

NATIONAL Assessment Centre Services. (ver 1 Jan'00) : MNA419123073

Date In: 17/09/2019 11:03	Job description	Date & Time Completed	Done by
Ref No: NBA/19123073/F	SAS e-filing		
Veh No: 5LM 144H	E-mail (24hrs, AIC 2hrs)		
DOA: 04/08/2019 21:30	I-Motor Claim Form		
OID (TP) Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whisp		

Preferred Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars: Ych No: SMA 79SE INC () / Non-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: 80-100%]

Year of Registration: () Warranty: YES () / NO ()

Excess: (\$) Loading: \$1,000 () / \$2,000 ()

☐ Walk-In Customer : Customer's information strictly Confidential & Strictly NO refer of repair.

☐ Total Loss Case : to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury: _____

Date/Time:	Location:

Driver/Owner:	1) AR: Accident Reporting (\$30)	
Contact No:	2) DA: Damage Assessment (\$100) INC (\$10)	
Damaged Portion:	3) TP: Towing Fee \$40/\$45	
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey \$120	
Auditor's Comments:	5) PT: Follow-Through Survey (Resurvey) \$30	
Ref 1:	For claiming against INC Only (ver 10 Jan 2005)	
2 / 3	6) TR: Re-inspection \$75	
	7) NI: Idas DA + SMRT Survey \$160	
	8) NTUC Additional Services:	
	ON:	
	*N5: Courtesy Car / Tpl Allowance \$5	
	*N6: Repair Coordination \$10	
	*N7: Post Repair Inspection \$25	
	*N8: DV / Collect Excess Coordination \$5	
	TE (Nil) / TP (Nil) against INC \$20	
	*N12: Idas Mobile \$30	
	Invoice dated	Fee Charged
	Invoice dated	Fee Charged

WARRANTY

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 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. 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.

ACCIDENT STATEMENT	
Date Of Report	17/09/2019 11:03
Date Of Accident	04/08/2019 21:30
Exact Location Of Accident	STILL ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLM144H
Insured/Policyholder	
Name Of Registered Owner	MARIC MARKETING PTE LTD
Co Reg No	201620700D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-98666665

Vehicle Particulars	
Manufacturer	HYUNDAI
Model	ELANTRA
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	PRIVATE CAR

Insurance Company	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	999994126
Cover Note Number	

Driver	
Name of Driver	YEO CHOK YANG, LEWIS(YANG ZHUYAN, LEWIS)
NRIC No	S7921845F
Date Of Birth	01/03/1979
Occupation	OUTDOOR
Date Of Driving Pass	10/07/2002
Driving Experience	17 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98666665
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	15A TEO KIM ENG ROAD SINGAPORE
Postcode	416386
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 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)	2
Passenger 1	NAME: : GOJEK PASSENGER GENDER: : MALE

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 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	SMA795E
Vehicle Make/Model/Colour	
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)	

Email: sm@idac.com.sg

Tel no: 6555 6888 Fax no: 6454 3279

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 04/08/2018 (dd/mm/yy) Time of Accident: 21:30 (24-HR-FORMAT)

Vehicle No.: S2M144H Vehicle Make & Model: Hyundai Elantra

Exact location of Accident: Still rd

Policyholder's Name / IC No.: Maric Marketing Pte Ltd 201620700D

Driver's Name / IC No.: Leo chok Yang Liew (Yang zhuyon liew) S79 218451 (As Above) ☐

Driver's Contact No.: 98666 665 Company Contact No: _____

Driver's Address: 9 TAGORE LANE #03-04 9 @ TAGORE S787472

Insurance Company: AIG

Email address (if any): _____

Relationship between Owner & Driver:

Owner / Spouse / Children / Friend / Parent / _____ or Others specify: _____

What do you wish to claim? (Please TICK one only)

☐ Own Insurance / ☒ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)

Exact purpose for which the vehicle was being used at time of accident?

☐ Private use / ☒ Work purpose

Occupation (nature of job) ☐ Indoor / ☒ Outdoor

No. of Passengers (Including Driver): 02

Passenger Name: Gojek passenger

Passenger Name: _____

Gender: male

Gender: _____

Weather condition & Road conditions? (On the day of accident)

☒ Clear & Dry / ☐ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others: _____

Was there any video captured by your Car Camera? ☐ Yes / ☒ No

Any Injuries: ☐ Yes / ☒ No (If YES) Injured Person's Name: _____

Injuries Sustain: _____ Injured Person in Which Vehicle: _____

Police Report filed: ☐ Yes / ☒ No (If YES) Which Police Station: _____

The Other Party(s) Details:

1. Driver's Name / IC No: _____ Vehicle No: SM A795E

Driver's Contact No: _____ Insurance Company (If any): _____

2. Driver's Name / IC No: _____ Vehicle No: _____

Driver's Contact No: _____ Insurance Company (If any): _____

*Independent Witness (If Any): _____ Contact No: _____

Preferred Workshop Name: _____ Contact No: _____

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

SKETCH PLAN

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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.
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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 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:
 - (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
- (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.

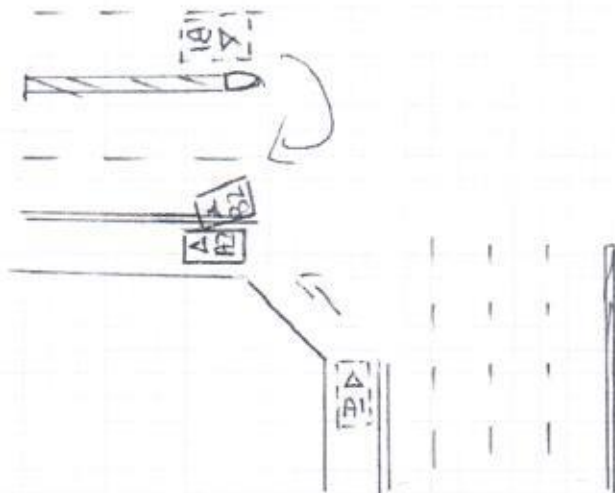


Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN



V-A) SL11144H

V-B) SMA7915E

VENUE: Still Road

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date and time, I vehicle 'A' was travelling on the stated venue. I was moving straight in my lane. Suddenly vehicle 'B' from the opposite lane, make a U turn and cut all 3 lanes and grazed against my entire vehicle right front portion. Shortly we got down and check on our vehicle damages and we left, traffic police were not here and no one was injured. The reason for late report was due to I can't confirm 3rd party car plate number.

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:
NRIC/FIN No.:



Agreement Date: 30.7.2019

Referrer Name: (Carouse 11)

NRIC: _____

Car plate no.: _____

Company **Maric Marketing Pte Ltd**
Having its registered office at:
9 Tagore Lane #03-04, Singapore 787472
(hereinafter known as "The Owner")

Office No: 6452 4300
Office hour: 10 am - 7 pm

Rental Begins on: 30.7.2019

Time Out & Sign: 12.39pm *fy. le*

Date & Time In: _____

Signed by Staff: _____

Hirer's Name: Yoo Chok Yang, Lewis

IC: S7921845 F

Address: 15A Teo Kim Eng Road (C 416386)

(hereinafter known as "the Hirer")

hereby agrees that the Owner shall let and the Hirer shall take the vehicle described below or a replacement vehicle provided by the Owner (hereinafter known as "the Vehicle") upon the terms and conditions hereinafter appearing.

1. DESCRIPTION OF VEHICLE

- a. Make & Model : Hyundai Elantra
- b. Registration No : SLM 144 H
- c. Mileage : _____
- d. Contact No : 98666665
- e. Bank Account : _____
- f. Email : _____

*If cannot fulfil contract,
Forfeit deposit only*

2. RENTAL PERIOD: 1 month

3. DEPOSIT AMOUNT: \$ 500

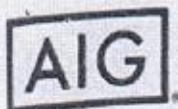
4. FIRST WEEK RENTAL STARTS ON 1.8.2019 AMOUNT \$ 57.14 (1day)

5. RENTAL FEE: \$ 400 per week

a. Rental Fee includes the following items:

- i. Unlimited mileage;
- ii. Service and maintenance;
- iii. Road Tax and Radio License;
- iv. Motor Insurance Coverage (Excess applicable);
- v. 24-hours breakdown and emergency service (in Singapore only); and

<i>le</i>	
Hirer's Initial	Owner's Initial



HOTLINE TEL: (65) 6419-3000

CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1988

ROAD TRANSPORT ACT, 1987 (MALAYSIA)

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

M Z 400

COMPREHENSIVE	COMMERCIAL MOTOR	(The below excess is subject to GST)	
CERTIFICATE NO.	SLM144H	POLICY EXCESS	S\$1K (Sect I) & S\$1.5K (Sect II)
POLICY NO.	999994126	WINDSCREEN EXCESS	S\$100.00

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

5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE*

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

S\$1,000.00 Section I & S\$1,500.00 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

*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).

AIG Asia Pacific Insurance Pte. Ltd.

Issued in Singapore 08 May 2019

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

AUTHORISED REPRESENTATIVE

SSPOEC

ORIGINAL