NATIONAL Assessment Centre S	Services. [well son	MUH	4900000		
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0.01 240 200 2040	I-Motor Claim Form				
2007/4/07/2001 20,40	I-Motor W/O (Within:				
OD (TP) Reporting Only	I-Photo Uploaded	L L			
		nucl		· ~.	
TP Insurer:	Assessment/Survey Re		Mun		
	Ass't Report by Pax/	Tol:		ex:)
Proforred Wksp / INC Assign Wksp / QW: (TP Particulars: Veh No: (DICC		n-INC().		
Owner / Driver: (INAC	Tel:)	
Policy No: () Period	1. () Cover T	ypc: ().	
Confirmed by : (· Date		Timer)	
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Drive-In ()/ Towed-In (); Invoice: Y	PS()/NO() ; Towing Co	>:(. 4)
	DESCRIPTION OF THE PROPERTY.	Con a Blicki	HINGS IN	Marle Done	
1) Apply for Transport Allowance ()/ Cou	rtesy Car ()			Amounte	
2) QC Check / Post Repair Inspection	(·)			<u> </u>	
3) Upload Resurvey Photo [Repair Cost > \$300	0] ()				
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	1) AR	Accident Reporting	(530); INC (3	50)	
CHAIN THE STATE OF	(3) TV	Damere Assessment Towing Fee	. 51	0/\$45 ·	
Driver/Owner:	AL LINE	Follow-Through Sur Follow-Through Sur	vey (Resurvey)	\$30	
Contact No:	· For	elaiming equinat INC.	Only (wel 10 Jen 200	910	
Darnaged Portion:	7) 11	Idao DA + SMRT St	irvey	\$160	
	8) NT	JC Additional Service	15:-		
QC Checked by (Engr-In-Churge):	· N	Courlesy Car / Tpt /	M ZENEGRZG	\$19	10-01
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Auditors Comments:	dening a second	(NII) : TP (Non INC	Contdination	220 T.S.	THC
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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 aforesaid.

aloresalu,	
ATTACHED STATE OF THE STATE OF	ACCIDENT STATEMENT
Date Of Report	28/02/2019 12:39
Date Of Accident	24/02/2019 20:40
Exact Location Of Accident	ECP NEAR CHANGI AIRPORT
Country/State of Loss	SINGAPORE
TO MAKE A CANTER SAFER S	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLQ5451S
Insured/Policyholder	
Name Of Registered Owner	GOLDBELL CAR RENTAL PTE LTD
Co Reg No	200710651D
Email Address	LIXUEWAN@GMAIL.COM
Mobile Phone No	(LOCAL) +65-92298709
Alternative Phone No	OFFICE-92298709
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	VIOS
Exact Purpose for which vehicle was being used at time of accident	TO PICK UP WIFE FROM AIRPORT
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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	999994316
Cover Note Number	
Driver	
Name of Driver	WAN LUXIE

Passport No/FIN G5068375W Date Of Birth 04/01/1977 Occupation INDOOR Date Of Driving Pass 18/07/2011 Driving Experience

7 YEARS AND 7 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-92298709

Fax Number

Contact Number OTHERS-92298709

EMail Address LIXUEWAN@GMAIL.COM Address

BLK 85 JURONG WEST CENTRAL 3

#16-45

Postcode

648342

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?

Number of vehicles (including own vehicle)

involved in the accident

NO

Was any body injured in the Accident? Was any injured conveyed to hospital by

NO

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)

1

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

NANYANG N.P.C

Police Station Address

ROAD: 2 JURONG WEST AVE 5 , POSTCODE: 649482 , COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: 1800-7929999 - FAX NO:

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO SKETCH AND POLICE REPORT T/20190225/2181

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

WITH OWNER

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number Vehicle Make/Model/Colour

SHD1214C

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 regudiate poscy 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 Traffic Police Department for investigation.
- 6. This report will be forwarded by the insurers to the GIA Records Mangement Centre establised 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.

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' law yers/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

- (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 malling 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 wiell 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 Purp

Sketch Pla	Driver's Signature And S Time 25	- Feb-2019 . 13:40PM
		Median Strip. 1 8
Day 1	*** 1 T	3 SHD (HYC) (1) SLQ 54515
Lone	No vehicle whend	(3) Sup 12-14C Sup 12/4CS (Sup Sus
Low3		@ SLESTIS GHOLD EVER hard brake
15mg/		

Around 20:40, in the evening of 24-Feb, I was on the way to Changi Airport. Just in front of the entrance of airport, I found a taxi behind me always using high beam. I thought it was dangerous and not allowed. So, I flashed the taxi twice when it was infunt of my later.

However, it looked the flash irritated the taxi driver. He Shown me his middle finger. And I decided to ignore the provocation. I changed law from invur law to Inidally lane. The taxi, again, cut in flower of me from inner land to middle law as well. Aso, the tax; stopped suddently in middle lane. (From attached footage, It is char show the taxi cut in and stopped, although, there is no vehicle in front of Taxi.)

I high beam the taxi and step brake immediately. However, the bang still happened, due to shore distance.

After the bong / collission, both of us got off car tack pictures and left. No other conflicts, Minor damages on bumper POLICE RAPORT 7/2012/21/2181

& Time 25-Feb - 2019

13:40





1 of 3

Report No. T/20190225/2181

Police Station Of Origin: Nanyang N.P.C 2 Jurong West Avenue 5 SINGAPORE 649482

Tel No: 1800-7929999

REPORT	OF A	TRAFFIC	ACCIDENT
Little Park A.	VI M	HARLE	MUULUENI

Date/Time Report Made: 25/02/2019 18:56		Vide Report No.:	Station Diary No.:		
Informa	int's Partic	ulars		The street of the territory of the deposit of the street o	
WAN LI			Address: APT BLK 85 JURONG CENTRIS SINGAPOR	WEST CENTRAL 3 #16-45 THE	
	/ ID No.: / G5068378	5W	Contact No.: Home/Office:	Mobile: 92298709	
Nationality: CHINESE		Email:			
Sex: Male	Age: 42	Date of Birth: 04/01/1977	Type of Informant:		
Race: Chinese		Language:	Institution / School Name:		
Occupation: Civil engineer (general)		Driving Licence Inform Class:	ation: Date of Expiry:		

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 24/02/2019 20:40	Type of Location Straight Road
Location: Along Road 1 EAST COAS	EXPRÉSSWAY		. =	
Weather:	X	Road Surface:	R	oad Speed Limit:
Traffic Flow: One Way		Traffic Control:	Ti	raffic Volume:

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHD1214C	Car	and the state of t	ar amin'ny faritr'i dia mandri	20101	Condition	No of Passenger
011111111111111111111111111111111111111	Cai				Slightly	0
01.054540					Damaged	5000
SLQ5451S	Car				Slightly	0
					Damaged	U

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





2 of 3

Police Station Of Origin: Nanyang N.P.C 2 Jurong West Avenue 5 SINGAPORE

649482

Tel No: 1800-7929999

2 of 3 Report No. T/20190225/2181

CONTINUATION OF REPORT

Driver						
Name	WAN LIXUE			ID No		G5068375W
Related Vehicle	SLQ5451S (Car)			Conta	ct No.	92298709
Hospital/Clinic	NIL			Class Drivin Licent Expin	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	CONTRACTOR OF THE	Date Disc	harge	NIL	100 100 100 100 100 100 100 100 100 100
No. of Days granted Medical Leave NIL			Degree of		NIL	

Brief Details.

I was driving SLQ5451S along East Coast Parkway towards Changi airport on 24/02/2019 at 2040 hours. Suddenly a taxi SHD1214C cut infront of me from my left. He pointed the middle finger at me. I did not want to get involve in any argument as such I changed to the lane on my left. The taxi cut into my left lane as well and did a hard brake. I I did a hard brake but did not manage to stop on time. I collided into the rear of SHD1214C. My front license plate got a slight dent while his rear bumper was also dented in slightly. There was no vehicle infront of taxi SHD1214C and it is clearly he brake on purpose with intention to cause an incident.

I alighted and took photos of the damage on both vehicles involve in the incident. I wish to state I have an in car camera that captured the incident.

I am lodging this report for my insurance company follow up action





Police Station Of Origin: Nanyang N.P.C 2 Jurong West Avenue 5 SINGAPORE 649482

3 of 3 Report No. T/20190225/2181

Tel No: 1800-7929999

CONTINUATION OF REPORT

S	ketc	h P	lan
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Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:	Signature Of Informant:
Sgt 2 KOH ZHI ZHONG ABRAM	642
Signature Of Interpreter: Not applicable	Date/Time: 25/02/2019 18:56
Officer in Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476151	Classification Of Case:
Authentication Stamp IP168 Signature: S	La company of the com

SINGAPORE ACCIDENT STATEM	MENT
IMPORTANT NOTICE	
Please report <u>correctly</u> the details of the accident to spe This Form must be <u>completed by the Policyholder and/or</u>	for the Authorised Driver.
The issue and acceptance of this Form by insurance co. Any false reporting may be referred to the Traffic Pol	ompanies is not an admission of policy liability on the part of the insurance companies lice Department for Investigation.
ACCIDENT STATEMENT	
Date and Time of Accident	* Date: 24 - Tob - 219 Time: 20: 40
Exact Location of Aceldent	* ECP war Changi Airport.
DETAILS OF OWN VEHICLE	Story Allepiro.
Vehicle Registration Number	* SLQ 545 S
INSURED / POLICYHOLDER (OWN VEHICE	
Name of Registered Owner (See Insurance Cert.)	
Personal Identification - NRIC (Singaporean/PR)	
- FIN/Passport Number	
- Not Applicable	4 11 2 2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
VEHICLE PARTICULARS (OWN VEHICLE)	
Vehicle Make / Model	Manufacturer TOYOTA Model VIOS
Type of Vehicle*	Saloon OMPV OCRV OVan OLorry
Exact Purpose for which vehicle was being used at time accident Are you claiming under your own insurance policy for re your vehicle? Vehicle Category*	
INSURANCE COMPANY (OWN VEHICLE)	
Name of Insurance Company *	
Type of Policy	Comphensive Third Party Fire & Theft TP Only
Fleet Policy	Yes No
Policy Number	The state of the s
Motor CI	
DRIVER	Same as Insured above
Name of Driver	Wan lixue
Personal Identification - NRIC (Singaporean/PR) - FIN/Passport Number	4 G5068375W
Date of Birth	* 04 dd/ 0/ mm/1977/yy
Driving Date Pass	The state of the s
ear of Driving Experience	18 dd/ Tw mm/ 2011 /yy 15 Year(s) Month(s)
Occupation	
Gender	† V. Male Femple
Contact Number / Mobile Phone / Fax No	* 9229 8 7 09

Address of Driver	#16-45, BLK85, Turong West Contral 3 Postcode (64824)
Email Address	* lixu. Wan @ Ginail. Com
Was driver an employee of the Insured's Company?	Yes W No
If No, Relationship of the Driver with the Insured	V V
Vehicle Registration Number of Driver's Own Vehicle Registration Number of Driver's Own Vehicle (if applicable) Insurance Company of Driver's Own Vehicle (if applicable	Yes V No
GENERAL INFORMATION OF THE ACCIDENT	T
Type of Collision (Eg. Chain collison, Head-On collision, Si Swipe, Front to Rear) Weather Conditions	ide Front to Room
Road Surface	Clear
OTHER INFORMATION	
a. Was anybody injured in the accident?	* O Yes O No
b. Was any other vehicle or property damaged? (Including Witness)	
DETAILS OF POLICE ACTION	,
Was the Accident reported to the Police? Police Station Name	28 Yes No (If Yes, please state which Police Station.)
Police Station Address	
Police Station Contact	Tel No. Fax No.
Was notice of intended Prosecution given?	Yes No (If Yes, against whom?)
DETAILS OF OTHER VEHICLE / PROPERTY 1	
Vehicle Registration Number	* SHD 1214C
Vehicle Make/ Model/ Colour	Silver or Grey
Details of Properties	Sivil of diey
Name of Driver	Name of the latest and the latest an
Personal Identification - NRIC (Singaporean/PR) - FIN/Passport Number	
Contact Number	or below.
ddress	7
iame of Insurance Company	* 4
o. of Passenger (Including Driver)	
Note - Please use page 6 if you need to add more vehicl	les)

REPUBLIC OF SINGAPORE DRIVING LICENCE

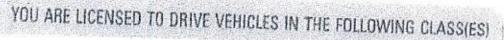


Name G 5 0 6 8 3 7 5 W

WAN LIXUE

Birth Date: 04 Jan 1977 Issue Date: 09 Jun 2016 Valid Till 17/07/2021





EFFECTIVE DATE

Class 3

Motor cars with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg

18 Jul 2011

NP 428A





EMPLOYMENT PASS

Employment of Foreign Manpower Act (Chapter 91A) Republic of Singapore

Encloyed
DREDGING INTERNATIONAL ASIA PACIFIC PTE LTD



Name WAN LIXUE Occupation PROJECT ENGINEER

FIII G5068375W

Date of Application 24-08-2016 Date of Issue 01-09-2016 Cate of Expliry



L7177731



VISIT PASS Immigration Regulations

WAN LIXUE



Date of Birth Sex Nationally
D4-01-1977 M CHINESE
Fill Date of Issue Date of Expiry

G5068375W 01-09-2016 15-11-2019

MULTIPLE JOURNEY VISA ISSUED

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.





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 Commercial Motor CERTIFICATE NO.

1) VEHICLE REGISTRATION NO.

2) NAME OF POLICYHOLDER

999994316

(The below excess is subject to GST) POLICY EXCESS

S\$800.00 ** (I)

WINDSCREEN EXCESS

\$\$100.00

SUM INSURED

Yes

Market Value

INSURING WITH COE/PARF

SLQ5451S

Goldbell Car Rental Pte Ltd

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

01 January 2019

4) DATE OF EXPIRY OF INSURANCE

31 March 2020

5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE*

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

Additional Excess of \$1000 applies to all claims for Drivers below 23 years old and/or with Driving Experience less than 12 months Additional excess of \$500 applies to all claims for accident outside Singapore

** Policy Excess vary according to Vehicle Usage. Refer to Policy for more details.

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

6) LIMITATION AS TO USE*

- Use for social, domestic, pleasure purposes and business purposes of Insured
- Use for social, domestic, pleasure purposes and business purposes of any person whom the vehicle is hired.

The Policy does not cover

- The Policy does not cover

 1) Use for racing, pace-making, reliability trial or speed-testing.

 2) Use whitst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.
- Use for the carriage of passengers for hire or reward by any person to whom the Vehicle is hired.

4) Use for any purpose in connection with Motor Trade.

LOSS OF USE

Not Included

HIRE PURCHASE COMPANY

UOB

*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),

1 / We hereby Certify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third- Parly Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1997 (Malaysia).

Issued in Singapore 16 Jan 2019

AIG Asia Pacific Insurance Pte. Ltd.

030123-000

Acorn International Network Pte Ltd 48 Changi South St 1 Level 3 SINGAPORE 486130

AUTHORISED REPRESENTATIVE

SSPKWI

ORIGINAL