NATIONAL Assessment Centre Services [illegible] MKIA4190 78059

Date In: 17/06/2019 19:56	Job description	Date & Time Completed	Done by
Ref No: NBA/AIG/190/10727/4	SAS e-filing		
Veh No: SNS 7591H	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 13/06/2019 22:20	i-Motor Claim Form		
OD / TP / Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel: Fax:)

TP Particulars: Veh No: SHC 551P E INC ( ) / Non-INC ( ).

Owner / Driver: (Tel:)

Policy No: ( ) Period: ( ) Cover Type: ( )

Confirmed by : (*Date:* *Time:*)

Insured/Driver Liability: (%) [Note-Est. Status (WO): N: 0-20%; P: 21-79%; F: 80-100%]

Year of Registration: ( ) Warranty: YES ( ) / NO ( )

Excess: ($) Loading : $1,000 ( ) / $2,000 ( )

General Remarks:-

( ) Walk-In Customer : Customer's information strictly Confidential & Strictly NO refer of repairer.

( ) Total Loss Case : to e-mail Insurer URGENTLY.

Drive-In ( ) / Towed-In ( ); Invoice: YES ( ) / NO ( ); Towing Co: ( )

Remarks:- (INC hotline: 6788 6616)	Date&Time Completed	Done by
1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo [Repair Cost > $3000] ( )		

Injury :

Date/Time	Actions

NA190X568

Claimant's Particulars :-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments :-

Cat. 1:

Cat. 2 / 3:

Invoice Preparation Checklist		Amt ($) In Bill	Amt ($) Add Bill
1) AR : Accident Reporting ($30)			
2) DA : Damage Assessment ($100);	INC ($80)		
3) TF : Towing Fee	$40/$45		
4) FT : Follow-Through Survey	$120		
5) FT : Follow-Through Survey (Resurvey)	$30		
For claiming against INC Only (wef 10 Jan 2005)			
6) TR : Re-inspection	$75		
7) N1 : Idac DA + SMRT Survey	$100		
8) NTUC Additional Services:-			
(2)[illegible]			
* N5: Courtesy Car / Tpt Allowance	$5		
* N6: Repair Co-ordination	$10		
* N7: Post Repair Inspection	$25		
* N8: DV / Collect Excess Coordination	$5		
TP (N11) : TP (Non INC) against INC	$20		
9) N12: Idac Mobile	30		
Invoice dated	*Fee Charged*		
Invoice dated	*Fee Charged*		

P. 1/1

07-MAY-2019 16:39

Your NCD will be affected due to late reporting
Actual e-Filling Submission Date & Time: 17/06/2019 20:08

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date Of Report	17/06/2019 19:56
Date Of Accident	13/06/2019 22:20
Exact Location Of Accident	CIRCULAR ROAD TOWARDS CHULIA STREET
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMJ7591H
Insured/Policyholder	
Name Of Registered Owner	MARIC & PARTNERS PTE LTD
Co Reg No	201620701N
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93856687
Alternative Phone No	OFFICE-93856687
Vehicle Particulars	
Manufacturer	HYUNDAI
Model	AVANTE
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	999994147
Cover Note Number	
Driver	
Name of Driver	LIM TENG YI
NRIC No	S9609961D
Date Of Birth	16/03/1996
Occupation	OUTDOOR
Date Of Driving Pass	14/05/2016
Driving Experience	3 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93856687
Fax Number	
Contact Number	OTHERS-93856687
EMail Address	NOEMAIL

Address	BLK 49 TELOK BLANGAH DRIVE #22-07
Postcode	100049
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	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?	NO
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

PLEASE REFER TO SKETCH PLAN

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	SHC5518E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

IMPORTANT NOTICE

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

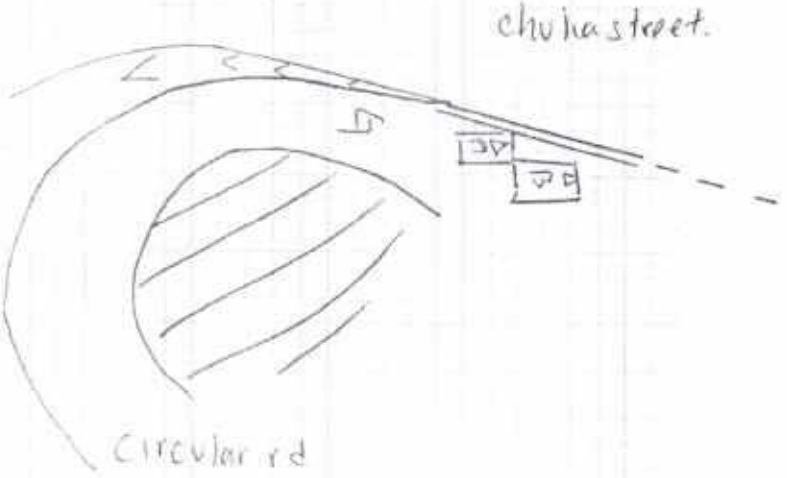
(i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

(ii) for complying with requirements under any regulations, laws or court orders

Maric & Partners Pte Ltd Co. Reg. No. 201620710N

Policyholder's Signature	Driver's Signature (If driver is not the policyholder)	Reporting Centre Personnel's Signature 17/06/2019
Date & Time:	Date & Time:	Name: NRIC/FIN No:

SKETCH PLAN



V-A) SMJ7581H
V-B) SHC5518E

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date and time, I vehicle 'A' was travelling on the stated venue. I was travelling straight in my lane and making a turn. I've noticed vehicle 'B', the taxi bearing carplate SHC5518E infront of me. he suddenly jam braked. I immediately applied my brakes however unable to stop in time, my vehicle front right portion collided against his rear left portion. Shortly we got down and exchange particulars. I've asked him why did he jam brake before the double white line, he mentioned he wanted to cut to the left lane hence he stopped. I wish to stated that the taxi could have stop after the double white line, instead of abruptly stopping. The driver asked for $1000 for compensation. I agreed however when I woke up and on my way to him, he mentioned he had already filed the insurance report. Attached is the conversation and my phone log for reference

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:

17/06/2021

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

MARIC & PA[illegible]NERS

VEHICLE LEASE AG[illegible]

[illegible] ate: 28 May 2019

[illegible] me: Camupell

[illegible] RIC: ______

[illegible] no.: ______

Company Maric & Partners Pte Ltd
Having its registered office at:
9 Tagore Lane #03-04, Singapore 78[illegible]2
(hereinafter known as "The Owner")

[illegible] on: 29 May 2019

[illegible] ion: 10.26am

Office No: 6452 4300
Office hour : 10 am – 7 pm

[illegible] e in: ______

[illegible] taff: ______

Hirer's Name: Lim [illegible] IC: [illegible]

Address: Blk [illegible] Telok Blangah [illegible]

(hereinafter known as "the Hirer")

hereby agrees that the Owner shall let and the Hirer shall [illegible] the [illegible] or a replacement vehicle provided by the Owner (hereinafter known as "theVehicle") upon the terms [illegible] hereinafter appearing.

1.DESCRIPTION OF VEHICLE

a. Make & Model : Hyundai Avante
b. Registration No : [illegible]
c. Mileage : ______
d. Contact No : 9325 [illegible]
e. Bank Account : ______
f. Email : ______

2. RENTAL PERIOD: 1 month

3. DEPOSIT AMOUNT: $ 300

4. FIRST WEEK RENTAL STARTS ON [illegible] May 2019 [illegible] $ 100 (2days) $ 350 (4days) } cleared by cash

5. RENTAL FEE :S$ 350 per week

a. Rental Fee includes the following items:

i. Unlimited mileage;
ii. Service and maintenance;
iii. Road Tax and Radio License;
iv. Motor Insurance Coverage (Excess applies);
v. 24-hours breakdown and emergency service [illegible] only); and

[illegible]'s Initial | Owner's Initial

Email: sm@idac.com.sg
Tel no: 6555 6888 Fax no: 6454 3279

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 13/06/2019 (dd/mm/yy) Time of Accident: 23 : 20 (24-HR-FORMAT)

Vehicle No.: SM3759IH Vehicle Make & Model: Hyundai Avante

Exact location of Accident: Circular rd finds Jhulia Street.

Policyholder's Name / IC No.: MARIC & PARTNERS PTE LTD 201620701N

Driver's Name / IC No.: Lim Teng Yi / S9609961D (As Above) ☐

Driver's Contact No.: 9385 6687 Company Contact No.: _____

Driver's Address: 9 TAGORE LANE #03-04 9 @ TAGORE S787472

Insurance Company: AIG Email address (If any): _____

Relationship between Owner & Driver: Hirer or Others specify: _____

What do you wish to claim? (Please TICK one only)

☐ Own Insurance / ☐ Other Vehicle (*The one you want to claim against*) / ☑ Reporting (For Record Purpose)

Exact purpose for which the vehicle Was being used at time of accident?

☐ Private use / ☑ Work purpose

Occupation (nature of job) ☐ Indoor/ ☑ Outdoor

No. of Passengers (Including Driver): 01

Passenger Name : _____ **Gender :**
Passenger Name : _____ **Gender :**

Weather condition & Road conditions * (On the day of accident)

☑ Clear & Dry / ☐ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others: _____

Was there any video captured by your Car Camera? ☐ Yes / ☑ No

Any Injuries: ☐ Yes / ☑ No (**If YES**) Injured Person' Name: _____

Injuries Sustain: _____ Injured Person in Which Vehicle: _____

Police Report filed: ☐ Yes / ☑ No (**If YES**) Which Police Station: _____

The Other Party(s) Details:

1. Driver's Name / IC No: _____ Vehicle No: SHC5518E

Driver's Contact No: _____ Insurance Company (If any): _____

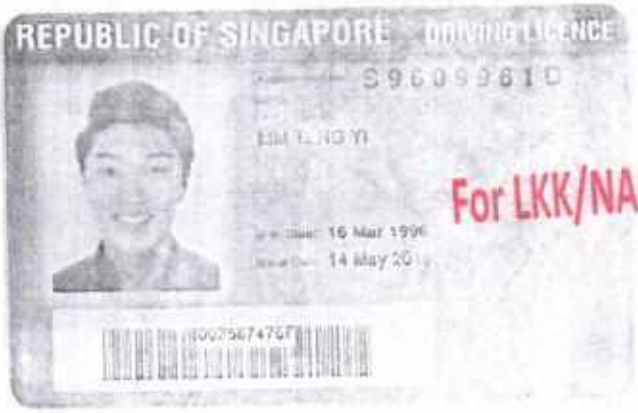
2. Driver's Name / IC No: _____ Vehicle No: _____

Driver's Contact No: _____ Insurance Company (If any): _____

*Independent Witness (If Any): _____ Contact No: _____

Preferred Workshop Name: _____ Contact No: _____

*If no proper documents are produced, IDAC should not file the report. Subrogation will be done only after one week.



AIG

HOTLINE TEL: (65) 6419-3000

CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

M.Z.400

THIRD PARTY FIRE & THEFT	COMMERCIAL MOTOR	(The below excess is subject to GST) POLICY EXCESS	S$1500.00 (Sect II)
CERTIFICATE NO.	SMJ7591H	WINDSCREEN EXCESS	NA
POLICY NO.	999994147		
		SUM INSURED	Market Value
		... WITH ...	YES
1) VEHICLE REGISTRATION NO.		SMJ7591H	
2) NAME OF INSURED		MARIC & PARTNERS PTE LTD	
3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE PURPOSES OF THE ACT		25 April 2019	
4) DATE OF EXPIRY OF INSURANCE		24 April 2020	

5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE*

Any person who is driving on the Insured's order or with their permission.
S$1,500.00 Section II Excess is applicable for driver who is between 25 years to 70 years old with minimum 2 years driving experience in Singapore.
An additional section II excess of $1,000.00 per accident is applicable in the event of an accident occurring outside Singapore.
Accident repair can be carried out at AIG appointed list of workshop or Manufacturer workshop within 3 years warranty.

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 racing, driving ... pace-making, reliability trial or speed-testing. 2) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle. 3) Use for any purpose in connection with the Motor Trade.

LOSS OF USE Not included

HIRE PURCHASE COMPANY NA

*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 20 Apr 2019

500656-000
Cowell Insurance (Agency) Pte. Ltd.
8 Burn Road
#05-09 Trivex
Singapore 369977

AIG Asia Pacific Insurance Pte. Ltd.

AUTHORISED REPRESENTATIVE

ORIGINAL

SSPCEC