| NATIONAL Assessment Centre   | Services 1   | wel i Jawos) .                   | Service Control of the Control of th | 151618.  |                    |                   |
|--|--|----------------------------------|--|--|--------------------|-------------------|
| Date la 16/11/19 14:40   | Jeb description  |                                  | Date &Time C   | ompleted   | Done               | D.V.              |
| Refile MAI AIG 1902.335/44.  | SAS c-filing   |                                  | 1  |  |                    |                   |
| Vehiller SKW 29806.  | E-mail (within 3   | his, AIC 2hrs)                   |  |  |                    |                   |
| 11 STA 16 11/19 01:45.   | i-Motor Clain  | ı Porm                           | 4  |  |                    |                   |
|  | I-Motor W/O  | (Within: OD 2lm                  | TP 4brs)   |  |                    |                   |
| (if) TP ' Repully Only   | I-Photo Uploa  | ded                              |  |  |                    |                   |
|  | Assessment/Sur   | vey Report                       |  |  |                    |                   |
| 11º Insurer:   | Ass't Report by  | Fax / Hand t                     | Owner/Wksp   | -  | AUGUST CONTRACTORS |                   |
| Profured Wksp / INC Assign Wksp / QW: (  |  |                                  | Tol:   | J²ax:  |                    | )                 |
| TP Particulars: Veh No: 5  | 12 8845X   | , INC(                           | )/Non-INC  | ( ).   |                    |                   |
| Owner / Driver: (  |  |                                  | Tel:   |  |                    |                   |
| Policy No: ( ) Pcri  | od: (  | )                                | Cover Type: (  |  |                    |                   |
| Confirmed by : (   |  | Date:                            | Time   |  | 41                 |                   |
|  | ote-Est. Status (W   |                                  | 0%; P: 21-793  | 5. F: 80-1007  | 9)                 |                   |
|  | arranty: YES (<br>0 ( )/\$2,000  | )/NO(                            | 1  |  | •••                |                   |
| Excess: (\$ ) Loading: \$1,00  | A STREET OF STREET, STREET STREET, STR | HESENYANIA                       | · 大学的 1985年  |  | \$ 100 mm          |                   |
| ( ) Walk-In Customar : Customer's infor  |  | fidential & St                   | STREET, STREET | Ma Philadelphia  |                    |                   |
| ( ) Total Less Case : to e-mail Insurer  |  |                                  | 10,000   | .)   |                    |                   |
| Drive-In ( )/Towed-In ( ); Invoice:  |  | 0();7                            | owing Co: (  | 1  |                    | )                 |
| Remarks (ING horizon 1996 16) S  1) Apply for Transfort Allowance ( )/Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30]  | ourtesy Car ( )  | )                                |  | djurdetada ott.  | W. (Diono)         | Dy                |
| Injury:  |  |                                  |  | The Harmon Niv   | Caratra - 2.42     | 19 Tally 19 Tally |
| Date/Time / Actions 2000 (2001)  |  |                                  |  | <b>原始进步</b>  | MOUNT.             |                   |
|  | 1  |                                  |  | 200 1000   |                    |                   |
|  |  |                                  |  |  |                    |                   |
|  | 30   |                                  |  |  |                    |                   |
|  | _1   |                                  |  |  | ·                  | erener test       |
| NAV.   |  | invoice Pri                      | ir Right Glice   |  |                    | * Indibili        |
| THE RESERVE OF THE PROPERTY OF | 1908601  | 1) AR I Analden                  | (330);   | the state of the s | 30.00              |                   |
| Chamman's Particulary 22 1/2 3/2016 15   |  | 2) DA : Damego<br>3) TF : Towing | Fee .  | \$40/\$4   |                    |                   |
| Driver/Owner: .  |  | 4) FT : Follow-                  | Through Survey   | \$12<br>arvey) 53  |                    |                   |
| Jontact No:  | 100  | For claiming.                    | atainathic only tw   | ref 10 Jan 2003)<br>\$7.   | 5                  |                   |
| Damäged Portion:   |  | 7) NI : Idao DA                  | + SMRT Survey  |  | 0 .                |                   |
|  | 1  | 8) NTUC Addit                    | ional Services:-   | 100  |                    |                   |
| C Checked by (Engr-In-Charge):   | _(9.0  | *NS: Courtes                     | y Car / Tpt Allowans   | :e S   | and the same of    |                   |
| The state of the s | THE WAS STAND  | *N7: Post Re                     | Co-ordination<br>pair Inspection   | 52   | -                  |                   |
| Anchitors Community:   | 的特別的特別的  | TP(NII):T                        | P (Nun INC) against  | INC 3  | 0                  | 1,                |
| 5d, 1t   |  | 9) N12: Idao M<br>Involve dated  | phils  | Pas Charged  | 0                  | MAN A             |
|  |  | Invoice dated                    |  | Fee Charged  | META               | L                 |

Figure 1 to 197

#### 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 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.

| aforésaid.  | FS 10: W W 18   |
|---|---|
| AND RESIDENCE OF THE PROPERTY OF THE  | ACCIDENT STATEMENT                                      |
| Date Of Report  | 16/11/2019 14:40  |
| Date Of Accident  | 16/11/2019 01:45  |
| Exact Location Of Accident  | ALONG KIM KEAT LINK / LOR 6 TOA PAYOH                   |
| Country/State of Loss   | SINGAPORE   |
| NAME OF THE OWNER OWNER OF THE OWNER | DETAILS OF OWN VEHICLE                                  |
| Vehicle Registration Number   | SKW2980G  |
| Insured/Policyholder  |   |
| Name Of Registered Owner  | TWINCAR LEASING PTE LTD                                 |
| Co Reg No   | 201533046C  |
| Email Address   | NOEMAIL   |
| Mobile Phone No   | (LOCAL) +65-83802233                                    |
| Alternative Phone No  | OFFICE-83802233   |
| Vehicle Particulars   |   |
| Manufacturer  | тоуота  |
| Model   | COROLLA ALTIS   |
| Exact Purpose for which vehicle was being used at time of accident  | COMMERCIAL  |
| 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  | THIRD PARTY   |
| Fleet Policy  | NO  |
| Policy Number   | 999994017   |
| Cover Note Number   |   |
| Driver  |   |
| Name of Driver  | TAN HOCK CHYE   |
| NRIC No   | S1601025A   |
| Date Of Birth   | 01/09/1963  |
| Occupation  | OUTDOOR   |
| Date Of Driving Pass  | 11/10/1983  |
| Driving Experience  | 36 YEARS AND 1 MONTH                                    |
| Gender  | MALE  |
| Mobile Number   | (LOCAL) +65-93625511                                    |
| Fax Number  | Vine control American on a 2000 1-0000 mg 2100 American |
| Contact Number  |   |
|   |   |

NOEMAIL

Address

BLK 231 BUKIT BATOK EAST AVE 5 #05-71

Postcode

650231

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

OTHER - HIRER

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 2

Number of vehicles (including own vehicle)

involved in the accident

NO

Was any body injured in the Accident? 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

Number of Passengers (Including Driver)

2

Passenger 1

NAME:

: UNKNOWN

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 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 Vehicle Make/Model/Colour

SJZ8845X

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

ZOYEE CHUA YEN SUAN

NRIC/Passport Number

Contact Number

81898028

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Page 2 of 21

# 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 <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.
- 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:
  - 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

NRIC/FIN No.:

CA GROUND COM

SKETCH PLAN
LOW & Top Payoh

Vehicle A Stuze1806

Vehicle B SIZ 8845X

### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the above said date of time, I was driving my vehicle A (Skur2980G)
traveling along kim Kent Link on first lane of 3-lanes, read. Somewhere
at the junction of Law 6 Too Ryoh, vehicle B (SIZ8895X) stationary
On lane 2 norting the tradition light to turn green. When I about to stop my
vehicle at the junction, I accidentally subged my vehicle to the left,
thus the left portion of my vehicle collided and the right portion of
Vehicle B.

DECLARATION

I/We declare the foregoing to haupers 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.:

| ehicle No.  | SEW 29805 Model/Make Toyota Altis                    |
|---|--|
| ate of Accident   | 16/11/2019   |
| me of Accident  | 0 145 HRS  |
| ocation of Accident   | Along Kim Kent Link / Lor 6 Too Reph                 |
| xact purpose use during acci  |  |
| lame of Owner   | Twincar Leasing Pte Ltd                              |
| elephone No.  | H/P: 8380 2253 Home: Office:                         |
| IRIC  | 201533C46C   |
| ddress  | 2 Kaki Bukit Avenue 2 HOI-17 S (417921)              |
| laim type   | OD THIRD PARTY REPORTING ONLY                        |
| nsurance Company  | AIG  |
| ype of Coverage   | Comprehensive Third Party Third Party / Fire / Theft |
| Policy No.  | 99999 4017   |
| olicy No.   |  |
| Name of Driver  | As Above If No, Tan Hock Chye                        |
| VRIC  | 3 (60)025H Any Passengers:                           |
| Date of birth   | 1/9/1963 Unknown (Male)                              |
| Occupation  | Outdoor / Indoor                                     |
| Oriving License Pass Date   | 11/10/1983   |
| Gender  | Male / Female  |
| Contact No.   | H/P: 9362 5511 Home: Office:                         |
| Address   | BLK 231 Bukit Batok East Avenue 5 #05-71 S(650131)   |
| Driver have any own vehicle   |  |
| Relationship  | Employee, If no, state Hirer                         |
| 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.   | SSZ 8845 X Any Passengers :                          |
| Name of Driver  | Zoyee any Yen Svan Contact No.: 81898028             |
| 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  | Left portron   |
| Camera Recorder   | Yes / No   |
| Email Address   |  |
|   |  |
| PARTICULAR WORKSHOP   | N-51 Automotive Pte Ltd                              |
| COLUMN TO THE THE TAX TO THE TAX | 6842 0051 / 6744 0510                                |
| CONTACT NO.   |  |
| CONTACT NO.   | 6741 0510  |

NA



## 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) AND ROAD TRASPORT (AMENDMENT) ACT 2019

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

M.Z.400

(The below excess is subject to GST)
THIRD PARTY COMMERCIAL MOTOR POLICY EXCESS REFER TO

THIRD PARTY COMMERCIAL MOTOR POLICY EXCESS REFER TO ITEM 5
CERTIFICATE NO. SKW2980G WINDSCREEN EXCESS NA

POLICY NO. 999994017 SUM INSURED NA

1) VEHICLE REGISTRATION NO. INSURING WITH COE/PARF
SKW2980G

2 ) NAME OF INSURED TWINCAR LEASING PTE LTD
3 ) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE

 PURPOSES OF THE ACT
 19 October 2019

 4) DATE OF EXPIRY OF INSURANCE
 18 October 2020

5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE\*

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

S\$1,500.00 Section II Excess is applicable for driver who is between 23 years to 70 years old with minimum 2 years driving experience.

An additional section II excess of \$1,000.00 per accident is applicable in the event of an accident occurring outside Singapore.

Approved N-51 Automotive Pte Ltd to be your accident claim reporting center base on condition that all claim matters do not involving in any lawyer services.

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.

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 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) and Road Transport (Amendment) Act 2019, 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) and Road Transport (Amendment) Act 2019.

Issued in Singapore 26 Sep 2019

AIG Asia Pacific Insurance Pte. Ltd.

Swift Link Insurance Agency - 502117

61 Ubi Avenue 2

#08-04A Automobile Megamart

Singapore 408898

AUTHORISED REPRESENTATIVE

ORIGINAL

SSPOEC