NATIONAL Assessment Centre	Services (wer sharper			
Date in 26/01/19	Jeb description	Date &Time Completed	Done	py
Ref No NA/A16/1900/748/13	SAS e-filing			
Veh No_5mc 56095	E-mail (within 8hrs, AIC 2hrs)			
DOA 2661/19 1045	i-Motor Claim Form			
00 674	i-Motor W/O (Within: OD 2)	rs. TP 4hrs)		
OD (TP) / Reporting Only	i-Photo Uploaded	1		
TP Insurer:	Assessment/Survey Report			
	Ass't Report by Fax / Hand	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel: Fax:		
TP Particulars: Veh No:	46301P INC)/Non-INC()		
Owner / Driver: (Tel:)	
Policy No: () Peri	d: ()	Cover Type: ()	
Confirmed by : (Date:	Time:		
		20%; P: 21-79%. F: 80-1009	/o]	
	rranty: YES ()/NO ()		
Excess: (\$) Loading: \$1,00 General Remarks:-	()/\$2,000()			
() Walk-In Customer: Customer's inform	ation atriative Confidential 9.5	Strictly NO rafes of repairer		-
Drive-In ()/ Towed-In (); Invoice:		Towing Co. ()
	7, 110 (7,			
Remarks:- (INC horline: 6788 6616)	Control of the Contro	Date&Time Completed	Done	by
	rtesy Car ()			
2) QC Check / Post Repair Inspection	()			
3) Upload Resurvey Photo [Repair Cost > \$30	00] ()		25111-1-	
Injury:				
Date/Time Actions			ALCULIANI Consultation	
	y	overstion Charleliet	Anit (\$)	Amt (\$)
NA1900762	1) AR : Accide	eparation Checklist	1st Bill	Add Bill
laimant's Particulars :-	2) DA : Dama	ge Assessment (\$100); INC (\$80)		
river/Owner:	3) TF : Towing	Fee \$40/\$4 -Through Survey \$120	-	
ontact No:	5) FT : Follow	-Through Survey (Resurvey) \$30 regainst INC Only (wef 10 Jan 2005)		
		pection \$7		
amaged Portion:		A + SMRT Survey \$160 itional Services:-	0	
C Checked by (Engr-In-Charge):	OD*		5	
-3 Y-18. 11 -211. E0).	*N6: Repair	Co-ordination \$1	0	
uditors' Comments :-		epair Inspection \$2 Collect Excess Coordination \$		
ut. 1:	<u>TP</u> (N11):	TP (Non INC) against INC \$2	D	
nt. 2 / 3:	9) N12: Idne I Invoice dated	Aobile 3 Fee Charged		mary.
A Commence of the Commence of	Invoice dated	Fee Charged	of the	

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report <u>correctly</u> 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 truthful and accurate as possible. Any wilful misrepresentation or witholding 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.
- 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

ACCIDE	ыт с	тит	EM	CNI	т
ACCIDE	N 1 2	IIAI	Ī		ш

Date Of Report 26/01/2019 16:01

Date Of Accident 26/01/2019 10:45

Exact Location Of Accident GRANGE RD TWDS ORCHARD BLVD

Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMC5609S

Insured/Policyholder

Name Of Registered Owner BIS MOTORING PTE LTD

Co Reg No 20173505D Email Address NOEMAIL

Mobile Phone No

Alternative Phone No OFFICE-99999999

Vehicle Particulars

Manufacturer KIA
Model CAREN

Exact Purpose for which vehicle was being used at WORK

time of accident

Are you claiming under your own insurance policy NO

for repair to your vehicle?

or repair to your venicier

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 DAVID TAN HOCK CHYE

 NRIC No
 S0027411I

 Date Of Birth
 13/12/1953

 Occupation
 OUTDOOR

 Date Of Driving Pass
 08/10/1982

Driving Experience 36 YEARS AND 3 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-99999999

Fax Number

Contact Number

EMail Address NOEMAIL

BLK 79A TOA PAYOH CENTRAL Address

#05-13 311079

Postcode

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

COLLISION - HEAD TO REAR Type Of Accident

CLEAR Weather Conditions DRY Road Surface

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle) 2

involved in the accident

NO Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

NO

YES

NO

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)

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?

Was there any video captured by Car Camera?

YES NO

NO

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

FY6301P

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

MOTORCYCLE

Name of Driver

HARIHARAN ANOSHUN

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.
- 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:

916

- 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.:

GIARMC SketchPlanForm, V3

DESCRIBE	CIRCUMSTANCES	OF THE A	CCIDENT

vehicle A

	TOWN (C.)
	On 26.01.2019 1045am, Inwas driving along
Grange	Road towards Orchard Bouleyard, when I was
reach	junction between the Grange Rd, orchard Blyd,
Orchard	link, there is a vehicle cut in to my lone,
the 1	apply emergency brake, suddenly there was a
Mo tor	vehicle B cotlosion to my Rear side.

DECLARATION

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

Policyholder's Signature Date & Time:

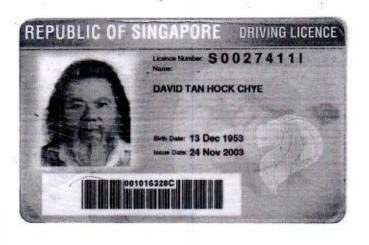
Oriver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name:

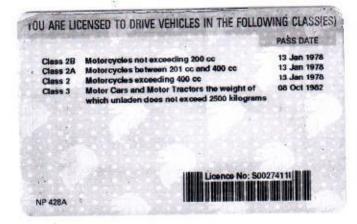
NRIC/FIN No.:

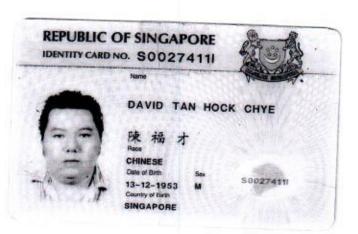
ACCIDENT STATEMENT

	ACCIDENT DATE: 26, 1, 2019 (DD/MM/YYYY), TIM	E: (10:45)(HH:MM)
	1/ 1/1/1- 1	Orchard Boulevard
***	LOCATION: CRANCE Rd TOWARDS	remara pourguora
	DETAILS OF VEHICLE QIVEHICLE NUMBER: SMC 56095 DINSURANCE COMPANY: A1G CIPOUCY NUMBER: 9999 4322 DIPOLICY TYPE: (COMPREHENSIVE) THIRD PARTY / TO SMAKE & MODEL: CARE A CARE A COMMERCIAL) A SINGLE CATEGORY: (PRIVATE / COMMERCIAL) A SINGLE OF USING AT ACCIDENT TIME:	OTORCYCLE / OTHERS)
	I) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE	
	IF NO, PLEASE STATE (THIRD PARTY CLAIM) REPORT	
	2. INSURED / POLICY HOLDER	
	Alname: BIS motoring Pte Ltd	(MALE / FEMALE)
	AND DIVERSOR AND	ONTACT:
	c)ADDRESS:	
40 X	F CONTINUE TO 2 dis DOUGE MAD DO NOT THE	
Still of man	"CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER	
Ano of basso	anger David Ton Hock CHYE	CANE CENALES
Cincluding di	(river)	(MALE)/ FEMALE)
(1)	0 1 0	UTRAL # 05-13
Flor	SINGAPORE 311079	
Linn	"d) DATE OF BIRTH: [13 / 12/ 1953) [DD/MM/Y	YYY)
	SOCCUPATION: (INDOOR KOUTDOOR)	300 J
	F) YEARS OF DRIVING EXPRERIENCE: 37	
	 WAS DRIVER AN EMPLOYEE OF THE INSURED'S OF IF NO, RELATIONSHIP OF THE DRIVER WITH INS 	URED: Private Hire
	5. a) WEATHER CONDITION: CLEAR / RAINING / OTHER	S I THOUSE
	DIROAD SURFACE: DRY WET / OTHERS	3
	6. WAS ANYBODY INJURED (YES (NO)	
	7. a) REPORTED TO POLICE (YES (NO)	
	IF YES, PLEASE STATE WHICH POLICE STATION:	(4)
·	8. THIRD PARTY VEHICLE	
He of passing	ger al VEHICLE NUMBER: 1463011 MC	DEL:
Including drin		Ŋ
(_)		NTACT:
	9. THIRD PARTY VEHICLE	
. He of passen		DEL:
Induding din	Par /2 = 1	WITA CT.
()	Z 17 THAT CASE ON 1. CC	NTACT:
(,	

Xinhia workshop agnial.com











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

Type Description Issue Date

13 PRIVATE HIRE CAR VL 04/06/2018





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

CERTIFICATE NO. POLICY NO.

COMMERCIAL MOTOR

SMC5609S 999994322 POLICY EXCESS

\$\$1500.00 (Sect I & Sect II)

WINDSCREEN EXCESS

\$\$100.00

(The below excess is subject to GST)

SUM INSURED

26 December 2018

25 December 2019

Market Value

INSURING WITH COE/PARF YES

SMC5609S

BIS MOTORING 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.

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.
- 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

UNITED OVERSEAS BANK 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 (Meleysia).

Issued in Singapore 19 Dec 2018

S00656-000 Cowell Insurance (Agency) Pte. Ltd. 8 Burn Road #09-09 Trivex Singapore 369977 AIG Asia Pacific Insurance Pte. Ltd.

AUTHORISED REPRESENTATIVE

SSPOEC

ORIGINAL

ist vental: \$410+\$JT subsq vental: \$574+\$7

RENTAL AGREEMENT

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

The F	Rental Agreement is made on	(Day) 12 (Month) 2018 (Year)				
Betw	een					
1.	BIS Motoring Pte. Ltd. (UEN address at 20 Bendemeer Road as "the Owner") and	No. 201735055D), a company incorporated in Singapore, registered #03-13/14 BS Bendemeer Centre Singapore 339914 (herein referred to				
2. residi the p partic	David Tan Hock (ing at Blk 79.6) Toa payo erson and/or company signing the culars are recorded in the Rental Do	Lease and Own Documents (herein referred to as "the Hirer") whose				
3.	GIS Motoring Pte. Ltd. (UEN address at 60 Jalan Lam Huat #0	No. 201803437N), a company incorporated in Singapore, registered 5-13 Carros Centre 737869 (herein referred to as "GIS")				
(colle	ctively, known as "parties")					
Wher	e as					
1.	BIS Motoring Pte. Ltd. is a leasing	company incorporated in Singapore.				
2.	BIS Motoring Pte. Ltd. has engaged GIS Motoring Pte Ltd to manage the Vehicle No. SWC 5609S details stated in Vehicle Details below (the "Vehicle).					
3.	GIS Motoring Pte Ltd is one of the appointed authorised vehicles management company ("GIS") by BIS Motoring Pte. Ltd. GIS would act on behalf of BIS Motoring Pte Ltd to manage all matters relating to the Vehicle. The Hirer shall contact GIS directly on all matters relating to the Vehicle.					
4.	The Hirer shall acknowledge and fully understand the Terms and Conditions which form part of the Rental Documents throughout the term of the lease period ("Lease Period").					
5.	All parties accept the terms and conditions set out below by signing this Rental Agreement.					
It is a	greed between the parties as below	ãi a				
A.	Vehicle Details ("Vehicle")					
Vehic	le No.	SMC 5609 S				
Vehic	le Make / Model	Kia Carens Ex 1.7				
Vehic	le Colour	Black .				
		901				
В.	Lease Period					
Date	of Handover : 11/12/18 , (2.30pm)	40 BAIL				
	mencement of the Lease Period)	12/12/2018				
Period	d of the Lease	1 Year year(s)				
Option to Renew year(s)						
Versi	on: 091118.2	Hirer's signature:				