NATION'U. Assessment Centre	Services	7 P.			*	
Date In 24/12/19	Leb description		- Date & Lune Completes	ci j	Done	by
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	i-Motor W/C	) (Within: OD 2hr:	; TP 4hrs)	7		
OD (11) Reporting Only	i-Photo Uplo	oaded		T		
TP Insurer	Assessment/Si Ass't Report I		o Owner/Wksp	1		
Proferred Wksp / INC Assign Wksp / QW; (	N-51		Tel:	Fax:		
TP Particulars: Veh No:	5171124	X INC(	)/Non-INC( )		-	
Owner / Driver: (			Tel:		)	
Policy No. ( ) Perio	od. (	)	Cover Type (		)	00 De
Confirmed by: (		Date:	Tinte:		)	-20010000000000000000000000000000000000
Insured/Driver Liability ( %) [No	ote-Est Status (V	WO): N: 0-20	0%; P 21-79%. F: 80	-100%	]	
Year of Registration: ( ) W	arranty: YES (	) ON \(	)	31000	State Daily St	
Excess: (\$ ) Loading: \$1,000	0 ( ) / \$2,000	( )				
General Remarks;-		W	4-3618	poste-serie		
( ) Walk-In Customer's inform	nation strictly Co	nfidential & Str	ictly NO rafer of repaire	r.		
( ) Total Loss Case : to e-mail Insurer	URGENTLY.					
Drive-In ( ) / Towed-In ( ); Invoice:	YES ( ) / I	NO ( ) ; To	owing Co. (			)
Remarks:- (INC horline: 6788 6616)			Date&Time Completed		Done	hv
1) Apply for Transport Allowance ( )/ Co	urtesy Car (	)	Dance Jane Compt	+		
2) QC Check / Post Repair Inspection	(	,		-		
3) Upload Resurvey Photo [Repair Cost > \$30	001 (	)		+		
Injury:						
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Date/Time Actions						
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NA2000147		Invoice Prep	paration Checklist		Anit (S)	Amt (\$) Add Bill
laimant's Particulars :-		1) AR : Accident		(092)		
river/Owner:		3) TF : Towing F		\$40/\$45		-
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ontact No:		For claiming as	gainst INC Only (wef 10 Jan 20	105)		
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C Checked by (Engr-In-Charge);		*N5: Courlesy	Car / Tpt Allowance	\$5		
		• N6: Repair Co	o-ordination	510 \$25		
uditors' Comments :-		*N7: Post Rep. *N8: DV / Col	lect Excess Coordination	S5		
(_1_	and the control of th	The second process of the later	(Non INC) against INC	\$20! 30!		
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		forming dated	Kop Pharms		<b>斯</b> 及在18	

### SINGAPORE ACCIDENT STATEMENT

# IMPORTANT NOTICE

- Please report correctly 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 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

**ACCIDENT STATEMENT** 

Date Of Report 24/12/2019 15:24 Date Of Accident 23/12/2019 15:15

Exact Location Of Accident ALONG JLN KAYU TWDS SENGKANG WEST WAY

Country/State of Loss SINGAPORE

**DETAILS OF OWN VEHICLE** 

Vehicle Registration Number SKW9444S

Insured/Policyholder

Name Of Registered Owner TWINCAR LEASING PTE LTD

Co Reg No 2XXXXXX046C Email Address NOEMAIL

Mobile Phone No

Alternative Phone No OFFICE-99999999

Vehicle Particulars

Manufacturer TOYOTA Model **ALTIS** Exact Purpose for which vehicle was being used at WORK time of accident

Are you claiming under your own insurance policy for repair to your vehicle?

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

Insurance Company

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

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number 999994017

Cover Note Number

Driver

Name of Driver TAY KIAH HEONG(ZHENG JIAXIONG)

NRIC No SXXXX276I Date Of Birth 27/10/1973 Occupation OUTDOOR Date Of Driving Pass 28/05/1996

Driving Experience 23 YEARS AND 6 MONTHS

Gender

Mobile Number (LOCAL) +65-83887380

Fax Number

Contact Number

EMail Address NOEMAIL

BLK 157A RIVERVALE CRESCENT Address

#13-605

541157 Postcode

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 CLEAR Weather Conditions DRY Road Surface

# Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

2 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)

2

Passenger 1

NAME:

: UNKNOWN

GENDER:

: FEMALE

# **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:

WITH WORKSHOP

Was there any audio recorded?

NO

# **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number

SJT1124X

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR

Vehicle Category Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Page 2 of 16

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:
  - 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

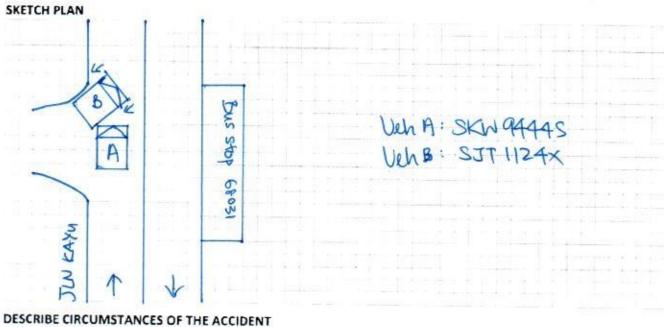
(If driver is not the policyholder)

Date & Time:

Report of Centre Personnel's Signature

Name:

NRIC/FIN No .:



On above date & time, I was draving my vehicle A (SKW9444S)
traveling along Jalan Kayn twois Sengtang West way on a single lane,
two way road. Somewhere apposite the bus stop (no. 68021), vehicle B
(SJT 1124x) ahead slowed down and stopped. As such, I applied
brate and stopped behind vehicle B. Out of sudden, the direct
reversed his vehicle in the car park lot without check his bind spot,
As a result, the right portion of vehicle B collided Onto the
front portion of my vehicle.

DECLARATION

the foregoing particulars are true in every respect.

s Signature

Date & Time:

Driver's Signature

(If driver is not the policyhalder)

Date & Time:

Reporting Centre Personnel's Signature

Name: NRIC/FIN No.:

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# CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 188)

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

THIRD PARTY CERTIFICATE NO.

POLICY NO.

COMMERCIAL MOTOR

SKW9444S

999994017

POLICY EXCESS

REFER TO ITEM 5

WINDSCREEN EXCESS

SUM INSURED

INSURING WITH COE/PARF SKW94445

TWINCAR LEASING PTE LTD

(The below excess is subject to GST)

3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE

2) NAME OF INSURED

1) VEHICLE REGISTRATION NO.

PURPOSES OF THE ACT

19 October 2019

18 October 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 perm

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 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.

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.

L) 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

POB-04A Automobile Megamari

Singapore 408898

AIG Asia Pacific Insurance Pte. Ltd.

AUTHORISED REPRESENTATIVE

SSPOEC

ORIGINAL

The owner and vehicle particulars for Vehicle No. SKW9444S as at 23 Nov 2015 are as follows:

: TWINCAR LEASING PTE LTD Name Identification No. Type : Company 3. Identification No. : 201533046C 4. Place Of Passport Issue 5. Registered Address : 2 KAKI BUKIT AVENUE 2 KAKI BUKIT AUTOHUB SINGAPORE 417921 Mailing Address Vehicle No. : SKW9444S 7. Effective Date of Ownership : 23 Nov 2015 8. Original Registration Date : 23 Nov 2015 9 : 23 Nov 2015 First Registration Date 11. Vehicle 13P-12. Vehicle Scheme : Z10 - Private Hire (Chauffeur) Motor Car : Normal 13. Attachment 1 : No Attachment Attachment 2 15. Attachment 3 : TOYOTA Vehicle Make 16. 17. Vehicle Model : COROLLA ALTIS CLASSIC 1.6 CVT Year of Manufacture : 2015 19. Primary Colour : Black Passenger Capacity : 4
Chassis/Trailer Chassis No. : MR053REH104537084 / Propellant/Emission Standard : Petrol / Euro IV
Engine No./Motor No. : IZBX53666 20. Secondary Colour 21. 22. 23. Engine No./Motor No.
Engine Capacity(cc)/Power Rating(kW) : 1598 / 
Compact Output(kW/bhp) : 90.0 / 120 24. Engine Capacity(cc/rowca American Power Output(kW/bhp) : 90.0 / 1205 25. 26. 27. Unladen Weight(kg)
Maximum Laden Weight(kg) : 1640 : \$17,804.00 : Yes 28. 29. Open Market Value 30. PARF Eligibility 31. PARF Eligibility Expiry Date : 22 Nov 2025 32. Minimum PARF Benefit : \$8,902.00 33. IU Label No. : 2015110101002703W : 22 Nov 2025 34. COE No. COE Expiry Date 35 : A - Car (up to 1600cc & 97kW (130bhp)) 36. COE Category Quota Premium/Prevailing Quota Premium: \$57,301.00 37. Actual Quota Premium/PQP Paid : \$57,301.00 Actual ARF Paid : \$17,804.00 38. 39. 40. CO2 Emission(g/km) : 151.00 41. Actual CEVS Rebate Utilised 42. CEVS Surcharge Paid Actual Green Vehicle Rebate Utilised 43. 44. Vehicle Lifespan Expiry Date 45. Road Tax Amount : \$297.00 : 23 Nov 2015 46. Road Tax Start Date 47. Road Tax End Date : 22 May 2016 : This is a public service vehicle. Remarks 48. This vehicle is eligible for PARF. To renew the COE, the Prevailing Quota Premium payable is that of Category A.