

NATIONAL Assessment Centre Services. [ver 1 Jan 05] MMA 119009636.

Date In: 21/1/19 13:28	Job description	Date & Time Completed	Done by
Ref No: NA/AG19001272164	SAS e-filing		
Veh No: SMA 7294M	E-mail (within 3hrs, AIG 2hrs)		
D.O.A: 20/1/19 14:40	I-Motor Claim Form		
OD <u>TP</u> Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: ( ) Tel: ( ) Fax: ( )

TP Particulars: Veh No: SHB 8437R. INC ( ) / Non-INC ( )

Owner / Driver: ( ) Tel: ( )

Policy No: ( ) Period: ( ) Cover Type: ( )

Confirmed by: ( ) Date: ( ) Time: ( )

Insured/Driver Liability: ( ) % [Note-Est. Status (WO): N: 0-20%; P: 21-79%. P: 80-100%]

Year of Registration: ( ) Warranty: YES ( ) / NO ( )

Excess: (\$) Loading: \$1,000 ( ) / \$2,000 ( )

General Remarks:

( ) Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer.

( ) Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In ( ) / Towed-In ( ); Invoice: YES ( ) / NO ( ); Towing Co: ( )

Remarks	Date/Time	Done by
1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )		

Injury: \_\_\_\_\_

Date/Time	Actions

Claimant's Particulars	Invoice/Repairation Charge	Amnt (\$)	Amnt (\$)
Driver/Owner:	1) AR: Accident Reporting (\$30);	30.00	
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TP: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors' Comments:	5) PT: Follow-Through Survey (Resurvey) \$30		
Ref. 1:	For claiming against INC Only (wef 10 Jan 2005)		
Ref. 2/3:	6) TR: Re-inspection \$75		
	7) NI: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD:		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idao Mobile \$0		
	Invoice dated	Fee Charged	
	Invoice dated	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 willful misrepresentation or withholding 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.

ACCIDENT STATEMENT	
Date Of Report	21/01/2019 13:28
Date Of Accident	20/01/2019 14:40
Exact Location Of Accident	PIE TWDS CHANGI B4 STEVEN RD EXIT
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SMA7294M
Insured/Policyholder	
Name Of Registered Owner	TWINCAR LEASING PTE LTD
Co Reg No	201533046C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-83802233
Vehicle Particulars	
Manufacturer	HONDA
Model	SHUTTLE
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	999994387
Cover Note Number	-
Driver	
Name of Driver	SAU JIH WOEI
NRIC No	S1356058G
Date Of Birth	01/02/1959
Occupation	OUTDOOR
Date Of Driving Pass	31/01/1989
Driving Experience	29 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90028560
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 372 JURONG EAST ST 32 #03-388
Postcode	600372
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?	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?	
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)	2
Passenger 1	NAME: : UNKNOWN GENDER: : FEMALE

**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 ATTACHED STATEMENT.

**Attachment(s)**

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH DRIVER
Was there any audio recorded?	NO

**DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number	SHB8437R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
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.
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 withholding 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. 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.



Policyholder's Signature  
Date & Time:



Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

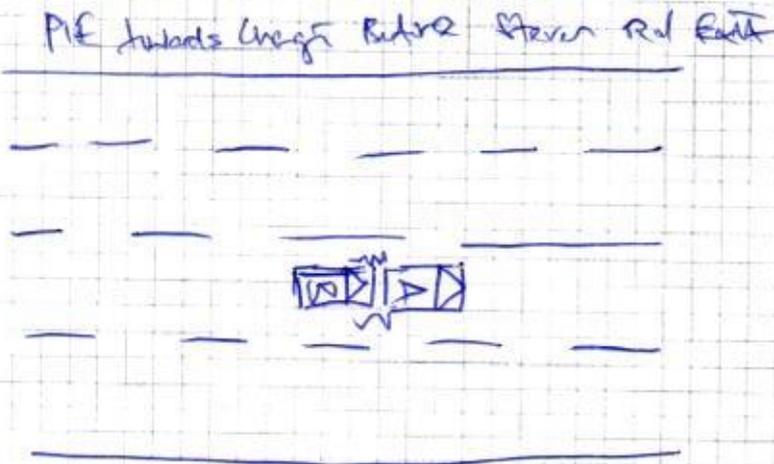


Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

**SKETCH PLAN**

A - SMA 7294M

B - GIB 8457R

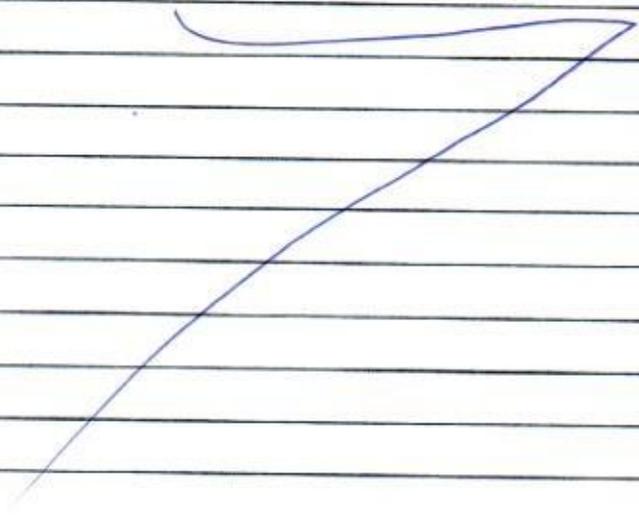


**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

I was driving along PIE towards Cheng Batah Street Rd Exit on the 2nd right lane of a 4-lanes, expressway. Vehicle ahead of me slowed down and stopped. As such, I applied brake and stopped accordingly. Out of the sudden, van (B) came from the rear and collided directly into the rear portion of my vehicle.

A - SMA 7294M

B - GIB 8457R



**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.:

<b>Vehicle No.</b>	SMA 8294 M	Model / Make	Honda Shuttle
Date of Accident	20/1/19		
Time of Accident	2.40pm	HRS	
Location of Accident	PE Junctions Change Before Station Rd Gudu		
Exact purpose use during accident	As hired use		
<b>Name of Owner</b>	Twiner Leasing Pte Ltd		
Telephone No.	H/P: 92802333	Home:	Office:
NRIC	201533046C		
Address	2, Kaku Bukit Ave 2, #01-17, SCAFFOLD		
Claim type	OD	(THIRD PARTY)	REPORTING ONLY
Insurance Company	AIG		
Type of Coverage	(Comprehensive)	Third Party	Third Party / Fire / Theft
Policy No.	999994387		
<b>Name of Driver</b>	As Above If No, <u>Sau Jih Wei</u>		
NRIC	S1356058G	Any Passengers:	01 (Female)
Date of birth	01/21/1959		
Occupation	(Outdoor)	/	Indoor
Driving License Pass Date	21/1/1989		
Gender	(Male)	/	Female
Contact No.	H/P: 90028560	Home:	Office:
Address	BKITR, JUNG EAST ST 32, #03-388, S(6W372)		
Driver have any own vehicle	(No)	If yes, Reg No.	
Relationship	Employee,	If no, state	hired
Weather condition	(Clear)	Raining	Other
Road Surface	(Dry)	Wet	Other
Any Injuries	(No)	If Yes, Who?	
Name And Contact No.			
Name And Contact No.			
Police Report	No,	If Yes, Where?	
<b>Vehicle B No.</b>	SMB 8437R	Any Passengers:	unknown
Name of Driver	-	Contact No.:	92238658
<b>Vehicle C No.</b>		Any Passengers:	
<b>Vehicle D No.</b>		Any Passengers:	
<b>Vehicle E no.</b>		Any Passengers:	
<b>Vehicle F No.</b>		Any Passengers:	
<b>Vehicle G No.</b>		Any Passengers:	
Witness Name		Witness Contact:	
<b>Accident Portion</b>	Rear Portion		
Camera Recorder	(Yes / No)		
Email Address			
<b>PARTICULAR WORKSHOP</b>	NSI		
<b>CONTACT NO.</b>	6842 0051 / 6744 0510		
<b>CONTACT PERSON</b>	HONG		
<b>FAX NO</b>	6741 0510		
<b>WORKSHOP EMAIL ADDRESS</b>	sales@nsi.com.sg		

Driver

**REPUBLIC OF SINGAPORE DRIVING LICENCE**



Licence Number: **S1356058G**  
 Name: **SAU JIH WOEI**

Birth Date: **01 Feb 1959**  
 Issue Date: **17 Dec 2002**

000039131A

**REPUBLIC OF SINGAPORE**  
 IDENTITY CARD NO. **S1356058G**



Name: **SAU JIH WOEI**  
 邵志伟  
 Race: **CHINESE**  
 Date of Birth: **01-02-1959**  
 Country of Birth: **SINGAPORE**

Sex: **M**

**Land Transport Authority**



**VOCATIONAL LICENCE**

Licence No: **S1356058G**  
 Name: **SAU JIH WOEI**  
 Issue Date: **26/9/2005**

Please visit [www.lta.gov.sg](http://www.lta.gov.sg) to check the status of this vocational licence

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

Class	Description	PASS DATE
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	31 Jan 1989

Licence No: **S1356058G**

NP 428A

0870080



NRIC No: **S1356058G**



Blood Group: **A+** Date of Issue: **03-04-1993**

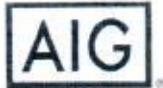
APT BLK 372 JURONG EAST STREET 32 #03-388  
 SINGAPORE 600372

NRIC No: **S1356058G** Date: **03/10/2014**

This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to the LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type	Description	Issue Date
02	TAXI VL	13/10/1992





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)

MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

M.Z.400

		(The below excess is subject to GST)	
<b>COMPREHENSIVE</b>	<b>COMMERCIAL MOTOR</b>	<b>POLICY EXCESS</b>	<b>S\$2000.00 (Sect I &amp; II)</b>
<b>CERTIFICATE NO.</b>	<b>SMA7294M</b>	<b>WINDSCREEN EXCESS</b>	<b>S\$100.00</b>
<b>POLICY NO.</b>	<b>999994387</b>	<b>SUM INSURED</b>	<b>YES</b>
<b>1 ) VEHICLE REGISTRATION NO.</b>		<b>INSURING WITH COE/PARF</b>	<b>YES</b>
<b>2 ) NAME OF INSURED</b>		<b>SMA7294M</b>	
<b>3 ) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE PURPOSES OF THE ACT</b>		<b>Twincar Leasing Pte Ltd</b>	
<b>4 ) DATE OF EXPIRY OF INSURANCE</b>		<b>19 October 2018</b>	
<b>5 ) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE*</b>		<b>18 October 2019</b>	
<p>Any person who is driving on the Insured's order or with their permission.            S\$2,000.00 Section I &amp; S\$2,000.00 Section II Excess is applicable for driver who is between 23 years to 65 years old with minimum 2 years driving experience in Singapore.            Up to \$250.00 one-time waiver excess under section I for build in car camera and applicable on non at fault claim only. (Valid for 6 months).            Accident repair can be carried out at any of your preferred workshop for repair subjected that all claim matters does not involved any lawyer services.            An additional excess of \$1,000.00 per accident is applicable in the event of an accident occurring outside Singapore.</p>			
<p>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.</p>			
<b>6 ) LIMITATION AS TO USE*</b>			
<p>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.</p>			
<p>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.</p>			
<p>It is hereby agreed and acceptance that we would make special arrangement to this workshop known as N-51 Automotive Pte Ltd to be your accident claim reporting center based on the conditions below.</p>			
<b>LOSS OF USE</b>		Not Included	
<b>HIRE PURCHASE COMPANY</b>		<b>MAYBANK</b>	
<p>*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.</p>			

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 17 Oct 2018

AIG Asia Pacific Insurance Pte. Ltd.

Swift Link Insurance Agency - 502117  
61 Ubi Avenue 2  
#08-04A Automobile Megamart  
Singapore 408898

  
AUTHORISED REPRESENTATIVE

SSPOEC

ORIGINAL

## Register New Vehicle (Acknowledgement)

Vehicle Particulars			
Vehicle No.:	SMA7294M		
Vehicle Type:	Z11 - Private Hire (Chauffeur) Station Wagon/Jeep/Land Rover	Vehicle Scheme:	Normal
Vehicle Attachment 1:	No Attachment		
Vehicle Attachment 2:	-	Vehicle Attachment 3:	-
Vehicle Make:	HONDA	Vehicle Model:	SHUTTLE HYBRID 1.5 AUTO
Chassis No.:	GP71211630	Engine No.:	LEB6554128
Motor No.:	H13714261	Trailer Chassis No.:	-
Propellant:	Petrol-Electric	Passenger Capacity:	4
Engine Capacity:	1496 cc	Power Rating:	22.0 kW
Maximum Power Output:	101.0 kW ( 135 bhp )		
Unladen Weight:	1190 kg	Maximum Laden Weight:	1465 kg
Primary Colour:	Silver	Secondary Colour:	-
First Registration Date:	19 Jun 2018	Original Registration Date:	19 Jun 2018
Manufacturing Year:	2018	Open Market Value:	\$21,632.00
PARF Eligibility:	Yes	Minimum PARF Benefit:	\$2,500.00
No. of Transfers:	0	Additional Registration Fee Rate:	First \$20,000.00 (100%), next \$1,632.00 (140%)
Actual ARF Paid:	\$5,000.00		

Owner Particulars	
Owner Name:	TWINCAR LEASING PTE LTD
Owner ID Type:	Company
Owner ID:	201533046C
Registered Address Type:	Private Residential (Condo Apt or House) / Shopping / Office Complexes
Registered Block /House No.:	2
Registered Street Name:	KAKI BUKIT AVENUE 2
Registered Unit No.:	# 01 - 17