

NATIONAL Assessment Centre Services

[wef 1 Jan'05]

MAJ 20078670

Date In: 11/12-13:11	Job description	Date & Time Completed	Done by
Ref No: MAJ 20078670	SAS e-filing		
Veh No: JML6005E	E-mail (within Shrs, AIC 2hrs)		
D.O.A: 6/12-16:45	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: () Tel: () Fax: ()

TP Particulars: Veh No: JML6005E 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% P: 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

HA 20078670	Invoice Preparation Checklist	Amf (\$) 1st Bill	Amf (\$) Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);		
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		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	QD*		
	*N5: Courtesy Car / Tpl Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (N-in INC) against INC \$20		
	9) N12: Idac Mobile 30		
Lat 1:	Invoice dated	Fee Charged	
Lat 2 / 3:	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	11/09/2020 13:11
Date Of Accident	10/09/2020 16:40
Exact Location Of Accident	MARINA WAY BESIDE MARINA ONE RESIDENT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SML6005E
Insured/Policyholder	
Name Of Registered Owner	ACE FLEET MANAGEMENT PTE LTD
Co Reg No	2XXXXX914N
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92323494
Alternative Phone No	OFFICE-92323494

Vehicle Particulars

Manufacturer	TOYOTA
Model	NOAH HYBRID 7-SEATER 1.8X CVT
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	999993781
Cover Note Number	

Driver

Name of Driver	ROBIN HO
NRIC No	SXXXX667A
Date Of Birth	21/05/1980
Occupation	OUTDOOR
Date Of Driving Pass	02/06/2005
Driving Experience	15 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81396743
Fax Number	
Contact Number	OFFICE-81396743
Email Address	NOEMAIL

Address	BLK 634 YISHUN STREET 61 #05-54
Postcode	760634
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	DRY

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?	YES
If Yes, Please state which Police Station	
Police Station Name	CENTRAL POLICE DIVISIONAL HQ (A DIVISION)
Police Station Address	ROAD: 391 NEW BRIDGE ROAD #03-112 POLICE CANTONMENT COMPLEX BLOCK A , POSTCODE: 088762 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2240000 - FAX NO: 62200877
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - A/20200911/7000.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO FOOTAGE WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGS5540S
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)

DETAILS OF INJURED PERSON 1

Name ROBIN HO

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SML6005E

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.
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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

Marina Way Beside Marina One Resident

Vehicle A - JML600SE
Vehicle B - JG55540S

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to the Police Report No. A/20200911/7000.

DECLARATION

I/We declare that the following particulars are true in every respect.



Policyholder's Signature
Date & Time

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

Reporting Centre Person's Signature
Name:
NRIC/FIN No.:

Date of Accident : 10/09/2020 Accident Time: 1640hrs (24-HR-FORMAT)
 Accident Place : Marina Way Beside Marina One Resident
 Vehicle Reg. No (Car plate No.) : SML 6005E Vehicle Make/Model: Toyota Noah
 Insurance Company : AIG Policy No. 999993781
 Name of Registered Owner : Company / Individual Ace Fleet management Pte Ltd
 ID of Registered Owner : Co Reg No: 2017 10914N Owner's NRIC No: -
 : Co Contact No: 9232 3494 Owner's Contact No: -
 DRIVER'S Name : Robin Ho DRIVER'S NRIC No: SF014 667A
 DRIVER'S Date of Birth : 21 May 1980 DRIVER'S License Pass Date: 02 Jun 2005
 Relationship bet. Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employed \ Others: Hmer
 DRIVER'S Address : APT B1K 634 Yishun Street 61 #05-54 Singapore 760634
 DRIVER'S Contact No. / Alt No. : 1) 813 9 6743 2) -
 DRIVER'S Occupation : INDOOR \ OUTDOOR (eg. working inside or outside of an office)
 Email Address : gl210580@gmail.com
 Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
 Reporting Type : Reporting Only \ Claim \ Other Party \ Claim Own Insurance
 Number of Passengers (including Driver): 01 Passenger Name: - Gender: M/F
 Was the accident reported to the police? YES \ NO Passenger Name: - Gender: M/F
 Was there any video Captured by car camera: YES \ NO Any Injuries: YES \ NO Injured Name: Robin Ho
 Injured Name: -
 Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Other Party Driver's Particulars (if any)

Vehicle Reg No: <u>SG55S 403</u>	Vehicle Reg No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name DRIVER: _____	Name DRIVER: _____
IC No. DRIVER: _____	IC No. DRIVER: _____
DRIVER'S Contact & add: _____	DRIVER'S Contact & add: _____

Other Party Driver's Particulars (if any)

Vehicle Reg No: _____	Vehicle Reg No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name DRIVER: _____	Name DRIVER: _____
IC No. DRIVER: _____	IC No. DRIVER: _____
DRIVER'S Contact & add: _____	DRIVER'S Contact & add: _____



POLICE REPORT (NP299)

Report No. A/20200911/7000

Police Station Of Origin
Central Division HQ
A 391 New Bridge Road #03-112 Police
Cantonment Complex SINGAPORE 088762
Tel No:1800-2240000

Date/Time Report Made 11/09/2020 00:05	Vide Report No.	Station Diary No.
Name Of Informant ROBIN HO	Address 634 YISHUN STREET 61 #05-54 SINGAPORE 760634	
ID Type / ID No. NRIC NO / S8014667A	Contact No. Home/Office: Mobile: 81396743	
Nationality SINGAPORE CITIZEN	Email Address gl210580@gmail.com	
Occupation PHV DRIVER	Sex Male	Age 40
Institution/School Name	Date of Birth 21/05/1980	Race Chinese
	Language English	
Date/Time Of Incident 10/09/2020 16:40	Location Of Incident MARINA WAY	

Brief details.

On the above mentioned date and time, I was driving my vehicle SML6005E.

I was stationary along marina way while waiting for my passenger, outside of marina one residence.

Suddenly, while I was still stationary, I felt a impact from the rear and I alighted to realise that vehicle SGS5540S had collided onto my vehicle's rear.

Later that evening, I started feeling soreness on my lower back and neck area.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 11/09/2020 00:05
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp



**SINGAPORE
POLICE FORCE**



A/20200911/7000

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. A/20200911/7000

As such, I went to intermedical 24 hour clinic ang mo kio to seek treatment and was given 3 days mc.

Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

Authentication Stamp

Signature Of Informant:

The identity of the person making this report has been authenticated by SingPass. No signature is required.

Date/Time:

11/09/2020 00:05

Classification Of Case:

(B)

ACE FLEET MANAGEMENT PTE LTD

237 ALEXANDRA ROAD #02-03 THE ALEXCIER SINGAPORE(159929)

RENTAL AGREEMENT

Kindly fill up all of the details below

CAR MODEL: TOYOTA NOAH

CARPLATE: SML6005E

HIRER'S NAME: ROBIN HO	
NRIC/PASSPORT NO.: S8014667A	D.O.B: 21 MAY 1980
NEXT OF KINS: ANN WARE	TEL: 97324854
ADDRESS: BLK 56, TEBAN GARDENS ROAD, #30-465, S(60056)	
CONTACT NO.: 81396743	
RENTAL DEPOSIT: \$2000/-	
DATE OF COMMENCE: 30 MAY 2019	
EMAIL: greenlantern8014667@gmail.com	
RENTAL PER DAY: \$95/DAY + SERVICING, TYRES & MAINTENANCE + \$71 = \$102/-	
BANK/ ACCOUNT NO.: -NIL-	
*All Rental Payments to be make latest by every Monday . Thank you.	
CONTRACT VAILDITY: LTO - 60 MONTHS.	
1)INSURANCE 1 ST PARTY EXCESS \$2500- \$1500/- 2)INSURANCE 3 RD PARTY EXCESS \$2500- \$1500/- 3)INSURANCE EXCESS FOR OVERSEA WILL BE DOUBLED 4)INSURANCE EXCESS FOR DRIVING LICENCE LESS THEN 2 YEAR AND BELOW 22 YEAR OLD WILL BE DOUBLED 5)WINDSCREEN EXCESS \$200	

Left Side



Right Side



Back



Front



Top



D-CENT S-SCRATCHES C-CHIPS R-RUST M-MISSING

REMARKS:



Hirer's Signature

[Signature]

GENERAL DEFINITIONS

**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, 1959 (MALAYSIA)

M.Z.400

Comprehensive Commercial Motor

CERTIFICATE NO. SML6005E**POLICY NO.** 999993781

(The below excess is subject to GST)

POLICY EXCESS S\$2,000.00 (I)**POLICY EXCESS** S\$2,000.00 (II)**WINDSCREEN EXCESS** S\$100.00**SUM INSURED** Market Value**INSURING WITH COE/PARF** Yes

SML6005E

1) VEHICLE REGISTRATION NO.**2) NAME OF POLICYHOLDER**

Ace Fleet Management Pte Ltd

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

31 July 2020

4) DATE OF EXPIRY OF INSURANCE

30 July 2021

5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE*

Any person who is driving on the Insured's order or with their permission.

Authorised Drivers must be age 22 to 65 years old with at least 2 years Driving Experience

This Policy will indemnify the Policyholder or any authorised driver only if he/she meets the specified age condition.

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.

LOSS OF USE

Not Applicable

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), 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 05 Aug 2020

AIG Asia Pacific Insurance Pte. Ltd.

0504650-000

All Ins Agency Pte Ltd

22 Sin Ming Lane

#05-78 Midview City

Singapore 573969

ORIGINAL

AUTHORISED REPRESENTATIVE

SSPIUS