

VISION LAW LLC

Advocates & Solicitors
(Incorporated with limited liability)

60173873
3019821375 - - -

ERIC NG CHING BOON
WONG KENG LEONG RAYNEY
AUDREY WONG SU-HSIEN
PAUL YAP TAI SAN
ANJALI D/O MUNIANDY
ANG KIM NOI DIANE
RAVENDRA KRISHNASAMY
CHEONG YUNHUI, CLARISSA
SONIA LIM WEI LEI



Unique Entity Number: 200721148H

Head Office: 133 New Bridge Road
#18-01/02 Chinatown Point
Singapore 059413

Branch: 490 Lorong 6 Toa Payoh
#03-11 HDB Hub (Biz 3 Lobby 1)
Singapore 310490

Main
TEL : (65) 6534 2811 (Hunting)
FAX : (65) 6535 6802
E-MAIL : annatan@visionlawllc.com

Branch
TEL : (65) 63580703

WHEN REPLYING, PLEASE QUOTE OUR REFERENCE - Please to **HEAD OFFICE** for this matter

Our Ref : AM-atv-Ins-T140-110646-19
Your Ref : GBE 3819 K

Date: 8 November 2019

AXA INSURANCE SINGAPORE PTE LTD
8 Shenton Way
#27-01/02 AXA Tower
Singapore 068811
Attn: **Motor Claims Department**

PETS KAMPONG
3 Upper Aljunied Link
#07-01
Singapore 367902

**WITHOUT PREJUDICE
BY HAND**

**CERTIFICATE OF POSTING
[For your information only]**



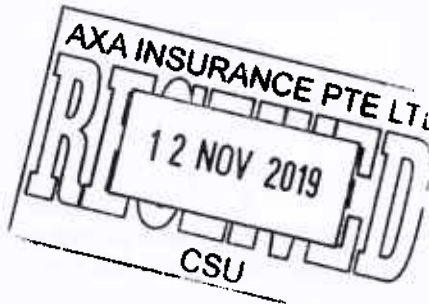
Dear Sir,

CLAIMANT : WAN OI MEI
ACCIDENT INVOLVING SKR 5419 T & GBE 3819 K ON 05-APR-2019 ALONG AIRPORT ROAD AT ABOUT 0830HOURS

We are instructed by the above named to claim damages against you/your insured in connection with a road traffic accident on **05-APR-2019 ALONG AIRPORT ROAD AT ABOUT 0830HOURS** involving our client's vehicle registration number **SKR 5419 T** and vehicle registration number **GBE 3819 K** driven by you/your insured at the material time.

We are instructed that the accident was caused by you/your insured's negligent driving and /or management of your/your insured vehicle. As a result of the accident, our client's vehicle was damaged and our client has been put to loss and expense, particulars of which are as follows:-

01.	Cost of Repair	\$5,885.00
02.	Rental fees	\$ 600.00
03.	Loss of Use for 2 days for pre repair	\$ 240.00
04.	Survey report fees	\$ 611.00
05.	GIA & LTA search / report fees	\$ 43.98
06.	Cost Contribution (at this stage)	\$1,605.00
07.	Disbursements (at this stage)	\$ 50.00
TOTAL		\$9,034.98



.../2 to be continued next page

CONFIDENTIALITY
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TwinCar AUTOMOTIVE PTE LTD

Kaki Bukit AutoHub

2 Kaki Bukit Ave 2

#01-17 / #01-18 / Heavy Vehicle #01-08 / Spray Painting #02-27

Singapore 417921 Tel No. : +65 6842 0051 Fax No. : +65 6741 0510

E-Mail : sales@n51.com.sg

Company Reg. No. : 200714616M

GST Registration No. : 200714616M

MS.WAN OI MEI

8 WOODLEIGH CLOSE #05-15

SINGAPORE 357903

Contact : 82004808

TAX INVOICE

Date : 16/10/2019

Date in : 03/06/2019

Vehicle Num. : SKR5419T

Make/Model : HONDA VEZEL 1.5X-2014

Chassis/Eng# : RU11014324/L15B3514337

Accident Date : 05/04/2019

Claim No : CLM14553

Reference : MAY-37/2019

Policy No. : D19MTPV01002483 (12/02/2020)

LUMPSUM REPAIR BILL

AS PER SURVEYOR REPORT

REF : 0428-19-TCA DATED 07/10/2019

BY PAR AUTOMOTIVE CONSULTANCY

Amount S\$

5,500.00

E. & O.E. Sub S\$: 5,500.00

Add GST (7 %) S\$: 385.00

Total Amount S\$: 5,885.00



for TWINCAR AUTOMOTIVE PTE LTD

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 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 05/04/2019 11:14
 Date Of Accident 05/04/2019 08:30
 Exact Location Of Accident AIRPORT RD
 Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKR5419T
 Insured/Policyholder
 Name Of Registered Owner WAN OI MEI
 Passport No/FIN S1688273I
 Email Address A4ANGELA@GMAIL.COM
 Mobile Phone No (LOCAL) +65-82004808
 Alternative Phone No OFFICE-82004808

Vehicle Particulars

Manufacturer HONDA
 Model VEZEL

Exact Purpose for which vehicle was being used at time of accident

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 CAR

Insurance Company

Name of Insurance Company SOMPO INSURANCE SINGAPORE PTE. LTD.
 Type Of Coverage COMPREHENSIVE
 Fleet Policy NO
 Policy Number D19MTPV01002483
 Cover Note Number

Driver

Name of Driver WAN OI MEI
 Passport No/FIN S1688273I
 Date Of Birth 24/02/1965
 Occupation INDOOR
 Date Of Driving Pass 03/09/1993
 Driving Experience 25 YEARS AND 7 MONTHS
 Gender FEMALE
 Mobile Number (LOCAL) +65-82004808
 Fax Number
 Contact Number OFFICE-82004808
 EMail Address A4ANGELA@GMAIL.COM

Address 8 WOODLEIGH CLOE #05-15 S357903
Postcode

Was driver an employee of the Insured's Company NO
If No, Relationship of the Driver with the Insured OWNER
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? 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: : NG CHEE KOON
GENDER: : MALE

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

refer to attached

Attachment(s)

Are accident photos available for attachment? YES
Was there any video captured by Car Camera? YES
Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number GBE3819K
Vehicle Make/Model/Colour NIL
Details Of Properties NIL
Vehicle Category COMMERCIAL VEHICLE
Name of Driver MUHD YAZID BIN ALI
NRIC/Passport Number
Contact Number NIL
Address NIL
Postcode NIL
Insurance Company Name
Nature Of Damage NIL

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:

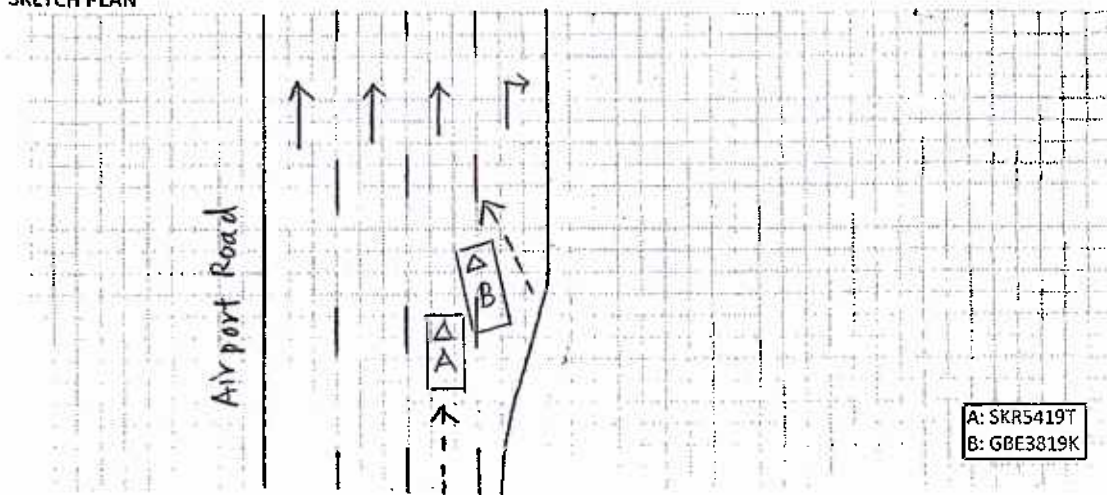
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this (form) and any other personal information provided by me or possessed by my insurer (collectively the "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: 05 Apr 2019
 @ 1200hrs


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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON THE MENTIONED DATE & TIME, I WAS STATIONARY ALONG AIRPORT ROAD ON THE 2ND LANE OF 4 LANES ROAD DUE TO RED LIGHT TRAFFIC AHEAD. TRAFFIC LIGHT TURNED 'GREEN' IN MY FAVOR, I THEN RELEASED MY BRAKE AND CONTINUE TO GO STRAIGHT. WHEN I WAS MOVING STRAIGHT, SUDDENLY VEHICLE GBE3819K CUT INTO MY PATH FROM RIGHT TURN ONLY LANE AND COLLIDED WITH MY VEHICLE.

DECLARATION
I, HEREBY DECLARE that:-

1. The reporting centre personnel has explained the above statement & sketch plan to me.
2. I understand and agree with the above statement.
3. The information given is true and correct to best of my/our knowledge and belief.

[Signature] X

Name, Signature & Company Stamp (if applicable)

Insurance Co: Sampo Ins

Vehicle No: SKR5419T Date of Accident: 05.04.2019

☐ Reporting Only

☐ Own Damage Claim

☒ Third Party Claim

☐ Other Workshop

KES MOTORS

DECLARATION

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

[Signature] X
Policyholder's Signature
Date & Time:

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

05 Apr 2019
@1200hrs

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



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1688273I



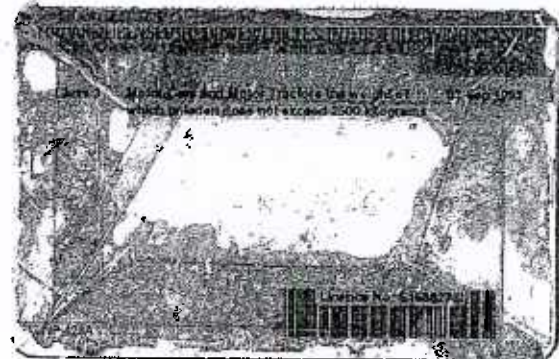
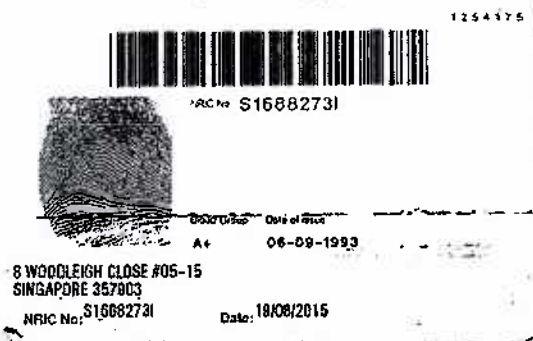
NAME
WAN OI MEI

姓 名
尹 爱 蓓

CHINESE

24-02-1965 F

SINGAPORE





SOMPO

Sompo Insurance Singapore Pte. Ltd.
50 Raffles Place, #05-01/06 Singapore Land Tower, Singapore 048823
Tel: 6461 6555 | Fax: 6221 3302 | Website: www.sompo.com.sg
Co. Reg. No.: 106906490E | GST Reg. No.: N200003196

Certificate of Insurance

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1950
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

Cert No./Policy No. : D19MTPV01002483
Insured : WAN CI MEI
Motor Car (Registration No.) : SKR5419T
Cover : Comprehensive - ExcelDrive GOLD
Policy Commencement Date : 13 FEBRUARY 2019 00:00
Policy Expiry Date : 12 FEBRUARY 2020 23:59
Maximum Liability (Section I) : Market value at time of loss - Excl. COE
Excess* : \$500 - Section I
(Waived up to \$51,000 if accident repair is done at ExcelDrive Workshops for the first claim per policy year)
Voluntary Excess* : Buy Up : \$500 - Section I
Windscreen Excess* : \$5100.00 - Waived if Repair at ExcelDrive Workshop
Loss of Use : Per Policy Schedule
* Subject to GST wherever applicable

Persons or Classes of Persons entitled to drive*

1. The Insured.
2. Any other person who is driving on the Insured's order or with his permission.
3. In the event of the death of the insured,
 - a. any member of the insured's family, or a paid driver who has been driving the Motor Car during the life of the insured and permission to drive had not been withdrawn prior to the death of the insured; and
 - b. any other person who has been given permission to drive the Motor Car prior to the death and such permission had not been withdrawn by the Insured.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Car 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 Car. And provided further that the Motor Car is registered under the Road Traffic Act (Chapter 276) and its registration under the Road Traffic Act (Chapter 276) has not been cancelled at the time of the accident, loss or damage.

Limitations As To Use

Use only for social, domestic and pleasure purpose and for the Insured's business. The Policy does not cover use for hire or reward, racing, pace-making, speed testing, reliability trial, the carriage of goods other than samples in connection with any trade or business or use for any purposes in connection with the Motor Trade.

ExcelDrive Workshops and Accident Reporting

It is a condition precedent to liability that the Insured shall call at the Company's Accident Reporting Center with the Motor Car within 24 hours of the accident or by the next working day thereof.

All accident repairs to the Motor Car must be carried out at ExcelDrive Workshops, otherwise the claim is not payable under the Policy. For ExcelDrive Prestige Plan, accident repairs to the Motor Car can be carried out at any workshop other than ExcelDrive Workshops.

For the list of Accident Reporting Centres and ExcelDrive Workshops, please visit our website at www.sompo.com.sg or call our Emergency Hotline: (65) 8226 3323.

WE HEREBY CERTIFY that the policy to which this Certificate relates is issued in accordance with (1) the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia); and (2) the Policy terms, conditions and exceptions of the Private Car Policy ref MTP.27

Sompo Insurance Singapore Pte. Ltd.

Authorised Signatory

Date/Time of Issue : 29 JANUARY 2019 10:33

IMPORTANT NOTICE

- a. Keep the Certificate in your Motor Car.
- a. Under the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189), it shall be unlawful for any person to use or cause to permit any other person to use a motor vehicle without a valid policy of insurance under the Act.
- a. On the sale of the Motor Car or if for any reason the insurance is terminated during its currency, the Insured must surrender the Certificate of Insurance and the Policy to the insurance company. If the Certificate of Insurance has been lost or destroyed, a statutory declaration to that effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189).
- a. This Policy will cease to be valid once the Motor Car has been sold to another person. The Policy is not transferable to the new owner of the Motor Car.

Intermediary Code & Name : 11A14006 & ACCORD INSURANCE AGENCY CI Code: 22A FD4D5HW4KDYBHPA

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



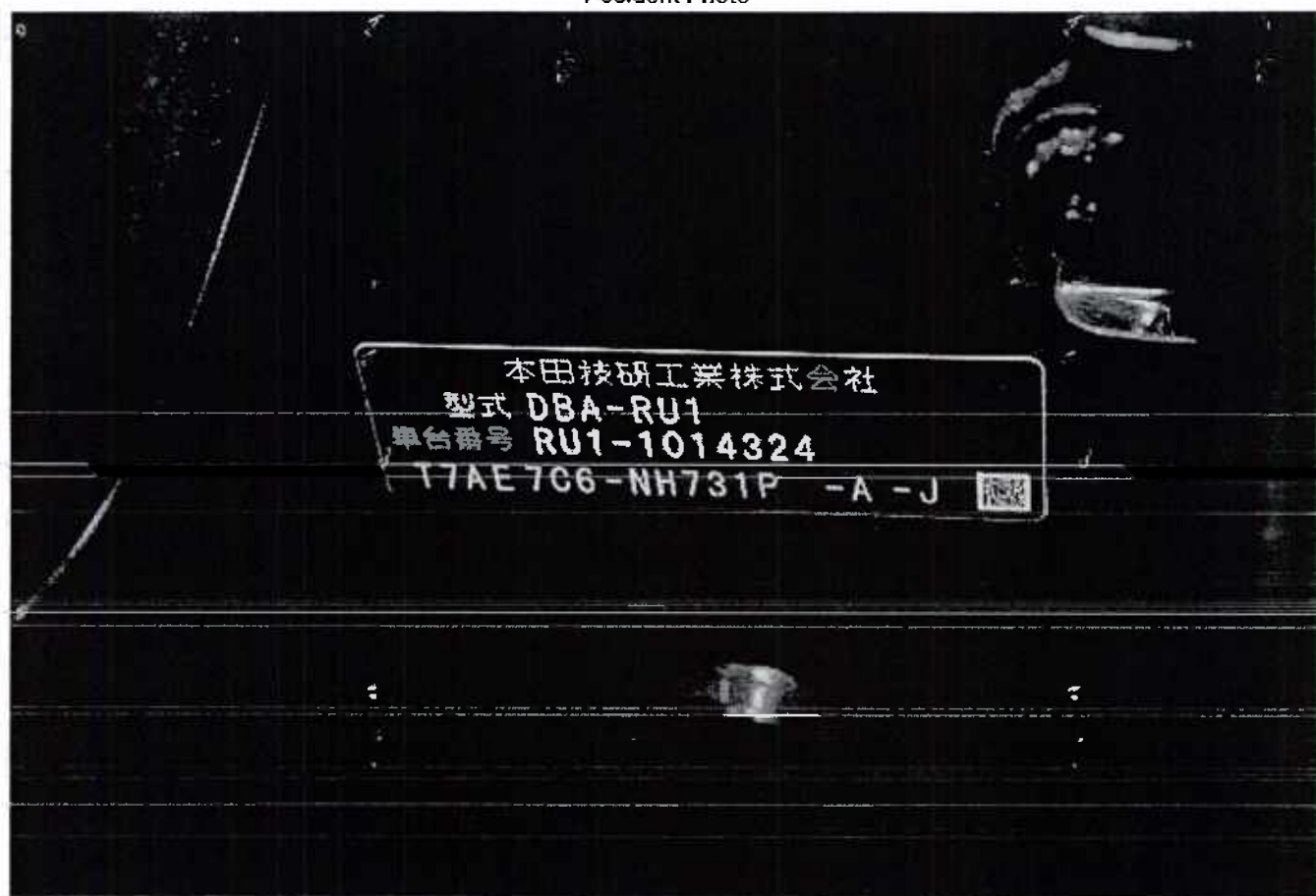
Accident Photo



Accident Photo



Accident Photo



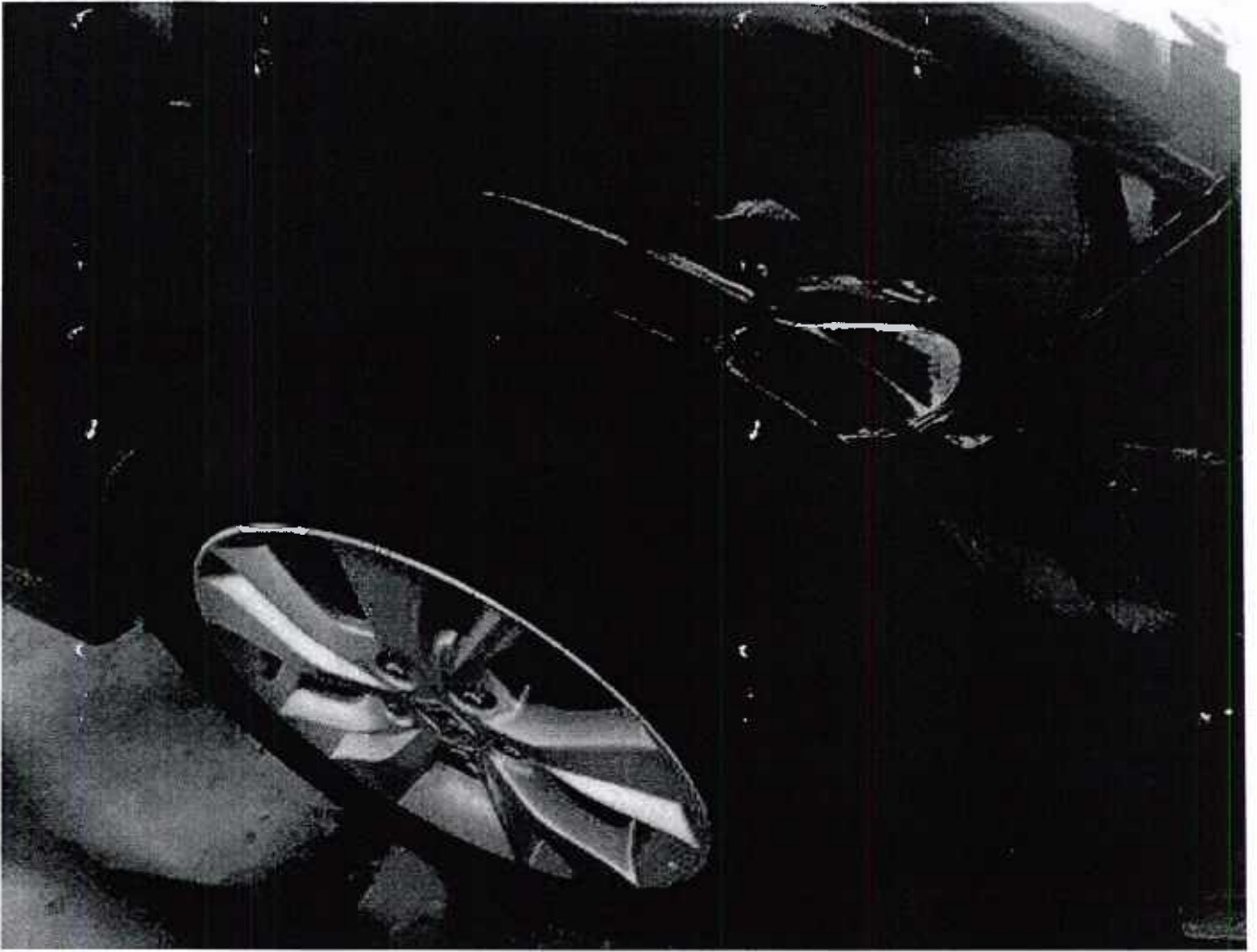
Accident scene



Accident scene



Accident scene



Accident scene



PAR Automotive Consultancy

Regn. No. 52986974L

Thornson Rd Post Office PC Box 029 Singapore 915701. Tel : 645 31173, Fax : 645 36131.

Report No: 0428-19-TCA

07 October 2019

Wan Oi Mei
8 Woodleigh Close #05-15
Singapore 357903

INVOICE No. 0428-19-TCA

Vehicle No. SKR5419T

<u>S/NO.</u>	<u>SERVICES RENDERED</u>	<u>Amount due</u>
1	Being accident vehicle appraisal services, transport, photographs and re-inspection (work in progress and post repair inspection).	\$611.00
Total amount payable		<u>\$611.00</u>

Kindly cross your cheque in favour of "PAR Automotive Consultancy"

We thank you in anticipation for your prompt payment.

PAR Automotive Consultancy



Report No: 0428-19-TCA

07 October 2019

ACCIDENT VEHICLE SURVEY REPORT

Wan Oi Mei
8 Woodleigh Close #05-15
Singapore 357903

VEHICLE INFORMATION:

Vehicle Reg No.:	SKR5419T	Odometer:	058505km
Make & Model:	Honda Vezel 1.5X	Colour:	Black
Chassis number:	RU11014324	Date of accident:	05/04/2019
Year of Regn.:	13/02/2015	Date inspected:	04/06/2019
Repairer at:	Twincar Automotive Pte Ltd 2 Kaki Bukit Ave 2 #01-17 Kaki Bukit Auto Hub Singapore 417921	Date inspected (After Repair):	08/06/2019

STATIC CHECKS, where applicable:

Steering :	serviceable
Footbrake :	serviceable
Handbrake :	serviceable
Paintwork :	Good
General condition :	Good

TIRE CONDITION:

	<u>LH / Make</u>	<u>RH / Make</u>	<u>Size</u>
Front:	6mm/Dunlop	6mm/Dunlop	215/60R16
Rear:	6mm/Dunlop	6mm/Dunlop	215/60R16

POINT OF IMPACT AND DAMAGE, where applicable:

Impact on the front RH portion.
Please see details as described in the Annex for parts and labour.

REMARKS:

We have inspected the above-mentioned vehicle on a "Without Prejudice" basis.

PAR Automotive Consultancy

Parts and Labour Assessment

PARTS

Description of part	Qty	Condition	Repairer's estimate	Our adjustment
FRONT BUMPER	1	squashed	459.80	459.80
FRONT BUMPER LOWER GRILLE	1	fractured	77.50	77.50
FRONT BUMPER LOWER LID	1	deformed	381.00	381.00
FRONT BUMPER REINFORCEMENT	1	bent	321.00	321.00
FRONT BUMPER RH FOGLAMP	1	fractured	327.70	327.70
FRONT BUMPER RH FOGLAMP BRACKET	1	fractured	22.00	22.00
FRONT BUMPER RH FOGLAMP GARNISH	1	fractured	45.00	45.00
FRONT BUMPER SIDE RETAINER L/R	2	necessary	41.20	41.20
FRONT BUMPER TOW HOOK COVER	1	reuse	17.10	0.00
FRONT GRILLE	1	reuse	351.80	0.00
FRONT GRILLE 'LOGO' EMBLEM	1	reuse	23.40	0.00
FRONT GRILLE CENTER BRACKET	1	reuse	76.00	0.00
FRONT GRILLE OUTER COVER	1	reuse	421.00	0.00
FRONT GRILLE TOP GARNISH	1	reuse	85.00	0.00
FRONT RH FENDER	1	buckled	580.00	580.00
FRONT RH FENDER ARCH GARNISH	1	abraded	153.00	153.00
FRONT RH FENDER INNER SHIELD	1	fractured	130.00	130.00
FRONT RH HEADLAMP	1	fractured	1,784.50	1,784.50
FRONT RH HEADLAMP LOWER BRACKET	1	bent	35.00	35.00
FRONT RH HEADLAMP SIDE BRACKET	1	bent	35.00	35.00
FRONT RH SPORT RIM	1	abraded	815.00	815.00
Subtotal before discount			S\$ 6,182.00	S\$ 5,207.70
Percentage discount 20% and 20%			S\$ 1,236.40	S\$ 1,041.54
Sub-total 1			S\$ 4,945.60	S\$ 4,166.16
FRONT BUMPER CLIPS - SET	1	necessary	100.00	100.00
FRONT GRILLE TOP GARNISH CLIPS - SET	1	necessary	40.00	40.00
FRONT RH FENDER ARCH GARNISH CLIPS - SET	1	necessary	50.00	50.00
FRONT RH FENDER INNER SHIELD CLIPS - SET	1	necessary	50.00	50.00
FRONT RH TYRE	1	abraded	500.00	500.00
Subtotal before discount			S\$ 740.00	S\$ 740.00
Sub-total 2			S\$ 740.00	S\$ 740.00
Parts-total			S\$ 5,685.60	S\$ 4,906.16

LABOUR

To remove, reinstall electrical wiring harness, check lighting and resetting headlamp focussing. (to FR)	100.00	60.00
To re-spray painting on the change bodyparts, repair portion, and where consistent to the accident.	900.00	750.00
To provide labour, workmanship to change the above damaged bodyparts, repair, re-construct and re-align body structure, body alignments and damaged consistent to the accident.	900.00	750.00
To apply anti-rust chemical on repaired and replaced panel.	120.00	60.00
Labour Total	S\$ 2,020.00	S\$ 1,620.00
Parts & Labour Total	S\$ 7,705.60	S\$ 6,526.16

PAR Automotive Consultancy

Results of inspection of the accident vehicle are as shown above.

We have taken into consideration the age and condition of the vehicle in our recommendation.

**Hence, the recommended cost of repairs based on Lump Sum repairs is : S\$ 5,500.00
and the recommended number of working days for the repairs is within 6 day(s).**



B J Loi (I Eng., MIMI, AIRTE)

Automotive Appraiser

Enquire Vehicle & Owner Information (Vehicle No. GBE3819K As At 05 Apr 2019 / 08:30:00)

Law Firm Search Details

Search Reason: Insurance claim in relation to traffic accident

Law Firm Case No.: T140-110646-19

Current Owner Details

Owner ID Type: Business

Owner ID: 52859242D

Owner Name: PETS KAMPONG

Registered Address Type: Private Residential (Condo Apt or House) / Shopping / Office Complexes

Registered Block/House No.: 3

Registered Street Name: UPPER ALJUNIED LINK

Registered Unit No.: # 07 - 01

Registered Building Name: -

Registered Postal Code: 367902

Current Vehicle Details

Vehicle No.: GBE3819K

Make Description/Model: NISSAN / NV350 PANEL VAN 2.5 5MT 5DR EURO V

Insurance Company Name: AXA INSURANCE PTE LTD



Thank you

Ng Ching Boon Eric has successfully logged out.

Your last login date and time was 08 Nov 2019, 14:09:56.

To return to ONE.MOTORING, please click [here](#)

For security reasons, please **CLEAR YOUR CACHE** after each session.

Session Transaction History

S/No.	Asset Type	Asset ID	Asset Owner ID	Transaction Type	Transaction Amount(\$)	Log Date/Time
1	Vehicle	GBE3819K	-	18.19 Enquire Veh Owner Info (Others) by Law Firm	7.49	08 Nov 2019 / 1

TWINCAR RENTAL

Business Registration Number : 53092815M

Blk 2 Kaki Bukit Avenue 2 #01-17 Kaki Bukit Autohub, Singapore 417921

Tel: 68420051 Fax : 67410510 email: sales@n51.com.sg

Invoice To :

MS WAN OI MEI
8 WOODLEIGH CLOSE
#05-15
SINGAPORE 357903

INVOICE

Invoice No. 13-2605

Date 8/6/2019

		Hirer's Car No.	VHA No.	Terms
		SKR5419T	72020	CASH
No. of Day	Description	Per Day	Amount (S\$)	
5	Car Rental from the period of 03/06/2019 to 08/06/2019. Vehicle no. SKW3546X Singapore Dollars Six Hundred Only	120.00	600.00	
		Total	\$600.00	

TWINCAR RENTAL



Authorised Signature



TWINCAR RENTAL

Kaki Bukit Autohub @ 2 Kaki Bukit Ave. 2 #01-18
Singapore 417921 Tel: 6744 0510 / 6842 0051

SKR 5419T (TC)

VHA No: 72020

ROC NO. 53092815M

VEHICLE RENTAL AGREEMENT

HIRER'S PARTICULAR

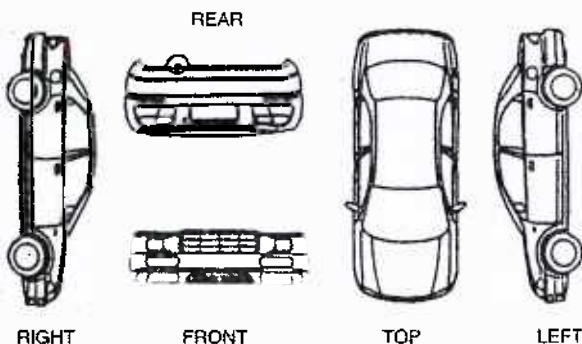
Name: (as in I/C) WAN DI MEI
 NRIC/PASSPORT No: S16882731
 Address (Res): 8 WOODLEIGH CLOSE
#05-15 S(357903)
 Name & Address of Employer: _____
 Occupation: _____ Driving Exp: _____
 Driving Licence No: S16882731 D/L Type: Local / International
 Pass Date: 03/09/1993 Date of Birth: 24/02/1965
 Tel: (O) _____ (R) _____ HP 8200 4808

ADDITIONAL DRIVER'S PARTICULARS

Name: (as in I/C) _____
 NRIC/PASSPORT No: _____
 Address (Res): _____
 Driving Licence No: _____ D/L Type: Local / International
 Pass Date: _____ Date of Birth: _____
 Occupation: _____ Driving Exp: _____

VEHICLE CHECKLIST

INDICATE:
 D - DENTS
 S - SCRATCHES
 A - ACCIDENTS



ACCESSORIES CHECK

☐ Ashtray ☐ Cig Lighter ☐ S/Tyre
☐ STD Tools ☐ Jack ☐ Hub Caps
☐ Radio / Cass ☐ CD ☐ Cartridges

Vehicle No: SKN3546X Replace Veh No: _____
 Mileage Out: _____ Mileage Out: _____
 Make & Model: TOYOTA AXIO Auto / Manual Group: _____
 OUT: Date 03/06/2019 Time: 16:20HRS
 HIRE/PERIOD EXPIRY _____
 NON-WAIVER EXCESS : \$ _____

CHARGES

Daily	@ \$	120	per day	5	600
Weekly	@ \$		per week		
Monthly	@ \$		per month		
Hours	@ \$		per hour		
Others	@ \$				
CDW	@ \$		per day/month		
PAI	@ \$		per day/month		
Delivery Service					

SUB-TOTAL \$

PETROL LEVEL

Out	E	1/4	1/2	3/4	F	
In	E	1/4	1/2	3/4	F	

EXTENSION

Collection Service _____
 Misc. _____

TOTAL CHARGE \$ 600

Rented out by:

Hirer's Signature

Addition Driver's Signature

I have read and agree to the terms & condition on both sides of this agreement. If I have presented a charge/credit card for payment, I agree that all amounts payable under this agreement and for parking and traffic infringements may be billed to that account and my signature above will be considered to have been made on the charge/credit card voucher. All information I have given TWINCAR RENTAL in connection with this Agreement is true.

* IMPORTANT

- ONLY PERSONS ABOVE 23 YEARS OF AGE WITH MORE THAN 2 YEARS DRIVING EXPERIENCE, AUTHORISED, LICENSED AND SIGNING THIS AGREEMENT MAY DRIVE THE VEHICLE.
- ALL PARKING AND TRAFFIC VIOLATIONS ARE THE RESPONSIBILITY OF THE HIRER, AN ADMINISTRATIVE CHARGE WILL BE LEVIED ON ANY TRAFFIC VIOLATIONS REDIRECTED.
- THE HIRER SHALL BE LIABLE FOR EXCESS CHARGES FOR ANY LATE RETURN, AT THE RATE SHOWN PER HOUR OR PER DAY, INCLUSIVE OF CDW AND/OR PAI WHERE APPLICABLE.
- IN CASE OF ACCIDENT, THE HIRER SHALL REPORT TO RENTAL OFFICE IMMEDIATELY. IF THERE IS BODILY INJURIES, A POLICE REPORT MUST BE MADE WITHIN 24 HOURS.
- VEHICLE IS STRICTLY FOR SINGAPORE USE ONLY. AND MAY NOT BE DRIVEN OUT OF SINGAPORE WITHOUT PRIOR CONSENT OF THE COMPANY TWINCAR RENTAL.

RETURN OF VEHICLE - THE HIRER / DRIVER IS REQUIRED TO SIGN IN THE COLUMN "SIGNATURE OF HIRER / DRIVER" FAILING WHICH THE DAY AND TIME INSERTED BELOW SHALL BE DEEMED TO BE THE DAY AND TIME THE VEHICLE IS RETURNED TO TWINCAR RENTAL AND THE SAME SHALL BE ACCEPTED AS CONCLUSIVE EVIDENCE OF THE SAME AND SHALL NOT BE CHALLENGED OR QUESTIONED ON ANY ACCOUNT WHATSOEVER.

DATE IN	TIME IN	MILEAGE	CHECKED BY	REMARKS
03/06/2019	10:05HRS			

SIGNATURE OF HIRER/DRIVER

Certificate of Insurance

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 169)
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

Persons or Classes of Persons entitled to drive*

1. The Insured.
2. Any other person who is driving on the Insured's order or with his permission.
3. In the event of the death of the insured,
 - a. any member of the insured's family, or a paid driver who has been driving the Motor Car during the life of the insured and permission to drive had not been withdrawn prior to the death of the insured; and
 - b. any other person who has been given permission to drive the Motor Car prior to the death and such permission had not been withdrawn by the Insured.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Car 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 Car. And provided further that the Motor Car is registered under the Road Traffic Act (Chapter 276) and its registration under the Road Traffic Act (Chapter 276) has not been cancelled at the time of the accident, loss or damage.

Limitations As To Use

Use only for social, domestic and pleasure purpose and for the Insured's business. The Policy does not cover use for hire or reward, racing, pace-making, speed testing, reliability trial, the carriage of goods other than samples in connection with any trade or business or use for any purposes in connection with the Motor Trade.

ExcelDrive Workshops and Accident Reporting

It is a condition precedent to liability that the Insured shall call at the Company's Accident Reporting Center with the Motor Car within 24 hours of the accident or by the next working day thereof.

All accident repairs to the Motor Car must be carried out at ExcelDrive Workshops, otherwise the claim is not payable under the Policy. For ExcelDrive Prestige Plan, accident repairs to the Motor Car can be carried out at any workshop other than ExcelDrive Workshops.

For the list of Accident Reporting Centres and ExcelDrive Workshops, please visit our website at www.sompo.com.sg or call our Emergency Hotline: (65) 6226 3323.

WE HEREBY CERTIFY that the policy to which this Certificate relates is issued in accordance with (1) the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia); and (2) the Policy terms, conditions and exceptions of the Private Car Policy ref MTP 27

Sompo Insurance Singapore Pte. Ltd.

Stellafr

Authorized Signatory

Date/Time of Issue : 29 JANUARY 2019 10:33

IMPORTANT NOTICE

- o Keep the Certificate in your Motor Car.
- o Under the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189), it shall be unlawful for any person to use or cause to permit any other person to use a motor vehicle without a valid policy of insurance under the Act.
- o On the sale of the Motor Car or if for any reason the insurance is terminated during its currency, the Insured must surrender the Certificate of Insurance and the Policy to the insurance company. If the Certificate of Insurance has been lost or destroyed, a statutory declaration to that effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189);
- o This Policy will cease to be valid once the Motor Car has been sold to another person. The Policy is not transferable to the new owner of the Motor Car.

Intermediary Code & Name : 11A14006 & ACCORD INSURANCE AGENCY CI Code: 22A FD4D5HW4KDYYBHPA

> Back to OneMotoring



Land Transport Authority
10 Sin Ming Drive
Singapore 575701
GST Registration No. : M4-0006529-2

Print Date/Time : 30 May 2019 / 12:12:14

Receipt Date/Time : 30 May 2019 / 12:12:14

Tax Invoice/Receipt

Receipt No. : ITNET-00000-190530-001225

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (\$\$)	GST Amount (\$\$)	Amount After GST (\$\$)
-----	--	--------------------------------	-------------------------	-------------------------------

Result of Insurance Enquiry - GBE3819K

As at 05 Apr 2019/08:30:00

Insurance Co: AXA INSURANCE PTE LTD

1 Insurance Enquiry - GBE3819K
Enquiry Fee
20190530121112422311

7.00 0.49 7.49

Sub-Total 7.00 0.49 7.49

Total Before Rounding 7.00 0.49 7.49

Rounding Difference 0.04

Total Amount Payable 7.45

Paid By

xxxxxxxxxxxx0379 Credit Card:
Visa/MasterCard 7.45

Total 7.45

Cash Change 0.00

Tendered Amount 7.45

Excess Refundable Amount 0.00

THANK YOU AND HAVE A NICE DAY!

Please ensure that all payments to the Authority are good and promptly settled by the payment service provider / financial institution. Otherwise, the transaction and receipt is considered void and late fee may apply.

Print Receipt

OK

Save as PDF

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type: Singapore NRIC
Owner ID: 8273I

Vehicle Details

Vehicle No.: SKR5419T
Vehicle to be Exported: No
Intended Deregistration Date: 30 May 2019
Vehicle Make: HONDA
Vehicle Model: VEZEL 1.5X
Primary Colour: Black
Manufacturing Year: 2014
Engine No.: L15B3514337
Chassis No.: RU11014324
Maximum Power Output: 96.0 kW (128 bhp)
Open Market Value: \$18,274.00
Original Registration Date: 13 Feb 2015
First Registration Date: 13 Feb 2015
Transfer Count: 0
Actual ARF Paid: \$8,274.00

Intended PARF Rebate Details

PARF Eligibility: Yes
PARF Eligibility Expiry Date: 12 Feb 2025
PARF Rebate Amount: \$6,205.00

Intended COE Rebate Details

COE Expiry Date: 12 Feb 2025
COE Category: A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years): 10
QP Paid: \$65,001.00
COE Rebate Amount: \$37,083.00
Total Rebate Amount: \$43,288.00

The information contained herein is correct as at 30 May 2019

OK

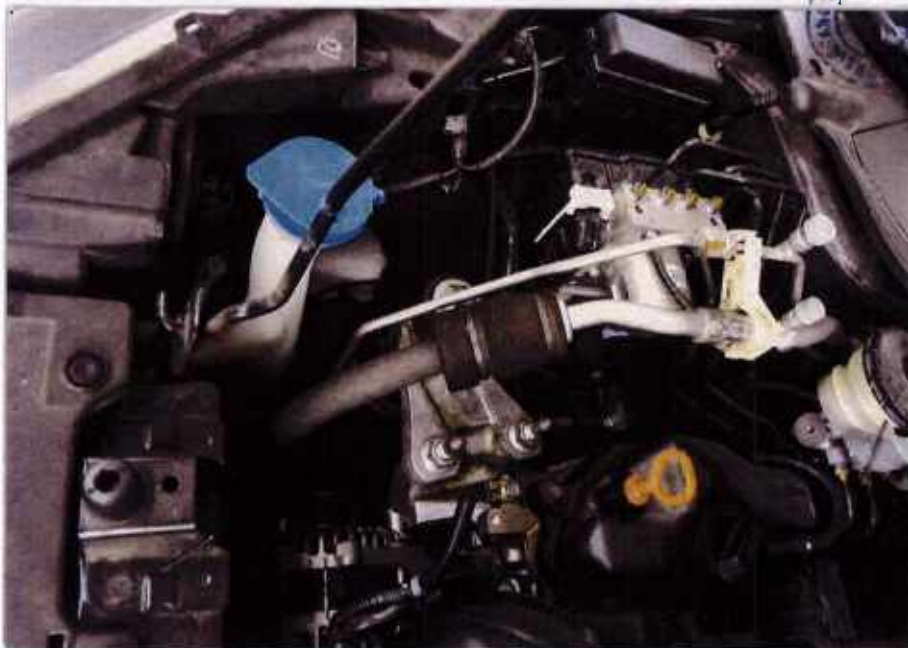




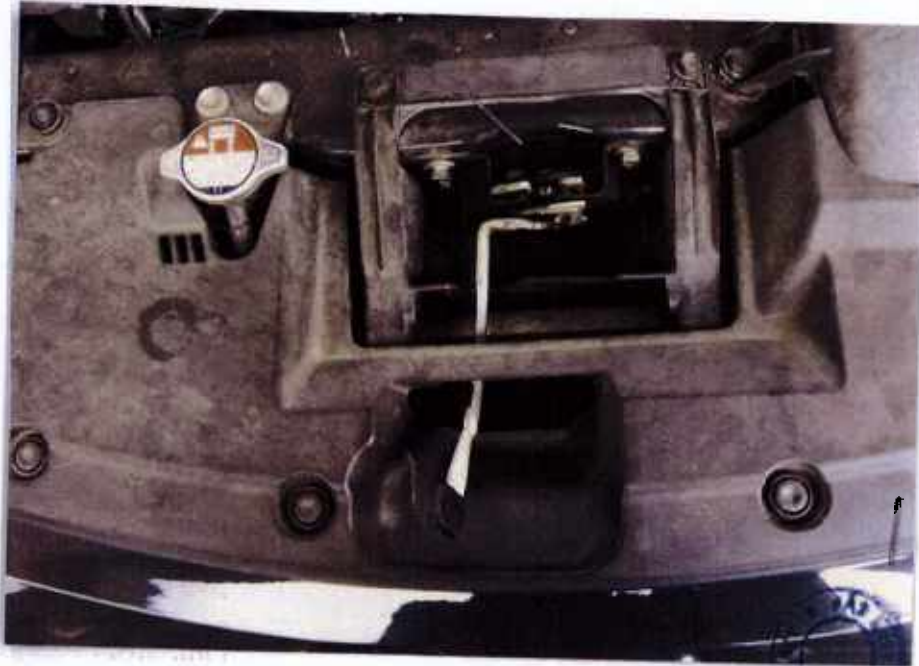












PAR Automotive Consultancy

Regn. No. 52986974L

Thomson Rd Post Office PO Box 029 Singapore 915701. Tel : 645 31173, Fax : 645 36131.

Report No: 0428-19-TCA

07 October 2019

ACCIDENT VEHICLE SURVEY REPORT

Wan Oi Mei
8 Woodleigh Close #05-15
Singapore 357903

VEHICLE INFORMATION:

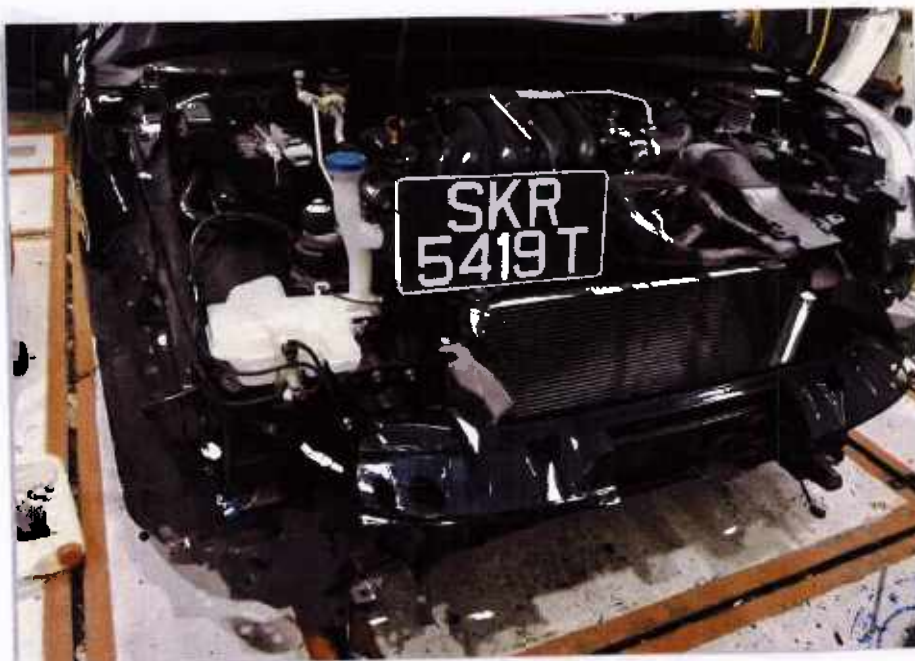
<i>Vehicle Reg No.:</i>	SKR5419T	<i>Odometer:</i>	058505km
<i>Make & Model:</i>	Honda Vezel 1.5X	<i>Colour:</i>	Black
<i>Chassis number:</i>	RU11014324	<i>Date of accident:</i>	05/04/2019
<i>Year of Regn.:</i>	13/02/2015	<i>Date inspected:</i>	04/06/2019
<i>Repairer at:</i>	Twincar Automotive Pte Ltd 2 Kaki Bukit Ave 2 #01-17 Kaki Bukit Auto Hub Singapore 417921	<i>Date inspected (After Repair):</i>	08/06/2019

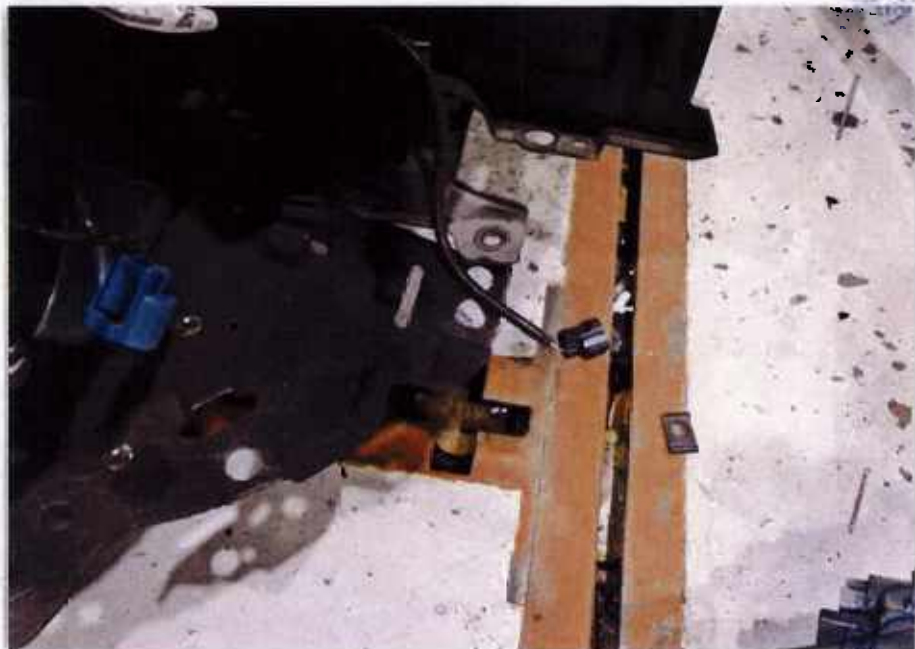
RE-INSPECTION

We had carried out re-inspection during works in progress and post repair inspection on the above vehicle. Attached in Annex B are the re-inspection photos, showing the work in progress and our re-inspection to the hidden part that were damaged.

REMARKS:

We have inspected the above-mentioned vehicle on a "Without Prejudice" basis.





















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 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	05/04/2019 11:14
Date Of Accident	05/04/2019 08:30
Exact Location Of Accident	AIRPORT RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKR5419T
Insured/Policyholder	
Name Of Registered Owner	WAN OI MEI
Passport No/FIN	S1688273I
Email Address	A4ANGELA@GMAI.COM
Mobile Phone No	(LOCAL) +65-82004808
Alternative Phone No	OFFICE-82004808

Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL
Exact Purpose for which vehicle was being used at time of accident	
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 CAR

Insurance Company

Name of Insurance Company	SOMPO INSURANCE SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	D19MTPV01002483
Cover Note Number	

Driver

Name of Driver	WAN OI MEI
Passport No/FIN	S1688273I
Date Of Birth	24/02/1965
Occupation	INDOOR
Date Of Driving Pass	03/09/1993
Driving Experience	25 YEARS AND 7 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-82004808
Fax Number	
Contact Number	OFFICE-82004808
EEmail Address	A4ANGELA@GMAI.COM

Address	8 WOODLEIGH CLOE #05-15 S357903
Postcode	
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
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?	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: : NG CHEE KOON GENDER: : MALE

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

refer to attached

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBE3819K
Vehicle Make/Model/Colour	NIL
Details Of Properties	NIL
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	MUHD YAZID BIN ALI
NRIC/Passport Number	
Contact Number	NIL
Address	NIL
	NIL
Postcode	NIL
Insurance Company Name	
Nature Of Damage	NIL

No. Of Passenger (Including Driver)


SKETCH PLAN

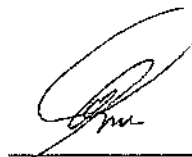
IMPORTANT NOTICE


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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.

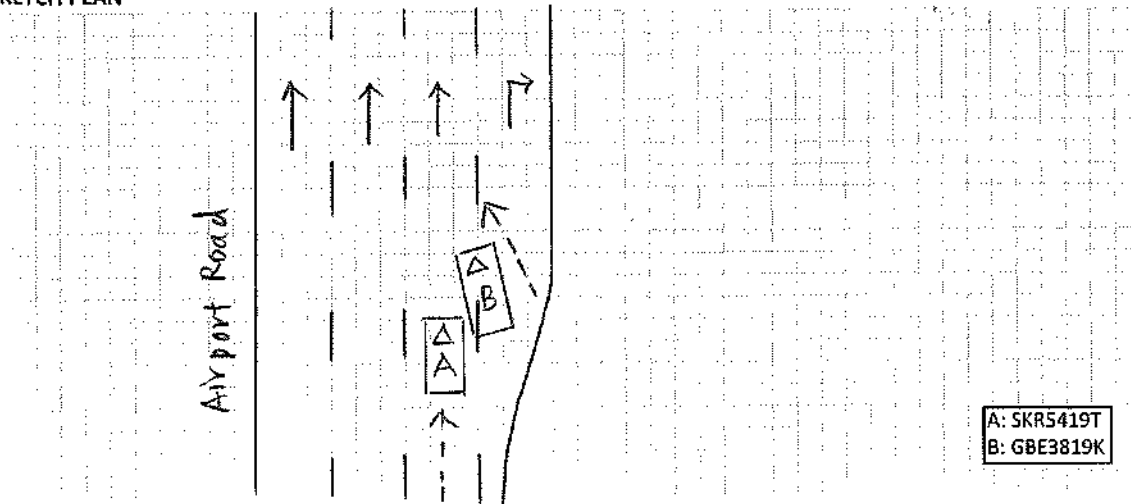

 Policyholder's Signature
 Date & Time: _____


 Driver's Signature
 (If driver is not the policyholder)
 Date & Time: 05 Apr 2019 @ 1200hrs


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

Accident Sketch Plan Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON THE MENTIONED DATE & TIME, I WAS STATIONARY ALONG AIRPORT ROAD ON THE 2ND LANE OF 4 LANES ROAD DUE TO RED LIGHT TRAFFIC AHEAD. TRAFFIC LIGHT TURNED 'GREEN' IN MY FAVOR, I THEN RELEASED MY BRAKE AND CONTINUE TO GO STRAIGHT. WHEN I WAS MOVING STRAIGHT, SUDDENLY VEHICLE GBE3819K CUT INTO MY PATH FROM RIGHT TURN ONLY LANE AND COLLIDED WITH MY VEHICLE.

DECLARATION

I, HEREBY DECLARE that:-

1. The reporting centre personnel has explained the above statement & sketch plan to me.
2. I understand and agree with the above statement.
3. The information given is true and correct to best of my/our knowledge and belief.

[Signature]

Name, Signature & Company Stamp (if applicable)

X

Company: <u>Sampo Ins</u>	Date of Accident: <u>05.04.2019</u>
Vehicle No: <u>SKR5419T</u>	
<input type="checkbox"/> Reporting Only <input type="checkbox"/> Own Damage Claim <input checked="" type="checkbox"/> Third Party Claim <input type="checkbox"/> Other Workshop <u>KES MOTORS</u>	

DECLARATION

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

[Signature]

Policyholder's Signature
Date & Time:

X

[Signature]

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

05 Apr 2019
@ 1200hrs

X



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

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S16882731



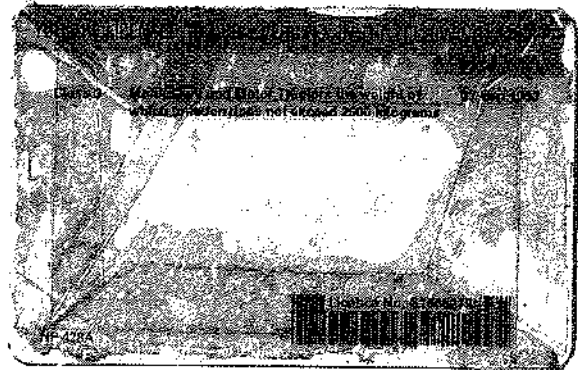
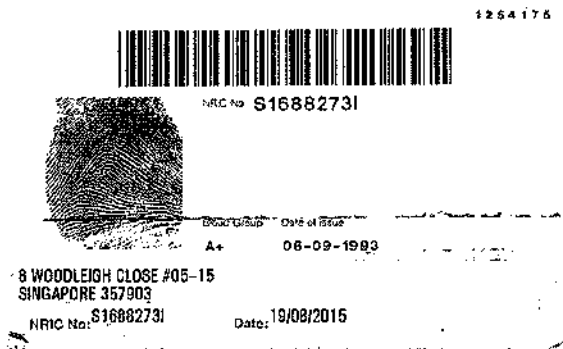
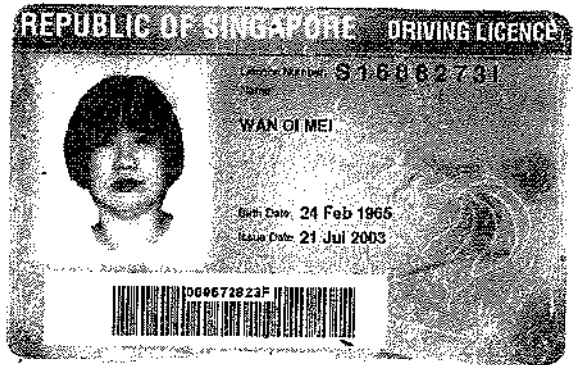
WAN OI MEI

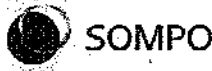
尹爱蕊

CHINESE

24-02-1965 F

SINGAPORE





50 Raffles Place, #05-01/08 Singapore Land Tower, Singapore 048623
Tel: 6461 8555 | Fax: 6221 3302 | Website: www.sompd.com.sg
Co. Reg. No. 198905400E | GST Reg. No. M200903196

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)

Cert No./Policy No.	: D19MTPV01002483
Insured	: WAN OI MEI
Motor Car (Registration No.)	: SKR5419T
Cover	: Comprehensive - ExcelDrive GOLD
Policy Commencement Date	: 13 FEBRUARY 2019 00:00
Policy Expiry Date	: 12 FEBRUARY 2020 23:59
Maximum Liability (Section I)	: Market value at time of loss - Excl. COE
Excess*	: \$500 - Section I (Waived up to S\$1,000 if accident repair is done at ExcelDrive Workshops for the first claim per policy year)
Voluntary Excess*	: Buy Up : \$500 - Section I
Windscreen Excess*	: S\$100.00 - Waived if Repair at ExcelDrive Workshop
Loss of Use	: Per Policy Schedule

* Subject to GST wherever applicable

Persons or Classes of Persons entitled to drive*

1. The Insured.
2. Any other person who is driving on the Insured's order or with his permission.
3. In the event of the death of the insured,
 - a. any member of the insured's family, or a paid driver who has been driving the Motor Car during the life of the insured and permission to drive had not been withdrawn prior to the death of the insured; and
 - b. any other person who has been given permission to drive the Motor Car prior to the death and such permission had not been withdrawn by the Insured.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Car 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 Car. And provided further that the Motor Car is registered under the Road Traffic Act (Chapter 276) and its registration under the Road Traffic Act (Chapter 276) has not been cancelled at the time of the accident, loss or damage.

Limitations As To Use

Use only for social, domestic and pleasure purpose and for the Insured's business. The Policy does not cover use for hire or reward, racing, pace-making, speed testing, reliability trial, the carriage of goods other than samples in connection with any trade or business or use for any purposes in connection with the Motor Trade.

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It is a condition precedent to liability that the Insured shall call at the Company's Accident Reporting Center with the Motor Car within 24 hours of the accident or by the next working day thereof.

All accident repairs to the Motor Car must be carried out at ExcelDrive Workshops, otherwise the claim is not payable under the Policy. For ExcelDrive Prestige Plan, accident repairs to the Motor Car can be carried out at any workshop other than ExcelDrive Workshops.

For the list of Accident Reporting Centres and ExcelDrive Workshops, please visit our website at www.sompo.com.sg or call our Emergency Hotline: (65) 6226 3323.

I/We HEREBY CERTIFY that the policy to which this Certificate relates is issued in accordance with (1) the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia); and (2) the Policy terms, conditions and exceptions of the Private Car Policy ref MYP.27

Sompo Insurance Singapore Pte. Ltd.

Stella

Authorised Signatory

Date/Time of Issue : 29 JANUARY 2019 10:33

IMPORTANT NOTICE

- o Keep the Certificate in your Motor Car;
- o Under the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189), it shall be unlawful for any person to use or cause to permit any other person to use a motor vehicle without a valid policy of insurance under the Act;
- o On the sale of the Motor Car or if for any reason the Insurance is terminated during its currency, the Insured must surrender the Certificate of Insurance and the Policy to the insurance company. If the Certificate of Insurance has been lost or destroyed, a statutory declaration to that effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189);
- o This Policy will cease to be valid once the Motor Car has been sold to another person. The Policy is not transferable to the new owner of the Motor Car.

Intermediary Code & Name : 11A14006 & ACCORD INSURANCE AGENCY CI Code: 22A FD4D5HW4KDYBHPA

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident scene



Accident scene



Accident scene



Accident scene



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 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	08/04/2019 10:04
Date Of Accident	05/04/2019 08:25
Exact Location Of Accident	ALONG AIRPORT ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE3819K
Insured/Policyholder	
Name Of Registered Owner	PET KAMPONG
Co Reg No	B52859242D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-98300373

Vehicle Particulars

Manufacturer	NISSAN
Model	NV350 PANEL VAN 2.5 5MT 5DR EURO V
Exact Purpose for which vehicle was being used at time of accident	
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	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA283969/1
Cover Note Number	19/11/2018-18/11/2019

Driver

Name of Driver	MUHAMMAD YAZID BIN ALI
NRIC No	S8626734I
Date Of Birth	12/09/1986
Occupation	OUTDOOR
Date Of Driving Pass	21/12/2007
Driving Experience	11 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93872967
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	470B FERNVALE LINK #03-430
Postcode	
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
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)	1

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

REFER TO ATTACHMENT

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	SKR5419T
Vehicle Make/Model/Colour	HONDA VEZEL (B)
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	WAN OI MEI
NRIC/Passport Number	S1688273I
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:



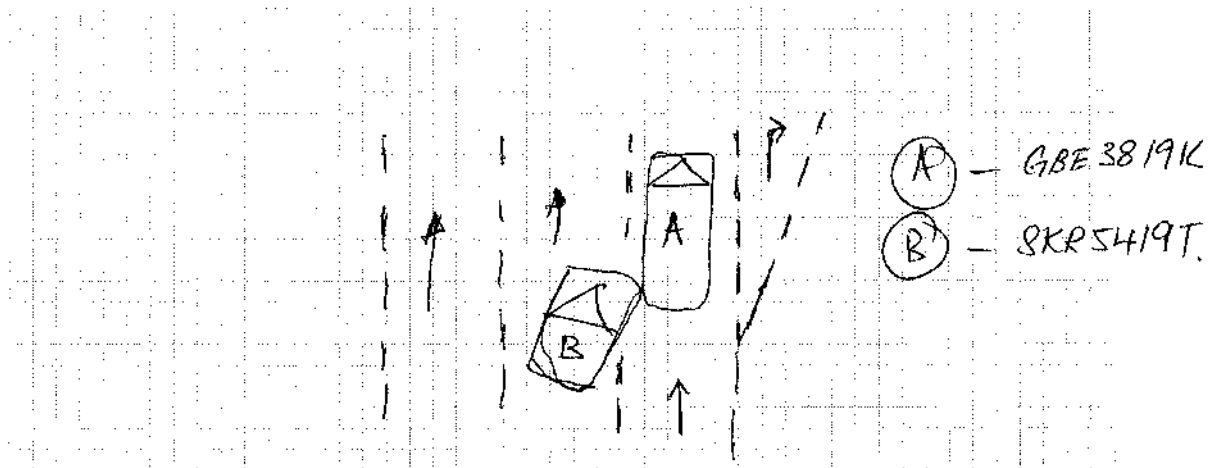
8/4/2019 9:50am
Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Was going straight on my lane on Airport Road traffic was heavy and slow then I felt a knock at my left rear

<p>You had been advised by workshop that in the event that you wish to claim against your own policy (OD claim), there is a Fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence.</p>	<input type="checkbox"/>	Reporting Only
	<input type="checkbox"/>	Claim OD
	<input type="checkbox"/>	Claim TP
	<input checked="" type="checkbox"/>	Claim OD / TP at other workshop

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/IN No.:

Sketch Plan Pg. 3



redefining / insurance

Date: 08/04/19.

To: Owner of Vehicle Number: GBE 38 19K .

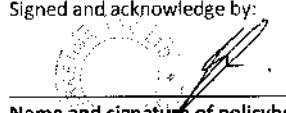
The following has been advised to you via your workshop, _____ through their staff, Jonathan.

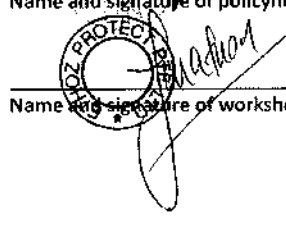


Please tick the applicable box if you had been advice on the content as seen below:

- ☒ You had been advised by the workshop that in the case that you wish to claim against your own policy, there is a Fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence.
- ☒ You had been advised by the workshop on the liability and merits of the case accordingly.
- ☒ You had been advised by the workshop on the claims procedure for the type of claim that you will be making due to this accident.
- ☐ There will be delay to your vehicle repair due to the unavailability of spare parts locally and there is no other option except to indent it from overseas.
- ☐ There will be no cancellation/withdrawal of the Own Damage claim once the order of the spare parts have been placed. If you wish to cancel/withdraw the claim, you shall bear all costs, expenses &/or related charges incurred directly &/or indirectly to the procurement of the spare parts.
- ☐ The estimated waiting time for the spare parts to arrive is _____. The estimated arrival time does not include the repair period.
- ☐ You will be driving the vehicle out despite being advised by the workshop mechanic/personnel that the vehicle may not be road worthy.
- ☒ For vehicles below Three (3) years old, your Insurance Company will use only genuine original parts to repair your vehicle.
- For vehicles above Three (3) years old, your Insurance Company will be carrying out repairs using **any combination** of genuine original parts and/or original equipment manufacturer (OEM) parts.
- ☐ You had been advised by the workshop of the Twelve (12) months warranty for Own Damage repairs on workmanship related to the accident.
- ☒ For vehicles that are under warranty with a local distributor, you have been advised by the workshop to check with your local distributor on any effect to your warranty prior to making this Own Damage claim.
- ☐ Others _____

Signed and acknowledge by:


Name and signature of policyholder/authorised driver


Name and signature of workshop personnel including company stamp



Accident Photo



Accident Photo



Accident Photo



Accident Photo



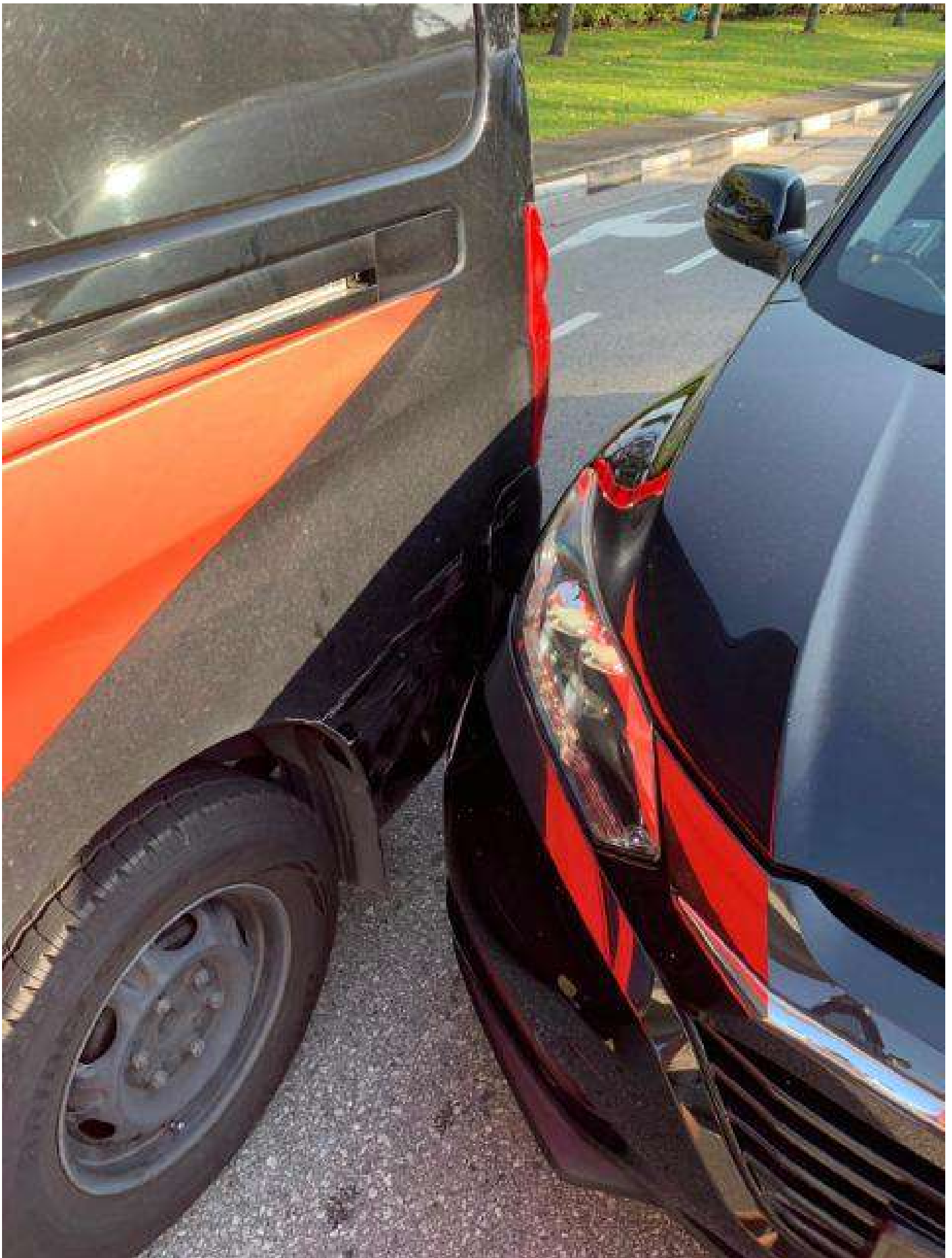
Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

