NATIONALIA I	larging and	8, 2		i
NATIONAL Assessment Centre 5	leb description		Time Completed	Done by
03/10/10	SAS e-filing			1
Ref Nu. NA/A1620010590/13		1	i	
Veh No. SLB37414	E-mail (within 8hrs, AIC 2hrs)	-		· ·
D.O.A: 21/07/19 2245	i-Motor Claim Form		-	
OD . TP (Reporting Only)	I-Motor W/O (Within: OD 2hrs	, TP 4hrs)		
	Assessment/Survey Report	+		
TP Insurer:	Ass't Report by Fax / Hand t	o Owner	Wksp	
Preferred Wksp / INC Assign Wksp / QW: (N-51	Tel:	Fax:)
	YKNOWN INC	.)/No	on-INC ()	
Owner / Driver: (Tel:)
Policy No: () Period	d: (Cover	Гуре: (_)
Confirmed by 1 (Date:		Tlme:)
Insured/Driver Liability: (%) [No	te-Est, Status (WO): N: 0-2	0%; P:	21-79%. F: 80-100%]	
	manty: YES ()/NO ()		
	()/\$2,000()			4
Constat Damarke	The water the second	450,50	BURNESH COM	
() Walk-In Customer: Customer's inform	ation strictly Confidential & S	trictly NO	refer of repairer.	
) Total Loss Case : to e-mail Insurer	URGENTLY.			
Drive-In () / Towed-In (); Invoice:		Towing (
Remarks (18/6 hor)hee 6788(6616)		Q. Pales	Time Completed	Bone by
	urtesy Car ()			
2) QC Check / Post Repair Inspection	()			
3) Upload Resurvey Photo [Repair Cost > \$30	00] ()			
				- , , _ :
Injury:		以 在新金额	SALE CAN AND A SALE OF	
Date Time Action 14 A. W. S. Co.		METERY STATE	HELLANDER WART TO A COLUMN TO	•
		•		
			1	Anic (5) Anit (5)
11	Invoice P	reparau	on Checklist	Hi Bill Add Bill
NA2005334	AR Apolo	ent Reporti	ng (530);	
Glumant's Particulars :-	2) DA : Damu 3) TF : Towle	ng Fee	540/545	
Driver/Owner:	A) ET , Faller	w-Through	Survey \$120 Survey (Resurvey) \$30	
Contact No:	For claiming	ng ageinst I	Only (wef 10 Jan 2005)	
	6) TR: Re-in 7) N1 : Idao	mestion	1	
Damaged Portion:	8) NTUC Ac	iditional Ser	vioes:-	
QC Checked by (Engr-In-Charge):	On: *N5: Cou	rlesy Car / T	p Allowanie 5:	
	N7: Pos	air Co-ordin Repair Insp	ection \$2:	
Auditors Comments :	*N8: DV	/ Collect Ex	NC) against INC \$20	0 .
Dat. 1:	9) N12: Ida	o Mobile		0
	Involce date		Fee Charged Fee Charged	316.5
Int. 2/3:	Involve date	DL/	1)	

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Driving Experience

Mobile Number Fax Number Contact Number

EMail Address

Gender

- 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.
- rt to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available

	ACCIDENT STATEMENT
	02/10/2020 11:52
Date Of Report Date Of Accident	21/07/2019 22:45
Exact Location Of Accident	ALONG SERANGOON RD TWDS POTONG PASIR
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLB3741Y
Insured/Policyholder	
•	TWINCAR LEASING PTE LTD
Name Of Registered Owner	2XXXXX046C
Co Reg No Email Address	NOEMAIL
Mobile Phone No	HOLMAL
Alternative Phone No	OFFICE-99999999
Vehicle Particulars	
Manufacturer	HONDA
Model	VEZEL
Exact Purpose for which vehicle was being used at time of accident	WORK
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
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	999994387
Cover Note Number	
Driver	
Name of Driver	PHOON CHOY SOON
NRIC No	SXXXX018E
Date Of Birth	22/12/1962
Occupation	OUTDOOR
Date Of Driving Pass	11/08/1983

35 YEARS AND 11 MONTHS

(LOCAL) +65-89181630

MALE

NOEMAIL

Address BLK 231 COMPASSVALE WALK

#05-448

Postcode 540231

Was driver an employee of the Insured's Company NO

was diver an employee of the medical company the

If No, Relationship of the Driver with the Insured Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

OTHER - HIRER

•

•

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

2

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

NO

YES

Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

NO 1

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name TRAFFIC POLICE DIVISION HQ

Police Station Address ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY:

SINGAPORE

Police Station Contact TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLS REFER TO THE POLICE REPORT:T/20191206-2091

Attachment(s)

Are accident photos available for attachment?

NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties UNKNOWN
Vehicle Category NA/UNKNOWN

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage	
No. Of Passenger (Including Driver)	
ji j	Page 3 of 9

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.
- 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.
- 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 aforesald.
- 8. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, 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:
 - 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:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

sym 03/10/20

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

SKETCH PLAN			
A			
A	+3		
	of l		
B	und oon	Veh A: SLB3741Y	
	T July	leh B unknown	
	13		
11111	1 1 1 1		
DESCRIBE CIRCUMSTANCES OF	THE ACCIDENT		Ŧ
Refer	to pota report		
	1		
	REPORT	NO: T/80191206 / 2091	
			2311.
DECLARATION			
We declare the for egoing particular	rs are true in every respect.		
2 CE	Han.	A. Sur	01/. 10
Policyholgen's Signature	Driver's Signature	Reporting Contre Pers	connel's Signature

Date & Time:

Date & Time:

(If driver is not the policyholder)

Name:

NRIC/FIN No .:





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 Report No. T/20191206/2091

		ACCIDENT		Station Diary No.:	
Date/Time Report Made: 06/12/2019 14:37		lade	Vide Report No A/20190721/0155		
Informa	nt's Partice Informant: CHOY SO		540231	E WALK #05-448 SINGAPORE	
ID Type / ID No.: NRIC NO / S1523018E			Contact No.: Mobile: 89181630 Home/Office:		
National			Email:		
Sex: Male	Age: 56	Date of Birth: 22/12/1962	Type of Informant: Driver	Institution / School Name	
Race: Chinese			Language:	mismano, , o s. c.	
Occupat			Driving Licence Information: Class: 3	Date of Expiry:	

Selleral Milot	mation of the Accident	1	D 1. Time of	Type of Location
	Injury	Drink	Date/Time of	
Type of	Conveyed By Ambulance	Drive:	Accident:	Straight Road
Accident:	Conveyed by Ambalance	No	21/07/2019 22:45	

Along Road 1 SERANGOON ROAD

TWDS POTONG PASIR

Weather:	Road Surface:	Road Speed Limit:
Traffic Flow: One Way	Traffic Control:	Traffic Volume:
Type of Collision:		Anyone conveyed by ambulance: No

	Type	Make	Model	Color	Condition	No of Passenge
B3741Y	Car	HONDA	VEZEL 1.5X CVT ABS D/AIRBAG 2WD	Black	No Damage	0

alls of Person Involved	
Pedestrian Involved: No	
of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



Report No. T/2019120

olice Station Of Origin: raffic Police

0 Ubi Avenue 3 SINGAPORE 408865

el No: 65470000

CONTINUATION OF REPORT

oiry: NIL
i

ief Details.

THE ABOVE MENTIONED DATE, TIME AND LOCATION.

VAS TRAVELLING ALONG SERANGOON RD, I WAS ON THE RIGHT LANE AND I DECIDED TO IANGE TO THE LEFT LANE. BUT FROM MY PERSPECTIVE I JUST CONTINUED DRIVING ON ID DID NOT KNOW WHAT HAPPENED AND I COULD NOT REMEMBER MUCH AS IT WAS TOO

AT IS ALL.



station Of Origin: fraffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000



Report No T/20191206/2001

CONTINUATION OF REPORT

Sketch Plan

informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report.

WINSTON KOH WEN ZHONG

Signature Of Interpreter: Not applicable

Officer in Charge Of Case:

TP/GIT/ Insp TAN CHIN YONG Contact No.: 65476178

Authentication Stamp NP168

Signature Of Informant:

Date/Time

06/12/2019 14:37

Classification Of Case:



SINGAPORE

when

Vehicle No.	SLB37414 Model/Make Honda Verel
Date of Accident	21 7 2019
Time of Accident	2245 HRS
ocation of Accident	Along Serangean Road tods Potong Pasin
xact purpose use during acci	dent Works
Name of Owner	Twincor Leasing Pte Ltd
Telephone No.	H/P: Home: Office:
VRIC	201533046C
Address	2 Kati Butit Avenue 2 #01-17 SC417921)
Claim type	OD THIRD PARTY REPORTING ONLY
nsurance Company	AIG
Type of Coverage	Comprehensive Third Party Third Party / Fire / Theft
Policy No.	99994387
Name of Driver	As Above If No, Phoon Chay Soon
NRIC	S1523018E Any Passengers:
Date of birth	25/15/1465
Occupation	Outdoor / Indoor
Driving License Pass Date	
Gender	Male / Female
Contact No.	H/P: 8918 (630 Home: Office:
Address	BLK 231 Compassiale Walk #05-448 8(540231)
Driver have any own vehicle	No. If yes, Reg No.
Relationship	Employee, If no, state Hire
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? Walkic Police
Vehicle B No.	Unknown 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	No clamage
Camera Recorder	Yes No
Email Address	
PARTICULAR WORKSHOP	N-51 Automotive Pte Ltol
CONTACT NO.	6842 0051 / 6744 0510
CONTACT PERSON	Brandon
	6741 0510



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)

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

M.Z.400

COMPREHENSIVE CERTIFICATE NO.

POLICY NO.

COMMERCIAL MOTOR

SLB3741Y

999994387

(The below excess is subject to GST) POLICY EXCESS

S\$2000.00 (Sect I & II)

WINDSCREEN EXCESS

\$\$100.00

SUM INSURED

YES

INSURING WITH COE/PARF YES

SLB3741Y

2) NAME OF INSURED

3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE

1) VEHICLE REGISTRATION NO.

Twincar Leasing Pte Ltd

FOR THE PURPOSES OF THE ACT

19 October 2018 18 October 2019

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.

\$\$2,000.00 Section I & \$\$2,000.00 Section II Excess is applicable for driver who is between 23 years to 65 years old with minimum 2 years driving experience in Singapore. Up to \$250.00 one-time waiver excess under section I for build in car camera and applicable on non at fault claim only. (Valid for 6 months).

Accident repair can be carried out at any of your preferred workshop for repair subjected that all claim matters does not involved any lawyer services. An additional excess of \$1,000.00 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 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 fulfion, 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

NIL

"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).

Issued in Singapore 17 Oct 2018

#08-04A Automobile Megamart

AIG Asia Pacific Insurance Pte. Ltd.

Swift Link Insurance Agency - 502117 61 Ubi Avenue 2

Singapore 408898

AUTHORISED REPRESENTATIVE

SSPOEC

ORIGINAL



Vehicle Registration Details

Vehicle No. SLB3741Y	Make/ Model HONDA/VEZEL 1.5X CVT ABS D/AIRBAG 2WD	Vehicle Scheme -
Current Propellant Petrol	Chassis No. RU11113028	Vehicle Type Private Hire (Chauffeur) Station Wagon/Jeep/Land Rover

Owner's Details

Owner Name:

TWINCAR LEASING PTE, LTD.

NRIC/Passport/Company Cert No.:

201533046C

Mailing Address:

Registration Details

Previous Vehicle No.:

Original Registration Date:

05 Apr 2016

No. of Transfers:

0

Owner ID Type:

Company

Registered Address

BLK 2 KAKI BUKIT AVENUE 2 #01-17 KAKI BUKIT AUTOHUB SINGAPORE 417921

Birth Date

Effective Date of Ownership:

05 Apr 2016

Registration Date:

05 Apr 2016

IU Label No.:

1126451135

Vehicle Specifications

Engine No.:

L15B4033032

Year of Manufacture:

Chassis No.:

RU11113028

Primary Colour:

 Vehicle Emissions Details

 CO2 Emission:
 CEV/VES Rebate Utilised Amount:

 117.00 (g/km)
 \$10,000.00

 CO Emission:
 HC Emission:

 NOx Emission:
 PM Emission:

Message:

To renew the COE, the Prevailing Quota Premium payable is that of Category A. This is a public service vehicle.

Printed on 11 Jul 2020 12:12:21

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