1 . per et 1 . 200 NATIONAL Assessment Centre Services. Met 130091. MMA 119009202 Done by Date &Time Completed Jeb description Date In: 19/1/19 15126 SAS c-filing NA [ALG 1900 1235 1 44 Ref No: E-mail (within Shrs, AIC 2hrs) Vch No: SJT 6991B I-Motor Claim Form 1811/19 07:10. D.O.A I-Motor W/O (Within: OD 2hrs, TP 4brs) OD / D! Reporting Only I-Photo Uploaded Assessment/Survey Report TP Insurer: Ass't Report by Fax / Hand to Owner/Wksp Fax: Tol: Proformed Wksp / INC Assign Wksp / QW: ()/Non-INC (INC (Vch No: SFN 77760. TP Particulars:) Tcl: Owner / Driver: () Cover Type: (Period: (Policy No: (Time: Date: Confirmed by : (%) [Note-Est. Status (WO): N: 0-20%; P: 21-79%. P: 80-100%] Insured/Driver Liability: ()/NO(Warranty: YES (Year of Registration: (Loading: \$1,000 ()/\$2,000 (Excess: (\$ General Remarkant & The) Walk-In Customer's Information strictly Confidential & Strictly NO refer of repairer.) Total Loss Case : to e-mail Insurer URGENTLY.) ; Towing Co: () / NO (); Invoice: YES ()/Towed-In (Drive-In (Remarks:- 4 (INC hothmes:0798[6616])) / Courtesy Car (1) Apply for Transfort Allowance () .) 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000] Injury : Date/Lime / Actions ((1)) A AML(1) Michigan Landbin MA1900565 1) AR : Accident Reporting (530); NC (\$30) Chimant's Particulars is 2) DA : Damege Assessment (\$100) \$40/\$43 3) TF : Towing Fee \$120 Driver/Owner: 4) FT : Follow-Through Survey 5) PT : Follow-Through Survey (Resurvey) Por claiming against INC Only (wef 10 Jan 2005) Contact No: 6) TR : Re-Inspection \$160 7) NI : Idan DA + SMRT Survey Damaged Portion: 8) NTUC Additional Services:-\$3 *NS: Courtery Car / Tpt Allowance OC Checked by (Engr-In-Charge): 510 • N6: Repair Co-ordination \$25 *N7; Post Repair Inspection 33 *NR: DV / Collect Excess Coordination Auditors Comments 520 TP (N11): TP (Non INC) against INC 9) N12: Idao Mobile Fee Charged Involce dated

Invoice dated

191 2/3;

MARKET N

Fee Charged

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.

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 of coveraged.
- aforesaid.

	ACCIDENT STATEMENT
Date Of Report	19/01/2019 15:26
Date Of Accident	18/01/2019 07:10
Exact Location Of Accident	TPE TWDS CHANGI AIRPORT
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SJT6991B
Insured/Policyholder	
Name Of Registered Owner	MARIC CAR RENTAL PTE LTD
Co Reg No	
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-84183970
Vehicle Particulars	
Manufacturer	KIA
Model	CARENS
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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	999994465
Cover Note Number	
Driver	
Name of Driver	HOH YEE HON (HE YIHAN)
NRIC No	S7913324H
Date Of Birth	23/05/1979
Occupation	INDOOR
Date Of Driving Pass	07/12/2001
Driving Experience	17 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-84183970
Fax Number	
Contact Number	
EMail Address	NOEMAIL

17 FERNVALE LANE #18-19 Address

Postcode 797498

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 CHAIN COLLISION

Weather Conditions RAINING WET Road Surface

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

NO Was any body injured in the Accident?

3

NO

NO

NO

Was any injured conveyed to hospital by

ambulance?

YES Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver) 1

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? NO NO

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

SFN7776D

Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SGE7020L

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

PRIVATE CAR

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> 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.
- 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)

Lunderstand, 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.

Maric Car Rental Pte Ltd

Co. Reg. No.: 201620648G 9 Tagore Lane #03-04 Singapore 787472

Policyholder's Signature Date & Time: Dan

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

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

At TBE Expressival
(Tomards Changi)

Venicle A: CJT 69918 Venicle B: SFN 77760 Venicle C: SGE 7020L

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the Stated clate a time, 1, venicle A (SIT 69918), was traveling
straight in my lane. As the traffic was spor, I was stationery at that
point if time. Suddenly, I felt an impact coming from my rext
portion, causing me to proper forward to collide into vehicle C (SCE
to201). When I went down to analyse my damages, I realized the
vehicle B (SFN 7776 D) did not managed to brake in time, colliding into
my repide. I would rike to state that this is a 3 car chain
collision.

DECLARATION Rental Pte Ltd

I/We declared be thought to be a set true in every respect.

9 Tagore Lane #03-04 Singapore 787472

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Front

Reporting Centre Personnel's Signature Name:

varne.

NRIC/FIN No.:

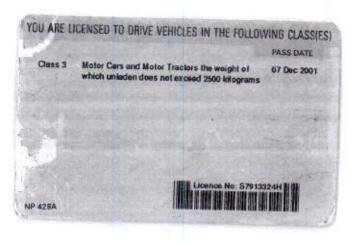
Policyholder's Signature Date & Time:

ACCIDENT STATEMENT

ACCIDENT DATE: (18 / 01) (DD/MM/YYYY), TIME: (57 : 10) (HH:MM)
LOCATION: TPE (Towards Change Airport)
1. DETAILS OF VEHICLE a) VEHICLE NUMBER: SJ76918 b) INSURANCE COMPANY: A19 c) POLICY NUMBER: 999994465 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT) e) MAKE & MODEL: KIA CARENS f) TYPE: (S (LOON) COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS) g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAD / 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 CAR RENTAL PIE LTD (MALE / FEMALE) b) NRIC/FIN/PASSPORT: 7016706486 CONTACT:
CIADDRESS: 9 Tagore Lane #03-04 5 (787477)
*CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER O)NAME: HOH YEE HON (MALE / FEMALE) D)NRIC/FIN/PASSPORT: S7913324 CONTACT: 8418 3970 C)ADDRESS: 17 Fevryale Lane #18-19 S(797498)
*d) DATE OF BIRTH: (23 / 05 / 1979)(DD/MM/YYYY)
DICCUPATION: (INDOOR) OUTDOOR) ## DICCUPATION: (INDOOR) OUTDOOR) ## DICCUPATION: (INDOOR) OUTDOOR) ## DICCUPATION: (INDOOR) OUTDOOR) ## DICCUPATION: (YES / NO)
b)ROAD SURFACE: (DRY / WED) 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 A No of passenger o) VEHICLE NUMBER: SEN 7776 D (B) MODEL:
(Induding driver) b) DRIVER'S NAME:
(02) C) NRIC/FIN/PASSPORT:CONTACT:
HO of passenger of VEHICLE NUMBER: SAE 70201 (C) MODEL:
(Induding driver) NRIC/FIN/PASSPORT:CONTACT:
(02)
184
TOPQUES.com Same a la induction park 2 Charles REFORTINGO TOPQUES.com Gaz = 6452 4584
\$ 1.1 - 75 - 5 COC - 1 COC
s (408 933)









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)

(The below excess is subject to GST)

THIRD PARTY FIRE & THEFT

CERTIFICATE NO.

POLICY NO.

COMMERCIAL MOTOR

SJT6991B 999994465

POLICY EXCESS

S\$1000.00 (Sect II)

WINDSCREEN EXCESS

NA

SUM INSURED

NA

INSURING WITH COE/PARF NA

SJT6991B

MARIC CAR RENTAL 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

26 October 2018 24 April 2019

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.

\$\$2,000.00 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*

- 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

TAI THONG LEE TRADING 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.

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 26 Oct 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