NATIONAL Assessment Centre Sei	rvices. wel + Jamos		
Date In: 748 19 - 11: 26 Jet	description	Date & Time Completed	Done by
	AS e-filing		
Veh No: Jugnost E	-mail (within Shrs, AIC 2hrs)		4
	Motor Claim Form		
	Motor W/O (Within: OD 2	hrs, TP 4hrs)	
OD / TP / Reporting Only	Photo Uploaded		
	ssessment/Survey Report		
TP Insurer:	ss't Report by Fax / Hand	to Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW: (Tel: Fa	G
TP Particulars: Veh No: SUS GIOTE	, INC	()/Non-INC().	74
Owner / Driver: (Tel:)
Policy No: () Period: (Cover Type: ()
Confirmed by : (Date:	Time:)
Insured/Driver Liability: (%) [Note-I	est. Status (WO): N: 0	-20%; P: 21-79%. P: 80-10	0%]
Year of Registration: () Warran	nty: YES ()/NO ()	
Excess: (\$) Loading: \$1,000 (The same of the sa	7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ACTORNIC
General Remarks:			and the
() Walk-In Customer: Customer's information	n strictly Confidential &	Strictly NO refer of repairer.	
() Total Loss Case : to e-mail Insurer UR	GENTLY.		3
Drive-In ()/ Towed-In (); Invoice: YES	()/NO();	Towing Co: (.)
Remarks:- (INC hotline: 6788 6616)		Date&Time Completed	Done by
1) Apply for Transport Allowance ()/Courter		**	3/11/0
2) QC Check / Post Repair Inspection	()		
3) Upload Resurvey Photo [Repair Cost > \$3000]	()		
Injury:			11-
		- er fe skaller Gi	
Date/Time Actions			BARGOSTIN
	1		
1			+
			Anit (S) Ami
14 150 G473 :	Invoice P	reparation Checklist	fit Bill Add
laimant's Particulars :-	1) AR : Accid	ent Reporting (\$30); ge Assessment (\$100); INC (\$80	
	3) TF : Towin	g Fee . \$40/5	45
river/Owner:	4) FT : Follow	- Intough con -)	30
ontact No:	For claimin	g against INC Only (wef 10 Jan 2005)	
amaged Portion:	6) TR : Re-in:	premon	160
		litional Services:-	
C Checked by (Engr-In-Charge):		csy Car / Tpt Allowance	\$5
		r Co-ordination	510
uditors! Comments :-		Repair Inspection Collect Excess Coordination	525
t. 1:	TP (N11):	TP (Non INC) against INC	30
	9) N12: Idea		1204154
t. 2 / 3;	Invoice dated	Fee Charged	ES UN

Frynd 1 32

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.

ESPANIAN ESPANACIONAL PROPERTO	ACCIDENT STATEMENT
Date Of Report	27/08/2019 11:26
Date Of Accident	24/08/2019 14:30
Exact Location Of Accident	SLIP RD PUNGGOL FIELD TWDS PUNGGOL RD
Country/State of Loss	SINGAPORE
Little visit in the second second second	DETAILS OF OWN VEHICLE
Vehicle Pegistration Number	CHIODOT

TO SEVERAL SHIP HER PARKET HAS A MEET TO	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJU9203T
Insured/Policyholder	
Name Of Registered Owner	AUTOTRUST LEASING PTE LTD
Co Rea No	2045226547

Co Reg No 201533654Z Email Address NOEMAIL Mobile Phone No

Alternative Phone No OFFICE-89999999

Vehicle Particulars Manufacturer TOYOTA

Model COROLLA ALTIS 1.6 AUTO

Exact Purpose for which vehicle was being used at COMMERCIAL USE time of accident

Are you claiming under your own insurance policy

NO for repair to your vehicle?

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 THIRD PARTY

Fleet Policy NO

Policy Number 999994248

Cover Note Number

Driver

Name of Driver LEE HAN MING (LI HANMIN)

NRIC No S7136169A Date Of Birth 20/10/1971 Occupation OUTDOOR Date Of Driving Pass 05/05/1998

Driving Experience 21 YEARS AND 3 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-84687319

Fax Number

Contact Number OFFICE-84687319

EMail Address NOEMAIL

BLK 217C SUMANG WALK Address

#05-212 823217

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Postcode

OTHER - HIRER

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?

YES

Was any other material or property damaged? I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO 1

Number of Passengers (Including Driver)

Details of Police Action

NO

Was the accident reported to the police? 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?

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SLS9105E

Vehicle Make/Model/Colour

KIA CERATO K3

Details Of Properties

Vehicle Category

PRIVATE CAR

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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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 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:

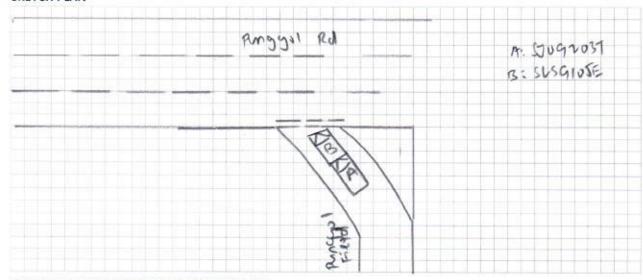
Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Persophel's Signature

Name:

NRIC/FIN No .:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

refer to Hatement.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

PolicyNolder's Signature Date & Tone:

Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

ON STATED DATE AND TIME, I WAS TRAVELLING ALONG THE STATED VENUE. SUDDENLY VEHICLE B JAMMED BRAKE. I COULDN'T BRAKE MY VEHICLE IN TIME AND ACCIDENTALLY SLIGHTLY GRAZED ONTO VEHICLE B REAR PORTION.

ACCIDENT STATEMENT

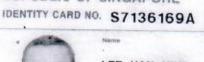
ACCIDENT DATE: 24/8/19 (DD/MM/)	(YYY), TIME:(14:32)(HH:MM)
	ids Punggol Rd
1. DETAILS OF VEHICLE a) VEHICLE NUMBER: STOPPOST. b) INSURANCE COMPANY: A1 G c) POLICY NUMBER: 99999 YM8.	
d)POLICY TYPE: (COMPREHENSIVE / THIRD e)MAKE & MODEL:	
DIVEHICLE CATEGORY: (PRIVATE / COMME H)PURPOSE OF USING AT ACCIDENT TIME: I) ARE YOU CLAIMING UNDER YOUR OWN IN	RCIAL / MOTORCYCLE)
2. INSURED / POLICY HOLDER	REPORTING ONLY
DINRIC/FIN/PASSPORT:	(MALE / FEMALE) CONTACT:
*CONTINUE TO 3.d IF DRIVER ALSO POLICY The of passengs DRIVER (Including driver) DRIVER a)NAME: Lee Hun Mag Cli Hunm b)NRIC/FIN/PASSPORT: > 7136169 A. c)ADDRESS: DIE VAC Among Wa)	(MALE / FEMALE)
*d)DATE OF BIRTH: (12 / 12/1971-)(DE e)OCCUPATION: (INDOOR / OUTDOOR) f) YEARS OF DRIVING EXPRERIENCE: 111/19	78
 WAS DRIVER AN EMPLOYEE OF THE INSU IF NO, RELATIONSHIP OF THE DRIVER WITH 	RED'S COMPANY? (YES NO)
5. a) WEATHER CONDITION: (CLEAR / RAINING	/ OTHERS
b)ROAD SURFACE: (DRY / WET / OTHERS	
6. WAS ANYBODY INJURED (YES / NO) 7. a) REPORTED TO POLICE (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION	N.
He of passinger a) VEHICLE NUMBER: SL-19105 E.	
Including driver) b) DRIVER'S NAME:	_MODEL: 149 arato 10).
C) NRIC/FIN/PASSPORT:	CONTACT:
9. THIRD PARTY VEHICLE	
No of passenger a) VEHICLE NUMBER:	MODEL:
Industrial Action Of Chiven STAME:	4.00000
() NRIC/FIN/PASSPORT:	CONTACT:
3004	

email =

fax =

VIDEO =

REPUBLIC OF SINGAPORE





LEE HAN MING (LI HANMIN)

李 汉 明

CHINESE

20-10-1971 Country of birth SINGAPORE



FOR I KK / MAC Hea



4784835

S7136169A

For LKK/NAC U

21-10-2011

APT BLK 217C SUMANG WALK #05-212 SINGAPORE 823217 NRIC No: \$7136169A

Date: 02/02/2017

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES!

17 Nov 1989 17 Nov 1989 02 Jun 1993 05 May 1998



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 (The below excess is subject to GST)

Third Party Commercial Insurance

CERTIFICATE NO.

SJU9203T

POLICY NO.

999994248

POLICY EXCESS WINDSCREEN EXCESS

S\$1,500.00 (11)

N.A

SUM INSURED

N.A

INSURING WITH COE/PARF SJU9203T

No

1) VEHICLE REGISTRATION NO.

2) NAME OF POLICYHOLDER

AutoTrust Leasing Pte Ltd

3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE

FOR THE PURPOSES OF THE ACT

17 June 2019

4) DATE OF EXPIRY OF INSURANCE

21 February 2020

5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE*

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

The Authorised driver must be age within 22 to 65 years old with at least 2 years driving experience unless specified otherwise This Policy will indemnify the Policyholder or any authorised driver only if he/she meets the specified age condition, Additional Excess \$ 1,000 is applicable 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 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 Applicable

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 14 Jun 2019

0500656-000

Cowell Insurance Agency Pte Ltd

8 Burn Road

#09-09 Trivey

Singapore 369977

AIG Asia Pacific Insurance Pte. Ltd.

AUTHORISED REPRESENTATIVE

SSPIUS

ORIGINAL