NATIONAL Assessment Cent		PTINTOON AND ISONEL	leted Done	hv
Date In: 24/14-17:37	Jeb description	Date & Time Comp	leted Done	O.
Reino: Ligiala 2000 050 Typy	SAS e-filing	İ	-	
Veh No: Sucyl	E-mail (within Shrs, A	(C 2hrs)		•
D.O.A: 21/20-18V	i-Motor Claim Fo	rm		
	i-Motor W/O (with	nin: OD 2hrs, TP 4hrs)		
OD : TP ! Reporting Only	i-Photo Uploaded	white the same of		
	Assessment/Survey	Report		
TP Insurer:	Ass't Report by Far	x / Hand to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tol:	Fax:)
TP Particulars: Veh No: 511	85774 ·	INC()/Non-INC()	
Owner / Driver: (Tel:		
Policy No: ()	Period: () Cover Type: (
Confirmed by : (ate: Time:)	
Insured/Driver Liability: (%)	[Note-Est Status (WO):	N: 0-20%; P: 21-79%.	P: 80-100%]	
Year of Registration: ()	Warranty: YES () /	NO()		-
Excess: (\$) Loading: \$	1,000 ()/\$2,000 ()	लिला अवस्त्र स्थान	
General Remarks:-				e na five
() Walk-In Customer: Customer's in	nformation strictly Confide	ntial & Strictly NO refer of re	pairer.	
() Total Loss Case : to e-mail Inst		* · · · · · · · · · · · · · · · · · · ·		
	ice: YES () / NO (); Towing Co: (4')
		Dates:Timb Comp	le sd Done	e by
Remarks: (INC hotline: 6788 6616)			4	
1) Apply for Transport Allowance ()	/ Courtesy Car ()		CENTRAL PROPERTY OF THE PROPER	
QC Check / Post Repair Inspection Upload Resurvey Photo [Repair Cost >	\$30001 ()			
3) Opiosa Resulvey Flow (Repair Cost)	55000] (/			
Injury:		The state of the s	www.vww.de-rain	ATT NO.
Date/Time Actions	and the second	Property of the Control of the Contr	NEW SERIOLDE	<u> </u>
	1	Manufacture and the second sec		
•			Anit (5)	Amt (3)
(hadan Tarah)	ln.	voice Preparation Checklis	it fü Bill	Add Bill
M07001207 ,	1) /	AR : Accident Reporting (\$30);	INC (\$80)	
Claimant's Particulars :-	2) I	DA : Damege Assessment (\$100); FF : Towing Fee	\$40/\$45	
Oriver/Owner:	4) 3	T : Follow-Through Survey	\$120 (v) \$30	+
Contact No:	5) i	T: Follow-Through Survey (Resurve for claiming against INC Only (wef I	0 Jan 2005)	1
	6)	TR: Re-inspection	\$75 - \$160	+
Damaged Portion:	7)7	N1 : Idao DA + SMRT Survey NTUC Additional Services:-	. 3100	1
		on•	\$5	
QC Checked by (Engr-In-Charge):		NS: Courtesy Car / Tpt Allowance N6: Repair Co-ordination	510	
	The world has be seen that the fraction	N7: Fost Repair Inspection	\$25 n \$5	
Auditors' Comments :-		N8: DV / Collect Excess Coordination P(N11): TP (Non INC) against INC		
Cat. 1:	9)	N12: Idne Mobile	30	AM 270 A
Cat. 2/3:	las	olce dated Fee	Charged Charged	The state of the
at, 213,	Inv	voice dated Fee	Charged Charged	

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.
- 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

 By the loagement of this report to the insurers, you hereby consaforesaid. 	ent to the dronwing of this report at the centre and to copies of the report and grant and the centre and the copies of the report and the centre and the copies of the report and the centre and the copies of the report and the centre and the copies of the report and the centre and the centr		
	ACCIDENT STATEMENT		
Date Of Report	24/02/2020 13:33		
Date Of Accident	22/02/2020 11:25		
Exact Location Of Accident	JUNC ADMIRALTY RD & RIVERSIDE RD		
Country/State of Loss	SINGAPORE		
D	ETAILS OF OWN VEHICLE		
Vehicle Registration Number	SLG64L		
Insured/Policyholder			
Name Of Registered Owner	VINCENT WEE		
NRIC No	SXXXX937F		
Email Address	NOEMAIL		
Mobile Phone No	(LOCAL) +65-96474426		
Alternative Phone No	OFFICE-96474426		
Vehicle Particulars			
Manufacturer	NISSAN		
Model	QASHQAI 1.2 DIG-T CVT		
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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		

Fleet Policy

NO

Policy Number

1900106512

Cover Note Number

Driver

VINCENT WEE Name of Driver SXXXX937F NRIC No Date Of Birth 15/06/1960 OUTDOOR Occupation 05/09/1979 Date Of Driving Pass

40 YEARS AND 5 MONTHS Driving Experience

MALE Gender

(LOCAL) +65-96474426 Mobile Number

Fax Number

OFFICE-96474426 Contact Number

NOEMAIL EMail Address

Address BLK 846 YISHUN RING ROAD

#04-3649

Postcode 760846

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OWNER

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle -

2

General Information of the Accident

Type Of Accident COLLISION - CHANGE/CROSS LANE

Weather Conditions CLEAR
Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

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?

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?

YES

NO

NO

Remarks/ Reasons:

VIDEO FOOTAGE WITH DRIVER

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLL8577U

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

Page 2 of 11

SKETCH PLAN

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.
- 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.
- 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 aforesald.
- 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 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
- 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)

MAN

Date & Time:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No .:

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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from the turning my	right an	Came	[unclion	-f 1	Ruesede	Road	111. 11.
turning res	ght arrow	Came			AL P. W. C. C.	110000	· when the
turn . Sadd		The second second	out one	1 /	was n	oveng.	forward to
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outh and	colleded	onto	the le	Pt from	1 lours	ion of	my vehet
	Comment	12000	/	-/	1		7
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		Miles and the second					
				- 1000			

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.:

ehicle No.	SLG 64 L Model/Make Nessan Quehgai			
ate of Accident	22 /02 /2020.			
ime of Accident	1/2 6 HRS			
ocation of Accident	Admiralty Road junction Riverside Road.			
xact purpose use during acci	dent Charffeur.			
lame of Owner	Vincent wee Chye Huat			
elephone No.	H/P: 9647 4426 Home: Office:			
IRIC	2 1403 937 F.			
Address	BLK 846 Yeshun Reng Road #04-3649 (3) 760 846			
Claim type	OD THIRD PARTY REPORTING ONLY			
nsurance Company	AIG .			
ype of Coverage	Comprehensive Third Party Third Party / Fire /Theft			
Policy No.	1900106512.			
Name of Driver	As Above of No, Any Passengers: N.A.			
NRIC				
Date of birth				
Occupation	Outdoor / Indoor			
Driving License Pass Date				
Gender	Male / Female Office :			
Contact No.	H/P: Home: Office:			
Address	W 2 - N			
Driver have any own vehicle	The control of the co			
Relationship	Employee,			
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? Plus Ary Passengers: N-A			
Vehicle B No.	772 021/ 0			
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: N-4.			
Accident Portion	Left front portion.			
Camera Recorder	Yes No			
Email Address	dr. vivee @ grast. com			
PARTICULAR WORKSHOP	Twencar.			
1/11	6842 0051 / 6744 0510			
CONTACT NO.				
CONTACT NO.	Zi Ting			



CERTIFICATE OF INSURANCE

RIDE SHARE PRIVATE VEHICLE

Name of Policyholder : Vincent Wee Period of Insurance

: 04 Jun 2019 To 13 Sep 2020

Engine No.

: HRA2486017A

Chassis No. : SJNFEAJ11U2018119 Vehicle No.

entherines and a second lateral artestation and the second
Policy No.

Endorsement No. Issued Date

ABOUT THE COVER

: NISSAN Qashqai 1.2 DIG-Turbo

Engine Capacity/Tonnage 1,197.00 CC

Sum Insured : Market Value

Driver Restriction

Off Peak Car No.

Person or Classes of Persons Entitled to Drive*

When the Vehicle is used for the carriage of posterings for rare or reward, such authorised order must be ni passengers for file or reward.

You have to pay an additional sum of \$3,000 as 7 oung another resignmenced Driver Excest (CYDRT) if You're of Your Authorised Driver (Harned or windmed) is sold than 2 years' driving expensions.

Age Condition

: All Age Condition

Limitation as to use"

Use for social, domestic, pleasure purposes and business purposes of any person to whom the vehicle is fired. Use for the camage of passengers for him or reward by any person to whom the Vehicle is himd. This Policy does not cover.

To use for drying tubor, strong test incord, pate-making relately the properlessing.

2) use whits drawing a trailer except the tyeing (when then for neward) trianguise disabled using a medianypally properled version with Migrar Traile.

3) use for any purpose in connection with Migrar Traile.

* Umilations rendered Inoperative by Section 8 of the Misor Version Christ-Party Roxa and Compensation, Act (Cap. 189) and Section ed of the Rived Transport Act (Misoysta) are not to be included under these headings.

EXCESS

Fire - \$0 Own Damage - \$1800 That - \$0 Floor Cover - \$0

Section 2

Property Damage - \$2000

Windscreen: \$100

Named Driver and Excess twhen applicable

VINCENT WEE - \$1800 (Own Damage: \$2000 (Property Damage)

APPROVED REPORTING CENTRES/AUTHORISED REPAIRERS (FOR CLAIMS RELATED REPAIRS)

Approved Reporting Centres/ AIG Authorised Repenters (For Idems reseals) repairs.

Any accident repairs to the Vehicle must be carried out by one of our Authorised Repairers. When the trial 2 years of the first registration of the vehicle in Singatorie into here the option of naving the accident repairs carried out at the Sole Agent's workshop, accident repairs carried out at the Sole Agent's workshop accident repairs accident repairs (For Identity Sole) and the sole Agent's workshop accident repairs (For Identity Sole) and Identity Sole) accident the first registration of the vehicle in Singatorie in the Vehicle of Sole) accident the sole of the Sole (For Identity Sole) accident the Sole (For Identity Sole to recover at +65.6358 6200. Anamatures. You may refer to AID website were and coming

IMPORTANT NOTES

If the verside is used for the carriege of pessenger for hire or reward, such other must be named under the Policy and registered with an immediaty which facilities the carriage of pessengers for hire or reward, Should you decide to include any other driver, please contact us. [Company reteriors the right to accepting the inclusion of any human Orivers.]

Hire Purchase Company/Employer's Loan: NA

I/We hareby certify that the policy to which this Certificate of Insurance relates is leaved in accordance with the provisions of the Motor Verschaf(Third Party Risks and Compensation) Act (Cap. 189). Part if or Risks Transport Act, 1997 (Malaysia) and Motor Versides (Third Party Risks) Rules, 1950 (Malaysia)

0000064000

DIRECT CLIENTS 01 4.95 AIG BUILDING 78 SHENTON WAY 897-16 SHIGAPORE 079120 Linderwitten by AIQ Asia Pacific insurance Pie. Ltd.

AIG Asia Pacific Insurance Pte. Ltd. AUTHORISED REPRESENTATIVE