: MNA 119104415. NATIONAL Assessment Centre Services. [wel 1 Jan'03] . Date &Time Completed Done by Jeb description 818119 17112 SAS c-filling Ref Ho. WALAIG19013945/64 E-mail (which Shis, AIC 2hrs) Veh No SKX 4350 G I-Motor Claim Form 1111A 616/19 15130 I-Motor W/O (Within: OD 2hts, TP 4hrs) (21) 1P / Reporting Only I-Photo Uploaded Assessment/Survey Report Il hisurer: Ass't Report by Fax / Hand to Owner/Wkan Fax: Tol: Proformit Wksp / INC Assign Wksp / QW: ( INC ( )/Non-INC ( Veh No: I'P Particulars: GBB 4965E ) Tcl: Owner / Driver: ( Cover Type: ( Period: ( Policy No: ( Time: Date: Confirmed by : ( %) [Note-Est. Status (WO): N; 0-20%; P: 21-79%. Insured/Driver Liability: ( )/NO( Warranty: YES ( Year of Registration: ( Loading: \$1,000 ( )/\$2,000 ( Baccas: (\$ Gought Remires as & Day Vizin ) Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer. ) Total Loss Case : to e-mail Insurer URGENTLY. ) / NO ( ) ; Towing Co: ( Drive-In ( )/Towed-In ( ); Invoice: YES ( ) / Courtesy Car ( 1) Apply for Transfort Allowance ( 2) QC Check / Post Repair Inspection .)- Upload Resurvey Photo [Repair Cost > \$3000] Injury: Dute Line & Actions midheal Mhillians MA1905871 1) All I Acadent Reporting (330); Chammatly Particulars 52 2) DA : Damege Assessment (5100); \$40/\$45 3) TF : Towing Poo Driver/Owser: \$120 4) PT : Pollow-Through Survey 330 5) PT : Pollow-Through Survey (Resurvey) Contact No: For plaining stalust INC Only (wef 10 Jan 2003) \$75 6) TR: Re-Imposition 2160 Danuaged Portion: 7) NI : Idao DA + SMRT Survey 8) NTUC Additional Services:-OD \$5 \*NS: Courlesy Car / Tpt Allowance OC Checked by (Engr-In-Charge); 510 . No: Repair Co-ordination \$25 \* N7; Post Repair Inspention Auditors Comments : \*NS; DV / Collect Excess Coordination 22 TP (N11): TP (Nun INC) against INC \$20 Jal. J. 9) N12: Idao Mobile MANUTURN. Involve dated Madrix 1/1: Fee Charged Involce dated

Francisco Com

### SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

EMail Address

- 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 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.

eforesaid.	sent to the archiving of this report at the centre and to copies of the report being made available	
MANAGER AND STREET	ACCIDENT STATEMENT	
Date Of Report	08/08/2019 17:12	
Date Of Accident	06/06/2019 15:30	
Exact Location Of Accident	LOWER DELTA RD	
Country/State of Loss	SINGAPORE	
	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKX4350G	
Insured/Policyholder		
Name Of Registered Owner	TWINCAR LEASING PTE LTD	
Co Reg No	201533046C	
Email Address	NOEMAIL	
Mobile Phone No		
Alternative Phone No	OFFICE-83502233	
Vehicle Particulars		
Manufacturer	ТОУОТА	
Model	COROLLA ALTIS	
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		

NO
999994387
MUVENDRAN S/O ALAKU VELUSAMY
S1415736J
22/09/1960
OUTDOOR
22/07/1983
35 YEARS AND 10 MONTHS
MALE
(LOCAL) +65-84823316

NOEMAIL

Address

BLK 282 CCK AVE 3 #04-422

Postcode

680282

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

OTHER - HIRER

Vehicle

Vehicle Registration Number of Driver's Own

Insurance Company of Driver's Own Vehicle

### General Information of the Accident

Type Of Accident

COLLISION - HEAD TO REAR

Weather Conditions

RAINING

Road Surface

WET

#### 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?

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)

2

Passenger 1

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

PLEASE REFER TO ATTACHED 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

GBB4965E

Vehicle Make/Model/Colour

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

- 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 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.
- 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:
  - (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:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

	LOWER DE	LTA ROAD	TOWARD WEST	COAST DIRECTION
				Jan
Vehille A - SKX 4350	06			mai
1/ehido B - GBB 498	56			
Vehide 15 - GDB 470	136			
			Man	
			MIDN	
			4	
ESCRIBE CIRCUMSTANCES OF TH	IE ACCIDENT			
I was driving alon	Lower Delt:	Road	found West (	bost Rooul
director. I was	on the extre	me ninhe	lone.	
+ 4				
While travelling storics	Le sheed , sur	11.1. 1	11/ 12/	
hat District	H SALSON SU	during in	I 1	114
broke. In to the				ulant stop
in time and but	anto the near	portion	+ (abo 1905	P/
1				
Jehide A - SKX	market and a second			
Vehide B - CBB	49616			
ECLARATION				
ECLARATION  Ne declare the foresting particulars ar	'e true in every respect.			
	e true in every respect.		that the same of t	

(If driver is not the policyholder)

Name:

Vehicle No.	SKX 4350C Model/Make TUSTA ACTES
Date of Accident	6/6/2019
ime of Accident	1530 HRS
ocation of Accident	LOWER VELLA ROAD
xact purpose use during accid	dent WORKING HOURS
Name of Owner	TWINCOR LABOUR
Telephone No.	H/P: \$3\$02233 Home: Office:
VRIC	2015330460
Address	2 have suren ave 2, # 01-17 have suren arconus 5(41792
Claim type	OD THIRD PARTY REPORTING ONLY
nsurance Company	ALG
Type of Coverage	Comprehensive Third Party Third Party / Fire /Theft
Policy No.	999994317.
Name of Driver	As Above If No, MUVENDRAN S/O ALAKU VELLISAMY
NRIC	S 14157365 Any Passengers: (Filmare)
Date of birth	22 5:1910
Occupation	Outdoor / Indoor
Driving License Pass Date	22 Jul 1983
Gender	Male / Female
Contact No.	H/P: 8412 3316 Home: Office:
Address	Bik 282 CHOO CHUN KANA ANZ 3 \$04-422 \$(60282)
Driver have any own vehicle	No, If yes, Reg No.
Relationship	Employee, If no, state weren / LEASING
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.	GBB 4965E 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	faurt.
Camera Recorder	Yes /(No)
Email Address	
PARTICULAR WORKSHOP	Note Auto morne PTE LED
CONTACT NO.	6842 0051 / 6744 0510
CONTACT PERSON	Inv
FAX NO	6741 0510

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$1415736J



MUVENDRAN S/O ALAKU VELUSAMY

முவேந்திரன்

SINGAPORE

INDIAN 22-09-1960 Country/Place of birth





DRIVING LICENCE S1415736J

MUVENDRAN S/O ALAKU VELUSAMY

Birth Date: 22 Sep 1960 Issue Date: 17 Nov 2017





**VOCATIONAL LICENCE** 

Licence No : \$1415736J Name : MUVENDRAN S/O A VELUSAMY

Card Issue Date : 20/11/2017 Please visit www.lta.gov.sg to check the status of this vocational licence

5803643





05-09-2017

APT BLK 282 CHOA CHU KANG AVENUE 3 SINGAPORE 680282

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

EFFECTIVE DATE

Motor cars with unladen weight =< 3000kg with =< 7 22 Jul 1983 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg

For LKK/NAC Use Only

NP 428A



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, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type

Description

Issue Date

12

TAXI VL

16/09/1997





### 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

COMMERCIAL MOTOR

CERTIFICATE NO. POLICY NO.

SKX4350G 999994387

(The below excess is subject to GST) POLICY EXCESS

S\$2000.00 (Sect I & II)

WINDSCREEN EXCESS

\$\$100.00

SUM INSURED

YES YES

INSURING WITH COE/PARF SKX4350G

Twincar Leasing Pte Ltd

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

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 tuition, driving test, racing, pace-making, reliability trial or speed-testing. 2) Use whilst drawing a trailer except and) 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

Not Included

HIRE PURCHASE COMPANY

NII

\*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 Uhi Avenue 2

#08-04A Automobile Megamart

Singapore 408898

AIG Asia Pacific Insurance Pte. Ltd.

AUTHORISED REPRESENTATIVE

SSPOEC

ORIGINAL

50%

# Register New Vehicle (Acknowledgement)

Vehicle Particulars

Vehicle No.:

SKX4350G

Vehicle Type:

Z10 - Private Hire (Chauffeur) Motor Car

Vehicle Scheme:

Normal

Vehicle Attachment 1:

No Attachment

Vehicle Attachment 2:

Vehicle Attachment 3:

COROLLA ALTIS CLASSIC 1.6 CVT

Vehicle Make: Chassis No.:

TOYOTA

Vehicle Model:

MR053REH104538886

Engine No.:

1ZRY209802

Motor No.:

Trailer Chassis No.:

Propellant:

Petrol

Passenger Capacity:

Engine Capacity:

1598 cc

Power Rating:

Maximum Power Output:

90.0 kW (120 bhp)

Maximum Laden Weight:

1640 kg

Unladen Weight: Primary Colour.

1205 kg

Grey

Secondary Colour:

14 Dec 2015

First Registration Date: Manufacturing Year:

14 Dec 2015

Open Market Value:

\$17,804.00

PARF Eligibility:

2015 Yes

Minimum PARF Benefit:

Original Registration Date:

\$8,902.00

No. of Transfers:

0

Additional Registration Fee

First \$17,804.00 (100%)

**Owner Particulars** 

Owner Name:

TWINCAR LEASING PTE LTD

Owner ID Type:

Company

Owner ID:

201533046C

Registered Address Type:

Private Residential (Condo Apt or House) /

Shopping / Office Complexes

Registered Block/House No.: 2

Registered Street Name:

KAKI BUKIT AVENUE 2

Registered Unit No.:

# 01 - 17

Registered Building Name: KAKI BUKIT AUTOHUB

Registered Postal Code:

417921

COE No. / Expiry Date:

2015120101001099W / 13 Dec 2025

COE Bid Category:

A - Car (up to 1600cc & 97kW (130bhp))

QP Paid:

\$56,001.00

Transaction Details

Business Transaction Ref.

No.:

20151214100700962030

Business Transaction Date: 14 Dec 2015

Business Transaction Time: 10:07:00

Message

The above vehicle has been successfully registered.

Please note that \$64,242.00 will be deducted from your GIRO account.

OK