

NATIONAL Assessment Centre Services.

SN0820CV0004

Date In: 31/12/2020 18:15	Job description	Date & Time Completed	Done by
Ref No: NBS/06/2001 4808/Y	SAS e-filing		
Veh No: SGT 3631Z	E-mail (by date time, A/C time)		
P.O.A: 30/12/2020 18:15	I-Motor Claim Form		
OD: TP Reporting Only	I-Motor W/O (with/without OD time, TP time)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whom		

Preferred Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars: Vch No: SGT 3631Z 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 ()

() Walk-In Customer : Customer's Information strictly Confidential & Strictly NO refer of repair.

() Total Loss Case : to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

- 1) Apply for Transport Allowance () / Courtesy Car ()
- 2) QC Check / Post Repair Inspection ()
- 3) Upload Resurvey Photo [Repair Cost > \$9000] ()

Injury: _____

Date: _____

NA2100517	1) AIR Accident Reporting (\$30)	INC (\$10)	
Driver/Owner:	2) DA Damage Assessment (\$100)	\$40/\$45	
Contact No:	3) TP Towing Fee	\$120	
Damaged Portion:	4) PF Follow-Through Survey	\$30	
QC Checked by (Engr-In-Charge):	5) PF Follow-Through Survey (Resurvey)	\$30	
	For claiming against INC Only (over 10 Jan 2003)		
	6) TR Re-inspection	\$75	
	7) NI / IDA DA + SMRT Survey	\$160	
	8) NTUC Additional Services:		
	OD:		
	• NI: Courtesy Car / Tpl Allowance	\$3	
	• NI: Repair Coordination	\$10	
	• NI: Post Repair Inspection	\$25	
	• NI: DV / Collect Excess Coordination	\$3	
	• NI: DV / Collect Excess Coordination	\$20	
	TE (NI) / TP (Non INC) against D/G	\$0	
	• NI: Use Mobile		
	Invoice dated	Fee Charged	
	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 Submission	31/12/2020 13:15 (SGT)
Date of Accident	30/12/2020 18:15 (SGT)
Exact Location of Accident	CTE, Singapore
Additional Location Information	SLE/TPE BEFORE BRADDELL ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLD3398U
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	ASIA CAR LEASING PTE LTD
Company Reg No	2XXXXX397C
Email Address	simon@asiacarrental.com.sg
Mobile Phone No	(Phone) +65-94559450
Alternative Phone No	(Office) +65-62828585

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Vellfire
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire

INSURANCE COMPANY

Name of Insurance Company	AIG
Type of Coverage	ThirdParty
Fleet Policy	No
Policy Number	999993736/100879625-00000
Cover Note Number	-

DRIVER

Name of Driver	ZULKIFFLI BIN ANWA
NRIC No	SXXXX508I

Date Of Driving Pass	17/11/1990
Driving experience	30 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-91927524
Alt. Phone Number	-
Email Address	simon@asiacarrental.com.sg
Address	BLK 651 PASIR RIS DRIVE 10 #04-58
Address complement	-
Postcode	510651
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	1
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH AND ATTACHMENT

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGJ3631Z
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-

Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number GBD2686M
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Commercial vehicle
Name of Driver -
Contact Number -
Address -
Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

SKETCH PLAN

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. 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.

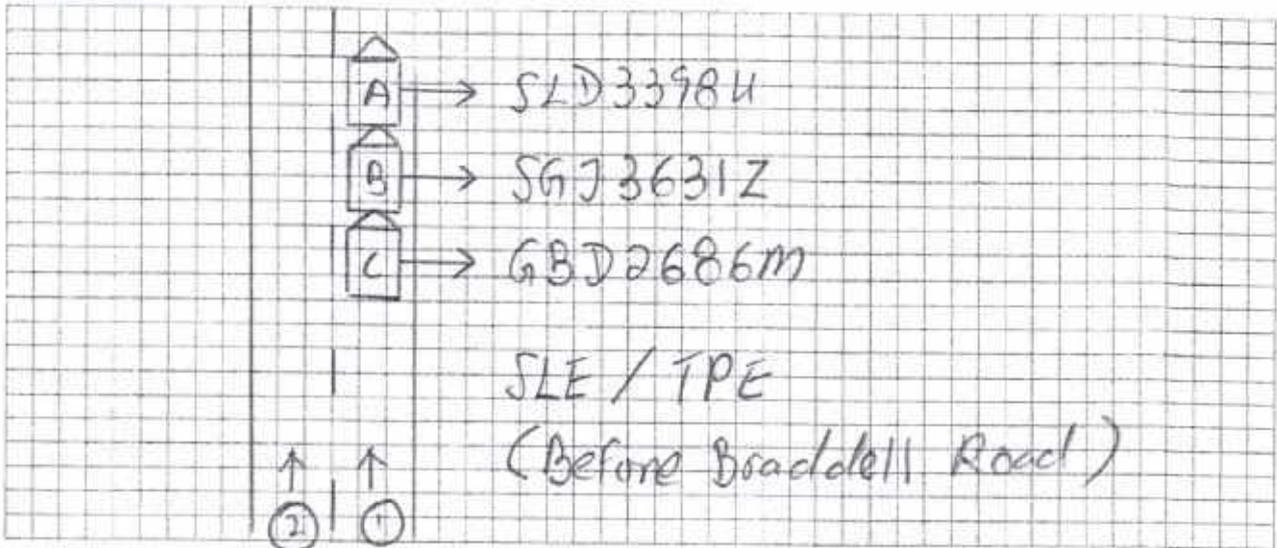


Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to attached

DECLARATION

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



Policyholder's Signature
Date & Time:

[Handwritten Signature]

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

[Handwritten Signature] 31/12/2021
Reporting Centre Personnel's Signature
Name: *[Handwritten Name]*
NRIC/FIN No.:

On 30.12.2020 at about 18:15 along CTE towards SLE / TPE (Before Braddell Road). I was travelling straight on lane 1 and the traffic condition was heavy. When the front vehicle slowed down and stopped, hence I followed suit.

Suddenly, I heard two loud bangs and felt impacts from behind. When I alighted, I realised it was vehicle (B) that collided onto the rear portion of my vehicle (A). It was a chain collision of total of 3 vehicles involved.

Vehicle (A): SLD 3398U

Vehicle (B): SGJ 3631Z

Vehicle (C): GBD 2686M

Handwritten signature



Handwritten signature and date: 31/12/2020

SINGAPORE ACCIDENT STATEMENT

Accident Date: 30/12/20		Time: 18-15 hrs - (hh:mm) 24 hr format	
Location CTE towards SLE/TPE (Before Braddell Road)			
Vehicle Number SLD3398U			
Insured Name Asia Car Leasing Pte. Ltd.			
NRIC/FIN 201437357C		Contact Number 6282 8585 / 9455 9450	
Make Toyota		Model vellfire (Simon - Person in charge)	
Are you claiming under your own insurance policy for repair to your vehicle?			
() Yes If No, Pls select: (<input checked="" type="checkbox"/>) Third Party () Reporting			
Insurance Company AIG			
Type of Policy (<input checked="" type="checkbox"/>) Comprehensive () Third Party Fire & Theft () TP Only			
Policy Number 999993736/100879625-00000			
Name of Driver Zulkiffi Bin Anwa		() Same as Insured	
NRIC/FIN S1646508I		Contact Number 9192 7524	
Date of Birth 16/04/1964			
Driving Pass Date 17/11/1990			
Occupation () Indoor (<input checked="" type="checkbox"/>) Outdoor			
Gender (<input checked="" type="checkbox"/>) Male () Female			
Email Address simon@asiacarrental.com.sg		() NO EMAIL	
Address of Driver BLK 651 Pasir Ris Drive 10 #04-58 S(510651)			
Was driver an employee of the Insured's Company? () Yes (<input checked="" type="checkbox"/>) No			
If No, Relationship of the Driver with the Insured (<input checked="" type="checkbox"/>) Hirer			
() Owner () Spouse () Friend () Relative () Children () Sibling			
Does the Driver Own Any Other Vehicle? () Yes () No			
If Yes, Vehicle Registration Number of Driver's Own Vehicle			
Insurance Company of Driver's Own Vehicle			
Weather Conditions (<input checked="" type="checkbox"/>) Clear () Raining () Others			
Road Surface (<input checked="" type="checkbox"/>) Dry () Wet () Others			
Was any foreign vehicle involved in this accident? () Yes (<input checked="" type="checkbox"/>) No			
Was anybody injured in the accident? () Yes (<input checked="" type="checkbox"/>) No			
If yes, injured detail			
Was there any video captured by Car Camera? (<input checked="" type="checkbox"/>) Yes () No			
Was the Accident reported to the Police? () Yes (<input checked="" type="checkbox"/>) No If yes attach police report			
DETAILS OF 3 rd party		Name / Nric Contact	
Veh B	S6J 3631 Z		
Veh C	G8D 2686 M		
Veh D			
Veh E			
Veh F			

Driver Only

**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.300

THIRD PARTY COMMERCIAL MOTOR	OWN DAMAGE EXCESS	
CERTIFICATE NO. 999993736/100879625-00000	WINDSCREEN EXCESS	N/A
	(for policies with effect from 1st November 2002)	
	SUM INSURED	SS0.00
	INSURING WITH COE/PARF	NO
1) VEHICLE REGISTRATION NO.	SLD3398U	
2) NAME OF INSURED	Asia Car Leasing Pte Ltd	
3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE PURPOSES OF THE ACT	18 Oct 2020	
4) DATE OF EXPIRY OF INSURANCE	17 Oct 2021	
5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE *		
<p>Any person who is driving on the Insured's order or with their permission. This Policy will indemnify the Policyholder or any authorised driver only if he/she is 23 to 65 years old with at least 2 years relevant driving experience. When the Vehicle is used for the carriage of passenger for hire or reward, such authorised driver must be registered with an intermediary which facilitates the carriage of passengers for hire or reward.</p> <p>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.</p>		
6) LIMITATION AS TO USE *		
<p>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.</p>		
LOSS OF USE	NOT INCLUDED	
* NAMED DRIVER	N/A	
HIRE PURCHASE COMPANY	UNITED OVERSEAS BANK LTD	
* 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 At Singapore 30 Oct 2020

AIG ASIA PACIFIC INSURANCE PTE. LTD.

502806-000
 LIEW OOI LIN MAY
 AIG BUILDING, 78 SHENTON WAY
 #01-K1 GEM ROOM
 SINGAPORE 079120


 Authorised Representative

ORIGINAL

SSCANA