NATIONAL Assessment Centre Services. MATIONAL Assessment Centre Services. MATIONAL Assessment Centre Services. Date In: n | 3 | m - 14:48 Date & Time Completed Done by Job description Ref No: 49/0/1/1901/92/ SAS e-filing Veh No: E-mail (within Shrs, AIC 2hrs) i-Motor Claim Form D.O.A : i-Motor W/O (Within: OD 2hrs, TP 4hrs) Reporting Only i-Photo Uploaded Assessment/Survey Report TP Insurer: Ass't Report by Fax / Hand to Owner/Wksp Preferred Wksp / INC Assign Wksp / QW: (Fax: Tel: TP Particulars: Veh No: FBB7436x)/Non-INC (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%. P: \$0-100%] 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 (); Towing Co: ((INC hotline: 6788 6616) Remarks:-Done by Date&Time Completed 1) Apply for Transport Allowance () / Courtesy Car (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000] Injury: Date/Time Actions Amt (3) Ant (S) Invoice Preparation Checklist HAIGOS YM fu Bill Add Bill 1) AR : Accident Reporting (\$30); Claimant's Particulars :-2) DA: Damage Assessment (\$100); INC (\$80) \$40/\$45 3) TF : Towing Fee Driver/Owner: 4) FT : Follow-Through Survey \$30 5) FT : Follow-Through Survey (Resurvey) Contact No: For claiming against INC Only (wef 10 Jan 2005) \$75 6) TR: Re-inspection Damaged Portion: 7) N1 : Idao DA + SMRT Survey 8) NTUC Additional Services:-OD. QC Checked by (Engr-In-Charge): \$5 *NS: Courtesy Car / Tpt Allowance \$10 *N6: Repair Co-ordination \$25 *N7: Fost Repair Inspection Auditors! Comments :-55 *N8: DV / Collect Excess Coordination TP (N11): TP (Non INC) against INC \$20 Cat. 1: 9) N12: Idne Mobile Fee Charged 2at. 2 / 3: Invoice dated Fee Charged Invoice dated

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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver,
- Information provided must be as <u>truthful and accurate</u> 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 ladgement 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.

aforesaid.	or narroy consent to the archiving or this report at the centre and to copies of the report being made available
Maria Carlos Carlos	ACCIDENT STATEMENT
Date Of Report	22/07/2019 19:48
Date Of Accident	22/07/2019 07:40
Exact Location Of Accident	CIRCUIT RD INFRONT CIRCUIT RD MARKET & FOOD CENTRE
Country/State of Loss	SINGAPORE
al Andrew Parada and	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SMF3424E
Insured/Policyholder	
Name Of Registered Owner	TWINCAR LEASING PTE LTD
Co Reg No	201533046C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	ТОУОТА
\$20 III.20	

Model NOAH HYBRID 7-SEATER 1.8X CVT

Exact Purpose for which vehicle was being used at WORKING

time of accident

Are you claiming under your own insurance policy for repair to your vehicle?

or repair to your verticle?

If No, Please state action to be taken THIRD PARTY

Vehicle Category PRIVATE HIRE

Insurance Company

Name of Insurance Company AIG ASIA PACIFIC INSURANCE PTE, LTD.

NO

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number 999994387

Cover Note Number

Driver

Name of Driver ANDY LEE THIAM CHYE

 NRIC No
 \$6901005I

 Date Of Birth
 05/01/1969

 Occupation
 OUTDOOR

 Date Of Driving Pass
 27/12/2002

Driving Experience 16 YEARS AND 6 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-98528918

Fax Number

Contact Number OFFICE-98528918

EMail Address NOEMAIL

BLK 109B EDGEDALE PLAINS Address

#10-119 822109

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

Postcode

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?

YES

Was any other material or property damaged? 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 STATEMENT.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

VIDEO FOOTAGE WITH DRIVER

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

FBB7436X

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

MOTORCYCLE

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

- 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.
- 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 aforesald.
- 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)
 - (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
- 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:

Name:

Reporting Centre Person

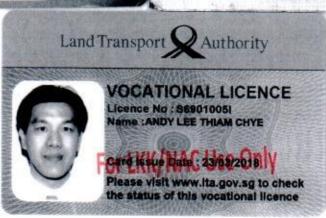
NRIC/FIN No .:

nel's Signature

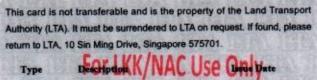
CIRCUIT ROAD (TOWARDING PIPIT ROAD) SKETCH PLAN ONE WAY TRAFFIC) Vehicle A 3424 R.
-SMF 3424 R.
Jehicle B 4436 X. CIRCUIT ROAD MARKET & FOOD CENTRIE DESCRIBE CIRCUMSTANCES OF THE ACCIDENT driving 2/000 Circuit Road Was toward Pipit direction Rosal middle lane. =pprosohing While druing orward to junction " while still a distance Morket Centre changed start 2W21 stoored vehicle seconds 2/ighteo vehicle reslized rom 200 WJ5 my motorcude 7436 X) FBB that hit completely stopped onto when Shown unction. was captured outage in-cor comero. - SMF 34246 1/ ehicle FRB 7436 X DECLARATION I/We declare the foregoing particulars are true in every respect. PolicyHolder's Signature Driver's Signature Reporting Centre Personne Date & Time: (If driver is not the policyholder) Name: Date & Time: NRIC/FIN No.:

Vehicle No.	SMF 3424 & Model / Make To MOTA NOAH
Date of Accident	22/07/19
Time of Accident	0740 HRS
ocation of Accident	CIRCUIT ROAD, INFRONT OF CIRCUIT ROAD MARKET & FOOD CANTE
Exact purpose use during acci	dent WORKING HOUR
Name of Owner	TWINCAR LEASING PTE LTD
Telephone No.	H/P: Home: Office:
NRIC	2015 33 046 C
Address	2 KAKI BURIT AVE 2 #01-17 KAKI BURIT AUTOHUS
Claim type	OD THIRD PARTY REPORTING ONLY S(417921)
Insurance Company	Ala
Type of Coverage	Comprehensive Third Party Third Party / Fire /Theft
Policy No.	999994387
Name of Driver	As Above If No, ANDY LEE THIAM CHYR
NRIC	5 6901005 I Any Passengers: NIL
Date of birth	05/61/1969
Occupation	Outdoor / Indoor
Driving License Pass Date	27 P&C 2002
Gender	Male / Female
Contact No.	H/P: \$5289 18 Home: Office:
Address	BLK 109 B EDGEPALE PLAINS #10-119 5(822109)
Driver have any own vehicle	Ne, If yes, Reg No.
Relationship	Employee, If no, state RENTAL / LEASING
Weather condition	Clear Raining Other
Road Surface	Dry Wet Other
Any Injuries	NO If Yes, Who?
Name And Contact No.	intes, who.
Name And Contact No.	
	No.) If Yes, Where?
Police Report Vehicle B No.	FBB 7436 X Any Passengers:
Name of Driver	Contact No.:
Vehicle C No.	Any Passengers :
Vehicle D No.	Any Passengers :
Vehicle E no.	Any Passengers :
Vehicle F No.	Any Passengers :
Vehicle G No.	Any Passengers :
Witness Name	Witness Contact :
Accident Portion	RAR LEFT.
Camera Recorder	Yes/No FRONT / KAAR
Email Address	10,110
Email Address	
PARTICULAR WORKSHOP	N-51 AUTO MOTIVE PTIE LTD
CONTACT NO.	6842 0051 / 6744 0510
CONTACT PERSON	Ian
FAX NO	6741 0510
WORKSHOP EMAIL ADDRESS	sales @ n51. com. sg









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23/03/2018 PRIVATE HIRE CAR VL







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

SUM INSURED YES
INSURING WITH COE/PARF YES
SMF3424E

Twincar Leasing Pte Ltd

05 November 2018

18 October 2019

1) VEHICLE REGISTRATION NO. SMF34

2) NAME OF INSURED
3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE

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

5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE*

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

\$\$2,000.00 Section | & \$\$2,000.00 Section || Excess is applicable for driver who is between 23 years to 65 years old with minimum 2 years driving experience in Singapore.

Up to \$250.00 one-time waiver excess under section I for build in car camera and applicable on non at fault claim only. (Valid for 6 months).

Accident repair can be carried out at any of your preferred workshop for repair subjected that all claim matters does not involved any lawyer services.

An additional excess of \$1,000.00 per accident is applicable in the event of an accident occurring outside Singapore.

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*

4) DATE OF EXPIRY OF INSURANCE

- Use for social, domestic, pleasure purposes and business purposes of Insured
- 2) Use for social, domestic, pleasure purposes and business purposes of any person whom the vehicle is hired.
- 3) Use for the carriage of passengers for hire or reward by any person to whom the vehicle is hired.

The Policy does not cover: 1) Use for tuition, driving test, racing, pace-making, reliability trial or speed-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.

It is hereby agreed and acceptance that we would make special arrangement to this workshop known as N-51 Automotive Pte Ltd to be your accident claim reporting center based on the conditions below.

LOSS OF USE HIRE PURCHASE COMPANY Not Included MAYBANK

*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 15 Nov 2018

Swift Link Insurance Agency - 502117

61 Ubi Avenue 2

#08-04A Automobile Megamart

Singapore 408898

AIG Asia Pacific Insurance Pte. Ltd.

AUTHORISED REPRESENTATIVE

SSPOEC

ORIGINAL