NATIONAL Asses	ssment Centre	Services :	. 12.0.04!	P & 1			rate unacco	
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	2019 09:00	i-Motor Claim I		1				
	# //	i-Motor W/O (W	ithin: OD 2hrs.	7'P 4hrs)				
OD (TP) Reporting C	Only	i-Photo Uploade	:d			_		
		Assessment/Surve	y Report	i				
TP Insurer:		Ass't Report by E	ax / Hand t	0 Owner	Wksp			
Preferred Wksp / INC Ass	lgn Wksp / QW: (			Tol:		Fax:		
TP Particulars:	Veli No: Sa	JW6979)	/ INC(		n-INC (	)		
Owner / Driver: (				Tel:		-	<del></del>	
Policy No: (	) Perio		)	Cover	Type: (			
Confirmed by :			Date:	00/4 P1	Tline:	80-100%]		
Insured/Driver Liabilit Year of Registration: (		ote-Est Status (WC arranty: YES (		)	21-1770. 1.	20 10010	V cappotessari	
Pycess: (S	Loading: \$1.000	0()/\$2,000(	)	-			-	
General Remarks;-	11.22.4.4.826.14	TO THE PROPERTY OF THE PARTY OF	64	名的数	entra.			
( ) Walk-In Custon	ar : Customer's Inform	nation strictly Confid	dential & St	rictly NC	refer of repa	irer.		
	: to e-mail Insurer							
Drive-In ( ) / Towe	d-In ( ); Invoice:	YES ( ) / NO	( );7	Cowing (	THE RESERVE AND PERSONS NAMED IN			)
Remarks: W. (180 h	office 6788 6616)		2 19	Dalex	Time Comple	296	Done	у
1) Apply for Transport		ourtesy Car ( )						
2) QC Check / Post Rep		( )				_		200
3) Upload Resurvey Pho	oto [Repair Cost > \$30	000] ( )			<u> </u>			
Injury:							- 4	,
Date/Time Actions	489. ABOT CV. 699	The state of	142721		NAME OF THE PARTY		·	
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	NA 1900	CONTRACTOR OF CHACACO	1) AR : Aocide	nt Reportin	g (530);		Latte.Bill	
Claimant's Particulars		DOUBLE TO THE PARTY OF THE PART	2) DA : Dama; 3) TF : Towing	e Assessm	ent (\$100);	INC (\$30)		
Driver/Owner:		Г	4) FT . Follow	Through S	urvey	\$120		
Contact No:	065 65		For claimin	g against It	CONY (Wef 10	Jen 2005)		
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Damaged Fortion.		**	8) NTUC Add	itional Serv	ioos:-	No.		
QC Checked by (Engr	-In-Charge):		*N5: Court	osy Cor / Tr	Allowande	\$5 \$10		
- Charles Martine	3 1 1 3 3 5 3 5 3 5 5 5 5 5 5 5 5 5 5 5	CONTRACTOR STAN	N7. Post I	Cenalr Inspe	ction csi Coordination	525		
Auditors! Comments	E grad vide bedario	Property and	TP (NII):	TP (Non It	C) against INC	\$20		.,
2at.1:		1.	9) N12: Idno	Mobile		Charged		17.007
Dat. 2 / 3:	400 SS7440 ST 11 11 10 10 10 10 10 10 10 10 10 10 10		Involve dated		Fue	Charged	:16.5	

#### 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.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as <u>truthful and accurate</u> 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.
- 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	18/01/2019 16:53
Date Of Accident	18/01/2019 09:00
Exact Location Of Accident	EXIT CARPARK OF BLK 588D ANG MO KIO ST 52
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLV3174D
Insured/Policyholder	
Name Of Registered Owner	BIS MOTORING PTE LTD
Co Reg No	201735055D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90927253
Alternative Phone No	OFFICE-90927253
Vehicle Particulars	
Manufacturer	KIA
Model	CARENS 1.7 DCT DIESEL 5DR FWD
Exact Purpose for which vehicle was being used al 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	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	999994322
Cover Note Number	
Driver	
Name of Driver	LOW KUAN SIONG, FREDERICK
NRIC No	S8209104A
Date Of Birth	15/03/1982
Occupation	OUTDOOR
Date Of Driving Pass	12/09/2005
Driving Experience	13 YEARS AND 4 MONTHS
Gender	MALE

(LOCAL) +65-90927253

OTHERS-90927253

NOEMAIL

Address BLK 469A SENGKANG WEST WAY

#22-600

Postcode 791469

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 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

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

SJW6979Y

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

- 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 <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.
- 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:
  - (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.

Date & Time:

Policyholder's Signature Date & Time:

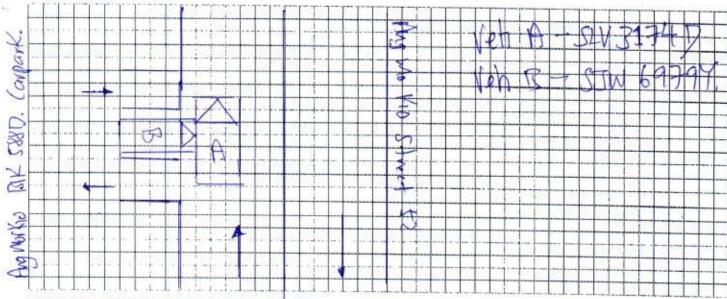
Driver's Signature (If driver is not the policyholder)

NRIC/FIN No.:

Reporting Centre Personnel's Signature

1

SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date and time, I veh A was travelling strangelt
along Ang mo Kio street 52. As I was appraching the road
of 1 , corpork BIK SHOD Ang Mo Kiu St 52, 1 was hotted by
- Veh B who was exiting the mentioned carpork. My left
Just and back passinger door was damaged in the accident.
Or The shall passenger soon was sumuged in the account.

### 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.:

## RENTAL AGREEMENT

(This shall form part of the Rental Documents referred in the terms and conditions)

The	Rental Agreement is made on	(Day) 08 (Month) 2018 (Year)	
Betw	veen		
1,	BIS Motoring Pte. Ltd. (UEN No. address at 20 Bendemeer Road #03-as "the Owner") and	201735055D), a company incorporate 13/14 BS Bendemeer Centre Singapor	ed in Singapore, registered e 339914 (herein referred to
2.	residing at blk 469 A Sengta the person and/or company signing whose particulars are recorded in the	the Lease and Own Documents (herei	gapore 791469
3.	GIS Motoring Pte. Ltd. (UEN No. address at 60 Jalan Lam Huat #05-13	201803437N), a company incorporate Carros Centre 737869 (herein referred	ed in Singapore, registered to as "GIS")
(colle	ectively, known as "parties")		
Whe	re as		
1.	BIS Motoring Pte. Ltd. is a leasing con	npany incorporated in Singapore.	
2.	BIS Motoring Pte. Ltd. has engaged G details stated in Vehicle Details below	GIS Motoring Pte Ltd to manage the Vel (the "Vehicle).	nicle No. SLV3/74D
3.	Motoring Pte. Ltd. GIS would act on b	opointed authorised vehicles managem behalf of BIS Motoring Pte Ltd to mana- rectly on all matters relating to the Vehic	ge all matters relating to the
4.	The Hirer shall acknowledge and fully Documents throughout the term of the	understand the Terms and Conditions v léase period ("Lease Period").	which form part of the Rental
5.	All parties accept the terms and condit	ions set out below by signing this Renta	I Agreement.
It is a	greed between the parties as below :		
A.	Vehicle Details ("Vehicle")		
Vehic	de No.	SLY3174D	
Vehic	cle Make / Model	kia cavens sx 1.7	
Vehic	de Colour :	Led	
В.	Lease Period		
	of Handover 16/8/18, 3.45PM	17/8/18	
	mencement of the Lease Period) :	The second secon	
	n to Renew	6 months	year(s)
- 5		*	year(s)

Hirer's signature:

# ACCIDENT STATEMENT

w <sup>lit</sup> er	ACCIDENT DATE: 18 101 12019 1(DD/MM/YYYY), TIME: 09 .00 1(HH:MM)
	LOCATION: FX7+ P Camark of Aug Mo K10 St 52 (5880 BIK
9	1. DETAILS OF VEHICLE
	CIVEHICLE CLU D. D. D. L.
	DINSUBANCE NUMBER: SLV 31740
	DINSURANCE COMPANY: ALG
	CIPOLICY NUMBER: 999994322
	DIPOLICY TYPE: (COMPREHENSIVE / THIPD BARTY / THIPD
	DIMAKE & MODEL: KA CARBH
60	F)TYPE: (SALOON / COUPE / MPV /V AN / LORRY / MOTORCYCLE (OTHERS)
	GIVEHICLE CATEGORY: (PRIVATE / CONTRY / MOTORCYCLE (OTHERS)
	DIPURPOSE OF USING AT A THE COMMERCIAL MOTORCYCLE
	IF NO, PLEASE STATE (THIRD PARTY CLASS IN THE THIRD PARTY CLASS IN THE
	IF NO, PLEASE STATE (THIRD PARTY CLAIM) REPORTING ONLY)  2. INSURED / POLICY HOLDER
	AINAME: BIS MUTURING P. 12
	DINRIC/FIN/PASSPORT: 2017350550 CONTACT:
96 St	C/ADDRESS:CONTACT:
84.11. 0	* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER
Ano of bass	
Cinduding of	. A GINAME. LING KUNG COLLEGE
(0)	DINKIC/FIN/PASSPORT. (2)
رو	CIADDRESS: 131K 469A SENEVANO WEST 9092 7253
	6 (301/1/10) ALD MILES (WILL ST) -6000
	ODATE OF BIRTH: 1/5 102 11212
	TI LANS OF DRIVING EVEDEDIC IO-
	4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES (NO)
	IF NO, RELATIONSHIP OF THE INSURED'S COMPANY? (YES (NO)
	IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Private Flire
	5. GIWEATHER CONDITION: (CLEAR / RAINING / OTHERS
	b) ROAD SURFACE: (DRY / WET) OTHERS
	6. WAS ANYBODY INJURED (YES / NO)
	7. a) REPORTED TO POLICE (YES (NO)
	TEASE STATE WHICH POLICE STATION!
the of passings	- ALLI VERICLE
Charles 1:	b) DRIVER'S NAME: STW 6979 MODEL:
Clinduding drive	b) DRIVER'S NAME: MODEL:
(01)	9. THIRD PARTY VEHICLECONTACT:
4	
the of passing	d) VEHICLE NUMBER:
Induding din	e) DRIVER'S NAME:MODEL:
and and and	f) NRIC/FIN/PASSPORT
	CONTACT:
!	

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Xinhuaworkship @gnail Com





LOW KUAN SIONG, FREDERICK

15-03-1982 Country of birth SINGAPORE

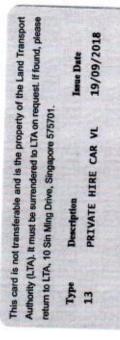
CHINESE Date of birth





NP 428A

4734815







### 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

POLICY NO.

CERTIFICATE NO.

COMMERCIAL MOTOR

SLV3174D 999994322 POLICY EXCESS

WINDSCREEN EXCESS

S\$1500.00 (Sect I & Sect II)

(The below excess is subject to GST)

SUM INSURED

26 December 2018

25 December 2019

Market Value

S\$100.00

YES

INSURING WITH COE/PARF

SLV3174D

BIS MOTORING PTE LTD

2) NAME OF INSURED

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

4) DATE OF EXPIRY OF INSURANCE

1) VEHICLE REGISTRATION NO.

5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE\*

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

Authorised driver must be between age 23 to 65 with at least 2 years driving experience.

Accident repair can be carried out at Munich Auto Care in the condition that all repairs have to be surveyed, appointed by AIG surveyors before proceeding with repair.

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\*

- 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.

LOSS OF USE

Not Included

HIRE PURCHASE COMPANY

MAYBANK SINGAPORE LIMITED

\*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 19 Dec 2018

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

AIG Asia Pacific Insurance Pte. Ltd.

AUTHORISED REPRESENTATIVE

SSPORC

ORIGINAL