORE 079120

Authorised Representative

ORIGINAL

SSPYTP