

NATIONAL Assessment Centre Services. [wef 1 Jan'05] SM 0921480007

Date In: 8/4/21 15:15	Job description	Date & Time Completed	Done by
Ref No: NA1 AIG 21004478/64	SAS e-filing		
Veh No: SLH 16 X	E-mail (within 3hrs, A/C 2hrs)		
D.O.A : 7/4/21 17:33	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: Vch No: YN 4044C 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 repaler.
() 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

NA2102557	Invoice Preparation Checklist	Amr (\$)	Amr (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$30);	30	
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$30)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
	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:-		
	OD:		
QC Checked by (Engr-In-Charge):	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
Auditors Comments:	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (N-in INC) against INC \$20		
Pat. 1:	9) N12: Idac Mobile 30		
Pat. 2 / 3:	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	08/04/2021 15:15 (SGT)
Date of Accident	07/04/2021 17:33 (SGT)
Exact Location of Accident	AYE, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLH16X
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	ASIA CAR LEASING PTE LTD
Company Reg No	-
Email Address	NEVTBY@GMAIL.COM
Mobile Phone No	(Phone) +65-94757377
Alternative Phone No	+65-94757377

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Vellfire
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	2500

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	ThirdParty
Fleet Policy	No
Policy Number	999993736/100879631-00000
Cover Note Number	-

DRIVER

Name of Driver	LIM LIDAN (LIN LIDAN)
NRIC No	SXXXX279C

Date Of Birth	09/10/1973
Occupation	Outdoor
Date Of Driving Pass	03/08/1999
Driving experience	21 YEARS AND 8 MONTHS
Gender	Female
Mobile Number	(Phone) +65-94757377
Alt. Phone Number	-
Email Address	NEVTBY@GMAIL.COM
Address	BLK 120B EDGEDALE PLAINS #16-291
Address complement	-
Postcode	822120
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	Collision - Head to Rear
Weather Conditions	Raining
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
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

REFER TO STATEMENT.

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YN4044C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	MIZARUDDIN BIN ISMAIL
NRIC No	SXXXX303J
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

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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.



Policyholder's Signature / Date & Time

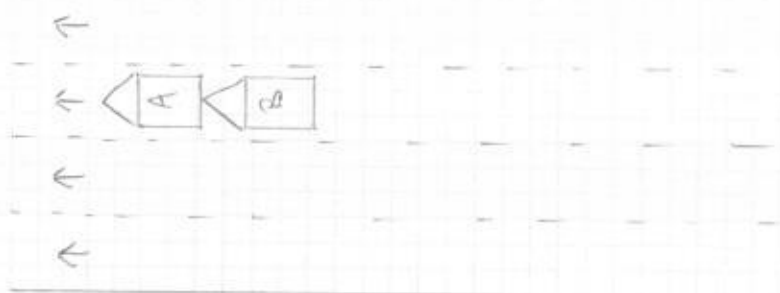
Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan

Veh A = SLH 16X
Veh B = YN 4044C

AYE (Tuas) after Buona Vista



Describe Circumstances of the Accident

On 7th April 2021 at 5.33pm I was driving veh A (SLH 16X) on AYE towards Tuas after Buona Vista exit. I slow down and stopped my vehicle following traffic on the second ~~last~~ lane. Suddenly vehicle B (YN 4044C) hit ~~my~~ the rear of my vehicle.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

X

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

Witnessed by Reporting Centre Personnel

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

CERTIFICATE NO. 999993736/100879631-00000

OWN DAMAGE EXCESS

WINDSCREEN EXCESS

N/A

(for policies with effect from 1st November 2002)

SUM INSURED S\$0.00
INSURING WITH COE/PARF NO

- 1) VEHICLE REGISTRATION NO. SLH16X
- 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 *

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.

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 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 QOI LIN MAY
AIG BUILDING, 78 SHENTON WAY
#01-K1 GEM ROOM
SINGAPORE 079120


Authorised Representative

ORIGINAL

SSCANA

Date of Accident : 7/4/21 Accident Time: 5.33pm (24-HR-Format)
 Accident Place : AYE towards Tuas after Buona Vista exit
 Vehicle No. (Car Plate No.) : SLH 16X Make/Model: Toyota Vellfire
 Insurance Company : AIG Policy No: 999993736/100879631-00000
 Owner or Company Name /IC No. : Asia Car Leasing Pte Ltd
 Owner or Company Contact No. : _____ Owner's Hp _____ Company Tel _____
 DRIVER'S Name / IC No. : Lim Lin Peng (LIN LIDAN) S7349279C
 DRIVER'S Date Of Birth : 9-10-73 DRIVER'S License Pass Date 3-8-99
 Relationship of Owner & Driver : Spouse\Parent\Children\Sibling\Employee\Others: _____
 DRIVER'S Address : BLK 1208 Edgedale Plains #16-291 S(822120)
 DRIVER'S Contact No./ Alt No. : 1) _____ 2) _____
 DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
 Email Address : nevby@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): 1

Was there any video Captured by car camera: YES \ NO

Exact purpose for which vehicle was being used at time of accident: Private use \ Work Purpose

Any Injury (If YES, Pls state): NO

Other Party Driver's Particular (if any)

Vehicle No: YN 4044C

Vehicle No: _____

Vehicle Make \Model: Mitsubishi Fuso

Vehicle Make \Model: _____

Name Driver: Mizaruddin Bin Ismail

Name Driver: _____

IC No. Driver/Contact: S1290303J

IC No. Driver/Contact: _____

* NEW – Passenger's name & gender: