NATIONAL Assessment Centre	Services perm	TOUR MURGERO	9/111		
Date In: 36 0 25 9 11 108/	Job description	Date & Time Co.	nptetod	Dane by	50595 USB
Ker No: NBA /AUGU 316714	SAS e-filing				
Veh No. 80 143608	E-mail (witten thrs. AIC	2hts;			
D.O.A X (0) 305 13:10	i-Motor Claim Fore	1 7			7
OD CONTRACTOR	I-Mater W/O (within	OD thra, 'PP 4hrs)		ma (*****	5 55
OD (TP) : Peporting Only	i-l'hoto Uploaded	······································			
TD incorpor	Assessment/Survey R	port			2101
TP insurer:	Ass't Report by Fax /	Hand to Owner/Wksp			
Preferred Wksp /4NC Assign Wksp / QW: (Tol:	Fax:	10.24)
TP Particulars: Veh No: SFS	217.	INC()/Non-INC(), ,		
Owner / Driver: (T'el:)	
Policy No: () Peri	od: () Cover Type: (<u>)</u>	
Constrmed by : (Date	: Time:)	
Insured/Driver Liability: (%) (N	ote-Est. Status (WO):	N: 0-20%; P: 21-79%.	F: 80-100%)		_
	/attanty: YES ()/N	0()			_
Excess: (S) Londing: \$1,00		St. Annie St Annie St Annie St.			THE S
	2007年建設				
() Walk-In Customar : Customer's Infor		al & Strictly NO Fater of	repairs.		
Drive-In () / Towed-In (); Invoice:) ; Towing Co. (·)	
	TES()/ NO(
Romarks: P. (INC) horling: 6788 (6616)		Date Time Co	nple od 1	A-Done by	-
	ourtesy Car ()				2.50
2) QC Check / Post Repair Inspection	()				
3) Upload Resurvey Photo [Repair Cost > \$3	000] ()				
Injury:					
Ditertime Actions				Land the	
	*				
White the same of					-
VISIONEHO "	Dengaki Dengaki	SMELEVALET STATE	7856-5 P DG-28	Anit (\$)	1 (3)
XIA1905567 "	PE ASS	nce Preparation Chec		in Bitt Ned	d.Bitt
Lulinant's Particulars :- 18 19 19 19 19		: Accident Reporting (530); : Dumoge Assessment (\$100)			
Driver/Owner:	3) TP 4) FT	Towing Fee Fellow-Through Survey	\$40/\$45		
Contact No:	5) FT	t Foliow-Through Survey (Rest cloimlus against ING Only (w.	(tvoy) \$30		
	6) TR	: Ite-in-pection	575		
Damaged Portion:		: Idau DA + SMRT Survey 'UC Additional Serviness-	. \$160		
QC Checked by (Engr-In-Charge):	(2)	Ľ	\$5		
, (2.g omige)	1 N	3: Courtesy Cer / Tpt Allowand 6: Repair Co-tedination	\$10		
Additions Comments :-		7: Fost Repair Inspection 8: DV / Collect Excess Coordin	525 ntion 55		
Catali	. 11	(N11) 1 TP (Nun INC) against	INC \$20		-
int.2/3:		2: Idna Mabile on dated	Fen Charged	202	a)
1 /1 ,9	03255	an delad	Fue Charged		
126	10	73	8:38	MAY-2019 1	-70

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
- 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

aforesaid.	isomation are archiving of this report at the centre and to copies of the report being made svallable
从19 20年,1930年	ACCIDENT STATEMENT
Date Of Report	26/07/2019 11:08
Date Of Accident	25/07/2019 13:10
Exact Location Of Accident	BLK 8 HAIG ROAD CARPARK
Country/State of Loss	SINGAPORE
THE COUNTY OF THE PERSON NAMED IN	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJQ4360B
Insured/Policyholder	
Name Of Registered Owner	MARIC & PARTNERS PTE.LTD.
Co Reg No	201620701N
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-87427709
Alternative Phone No	OFFICE-87427709
Vehicle Particulars	on the other to
Manufacturer	ТОУОТА
Model	COROLLA ALTIS-1.6 (A)
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	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	THE PARTY OF THE P
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	and the state of t
Driver	
Name of Driver	MOHAMMAD ZAINI BIN RAMAN
NRIC No	S7733540D
Date Of Birth	00/44/4077

Driver	
Name of Driver	MOHAMMAD ZAINI BIN RAMAN
NRIC No	S7733540D
Date Of Birth	09/11/1977
Occupation	OUTDOOR
Date Of Driving Pass	03/12/1997
Driving Experience	21 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87427709
Fax Number	

Contact Number OTHERS-87427709

EMail Address NOEMAIL Address

BLK 215 YISHUN STREET 21

#05-281

Postcode

760215

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

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

NO

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)

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

SFS2121A

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR

Vehicle Category

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 <u>correctly</u> 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 withholding of material facts may allow insurance companies to repudiate policy liability.
- 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 insurers) 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.

Policyholder's Signature

Date & Time:

Driver's Signature

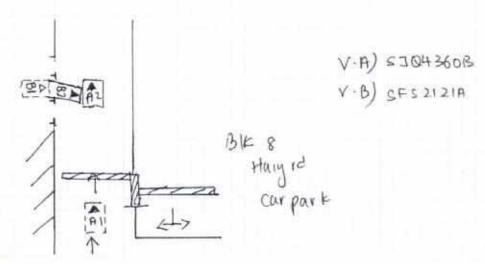
(If driver is not the policyholder)

Date & Time:

Reporting Centre Persannel's highardin

Name:

NRIC/FIN No.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

UVI	the	stated	dute	and	time.	I	rehule	'n'	# Q E 2	360B	was	trai	relling
n t	te	stuted	venue	As	IVe	cuti	ered	and	passed	thr	ough	the	
car	Po	urk on	trance,	Su	ddenly	reh	ردلو	`ß'	SFS2	21A	which	W	as
park	ing	ort	lot	3	(ame	004	αl	0	f the	202	lden	had	
graz	ed	ayaı	n s-t	my	entir	e ve	hide	lef.	t por	tion.	sho	rtly	I
got	d	own 0	f my	vehu	le ar	√d (26872	· Y	ehide	B' (davnac	je,	his
rehi	cle	duma	gi po	ition	are	most	y a	round	his	Fron	t po	vtior	١,
While	ι	Mine	was	on	the	left	1201	tion				-	

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

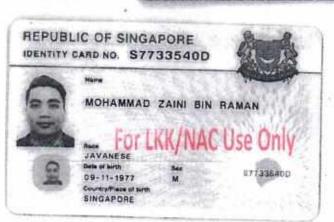
Reporting Centre Personnel's Signature
Name: Roll M

Email: sm@idac.com.sg

^{*}If no proper documents are produced. IDAC should not file the report. Information will be discarded after one week,









This card is not transferable and is the property of the Land Transport
Authority (LTA). It must be surrendered to LTA on request. If found, pieases
return to LTA, 10 Sin Ming Drive, Singapore \$75701.

Type Description Issue Date

13 PRIVATE HIRE CAR VL 28/02/2018

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, 1946

ROAD TRANSPORT ACT, 1987 (MALAYSIA)

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

MZ.400

(The below excess is subject to GST)

THIRD PARTY FIRE & THEFT

COMMERCIAL MOTOR

POLICY EXCESS

3\$1500.00 (Sect II)

CERTIFICATE NO. POLICY NO.

5JQ4360B

WINDSCREEN EXCESS

NA.

999994147

SUM INSURED

Market Value

INSURING WITH COEPARF SJQ4360B

YES

1) VEHICLE REGISTRATION NO.

2) NAME OF INSURED

MARIC & PARTNERS PTE LTD

3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE

PURPOSES OF THE ACT

26 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.

SS1,500.00 Section II Excess is applicable for driver who is between 23 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 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.

LOSS OF USE

Not included

HIRE PURCHASE COMPANY

TAI THONG LEE TRADING PTE LTD

*Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 96 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

17 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 26 Apr 2019

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

AIG Asia Pacific Insurance Pte. Ltd.

AUTHORISED REPRESENTATIVE

SSPORC

ORIGINAL