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D.O.A: 17/2 /5: TO	i-Motor Claim Form			-
	i-Motor W/O (Within: OD 2hr	s. TP 4hrs)		
OD TP ! Reporting Only	i-Photo Uploaded			
TD Innues	Assessment/Survey Report			
TP Insurer:	Ass't Report by Fax / Hand	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW:	(	Tel: Fa	C:	
TP Particulars: Veh No: S	6960197 INC (	)/Non-INC( )	4	
Owner / Driver: (		Tel:	)	
Policy No: ( )	Period: ( )	Cover Type: (	)	W-04-1-11
Confirmed by : (	Date:	Time:	)	
Insured/Driver Liability: ( %	6) [Note-Est. Status (WO): N: 0-2	0%; P: 21-79%. P: 80-100	0%]	
Year of Registration: ( )	Warranty: YES ( )/NO(	)		
Excess: (\$ ) Loading: 5	\$1,000()/\$2,000()		7088835-III	
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# SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

Contact Number

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.
- 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	14/07/2020 10:24	
Date Of Accident	13/07/2020 15:50	
Exact Location Of Accident	BISHAN ST 21 ENTRANCE OF RAFFLES INSTITUTION	
Country/State of Loss	SINGAPORE	
	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLU5157X	
Insured/Policyholder		
Name Of Registered Owner	TWINCAR LEASING PTE LTD	
Co Reg No	2XXXXXX46C	
Email Address	NOEMAIL	
Mobile Phone No	(LOCAL) +65-83802233	
Alternative Phone No	OFFICE-83802233	
Vehicle Particulars		
Manufacturer	HONDA	
Model	VEZEL HYBRID 1.5X AUTO	
Exact Purpose for which vehicle was being used at time of accident	WORKING	
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 PING SENG	
NRIC No	SXXXX161C	
Date Of Birth	03/10/1961	
Occupation	OUTDOOR	
Date Of Driving Pass	03/11/2014	
Driving Experience	5 YEARS AND 8 MONTHS	
Gender	MALE	
Mobile Number	(LOCAL) +65-92702850	
Fax Number		

OFFICE-92702850

NOEMAIL

BLK 136 BUKIT BATOK WEST AVENUE 6 Address

#08-507

Postcode 650136

Was driver an employee of the Insured's Company NO

OTHER - HIRER If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

COLLISION - HEAD TO REAR Type Of Accident

Weather Conditions CLEAR 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?

YES

NO

Was any other material or property damaged? I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

1 Number of Passengers (Including Driver)

**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)

YES Are accident photos available for attachment? Was there any video captured by Car Camera? YES

VIDEO FOOTAGE WITH DRIVER

Was there any audio recorded?

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number

SKP6019T

Vehicle Make/Model/Colour

Details Of Properties

Remarks/ Reasons:

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)

## SKETCH PLAN

### 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.
- 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)
  - 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: Oriver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN			
Entranceo			
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Institution	O BR		
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			A: SLUSISTX
> 41 a	7.1 N	Veh	B: SKP6019T
7 Bistran St			
	4		
DESCRIBE CIRCUMSTANCE	S OF THE ACCIDENT		
On about	clate & time, I wa	c doirna ma vol	into A (SILLEIETX)
Cri acci	cose P mile 12 mi	Salving his va	HULLE HE ( > LOC SISTING)
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traveling along	Bishan Street 21 and	I que to ente	r the entrance of
2 sa =			
Raffles Institut	run. Out of sudd	lon. I felt ar	impact from near
of my vehicle	I alighted and red	real the front	another of
3 43.50	d , , , ,	11011	
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venide BCSRPE	colat) collided onto	The rear port	ion of my venicle.
	Section (III)		
DECLARATION			
We had be foregoing part	ticulars are true in every respect.		
( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )	de.		
E OS			1/m
Policytoider's Signature	Driver's Signature		entre Personnel's Signature
Date & Time:	(If driver is not the policyholder)	Name:	SS(4), 11

Date & Time:

NRIC/FIN No.:

/ehicle No.	SLUSISTX Model/Make Honda Vezel
Date of Accident	13/07/2020
ime of Accident	1550 HRS
ocation of Accident	Along British Street 21 Entrance of Raffler Institution
exact purpose use during a	
Name of Owner	Twincar Leaving Pte Hol
Telephone No.	H/P: 83802233 Home: Office:
VRIC	201533046C
Address	2 Kaki Bukit Avenue 2 #01-175 (417921)
Claim type	OD THIRD PARTY REPORTING ONLY
nsurance Company	ALG
Type of Coverage	Comprehensive Third Party Third Party / Fire / Theft
Policy No.	99994018
	A AL TO CO.
Name of Driver	As Above If No, Tan Ping Sang
NRIC	SIA59161C Any Passengers:
Date of birth	3/10/1961
Occupation	Outdoor / Indoor
Driving License Pass Date	3/11/2014
Gender	Male / Female
Contact No.	H/P: 4270 7850 Home: Office:
Address	BLK 136 BUKIT BACK West Avenue 6 #08-5075 (650136
Driver have any own vehic	tle (No,) If yes, Reg No.
Relationship	Employee, If no, state Hirer
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?
Vehicle B No.	SKP 6019T Any Passengers : -
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	Reat portion
Camera Recorder	Yes / No
Email Address	
PARTICULAR WORKSHOP	N-51 Automotive Pte Ltd
CONTACT NO.	6842 0051 / 6744 0510
CONTACT PERSON	Brandon
FAX NO	6741 0510
WORKSHOP EMAIL APDRE	ss 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

3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE

MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

M.Z.400

(The below excess is subject to GST)

COMPREHENSIVE

COMMERCIAL MOTOR

POLICY EXCESS

REFER TO ITEM 5

CERTIFICATE NO.

SLU5157X

WINDSCREEN EXCESS

S\$100.00

POLICY NO.

999994018

SUM INSURED INSURING WITH COE/PARF Market Value

SLU5157X

YES

1) VEHICLE REGISTRATION NO.

2 ) NAME OF INSURED

TWINCAR LEASING PTE LTD

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 permission.

\$\$1,500.00 Section | & \$\$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 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 MAYBANK

HIRE PURCHASE COMPANY

\*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 408898

AUTHORISED REPRESENTATIVE

SSPOEC

**ORIGINAL**