NATION'11. Assessment Centre	services			
Date In 18/10/19	Jeb description	Date & Time Completed	Done	· by
Ret No. NA/A141902249/13	SAS e-filing	1		
Veh No SMK43784	E-mail (within Slas, Alt. 2hrs)	1		La composition of
DOA 17/12/19 1650	i-Motor Claim Form			
	i-Motor W/O (Within OE) 2ises	TP 4hrs)		
OD (iP) Reporting Only	i-Photo Uploaded			
TP Insurer	Assessment/Survey Report			
	Ass't Report by Fax / Hand to	Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (NSI	Tel: Fax		
	GBH9099R INC()/Non-INC ()		
Owner / Driver: (Tel:)	
Policy No. () Perio		Cover Type: ()	
Confirmed by : (Insured/Driver Liability (%) [No	Date:	Tine:)	
	ote-Est. Status (WO): N: 0-20 arranty: YES () / NO (%; P: 21-79%. F: 80-100	%]	
Excess: (\$) Loading: \$1,000				
General Remarks:-				
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30 Injury: Date/Time Actions	()			
NA 1909537	1) AR : Accident F	aration Checklist Reporting (\$30); Assessment (\$100); INC (\$80)	Anit (S)	Amt (\$ Add Bil
river/Owner:	3) TF : Towing Fe	e \$40/\$4.	1	
ontact No:	and the same of th	rough Survey (Resurvey) \$30		
amaged Portion:	For claiming age 6) TR: Re-ruspect 7) NI: Idae DA + 8) NTUC Addition	SMRT Survey \$160		
C Checked by (Engr-In-Charge):	OD*	Car / Tpt Allowance \$		
uditors' Comments :-	*N7: Fost Repai	r Inspection \$25 cct Excess Coordination \$3	and and a second	
d. 1:	<u>TP</u> (N11) : TP (Non INC) against INC \$20)1	
1. 2 / 3:	9) N12: Idae Mobi Invoice dated	le 30 Fee Charged		Mind a
		Forthornal	医影響器 技术 包	

SINGAPORE ACCIDENT STATEMENT

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.
- 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.
- 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 18/12/2019 11:40 Date Of Accident 17/12/2019 16:50

Exact Location Of Accident JUNC OF EUNOS LINK & BEDOK RESERVOIR RD

Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMK4378Y

Insured/Policyholder

TWINCAR LEASING PTE LTD Name Of Registered Owner

201533046C Co Reg No NOEMAIL Email Address

Mobile Phone No

Alternative Phone No OFFICE-83802233

Vehicle Particulars

HONDA Manufacturer FIT

Exact Purpose for which vehicle was being used at CHAUFFEUR

time of accident

Are you claiming under your own insurance policy

for repair to your vehicle?

THIRD PARTY If No, Please state action to be taken Vehicle Category PRIVATE HIRE

Insurance Company

AIG ASIA PACIFIC INSURANCE PTE. LTD. Name of Insurance Company

Type Of Coverage COMPREHENSIVE

NO Fleet Policy

999994018 Policy Number

Cover Note Number

Driver

Name of Driver CHI SIEW HUA NRIC No S6828653J 01/08/1968 Date Of Birth Occupation OUTDOOR 04/06/1987 Date Of Driving Pass

32 YEARS AND 6 MONTHS Driving Experience

Gender FEMALE

Mobile Number (LOCAL) +65-98804784

Fax Number Contact Number

EMMELINE.CHI@GMAIL.COM EMail Address

Page 1 of 14

BLK 359 TAMPINES ST 34 Address

#02-447 520359

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

COLLISION - HEAD TO REAR Type Of Accident

Weather Conditions RAINING Road Surface WET

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle)

involved in the accident

2 YES

NO

Was any body injured in the Accident?

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)

1

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

NO

If Yes, against whom?

Circumstances of Accident

PLS REFER TO THE ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

OVERWRITE

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

GBH9099R

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)

DETAILS OF INJURED PERSON 1

Name

Approximate Age Injuries Sustain

Injured person in which vehicle?

Were seat belts wom?

Was this injured conveyed to hospital by ambulance?

Address Postcode CHI SIEW HUA

SLIGHT SMK4378Y

YES

NO

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.
- 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. 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 the report being made available aforesald.
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- 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 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")
- 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.
- my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, (d) 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.

Date & Time:

Sicoholact's Signature

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting

NRIC/FIN No.:

SKETCH PLAN		Sectorial Sector
	Euroe Lenk.	
		(B) GBH 9099 R.
DESCRIBE CIRCUMSTANCE	S OF THE ACCIDENT	
along Eines I love from the about 20 secon collided onto	17/12/19 at @ 1650 hrs, Lenk junction Bedak Il reght due to red rede, Sudderly, a van the near parties of	1 stopped my vehecle (2MK 43 78 Reservoir Rank an the 3rd light. After stopping for a (GBY 9099R) from behend I my vehicle.

Vehicle No.	SMK 4378 Y. Model/Make Honda Fet.
Date of Accident	17/12/19.
Time of Accident	16.50 HRS
Location of Accident	Euros Leak junction Bedok Reservoir Road.
Exact purpose use during ac	cident Chauffer -
Name of Owner	Twencar Leaving Pte Ltd.
Telephone No.	H/P: 2381 3233 Home: Office:
NRIC	201533046C
Address	2. Kohi Buket Ave 2 401-17, Kali Buket Autohab (D 417.921
Claim type	OD THIRD PARTY REPORTING ONLY
Insurance Company	416.
Type of Coverage	Comprehensive Third Party Third Party / Fire /Theft
Policy No.	999994018:
Name of Driver	As Above If No, Chi Stew Yna .
NRIC	\$ 68286537 Any Passengers: N.A-
Date of birth	01/08/1968
Occupation	Outdoor / Indoor
Driving License Pass Date	04 /06 / 1987.
Gender	Male Female
Contact No.	H/P: 9880 4784 Home: Office:
Address	BLK 359 Tamperes St 34 402-447 (8) 520359.
Driver have any own vehicle	
Relationship	Employee, If no, state fire.
Weather condition	Clear Raining Other
Road Surface	Dry Wet Other
Any Injuries	No, If Yes, Who?
Name And Contact No.	Chi Preus Hua (4/P: 98804784)
Name And Contact No.	
Police Report	No, If Yes, Where?
Vehicle B No.	6.84 9099 R . Any Passengers : N. 9 -
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	Rear Portion.
Camera Recorder	Yes No 80 and Over Rode.
Email Address	emmeline, chi e gmail · com.
PARTICULAR WORKSHOP	N-51
CONTACT NO.	6842 0051 / 6744 0510
CONTACT PERSON	27 Tang
FAX NO	6741 0510
WORKSHOP EMAIL ADDRES	s sales @ n51. com. sg



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

COMPREHENSIVE CERTIFICATE NO.

POLICY NO.

COMMERCIAL MOTOR

SMK4378Y

999994018

(The below excess is subject to GST) POLICY EXCESS

REFER TO ITEM 5

WINDSCREEN EXCESS

S\$100.00

SUM INSURED

Market Value

INSURING WITH COE/PARF

YES

SMK4378Y

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 2019

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 | & 5\$1,500.00 Section || 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.

Repair has to be carried out at AlG appointed list of workshop or Manufacturer workshop within 3 years warranty.

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
- Use for social, domestic, pleasure purposes and business purposes of any person whom the vehicle is hired.
 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-S1 Automotive Pte Ltd to be your accident claim reporting center based on the conditions below.

LOSS OF USE

Not included

HIRE PURCHASE COMPANY

UNITED OVERSEAS BANK LIMITED

*Limitations rendered insperative 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.

If 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

Swift Link Insurance Agency - 502117

61 Ubi Avenue 2

#08-04A Automobile Megamart

Singapore 408858

AIG Asia Pacific Insurance Pte. Ltd.

AUTHORISED REPRESENTATIVE

SSPOEC

ORIGINAL



Register New Vehicle (Acknowledgement)

Vehicle Particulars

Vehicle No.:

SMK4378Y

Z11 - Private Hire (Chauffeur)

Vehicle Type:

Station Wagon/Jeep/Land

Rover

Vehicle Scheme:

Normal

Vehicle

Attachment 1:

No Attachment

Vehicle

Attachment 2:

Vehicle

Attachment 3:

Vehicle Make:

HONDA

Vehicle Model:

FIT HYBRID 1.5 AUTO

Chassis No.:

GP51335033

Engine No.:

LEB1442117

Motor No.:

H11664463

Trailer Chassis No.: -

Propellant:

Petrol-Electric

Passenger Capacity:

4

Engine Capacity:

1496 cc

Power Rating:

22.0 kW

Maximum Power

Output:

101.0 kW (135 bhp)

Maximum Laden

Weight:

1355 kg

Unladen Weight:

White

1080 kg

Secondary Colour:

Primary Colour:

Original

First Registration Date:

Manufacturing

10 Apr 2019

Registration Date: Open Market

\$18,565,00

10 Apr 2019

Year:

2018

Value:

Minimum PARF Benefit:

\$4,282.00

PARF Eligibility:

No. of Transfers:

Yes

0

Additional Registration Fee

Rate:

First \$18,565.00 (100%)

Actual ARF Paid:

\$8,565.00

Owner Particulars

Owner Name:

TWINCAR LEASING PTE. LTD.

Owner ID Type:

Company

Owner ID:

201533046C

Registered

Private Residential (Condo Apt or House) / Shopping /

Address Type:

Office Complexes

Registered Block

/House No.:

Registered Street

Name:

KAKI BUKIT AVENUE 2

Registered Unit

No.:

#01-17