NATIONAL Assessment Centre	Jeb descripti		Date &Time Con	-	Doi	e by
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Vch No. SGY 5979 D	E-mail (with	in Shis, AIC 2lus)				
110A 1/12/19 19:30.	I-Motor CI	alm Form			-	
	I-Motor W	O (Within: OD 2hrs	TP 4hrs)			
OD - (P) 2 Reporting Only	I-Photo Up	loaded	1			
TP Insurer:	Assessment/	Survey Report	İ			
THE PROPERTY OF THE PROPERTY O	Ass't Report	by Fax / Hand to	Owner/Wksp			CHINA THE
Profound Wksp / INC Assign Wksp / QW: (	STORTH HIRESULTIC	*.	Tol:	Fio		
TP Particulars:   Veh No:   SI	N 8354K	INC(	)/Non-INC (	)	7	
Owner/Driver: (		)-1	Tcl;		)	
Policy No: ( ) Perio	od: (	)	Cover Type: (		)	
Confirmed by : (		Date:	Time:		)	
Insured/Driver Liability: ( %) [No	te-Est. Status (	(WO): N: 0-20	%; P: 21-79%. I	?; 80-100	)%]	North National Con-
Year of Registration: ( ) W:	arranty: YES (	)/NO( )				
Excess: (\$ ) Loading: \$1,000		0()			• •	
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( ) Total Loss Case : to e-mail Insurer						
Drive-In ( )/Towed-In ( ); Invoice: Y			wing Co: (	· -		)
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Apply for Transport Allowance ( ) / Cou	irtesy Car (	)				
2) QC Chook / Post Repair Inspection	( ·	)			<del></del>	
<ul> <li>Upload Resurvey Photo [Repair Cost &gt; \$300</li> </ul>	0] (	)	**			
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## Your NCD will be affected due to late reporting Actual e-Filling Submission Date & Time: 04/12/2019 10:10

#### 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.

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 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

THE RESERVE OF THE PERSON OF THE	ACCIDENT STATEMENT	
Date Of Report	04/12/2019 09:58	
Date Of Accident	01/12/2019 19:30	
Exact Location Of Accident	KPE TWDS PIE(TUAS)	
Country/State of Loss	SINGAPORE	
And the second second consequent	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SGY5979D	-
Insured/Policyholder		
Name Of Registered Owner	BS CAR RENTAL PTE LTD	
Co Reg No		
Email Address	NOEMAIL	
Mobile Phone No		
Alternative Phone No	OFFICE-81450033	
Vehicle Particulars		
Manufacturer	HONDA	
Model	CIVIC	
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	THIRD PARTY FIRE AND/OR THEFT	
Fleet Policy	NO	
Policy Number	SGY5979D	
Cover Note Number		
Driver		
Name of Driver	NUR KHALIL BIN MOHD KANAFIAH	
NRIC No	S9917184G	
Date Of Birth	06/06/1999	
Occupation	INDOOR	
Date Of Driving Pass	23/11/2018	
Driving Experience	1 YEAR AND 0 MONTHS	
Gender	MALE	
Mobile Number	(LOCAL) +65-92228933	
Fax Number	26 26	
Contact Number		

NOEMAIL

Address

BLK 288 YISHUN AVE 6 #12-46

Postcode

760288

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

COLLISION - HEAD TO REAR

Weather Conditions

RAINING

Road Surface

WET

Other Information

Was any foreign vehicle involved in this accident?

NO 2

Number of vehicles (including own vehicle)

involved in the accident
Was any body injured in the Accident?

YES

Was any injured conveyed to hospital by

Sell.

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:

: PRESTON ONG

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

SLN8354K

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category

PRIVATE CAR

Name of Driver

HUANG YIXIA

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

## **DETAILS OF INJURED PERSON 1**

Name

NUR KHALIL BIN MOHD KANAFIAH

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

SGY5979D

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

YES

NO

Address Postcode

### **DETAILS OF INJURED PERSON 2**

Name

PRESTON ONG

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

SGY5979D

Were seat belts worn?

YES

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

DECLARATION

Policyholder's Signature Date & Time:

(If driver s not the policyholder) Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

### SKETCH PLAN

# IMPORTANT NOTICE

- Please report <u>correctly</u> 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
- 5. Any false reporting may be referred to the Police for investigation.
- 6. 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
- 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
- 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)
  - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary
  - (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
- (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
- 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:

is not the policyholder)

e & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

		12 ACCIDEN	T STATEM	NT 30	
A	CCIDENT DATE: 01	# 2019,10	D/MM/YYYY),	TIME: ( 19:38) (HH:MM)	
	CATION:		was PIE		
	e)MAKE & MODE f)TYPE (SALOON g)VEHICLE CATEC h)PURPOSE OF US i) ARE YOU CLAIM IF NO, PLEASE ST 2. INSURED / POLICY A)NAME:	DER: SY 59  COMPREHENSIVE  COMPREHEN	COMMERCIAL TIME: PE OWN INSURA PLAIM / REPO		3
Who of passenger (Including driver (2) (D) Proston ong (A)	DINAME: NAME: DINAME:	ORT: 3997 ORT: 3997 OC, 06, 19 NDOOR, OUTDO GEXPRERIENCE: EMPLOYEE OF TH	MOHO K	COMPANY? (YES INQ)	3
5.	IF NO, RELATIONS	TION: (CLEAR / R	IVER WITH IN AINING VOTHE	SURED: CUSTOMER	1
6. 7.	b)ROAD SURFACE: WAS ANYBODY INJI G)REPORTED TO PO IF YES, PLEASE STA	(DRY / WET OTH URED (YES / NO) LICE (YES / NO) TE WHICH POLICE	ESTATION:_		
7. A (* 1.50 v.) 5 A (* 1.50 v.)	THIRD PARTY VEHICLE  OF VEHICLE NUMBER  D) DRIVER'S NAME	SLN 835	54K M	ODEL:	
	CI NRIC/FIN/PASSE THIRD PARTY VEHICLE	POPT.		ONTACT:	
- 1 Talepa	d) VEHICLE NUMBE e) DRIVER'S NAME 1 1) NRIC/FIN/PASSP	:R:	M	DDEL:	
- was switte	1 1 NRIC/FIN/PASSE	ORT:	C	ONIACI:	
V					

email =

1/ax =

VIDEO =



## 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)

TPFT Commercial Motor

CERTIFICATE NO.

SGY5979D

POLICY EXCESS

S\$2,000.00 (II)

WINDSCREEN EXCESS

SUM INSURED

Market Value

INSURING WITH COE/PARF Yes

SGY5979D

BS Car Rental Pte Ltd

3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE

FOR THE PURPOSES OF THE ACT

1) VEHICLE REGISTRATION NO.

2) NAME OF POLICYHOLDER

02 April 2019

01 April 2020

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. Driver must hv at least 2 years DE. For Driver age <23 or >65 Sect II Excess is \$3000,\$5000(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 fulfion, 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

Teck Wei Credit Pte Ltd

\*Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Pierty 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, 1967 (Malaysia).

Issued in Singapore 01 Apr 2019

0691991-000 Moh Kok Heng 78 Shenton Way #07-16 SINGAPORE 079120

AIG Asia Pacific Insurance Pte. Ltd.

AUTHORISED REPRESENTATIVE

SSPTKY

ORIGINAL