NATIONAL Assessment Co	entre Services	*wa* 1 Ja 0			
Date In 25/07/19	Job description		Date & Time Completed	Done	e by
Ref No . NA/AIG 19013138/	//3 SAS e-filing	g		-	
Veh No Sm45772 m	T. T	in Shrs, AIC 2hrs)			
DOA 35/07/19 08	i-Motor Cla	aim Form			
OD TP (Reporting Only)		O (Within: OD 2hr	s. TP 4hrs)		
OD TP (Peporting Only)	i-Photo Up	loaded			120
TP Insurer:	Assessment/S	Survey Report			
		by Fax / Hand t	o Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW	11 NS1		Tel: Fax	11	- 12 - 12 - 1
TP Particulars: Veh No:	Smc 4115	INC ()/Non-INC()	real languages	
Owner / Driver: (Tel:)	
Policy No. (Period: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	
	%) [Note-Est Status	(WO): N: 0-20	0%; P: 21-79%. F: 80-100)%]	
Year of Registration: () Warranty: YES ()/NO()		-1100000000
Excess: (\$) Loading:	\$1,000 () / \$2,00	0()			
General Remarks:-		valuation and	NAME OF THE OWNER OF THE OWNER.		
() Walk-In Customer's	s information strictly C	onfidential & Str	rictly NO rafer of repairer.		
() Total Loss Case : to e-mail I	nsurer URGENTLY.				
Drive-In ()/Towed-In (); In	voice: YES () /	NO (); T	owing Co. ()
Remarks:- (INC hotline: 6788 661					
		35,4	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: —————		and the same			
Date/Time Actions			CHARLES TO SECURE		-
	A. S. C.			100	
					-
an new planes		I	e de la	Anit (\$)	Amt (
NA190	22.23		paration Checklist	1st Bill	Add E
laimant's Particulars :-		1) AR : Accident 2) DA : Damage	Reporting (\$30); Assessment (\$100); INC (\$80)		
river/Owner:		3) TF : Towing Fee \$40/\$45			
ontact No:	The state of the s	4) FT : Follow-Th 5) FT : Follow-Th	rough Survey \$12 rough Survey (Resurvey) \$3	-	
		For claiming ag	minst INC Only (wef 10 Jan 2005)		
amaged Portion:		 TR: Re-inspec N1: Idac DA + 	SMRT Survey \$16		
C Charles		8) NTUC Addition	nal Services:-		
C Checked by (Engr-In-Charge):		*N5: Courtesy	Car / Tpt Allowance S	5	
unita di Colonia	to a Mark of the M	*N6: Repair Co *N7: Fost Repa	THE RESERVE OF THE PARTY OF THE	-	
uditors' Comments :-			ect Excess Coordination S		
C1:		TP (N11): TP (9) N12: Idac Mob	Non INC) against INC \$2	0	Telling .
1 2/3:		Invoice dated	Fee Charged		11 117
		Landar dated	Fun Channel	THE RESERVE	

SINGAPORE ACCIDENT STATEMENT

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.
- 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.
- 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

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 Date Of Report
 25/07/2019 15:11

 Date Of Accident
 25/07/2019 08:00

Exact Location Of Accident CTE TWDS AYE NEAR EXIT 11(AMK AVE 1)

Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMA5772M

Insured/Policyholder

Name Of Registered Owner TWINCAR LEASING PTE LTD

Co Reg No 201533046C Email Address NOEMAIL

Mobile Phone No

Alternative Phone No OFFICE-83802233

Vehicle Particulars

Manufacturer HONDA
Model SHUTTLE

Exact Purpose for which vehicle was being used at

time of accident

WORKING

Are you claiming under your own insurance policy

for repair to your vehicle?

NO

If No, Please state action to be taken REPORTING ONLY
Vehicle Category PRIVATE HIRE

Insurance Company

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

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number 999994387

Cover Note Number

Driver

 Name of Driver
 NG HEE TIONG

 NRIC No
 \$7029605E

 Date Of Birth
 29/08/1970

 Occupation
 OUTDOOR

 Date Of Driving Pass
 08/03/1991

Driving Experience 28 YEARS AND 4 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-81184847

Fax Number

Contact Number

EMail Address NOEMAIL

BLK 359 TAMPINES ST 34 Address

#02-447 520359

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)

2

involved in the accident

NO

Was any body injured in the Accident?

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)

3

Passenger 1

NAME:

: UNKNOWN

GENDER:

: FEMALE

Passenger 2

NAME:

: UNKNOWN

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

PLS REFER TO THE ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

HAVEN'T RETRIEVE

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SMC4115G

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Page 2 of 17

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.
- 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 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 Signatur

Date & Time:

Driver's Signature (If driver is not the policyholder)

Date & Time:

NRIC/FIN No .:

VETCH DI AN			
KETCH PLAN			
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Vehicle B-SMC	4115 6		
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		1 ->	
			C16 -> A18
ESCRIBE CIRCUMSTANCES	OF THE ACCIDENT		CTE -> AJE
, COUNTY CINCONSTANCES			
I was driving	straight along	CTE towar	d Aya direction.
I was an i	he third len	u.	
While driving st	might shed		1 101 0-1
	1, ./	, somewhere	near to AMK AVE I Exit
(EXIT 11) the	vehicle infront	of me, sud	denly jammed brake, inne
I applied on m	1 biske but	couldn't st	op in time and but on
4 6.1 21	or of me.		
the contract in the	The me.		
1 . 1 1			
Vehicle A - 5MC	a STTZM		
Vehicle B - 5MC	2 4115 G		
)	
		-	
	V		
ECLARATION We declare the foregoing particu	lars are true in every re	spect.	
	lars are true in every re	spect.	Ayu 25/07/

Vehicle No.	SMA STTZ M Model/Make HUNDA STUTTLE.
Date of Accident	25/07/19
Time of Accident	08 00 HRS
Location of Accident	CTE TOWARD ASIE, NAME TO EXIT II (AME AVE I)
Exact purpose use during acci	
Name of Owner	Turnega canona priz (21)
Telephone No.	H/P: \$3502233 Home: Office:
NRIC	2015 33046
Address	2 KARI BURIT AVEZ HOITZ KARI BURIT AUROHUB 5(417012
Claim type	OD THIRD PARTY REPORTING ONLY
Insurance Company	A14
Type of Coverage	Comprehensive Third Party Third Party / Fire /Theft
Policy No.	999994387
Name of Driver	As About 16 Co. Market Stand
Name of Driver	As Above If No. No her Tions
	S 7 UZ 9 6 US 12 Any Passengers: 2 F
Date of birth	29/08/1970
Occupation	Outdoor / Indoor
Driving License Pass Date	US Mariani
Gender	Male / Female
Contact No.	H/P: 7118 4847 Home: Office:
Address	BUK 359 TAMPINISS ST 34 # UZ-447 5 (520359)
Driver have any own vehicle	No, If yes, Reg No.
Relationship	Employee, If no, state RENTER / LAASING
Weather condition	Clear Raining Other
Road Surface	Dry Wet Other
Any Injuries	No, If Yes, Who?
Name And Contact No.	
Name And Contact No.	
Police Report	No If Yes, Where?
Vehicle B No.	SMC 4115 G 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	FROM
Camera Recorder	rest No haven't refriece
Email Address	
PARTICULAR WORKSHOP	N-51 Automotive Priz (20)
CONTACT NO.	6842 0051 / 6744 0510
CONTACT PERSON	Ian
FAX NO	6741 0510
WORKSHOP EMAIL ADDRESS	sales @ n51. com. sg









YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class 2B Motorcycles =< 200 cc
Class 3 Motor cars with unladen weight =< 3000kg with =< passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg

For LKK/NAC Use Only

NP 428A

This pard is not transferable and is the property of the Land Transpo Authority (LTA). It must be surrendered to the LTA on request. If four please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Description

TAXI VL 02

Issue Date 22/04/2008

For LKK/NAC Use Only





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

COMPREHENSIVE CERTIFICATE NO.

POLICY NO.

COMMERCIAL MOTOR

SMA5772M

999994387

(The below excess is subject to GST) POLICY EXCESS

S\$2000.00 (Sect I & II)

WINDSCREEN EXCESS

S\$100.00

SUM INSURED

YES

SMA5772M

INSURING WITH COE/PARF YES

1) VEHICLE REGISTRATION NO.

2) NAME OF INSURED

3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE

FOR THE PURPOSES OF THE ACT 4) DATE OF EXPIRY OF INSURANCE Twincar Leasing Pte Ltd

19 October 2018 18 October 2019

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*

- 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 fulfion, 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-S1 Automotive Pte Ltd to be your accident claim reporting center based on the conditions below.

LOSS OF USE

Not Included

HIRE PURCHASE COMPANY

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 17 Oct 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