

NATIONAL Assessment Centre Services

| | | | |
|--------------------------|--|-----------------------|---------|
| Date In: 02/01/20 | Job description | Date & Time Completed | Done by |
| Ref No: NA/1620000461/13 | SAS e-filing | | |
| Veh No: 5LT13564 | E-mail (within 8hrs, AD 2hrs) | | |
| D.O.A: 06/01/20 1930 | i-Motor Claim Form | | |
| OD: (TP) Reporting Only | i-Motor W/O (Within: OD 2hrs, TP 4hrs) | | |
| | i-Photo Uploaded | | |
| TP Insurer: | Assessment/Survey Report | | |
| | Ass't Report by Fax / Hand to Owner / Wksp | | |

| | | | |
|--|------------------|---|---------------|
| Preferred Wksp / INC Assign Wksp / QW: (| N-51 | Tel: | Fax: |
| TP Particulars: | Veh No: 5K534516 | 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%. F: 80-100%] | |
| Year of Registration: (| | Warranty: YES () / NO () | |
| Excess: (\$ | | Loading: \$1,000 () / \$2,000 () | |

General Remarks:

() Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer.

() Total Loss Case: to e-mail Insurer URGENTLY.

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

| | | |
|---|-----------------------|---------|
| Remarks: (INC hotline: 6788 6616) | Date & Time Completed | Done by |
| 1) Apply for Transport Allowance () / Courtesy Car () | | |
| 2) QC Check / Post Repair Inspection () | | |
| 3) Upload Resurvey Photo [Repair Cost > \$3000] () | | |

Injury: _____

| Date/Time | Actions |
|-----------|---------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |

| | | | |
|---------------------------------|--|-------------|----------|
| NA2000369 | Invoice Preparation Checklist | Amt (\$) | Amt (\$) |
| Claimant's Particulars: | 1) AR: Accident Reporting (\$30); | Int Bill | Add Bill |
| Driver/Owner: | 2) DA: Damage Assessment (\$100); INC (\$80) | | |
| Contact No: | 3) TF: Towing Fee \$40/\$45 | | |
| Damaged Portion: | 4) FT: Follow-Through Survey \$120 | | |
| QC Checked by (Engr-In-Charge): | 5) FT: Follow-Through Survey (Resurvey) \$30 | | |
| Auditors' Comments: | 6) TR: Re-inspection \$75 | | |
| Est. 1: | 7) N1: Idao DA + SMRT Survey \$160 | | |
| Est. 2/3: | 8) NTUC Additional Services: | | |
| | ON: | | |
| | *N5: Courtesy Car / Tp Allowance \$5 | | |
| | *N6: Repair Co-ordination \$10 | | |
| | *N7: Post Repair Inspection \$25 | | |
| | *N8: DV / Collect Excess Coordination \$5 | | |
| | TP (N11): TP (Non INC) against INC \$20 | | |
| | 9) N12: Idao Mobile 30 | | |
| | Invoice dated | Fee Charged | |
| | Invoice dated | Fee Charged | |

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 | 07/01/2020 17:33 |
| Date Of Accident | 06/01/2020 19:30 |
| Exact Location Of Accident | ALONG CTE TWDS SLE AFT AMK AVE 1 |
| Country/State of Loss | SINGAPORE |
| DETAILS OF OWN VEHICLE | |
| Vehicle Registration Number | SLT1356U |
| Insured/Policyholder | |
| Name Of Registered Owner | TWINCAR LEASING PTE LTD |
| Co Reg No | 2XXXXX046C |
| Email Address | NOEMAIL |
| Mobile Phone No | |
| Alternative Phone No | OFFICE-83802233 |
| Vehicle Particulars | |
| Manufacturer | TOYOTA |
| Model | CHR |
| 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 HIRE |
| Insurance Company | |
| Name of Insurance Company | AIG ASIA PACIFIC INSURANCE PTE. LTD. |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | 999994018 |
| Cover Note Number | |
| Driver | |
| Name of Driver | TAN CHEE WEE |
| NRIC No | SXXXX498E |
| Date Of Birth | 09/09/1977 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 09/06/2012 |
| Driving Experience | 7 YEARS AND 6 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-91182780 |
| Fax Number | |
| Contact Number | |
| Email Address | NOEMAIL |

| | |
|---|------------------------------------|
| Address | BLK 802C KEAT HONG CLOSE #11-63 |
| Postcode | 683802 |
| 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 | CLEAR |
| Road Surface | WET |

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? | YES |
| 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? | NO |
| If Yes, Please state which Police Station | |
| Was notice of intended Prosecution given? | 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 | SKS3451G |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | TAY LEE WAH |
| NRIC/Passport Number | |
| Contact Number | 98164421 |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |
| No. Of Passenger (Including Driver) | |

DETAILS OF INJURED PERSON 1

| | |
|---|--------------|
| Name | TAN CHEE WEE |
| Approximate Age | |
| Injuries Sustain | SLIGHT |
| Injured person in which vehicle? | SLT1356U |
| Were seat belts worn? | YES |
| Was this injured conveyed to hospital by ambulance? | NO |
| Address | |
| Postcode | |

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 interested parties.
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



Veh A: SLT 13564
Veh B: SKS 34516

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On above date & time, I was driving my vehicle A (SLT 13564) traveling along CTE twds SLE on fourth lane of a 4-lanes, expressway. Somewhere after Ang Mo Kio Avenue 1, vehicle ahead slowed down and stopped due to the heavy traffic flow. As such, I applied brake and stopped completely behind vehicle ahead. Out of sudden, vehicle B (SKS 34516) came from rear and collided directly onto the rear portion of my vehicle.

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.:

| | | | |
|-----------------------------------|--|-------------------------|---------------------------|
| Vehicle No. | SLT 13564 | Model / Make | Toyota CHR |
| Date of Accident | 6/1/2020 | | |
| Time of Accident | 1930 | HRS | |
| Location of Accident | Along CTE towards SLE after Ang Mo Kio Ave 1 | | |
| Exact purpose use during accident | Private use | | |
| Name of Owner | Twincar Leasing Pte Ltd | | |
| Telephone No. | H/P : 8380 2233 | Home : | Office : |
| NRIC | 201533046C | | |
| Address | 2 Kaki Bukit Avenue 2 #01-17 S(417921) | | |
| Claim type | OD | THIRD PARTY | REPORTING ONLY |
| Insurance Company | AIG | | |
| Type of Coverage | Comprehensive | Third Party | Third Party / Fire /Theft |
| Policy No. | 999994018 | | |
| Name of Driver | As Above If No, Tan Chee Wee | | |
| NRIC | S7723498E | Any Passengers : — | |
| Date of birth | 9/9/1977 | | |
| Occupation | Outdoor / Indoor | | |
| Driving License Pass Date | 9/6/2012 | | |
| Gender | Male / Female | | |
| Contact No. | H/P : 9118 2780 | Home : | Office : |
| Address | BLK 802C Keat Hong Close #11-83 S(683802) | | |
| Driver have any own vehicle | No, | If yes, Reg No. | |
| Relationship | Employee, | If no, state Hired | |
| Weather condition | Clear | Raining | Other |
| Road Surface | Dry | Wet | Other |
| Any Injuries | No, | If Yes, Who? | |
| Name And Contact No. | Tan Chee Wee 9118 2780 | | |
| Name And Contact No. | | | |
| Police Report | No, | If Yes, Where? | |
| Vehicle B No. | SKS 3451G | Any Passengers : — | |
| Name of Driver | Tay Lee Wah Junty | Contact No. : 9816 4421 | |
| 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 | | |
| Email Address | alanic.tan1977@gmail.com | | |
| | | | |
| | | | |
| PARTICULAR WORKSHOP | NSI | | |
| CONTACT NO. | 6842 0051 / 6744 0510 | | |
| CONTACT PERSON | Zs Ting | | |
| FAX NO | 6741 0510 | | |
| WORKSHOP EMAIL ADDRESS | sales@nsi.com.sg | | |



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, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA) AND ROAD TRANSPORT (AMENDMENT) ACT 2019
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1969 (MALAYSIA)

M 2400

| | | | |
|--|------------------|--------------------------------------|-----------------|
| | | (The below excess is subject to GST) | |
| COMPREHENSIVE | COMMERCIAL MOTOR | POLICY EXCESS | REFER TO ITEM 5 |
| CERTIFICATE NO. | SLT1356U | WINDSCREEN EXCESS | S\$100.00 |
| POLICY NO. | 999994018 | SUM INSURED | Market Value |
| | | INSURING WITH COE/PARF | YES |
| | | SLT1356U | |
| | | TWINCAR LEASING PTE LTD | |
| 1) VEHICLE REGISTRATION NO. | | 19 October 2019 | |
| 2) NAME OF INSURED | | 18 October 2020 | |
| 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\$1,500.00 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. | | | |
| 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 AIG 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. | | | |
| 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 | | MAYBANK | |
| *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 406898



AUTHORISED REPRESENTATIVE

SSPOEC

ORIGINAL