i . pa at 1 .7" NATIONAL Assessment Centre Services. twel I Jamost . Date &Time Completed Done by Date In: 01 02 2019 Job description 16:04 ALG 19002154 Ref No: SAS c-Illing 45354 E-mail (Willia Bhrs, AlC 2hrs) Vch No-I-Motor Claim Form D.O A : 15:30 I-Motor W/O (Withle: OD 2hrs, TP 4hrs). OD ! TP ! Reporting Only I-Photo Uploaded Assessment/Survey Report TP Insurer: Ass't Report by Pax/Hand to Owner/Wksp Fax: Proforred Wksp / INC Assign Wksp / QW: ( )/Non-INC( INC ( TP Particulars: Ych No: Tel: Owner / Driver: ( Cover Type: ( Period: ( Policy No: ( Times Confirmed by : ( Dates [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: (\$ ) Walle-In Customer: Customer's Information strictly Confidential & Strictly NO refer of repairer. : to e-mall Insurer URGENTLY. ) Total Loss Case ); Invoice: YES ( ) / NO ( : Towing Co: ( Drive-In ( )/Towed-In ( 1) Apply for Transport Allowance ( ) / Courtesy Car ( 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost>\$3000] Injury : Date Bline & Actions as 1) AR : Accident Reporting (530); 2) DA : Damete Assessment (5100) (280) \$40/\$45 3) TF : Towing Fee \$120 Driver/Owner: 4) PT : Follow-Through Survey 5) PT : Follow-Through Burvey (Resurvey) 230 Porelaiming against INC Only (wel 10 Jen 2005) Contact No: 6) TR: Re-Inspection \$160 7) NI 1 Idao DA + SMRT Survey )amaged Portion: 8) NTUC Additional Services:-OII. NS: Courlesy Car / Tpt Allowance )C Checked by (Engr-In-Charge): 510 \*Not Repair Co-ordination \$25 \* N75 Post Repair Inspection No: DV / Collect Excess Coordination TP (NII): TP (N'in INC) egalest INC at. 1: 9) N12: Idao Mobile THE STATE Fee Charges Involve dated .! 2/3: Fee Charged Involce dated

## SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

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 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.
- 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

HANDSON ENGLISHED THE STATE OF THE STATE OF	ACCIDENT STATEMENT
Date Of Report	01/02/2019 16:04
Date Of Accident	31/01/2019 15:30
Exact Location Of Accident	KIM SENG ROAD
Country/State of Loss	SINGAPORE
Control of the contro	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLU4535U
Insured/Policyholder	
Name Of Registered Owner	VINCAR LEASING AND RENTAL PTE LTD
Co Reg No	Bellevis and the second of the
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98466479
Alternative Phone No	OFFICE-98466479
Vehicle Particulars	
Manufacturer	HONDA
Model	FC CONTRACTOR
Exact Purpose for which vehicle was being used at time of accident	WORK
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	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	999994528
Cover Note Number	
Driver	
Name of Driver	KHOO JENNY
NRIC No	S7221429C
Date Of Birth	16/06/1972
Occupation	OUTDOOR
Date Of Driving Pass	03/04/2009
Driving Experience	9 YEARS AND 9 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-98466479
Fax Number	

OTHERS-98466479

NOEMAIL

Address

BLK 454 PASIR RIS DRIVE 6

#10-212

Postcode

510454

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

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle)

NO

involved in the accident

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

NO

ambulance?

0.00000

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:

: NIL

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

PLS REFER TO THE ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

REVERT

Was there any audio recorded?

NO

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number

SJJ1727J

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category

PRIVATE CAR

Name of Driver

GN JONG YUH GWENDOLYN ( YIN ZHONGYU GWENDOLYN )

NRIC/Passport Number

S7111901G

Contact Number

96902842

Address

Postcode

Insurance Company Name

Nature Of Damage No. Of Passenger (Including Driver)

#### 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)

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.

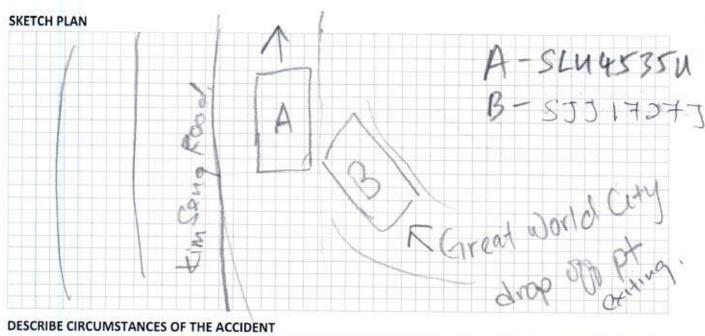
Date & Time:

Policyholder's Signature

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

Reporting Centre Personnel's Signature

Name: NRIC/FIN No.:



ESCRIBE CIRCUMSTANCES OF THE ACCIDENT
driving along. Cim seng Road, going straight on
Lane 1, 8551727 J. stopping at the exiting of
the exiting point, aller of the possing
the exiting point, 3551727 & bump outof the right hoor side of my solvicle (SLU48284
1 2 1 2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2

# 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.:

GIARMIC SketchPlanForm\_V3











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 RIGKS AND COMPENSATION) RULES, 1960

ROAD TRANSPORT ACT, 1987 (MALAYSIA)

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

(The below excess is subject to GST)

COMPREHENSIVE

COMMERCIAL MOTOR

SLU4535U

CERTIFICATE NO. POLICY NO.

999994528

**POLICY EXCESS** 

S\$2000.00 (Sect I)

WINDSCREEN EXCESS

\$\$100.00

SUM INSURED

Market Value

INSURING WITH COE/PARF

1) VEHICLE REGISTRATION NO.

2) NAME OF INSURED

SLU4535U

Vincar Leasing and Rental Pte Ltd

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

19 July 2018

18 July 2019

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.

\$2,000.00 Section I & \$\$2,000.00 Section II Excess is applicable for driver who is above 22 years old with minimum 2 years driving experience.

The policy does not cover drivers who are below 22 years old and/or with less than 2 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

MAYBANK

\*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 18 Jul 2018

501980-000 Vincar Pte Ltd No. 1 Chang Charn Road #05-02 OC Building Singapore 159630

AIG Asia Pacific Insurance Pte. Ltd.

AUTHORISED REPRESENTATIVE

SSPORC

ORIGINAL