NATIONAL Assessment Centi	re dervices. Inet I Janosi A		700	
Date Inc. 1 1				
Date In: 1014), 9-14:35	Jcb description	Date &Time Completed	Don	e pi.
Ref No: Na 101419 206381/24	SAS e-filing	1		
Vels No: JIROSME	E-mail (within Shrs, AIC 2hrs)			and Lands Man
D.O.A : 17319 - 17:35	i-Motor Claim Form			
OD / TP / Reporting Only	i-Motor W/O (Within: OD 2hr	s, TP 4brs)		
OB : 17 + Technitaling Only	i-Photo Uploaded		The state of the s	
TP Innovation	Assessment/Survey Report			
TP Insurer:	Ass't Report by Fax / Hand	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (			ax:	-
TP Particulars: Veh No: 635	8097 INC (			-
Owner / Driver: (	(10)	Tel:	,	
Policy No: ( ) Pc	eriod: (	Cover Type: (		
Confirmed by : (	Date:	Time:		
Insured/Driver Liability: ( %)	Note-Est. Status (WO): N: 0-2	part to the contract of the first the first of the first	00%1	
	Warranty: YES ( )/NO (	)		
Excess: (\$ ) Loading: \$1,0				
General Remarks	NAME OF TAXABLE PARTY.		यह हुत हुन	-
( ) Walk-In Customer: Customer's info	rmation strictly Confidential 8 St	stratu NO referent mention	5,000 3515, 63	
( ) Total Loss Case : to e-mail Insure	er IIPCENTI V	icuy NO refer of repairer.		
Drive-In ( )/ Towed-In ( ); Invoice				
, , , , , , , , , , , , , , , , , , ,		owing Co: (		)
Remarks:- (INC hotline: 6788 6616)		Date&Time Completed	Done	by
	Courtesy Car ( )			
2) QC Check / Post Repair Inspection	( )			
<ol> <li>Upload Resurvey Photo [Repair Cost &gt; \$3</li> </ol>	000] ( )	-	14	
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#### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

Fax Number Contact Number

EMail Address

- 1. Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
   Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy liability.
- 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.
- 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

aloresaid,	
BURNEST CLOSES OF THE SECOND PARTY.	ACCIDENT STATEMENT
Date Of Report	10/04/2019 14:59
Date Of Accident	01/03/2019 13:35
Exact Location Of Accident	9 TAGORE LANE
Country/State of Loss	SINGAPORE
Ministration and the second	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJM8071E
Insured/Policyholder	THE REST OF THE PARTY OF THE PA
Name Of Registered Owner	MARIC & PARTNERS PTE LTD
Co Reg No	201620701N
Email Address	NOEMAIL
Mobile Phone No	NO ENGL
Allernative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	SUZUKI
Model	SWIFT 1.3 AT
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	REPORTING ONLY
Vehicle Category	PRIVATE HIRE
Insurance Company	THE RESIDENCE OF THE PARTY OF T
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE, LTD,
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	999994456
Cover Note Number	
Driver	
Name of Driver	JOHAN BIN KAMIS
NRIC No	\$7538735J
Date Of Birth	31/12/1975
Occupation	OUTDOOR
Date Of Driving Pass	22/07/2009
Driving Experience	9 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83790057

OFFICE-83790057

NOEMAIL

Address BLK 120 MARSILING RISE

#02-52

Postcode 730120

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

2

Insurance Company of Driver's Own Vehicle

## General Information of the Accident

Type Of Accident COLLIDED INTO PARKED VEHICLE

Weather Conditions CLEAR
Road Surface DRY

#### Other Information

involved in the accident

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

uaing own venicle)

Was any body injured in the Accident?

2 NO

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)

NO

2

YES

Passenger 1

NAME: : -

GENDER: : FEMALE

## **Details of Police Action**

Was the accident reported to the police?

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

#### Circumstances of Accident

REFER TO 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 GBC

Vehicle Make/Model/Colour

GBC8009J

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

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.
- 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 & Partners Pte Ltd

Co Reg No 201620701N 9 Tagore Lane #03-04

Policyholders Signature 72

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

MARIC & PARTNERS PTE	
4 ( 00 Þ	Venicle & = NBC8009J
( At a Tologore Lane)	

# DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on the Stated date & time, I (venice A: SJM 8071E) was reversing to exit the building. As the lighting conditions were very poor, I suddenly felt an impact realised that I coulde into vehicle B that was stationery at that point of time. I went down to check the damages & realised nothing was damaged. I was looking around to find the long direct of vehicle B
was good so I just acknowledged & left.

# DECLARATION

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

Maric & Partners Pte Ltd Co. Reg No 20162070TN

9 Tagore Lane #03-04 Policyholder's Signature Date & Time: Driver's Signature

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

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

# ACCIDENT STATEMENT

ACCIDENT DATE: 01 / 03 / 2019 )(DD/MM/YYYY), TIME: 13 : 35 )(HH:	MM:
LOCATION: At 9 Tagore Lane (outside Maric & Partners pte Ltd)	_
1. DETAILS OF VEHICLE	
a) VEHICLE NUMBER: SIM SOTIE	
DINSURANCE COMPANY: AIG	
C)POLICY NUMBER: 999994456	
DIPOLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THE	EFT)
FITYPE: (SELOON / COUPE / MPY /V AN / LORRY / MOTORCYCLE / OTHERS	5)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)	
h)PURPOSE OF USING AT ACCIDENT TIME:WORK	
I) 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 & PARTNERS PTE LTD (MALE / FEMALE)	
b) NRIC/FIN/PASSPORT: 201620701N CONTACT:	-
c)ADDRESS:	
	_
* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER	
14 Ho of passenge DRIVER	
(Induding driver) a)NAME: Johan Bin Kamis (MALE/ FEMALE)	
CONTACT: 83 140057	-
THE TENT SHIP IN SHIP IN THE TOTAL T	
temaly.	_
*d)DATE OF BIRTH: (31/12/1975)(DD/MM/YYYY) e)OCCUPATION: (INDOOR COUTDOOR)	
f) YEARS OF DRIVING EXPRERIENCE: 10	
4. WAS DRIVER AN EMPLOYEE OF THE INCURENCE COMPANY OF THE	80
4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO.) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: HIPET	)
5. GIWEATHER CONDITION: ICLEAR ARABINO ACTUERS	
5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS CIOUCHY b) ROAD SURFACE: (DRY / WET / OTHERS	)
6. WAS ANYBODY INJURED (YES / NO)	)
7. a) REPORTED TO POLICE (YES / NO)	
IF YES, PLEASE STATE WHICH POLICE STATION:	100
8 THIRD PARTY VEHICLE	
He of passenger of VEHICLE NUMBER: 68 080093 MODEL:	
(Induding driver) b) DRIVER'S NAME:	-
( ) C) NRIC/FIN/PASSPORT:CONTACT:	
9. THIRD PARTY VEHICLE	
He of passinger d) VEHICLE NUMBER:MODEL:	
O DRIVER'S NAME:	
(Including divier)	To .
( ) NRIC/FIN/PASSPORT:CONTACT:	
LNK	
man the industrial fork 2 " email = REFORTINGO	
TOPQUE 5 com	
large 1 bi Industrial fork 2 Chail = REFORTINGO TOPQUES com  Rax = 6452 4584	
no Programma in the control of the c	











## CERTIFICATE OF INSURANCE

GTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189) OTOR VEHICLES (THRID-PARTY RISKS AND COMPENSATION) RULES, 1960 SAD TRANSPORT ACT, 1987 (MALAYSIA)

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

HRD PARTY FIRE & THEFT ERTIFICATE NO.

DLICY NO.

COMMERCIAL MOTOR SJM8071E 999994456

(The below excess is subject to GST) POLICY EXCESS WINDSCREEN EXCESS

INSURING WITH COE/PARF NA

MARIC & PARTNERS PTE LTD

SUM INSURED

S\$1000.00 (Sect II)

NA

NA

VEHICLE REGISTRATION NO. NAME OF INSURED

EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE R THE PURPOSES OF THE ACT

DATE OF EXPIRY OF INSURANCE PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE\* 09 January 2019 24 April 2019

SJM8071E

person who is driving on the insured's order or with their pers

000.00 Section II Excess is applicable for driver who is above 22 years old and/or with minimum 2 years driving experience 000.00 Section il Excess is applicable for drivers who is 21 years old with minimum 1 year driving experience. policy does not cover drivers who are below 22 years old or less than 1 year driving experience.

ided that the person driving is permitted in accordance with the licentung or other laws or regulations to drive the Mo ider of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

#### 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 triat or speed-testing. 2) Use emiss drawing a trailer exceptive 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

ations rendered inoperative by Section 3 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 ysia), are not to be included under these headings.

Je hereby Certify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Veh d-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

id in Singapore 08 Jan 2019

00656-000 owell insurance (Agency) Pte. Ltd. Burn Road 09-09 Trivex Ingapore 369977

AIG Asia Pacific Insurance Pte. Ltd.

AUTHORISED REPRESENTATIVE

SSPOED

**ORIGINAL**