A HONAL Assessment Centre Services	[wet a Jackes]	2	
Jate 111 02/04/2019 15:14 Job descrip		Date & Time Completed	Done by:
1 MOTRO NA/AIG19005809 K4 SAS e-111			
ch No SJQ 4360B E-mail	ithin Shrs, AIC 2hrs)		
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Claim Form -	,	
		L	
i-Motor V	W/O (Within: OD 2hrs.	i'P dhrs)	
	it/Survey Report		2011 L = 1 (0.11) H 7 (0.00) (0.00) L 1 (0.00)
Protected Wksp / INC Assign Wksp / QW: (	ort by Fax / Hand to	Owner/Wksp	
(*42.3)			ax:
Owner/Driver: ( Vell No: SL42585	IMC(	, , , , , , , , , , , , , , , , , , , ,	
Policy No: ( ) Period: (		Tel:	)
Confirmed by: (	Service .	Cover Type: (	·)
116.1	Date:	Time: %; P: 21-79%. P: 80-1	)
Year of Registration: ( ) Warranty: YES	S( )/NO( )	%; P: 21-79%. P: 80-1	00%]
Excess: (\$ ) Loading: \$1,000 ( )/\$2,6			
		Newson 1 To the second	
) Walk-In Customer: Customers information strictly	Markett (Mark 2011	A STALL LEVEL OF THE	ARM N I
) Total Loss Case : to e-mail Insurer URGENTL	Confidential & Stric	tly NO refer of repairer.	
Drive-In ( \12 min 1 to ( ) x to year			
	/ NO ( ); Tov	ving Co: (	
(INC horline: 6788 6616)		Date&Time Completed	Done by
1) Apply for Transport Allowance ( )/ Courtesy Car (	)		
1) QC Check / Post Repair Inspection (	)		
Upload Resurvey Photo [Repair Cost > \$3000] (	)		
Injury ;		-	
June/Time Actions	593444227732387	OBSECTATIONAL CANONICAL	gradi St. A. Time
The state of the s	A STATE OF THE STA	Spanish statists which with	6832.52.
		***************************************	
11.50			
	,		
NA1902392	Invoice Prena	ration Checklist	Anir (5) Anit (5)
nimant's Particulars :-	1) AR: Accident Re	porting (\$30);	Add.Bill
iver/Owner:	2) DA: Damage Ass 3) TF: Towing Fee		the state of the s
	4) FT : Follow-Throu	igh Survey 5:	120
ntact No:		agh Survey (Resurvey) 3 ast ING Only (wef 10 Jan 2005)	530
maged Portion:	6) TR: Re-inspection 7) N1: Idao DA + SN	, ,	175
1	8) NTUC Additional		60
Checked by (Engr-In-Charge):	OD* • N5: Courtesy Car	/Tpt Allows	
The Confedence of the Confeden	*N6: Repair Co-or	dination	\$5
ditors! Comments:		Excess Coordination	\$5
		n INC) against INC S	20
1.(2):	Invoice dated	Fee Charged	Man Failt
		f: C: f	-5 16 And

### 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.

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 aforesaid.

ACCIDENT STATEMENT	CCIDENT STAT	EMEN
--------------------	--------------	------

Date Of Report 02/04/2019 15:14

Date Of Accident 02/04/2019 10:50

Exact Location Of Accident CECIL STREET TWDS FINLAYSON GREEN

Country/State of Loss SINGAPORE

### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SJQ4360B

Insured/Policyholder

Name Of Registered Owner MARIC CAR RENTAL PTE LTD

Co Reg No 201620648G Email Address NOEMAIL

Mobile Phone No (LOCAL) +65-87427709
Alternative Phone No OFFICE-87427709

Vehicle Particulars

Manufacturer TOYOTA

Model COROLLA ALTIS 1.6 AUTO

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 999994658

Cover Note Number

Driver

Name of Driver MOHAMMAD ZAINI BIN RAMAN

 NRIC No
 \$7733540D

 Date Of Birth
 09/11/1977

 Occupation
 OUTDOOR

 Date Of Driving Pass
 03/12/1997

Driving Experience 21 YEARS AND 3 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-87427709

Fax Number

Contact Number OTHERS-87427709

EMail Address NOEMAIL

BLK 215 YISHUN STREET 21 Address

#05-281 760215

Postcode

Was driver an employee of the Insured's Company NO

If No. Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

OTHER - HIRER

2

NO

NO

YES

NO

General Information of the Accident

SIDE SWIPE Type Of Accident

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

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

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)

Passenger 1

2 NAME:

: GRAB

GENDER: : MALE

**Details of Police Action** 

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

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?

NO

Was there any audio recorded?

NO

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number

SLU2585M

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

### 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:
  - 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: Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

Cecil SKETCH PLAN

0n	the	stated	date a	nd time	I	vehille	TAI	was	travelly	on
the	Stated	venue	. I n	ias trav	elling	Straight	In	My	lane wa	nted
to	mak,	e lett	turn.	E did	signal	, ho	never	Sud	edenly veh	ule
B'	did	not gi	ve wa	y ca	me a	t a	very	tast	1 speed	hay
Col	lided	aganst	my	vahelo	. from	nt let	H E	um pe	r and	
Vi	hale	B' 41	amage	rear	right	d00	١.	noto	dy injur	16
		0		- W 2000	777 - 67					
		Passenge	ir: Giro	b Cma	ale)					

DECLARATION

Mal Wedeplate the tolegoing particulars are true in every respect.
Co. Reg. No.: 201620648G
9 Tagore Lane #03-04

Singapore 787472

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.:

## ACCIDENT STATEMENT

ACCIDENT DATE: (02 ) 04 / 2019 (DD/MM/YYYY), TIME: (10 : 50) (HH:MM
LOCATION: Cecil street tues finlayson green.
1. DETAILS OF VEHICLE OVEHICLE NUMBER: SIRVES
DINSURANCE COMPANY: A16
CIPOLICY NUMBER: 99994658
d)POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT)
F)TYPE:(SALOON / COUPE / MPV /V AN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
1) 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 (ar Rental Me Ctc (MALE / FEMALE)
DINRIC/FIN/PASSPORT: 2016206486 CONTACT:  CIADDRESS: 9 Tayore Lane #03-04
S 'POR 787472
* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER
Ho of passongs. DRIVER MONAHMON Zami Bin Raman (MADE/FEMALE)
Charles driver) PINDICIENTA VENEZACIONE C33332400 CONTACT. 83H2 4309
(02) CIADDRESS: 215 YISHUM STreet 21 #05-281
S'Pore 760215
*d)DATE OF BIRTH: ( 09 / 1/ 1472 )(DD/MM/YYYY)
6)OCCUPATION: (INDOOR / OUTDOOR)  f) YEARS OF DRIVING EXPRERIENCE: 22
4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:
5. g)WEATHER CONDITION: (CLEAR / RAINING / OTHERS
6. WAS ANYBODY INJURED (YES / NO)
7. a) REPORTED TO POLICE (YES / NO)
IF YES, PLEASE STATE WHICH POLICE STATION:
# Ho of passenger o) VEHICLE NUMBER: SLU2585M MODEL:
(Induding driver) b) DRIVER'S NAME:
c) NRIC/FIN/PASSPORT:CONTACT:
7. THIRD PARTY VEHICLE
Ho of passenger e) VEHICLE NUMBER:MODEL:
(Including driver) f) NRIC/FIN/PASSPORT:CONTACT:
()
LKK CHANGE REPORTINGO
TOPQUES.com
Topque 12 bi Industrial Park 2 Charl = REFORTING® TOPQUE 5 com fax = 6452 4584

# REPUBLIC OF SINGAPORE IDENTITY CARD NO. S7733540D





Name

MOHAMMAD ZAINI BIN RAMAN

Date of birth

SINGAPORE

Sex

S7733540D

REPUBLIC OF SINGAPORE DRIVING LICENCE

DITIONING CIGE

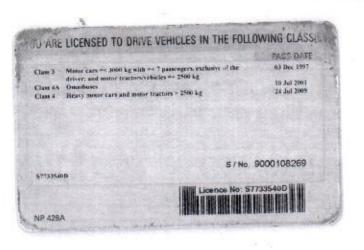
License Number S7733540D

MOHAMMAD ZAINI BIN RAMAN

Birth Date 09 Nov 1977 Issue Date 07 Jan 2004

0010781088





### > Back to OneMotoring

## Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	0648G
Vehicle Details	
Vehicle No.:	SJQ4360B
Vehicle to be Exported:	Yes
Intended Deregistration Date:	02 Apr 2019
Vehicle Make:	TOYOTA
Vehicle Model:	COROLLA ALTIS 1.6 AUTO
Primary Colour:	Silver
Manufacturing Year:	2009
Engine No.:	3ZZ4886305
Chassis No.:	MR053ZEE106144631
Maximum Power Output:	80.0 kW (107 bhp)
Open Market Value:	\$17,500.00
Original Registration Date:	12 May 2009
First Registration Date:	12 May 2009
Transfer Count:	2
Actual ARF Paid: Intended PARF Rebate Details	\$17,500.00
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	11 May 2019
PARF Rebate Amount: Intended COE Rebate Details	\$8,750.00
COE Expiry Date:	11 May 2019
COE Category:	A - Car (1600cc & below)
COE Period(Years):	10
QP Paid:	\$5,116.00
COE Rebate Amount:	\$55.00
Total Rebate Amount:	\$8,805.00

The information contained herein is correct as at 02 Apr 2019

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 7 400

(The below excess is subject to GST)

COMPREHENSIVE

COMMERCIAL MOTOR

POLICY EXCESS

S\$1000.00 (Sect I)

CERTIFICATE NO.

SJQ4360B

WINDSCREEN EXCESS

S\$100.00

SUM INSURED

Market Value

POLICY NO.

999994658

INSURING WITH COE/PARF Yes

SJQ4360B

1) VEHICLE REGISTRATION NO.

2) NAME OF INSURED

MARIC CAR RENTAL PTE LTD

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

25 April 2018

4) DATE OF EXPIRY OF INSURANCE

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

\$\$1,000.00 Section I Excess and \$\$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 | Excess and \$\$2,000.00 Section || 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-lesting: 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 10 Apr 2018

500656-000 Cowell Insurance (Agency) Pte. Ltd. 8 Burn Road #09-09 Trivex Singapore 369977

AIG Asia Pacific Insurance Pte 1 td

AUTHORISED REPRESENTATIVE

SSPORC

**ORIGINAL**