	ure Services	The second second	Date & Time Completed	Done b) /
Date In: 28/12 - 09:39	Jcb description		Date (Cr. III)		
Ref No: Ma Alhas & My	SAS e-filing				
Veh No: 11/10 324	E-mail (within 8	Shrs, AIC 2hrs)			
D.O.A: 114/2-250	i-Motor Clair	m Form			
	i-Motor W/O	(Within: OD 2hrs,	(P 4hrs)		
OD / T ! Reporting Only	i-Photo Uplo:	aded			
1000	Assessment/Su	rvey Report			
TP Insurer:	Ass't Report by	y <u>Fax / Hand</u> to	Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW:	(Tel: F	ax:	
TP Particulars: Veh No:		INC ()/Non-INC()		
Owner / Driver: (Tel:)	
Policy No: ()	Period: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%	(V) (Note-Est. Status (V		%; P: 21-79%. P: 80-	100%]	
Year of Registration: ()	Warranty: YES ()/NO()		
Excess: (\$) Loading:	\$1,000 () / \$2,000	()			
General Remarks;-				10.000 11.	
() Walk-In Customer : Customer's	information strictly Cor	nfidential & Stri	ctly NO refer of repairer.		
() Total Loss Case : to e-mail In:		-			
The state of the s	oice: YES () / N	NO(); To	wing Co: ()
Divo-in (), joined in (), in					
	AND COMPANY OF THE PROPERTY OF	CONTRACTOR OF CONTRACTOR		Done	ha
			Date&Time Completed	Done	by
1) Apply for Transport Allowance ()	Date&Time Completed	Done	by
1) Apply for Transport Allowance (2) QC Check / Post Repair Inspection) / Courtesy Car ()	Date&Time Completed*	Done	by
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Gender

Mobile Number

Fax Number 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.
- 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.
- 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.

AND STREET OF THE PARTY OF THE PARTY IN THE	ACCIDENT STATEMENT
Date Of Report	28/08/2020 09:39
Date Of Accident	13/04/2019 20:50
Exact Location Of Accident	82 BUKIT BATOK RD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLX1032H
Insured/Policyholder	
Name Of Registered Owner	MICRO CREDIT (CAR LEASING) PTE LTD
Co Reg No	2XXXXX504E
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	HONDA
Model	SHUTTLE HYBRID 1.5 AUTO
Exact Purpose for which vehicle was being used at ime of accident	COMMERCIAL USE
Are you claiming under your own insurance policy or repair to your vehicle?	NO
f No, Please state action to be taken	THIRD PARTY
/ehicle Category	PRIVATE HIRE
nsurance Company	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
ype Of Coverage	COMPREHENSIVE
leet Policy	NO
Policy Number	999994191
Cover Note Number	
Driver	
lame of Driver	CHEN CAIFA
IRIC No	SXXXX809Z
eate Of Birth	16/06/1986
ccupation	OUTDOOR
ate Of Driving Pass	18/08/2017
riving Experience	1 YEAR AND 7 MONTHS

MALE

NOEMAIL

(LOCAL) +65-98280773

OFFICE-98280773

BLK 162 YISHUN STREET 11 Address #15-252 760162 Postcode Was driver an employee of the Insured's Company 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 - CHANGE/CROSS LANE Type Of Accident Weather Conditions CLEAR Road Surface DRY Other Information NO Was any foreign vehicle involved in this accident? Number of vehicles (including own vehicle) 2 involved in the accident NO Was any body injured in the Accident? Was any injured conveyed to hospital by ambulance? YES Was any other material or property damaged? I have been approached by unknown person(s) NO 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 NO Was notice of intended Prosecution given? If Yes, against whom? Circumstances of Accident REFER TO STATEMENT. Attachment(s) YES Are accident photos available for attachment? NO Was there any video captured by Car Camera? NO Was there any audio recorded? **DETAILS OF OTHER VEHICLE PROPERTY 1** SMA7015C Vehicle Registration Number TOYOTA ALTIS Vehicle Make/Model/Colour **Details Of Properties** PRIVATE CAR Vehicle Category HENG CHOON KIAT, PHILIP Name of Driver SXXXX148F NRIC/Passport Number 97571128 Contact Number Address Postcode Insurance Company Name Nature Of Damage

No. Of Passenger (Including Driver)

MACHINET VETTE

- 1. Please report for rectar the details of the accident to speed up the claims process.
- 2. This Form must be considered by the Policyholder and for the Authorises Oriver.
- 3. Information provided must be as that full and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to republice 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.
- April false reporting man perendence for 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:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("Z"A") 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
- (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:

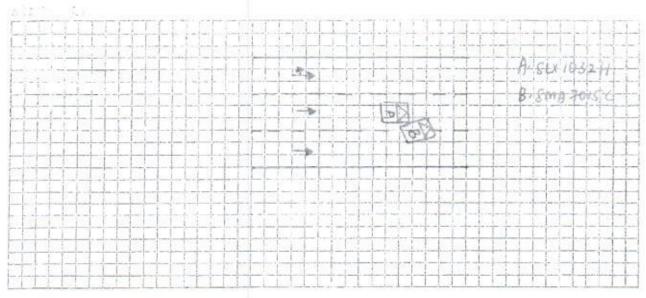
BOC No. 00E19554E

> Driver's Signatu (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No .:



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my lane xithout	is clear before doing so and	
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DECLARATION

I/We declere the to regoing particulars are true n every respect.

Policyholder Signalore Date & Time:

ROC No. 200910504E

Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signatura Name:

NRIC/FIN No.:

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Complete and submit this form to the individual insurance authorised reporting centre.
- Please report correctly on the details of the accident to speed up the claim process.
- This form must be filled up by the policy holder and/or authorised driver.
- Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- 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 traffic police department for investigation.

Date of accident	1/2	-	ACCIDENT DETAILS	(DD/MM/YY
Time of socident	9:	14 0		(MH:MIM
Exact location of accident	Alo	ng	21 Bukit Batok Road	

Vehicle registration number	SLX 1032 H					
Vehicle make and model	Honda Shuttle Hybrid					
Type of vehicle	Saloon					
Vehicle category	Private Commercial Motorcycle					
Purpose of using at said time						
Are you claiming under your own insurance company?	Yes D No D if no, please select: Third part claim D Reporting only D					

	INSURANCE IN	FORMATION	三角型,14条件
Insurance company	NTUC		
Policy number			
Type of policy	Comprehensive 🗆	Third party fire & theft	TP only 🗆

Micro Credit (Car Leasing) Pte Ltd	Male 🗆	Female a
200910504 E		
101 Kitchener Road #03-03 Jalan Besar	Plaza	

DRIVER	SAME AS INSURED ABOVE (SKIP TO D.O.B)						
Name	Chen Caifa Males	Female					
NRIC / Fin / Passport number	886168092						
Contact	9828 0773						
Address	APT BLK 162 YISHUN STREET 11 # 15-252 S(760 162)						
Email address							
Date of birth	16/06/1986						
Occupation	Indoor D Outdoor D						
Driving date pass	18/08/2017						

1000mm	THE REAL PROPERTY AND ADDRESS OF THE PARTY O		BE THE ACCORDEN		
Was driver an employee of	Yes 🗆	NoB			
the insuraci's company?		tionship of the	ciriver and insure	c: Hirer	
Accident captured by camera?	Yes 🗆	NOE			
Weather condition	Clear	Raining 🗆	Others:		
Road surface	Drye	Wet o		6. 1. 1.	0 f 1 d A
No of passenger				(Inclusive	of driver)
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Was anybody Injured?	Yes 🗆	No E			
Was other vehicle damaged?	Yes	No 🗆			New York Control
	DE	TAILS OF POLI	CE ACTION		阿拉斯
Reported to police?	Yes 🗆	No 🗇 If	yes, please state	which police station.	Section 2 (Company
Police station name		/			
Police station name					
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Name				ASSESSMENT OF THE PROPERTY OF	
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Name			100 100 100 100 100 100 100 100 100 100		
	-				

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Vehicle registration number	SMA 7015 C
Vehicle make model	Toyota Altis
Name	Heng Choon Krat, Philip
NRIC / Fin / Passport number	S 13 0 11 48 F
Contact	9757 1128
ALTERNATION AND AND AND AND AND AND AND AND AND AN	THIRD PARTY VEHICLE 2
Vehicle registration number	
Vehicle make model	
Nams	
NRIC / Fin / Passport number	
Contact	
Water State of the Control of the Co	
10 - 10 2 Will (17)	THIRD PARTY VEHICLE 3
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
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Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
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Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
《大学教育中的社会》	THIRD PARTY VEHICLE 6
Vehicle registration number	
Vehicle make model	
Name	
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Which vehicle person in?					
Were seat belts worn?	Yes 🗆	No ロ			
Was injured convayed to	Yes 🗆	No 🗆			
hospital by ambulance?					
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Which vehicle person in?					
Were seat belts worn?	Yes 🗆	No D			
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Were seat belts worn?	Yes 🗆	Nop			
Was injured conveyed to	Yes 🗆	No 🗆			
hospital by ambulance?	1000000	7-			
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Were seat belts worn?	Yes 🗆	No 🗆			
Was injured conveyed to	Yes 🗆	No 🗆			
hospital by ambulance?					
/				1975	
		INJURED PERSOI	V 5	AND WHITE SPACE	10.20
Name					
Injuries sustained					
Which vehicle person in?					
Were seat belts worn?	Yes 🗆	No 🗆			
Was injured conveyed to	Yes□	No 🗆			
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Name					
Injuries sustained					
Which vehicle person in?	Vec =	No 🗆			
Were seat belts worn?	Yes 🗆				
Was injured conveyed to	Yes 🗆	No 🗆			
hospital by ambulance?	Para land				



CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRS-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)

MOTOR VEHICLES (THREE-PARTY RISKS AND COMPENSATION) RULES, 1946

ROAD TRANSPORT ACT, 1987 (MALAYSIA)

MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1980 (MALAYSIA)

M.Z.401 (The below excess is subject to GET)

COMPREHENSIVE

COMMERCIAL MOTOR

POLICY EXCESS \$\$2000.00 (Sect | & II)

CERTIFICATE NO. POLICY NO.

SLX1032H

WINDSCREEN EXCESS

\$\$100.00

Market Value

1) VEHICLE REGISTRATION NO.

2) NAME OF INSURED

3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE PURPOSES OF THE ACT

INSURING WITH COE/PARF YES SLX1032H

MICRO CREDIT (CAR LEASING) PTE LTD

10 April 2019

SUM INSURED

4) DATE OF EXPIRY OF INSURANCE

09 April 2020

5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE

Any person who is driving on the insuled's order or with their pens.

552,000.00 Section 1 & 552,000.00 Section II Excess is applicable for driver who is between 23 years to 65 years old with minimum 2 years driving experience in Singapore. An additional excess of \$1,000.00 section II per accident is applicable in the event of an accident occurring outside Singapore.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Monte Vehicle or has been all permitted and is not disquelled by order of a Court of Law or by reason of any enactment or regulation in that behalf from thiring the Motor Vehicle.

6) LIMITATION AS TO USE

- 1) Use for social, domestic, pleasure purposes and business purposes of insuled
- 2) Use for social, domestic, pleasure purposes and business purposes of any person whom the vehicle is fixed.
- 2) Use for the comage of presengers for line or reward by any person to whose the velocitie is bread

The Policy does not cover: 1) Use for fusion, drying test, racing, pace-making, reliability trial or speed testing, 2) Use while drawing a traiter except the towing lotter than for reward, of any one detailed mechanically properled vehicle. 3) Use for any propose in connection with the factor Track.

LOSS OF USE

Not Included

HIRE PURCHASE COMPANY

Asia Carz Holding Pte Ltd

"Limitations rendered inoperative by Section 8 of the Roser Vehicles (Think-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Rosel Transport Act, 1967 (Malaysia), are not to be increased under these headings.

I / We hereby Certify that the policy to which this Certificate relates in secund in excirctance with the provisions of the Moley Vehicles (Trent-Party Roins and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1967 (Makeyers)

Issued in Singapore 27 Mar 2019

500656-000 Cowell Insurance (Agency) Pte. Ltd. 8 Burn Road Singapore 369977

AIG Asia Pacific Insurance Pte. Ltd.

ALITHORISED REPRESENTATIVE

SSPOEC

ORIGINAL