

NATIONAL Assessment Centre Services

Date In: 14/05/18	Job description	Date & Time Completed	Done by
Ref No: NA/GA/18008746/13	SAS e-filing		
Veh No: SKES3519	E-mail (within 8hrs, Aft 2hrs)		
D.O.A: 13/05/18 1845	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: SJL7393M	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%; F: 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

NA1803001	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
		1st Bill	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) RT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:-	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:-		
	OT*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idac Mobile \$0		
	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 ability.
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	14/05/2018 15:34
Date Of Accident	13/05/2018 18:45
Exact Location Of Accident	THOMSON RD B4 SLIP RD TO TOA PAYOH RISE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKE5351Y
Insured/Policyholder	
Name Of Registered Owner	CARZ WORLD PTE LTD
Co Reg No	-
Email Address	LEASING@CARZWORLD.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-65709482

Vehicle Particulars

Manufacturer	TOYOTA
Model	ALTIS
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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 CAR

Insurance Company

Name of Insurance Company	GREAT AMERICAN INSURANCE COMPANY
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	
Cover Note Number	MT20176423

Driver

Name of Driver	ABDEL LATIF GUGLIELMO
Passport No/FIN	G3271527W
Date Of Birth	14/06/1978
Occupation	INDOOR
Date Of Driving Pass	12/05/1999
Driving Experience	19 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98214773
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	562 UPP EAST COAST ROAD
Postcode	466581
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 involved in the accident	
Was any body injured in the Accident?	NO
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)	2
Passenger 1	NAME: : UNKNOWN GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE ATTACHED 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	SJL7393M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TIMOTHY SEOW
NRIC/Passport Number	
Contact Number	97343446
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

IMPORTANT NOTICE

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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.

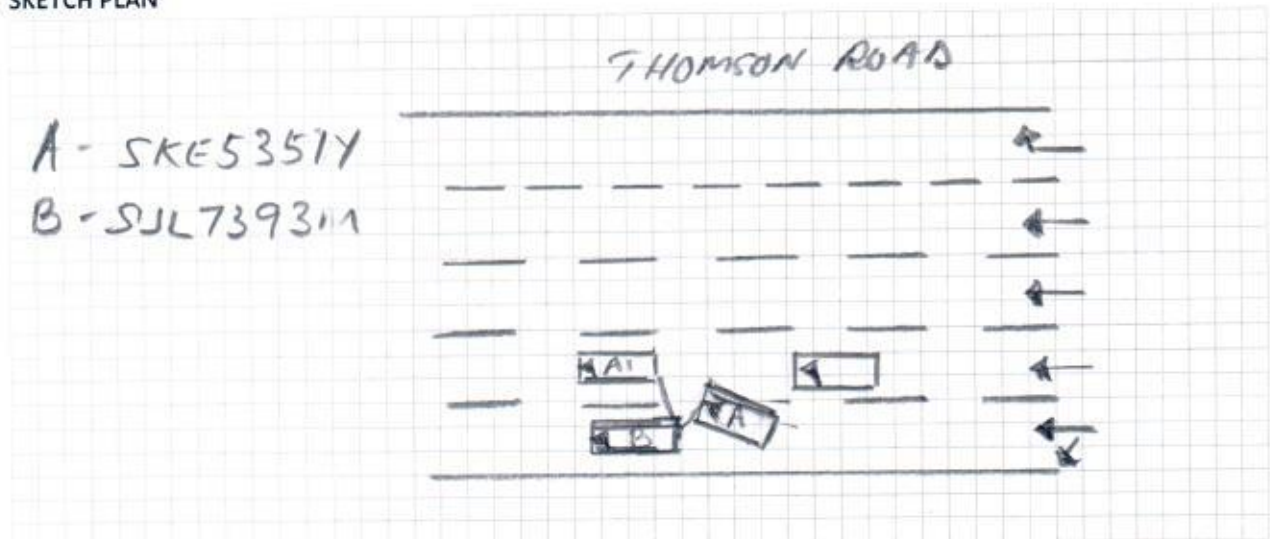


Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 14/05/2018

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls refer to the attached statement.

DECLARATION

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



[Signature]
 Driver's Signature
 (If driver is not the policyholder)
 Date & Time: *14/05/2018*

[Signature] *14/05/18*
 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:

I WAS TRAVELLING STRAIGHT ALONG THOMSON RD ON THE EXTREME LEFT LANE AND THE LEFT LANE WAS A STRAIGHT AND LEFT TURN. SO I SIGNALLED MY INTENTION TO SWITCH LANE AND STARTED TO SWITCH TO THE RIGHT LANE BUT THE VEHICLE BEHIND ME ON MY RIGHT WAS A DISTANCE AWAY AND THE DRIVER DECIDED TO ACCELERATE. I HAD NO CHOICE BUT TO GET BACK TO MY CURRENT LANE AND HAD NOT ENOUGH TIME TO BRAKE. THAT WAS WHEN I HIT THE CAR INFRONT WHICH WAS STATIONARY AS HE WAS IN QUEUE TO TURN LEFT/GO STRAIGHT.

ACCIDENT STATEMENT

ACCIDENT DATE: 13/05/2018 (DD/MM/YYYY), TIME: 18:45 (HH:MM)

LOCATION: Thomson Rd, before slip rd to TOA PAYON RISER

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKE 5351Y
b) INSURANCE COMPANY: G A I C
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: Toyota Altis
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Personal Use
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) NO
IF NO, PLEASE STATE (THIRD PARTY CLAIM (REPORTING ONLY))

2. INSURED / POLICY HOLDER

- A) NAME: Guglielmo Abdel Latif (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: G 3271527 W CONTACT: 98214773
c) ADDRESS: 562 Upper East Coast Road S 466581

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Carz World Pte Ltd (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 201202222Z CONTACT: 65709482
c) ADDRESS: 33 Ubi Ave 3 #01-09

*d) DATE OF BIRTH: 14/06/1978 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 19

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) NO
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Renter

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION:

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SL 7393 M MODEL: Honda Jazz
b) DRIVER'S NAME: Timothy Seow
c) NRIC/FIN/PASSPORT: _____ CONTACT: 97343446

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: F
e) DRIVER'S NAME: _____
f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

email = leasing@carzworld.com.sg, cc: admin@carzworld.com.sg
fax = 6570 9504 (Attn: Hariz / Vanessa)



GE 1

THE ITALIAN REPUBLIC
I
DRIVING LICENCE
European Community Model

EMBASSY OF ITALY - SINGAPORE
This is to certify that this translation not
made by this Embassy, is a true translation
from Italian to English of the attached document

Singapore, 11 MAY 2018

Il Cancelliere Aram W.
Gabrielli



PAGE 2

1. Surname ABDEL LATIF
2. Name GUGLIELMO
3. Date and place of birth 14/06/1978
NAPLES (NA)
8. Residence CAIVANO (NAPOLI)
Street VIA MORANO 24

AMBASCIATA D'ITALIA
SINGAPORE
11/05/2018 Num. registro: 1212
ABDEL LATIF GUGLIELMO
Art. T.C.: 72C 20.000
Euro: 31.414
Valuta: 31.500
Arrot.: :



PICTURE

Traffic control government official
Office of the Province of NAPOLI

7. Signature of the holder: (Signature)

5. Driving Licence nr NA5338570T
4. Issued by the Civil Motoring and Transport Concessions Authority of NAPOLI
6. on 12 MAY 1999
7. Valid until 12 MAY 2009

The Director
Aristodemo Pallini (signature)
BN

PAGE 3

VEHICLES FOR WHICH THE DRIVING LICENCE IS VALID

A1	≤125 cc ≤11kW	*****
A	≤25kW ≤0,16kW/Kg	***** *****
B1		Pag 2
B	≤3,500 kg ≤(1+8pax)	Pag 2
C1	≤7500 kg	*****
C		*****
D1	≤(1+16pax)	*****
D		*****
EB		*****
EC1	≤12.000 kg	*****
EC		*****
ED1	≤12.000 kg	*****
ED		*****

Traduzione eseguita da Lara Gregori

NA5338570T

ADDITIONAL INFORMATION

(15NA973242)

ISSUED UPON EXAMINATION

LIMITATIONS ACCORDING TO ART. 117 OF THE HIGHWAY CODE
CAT B FROM DATE OF ISSUE

YEARLY ENDORSEMENTS

DRIVING LICENCE NR NA5338570T (KH2VQT) VIA BENGASI 2 20132 MILANO MI		

SUSPENSIONS OF DRIVING LICENCE**NONE**

F3388292

CONFIRMATION OF VALIDITY

DRIVING LICENCE NR NA5338570T (LP68RF)
VALID UNTIL 09/06/2019
NO REQUIREMENTS

CHANGES OF RESIDENCE

DRIVING LICENCE NR NA5338570T (K11DXD)
VIALE MONZA 177,
20126 MILANO MI

DRIVING LICENCE NR NA5338570T (GVJFKP)
VIA P. UMBERTO 290
80023 CAIVANO NAPOLI





FIN
G3271527W



K0236533



MARRONI

3

Top Type: Type Coffee Press, Code of issuing State Code du Pays d'origine Passagiers M. Passport No. Passeport N°

P
ITA

YA9296975

Cognome Surname: Nom. (1)

ABDEL LATIF

Nome. Given Names. Prenomina. (Z)

GUGLIELMO

Cittadinanza, Nationality Nationale [3]

ITALIANA

Data di nascita. Data di morte. Date de naissance. (4)

0141 NOV 10 1974

Sesso: Sei Sene (5)	Luogo di nascita: Picco d'Arth Lieu de naissance (6)
NABOIT (NA)	

MAFOLI (1983)

14 OCT 10 OCT 2016

14-01170-1

Data di scadenza. Date of expiry. Date d'expiration (fr)

13 OCT/OCT 2026

Autentica. Authority Autente: (9) 
MINISTERO AFFARI ESTERI
E COOPERAZIONE INTERNAZIONALE
Firma del titolare: (10)
Holder's signature / Segnatore del titolare:

[illegible]

Name
ABDEL LATIF GUGLIELMO

Download SGWorkPass
App to check status

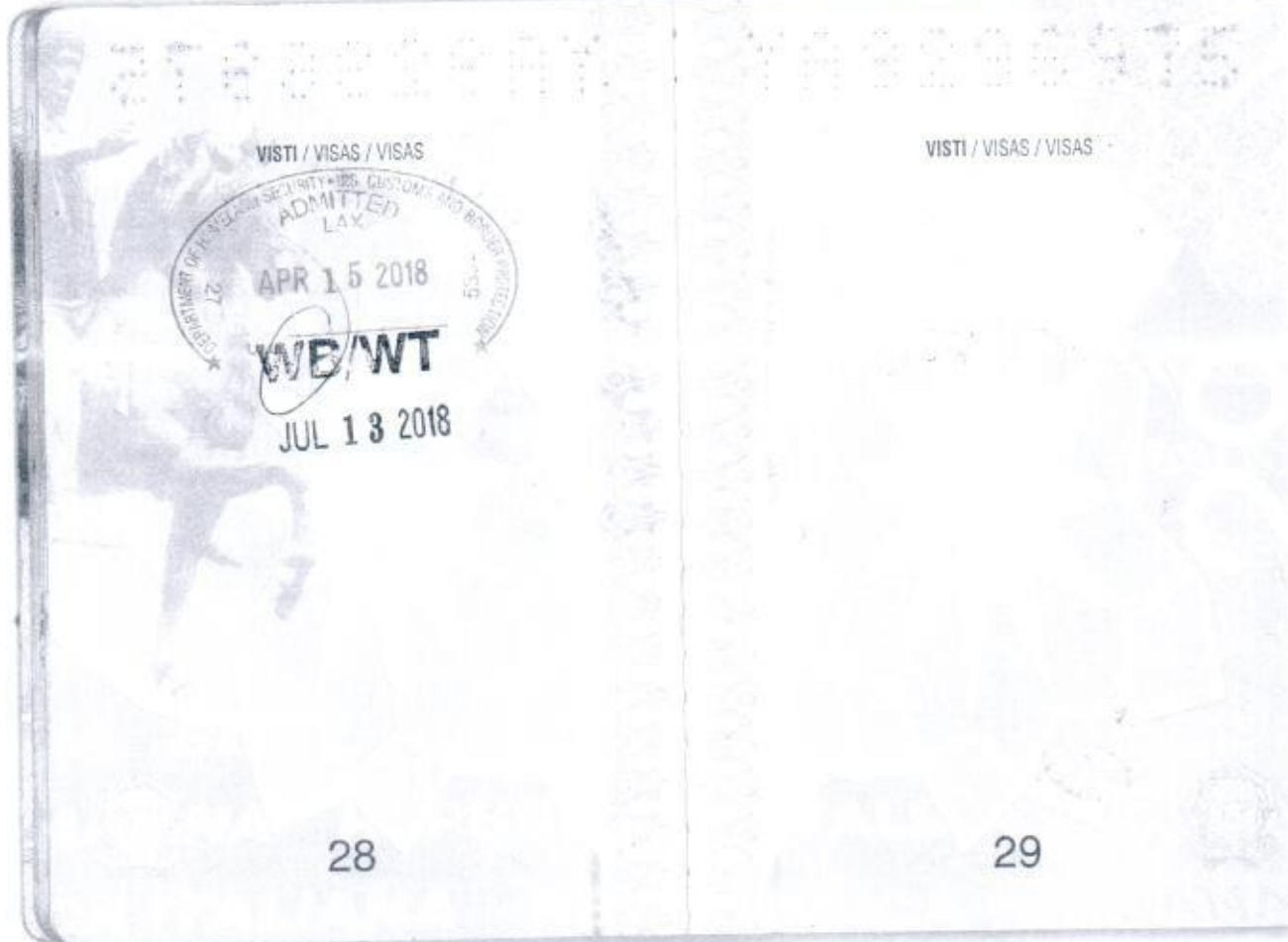


FIN
G3271527W
Date of Birth
14-06-1978
Sex
M
Nationality
ITALIAN



MULTIPLE JOURNEY VISA ISSUED

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED
OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.



VISTI / VISAS / VISAS

VISTI / VISAS / VISAS

28

29

Indicare un veicolo per cui ha ottenuto l'acquisto dalla:

INDICAZIONI ADDIZIONALI

1. Marca e modello del veicolo

2. Data di acquisto

3. Valore di acquisto

3. Valore di acquisto

4. Data di immatricolazione

4. Data di immatricolazione

5. Data di consegna

5. Data di consegna

6. Data di pagamento

6. Data di pagamento

7. Data di consegna

7. Data di consegna

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31. Data di consegna

31. Data di consegna

32. Data di pagamento

32. Data di pagamento

33. Data di consegna

33. Data di consegna

**GREAT AMERICAN INSURANCE COMPANY**

UEN: T15FC0029B GST REG. NO.: M90370081T
3 TEMASEK AVENUE, #16-01 CENTENNIAL TOWER
SINGAPORE 039190
TEL: +65 6804 6000
FAX: +65 6235 2516

MOTOR COVER NOTE: MT20176423

The Insured mentioned in this Cover Note, having proposed for insurance in respect of the Motor Vehicle described, is hereby HELD COVERED under the terms of the Insurer's usual form of Motor Policy applicable thereto for the period mentioned unless the cover is terminated by the Insurer by notice in writing in which case the insurance will thereupon cease and a proportionate part of the annual premium payable for such insurance will be charged for the time the Company has been on risk.

The Insurer	: GREAT AMERICAN INSURANCE COMPANY
The Insured	: CARZ WORLD PTE LTD
Insured Nric/Passport No/ Roc	: 201202222Z
Policy Coverage	: THIRD PARTY ONLY
Make And Description Of Vehicle	: TOYOTA COROLLA ALTIS 1.6 AUTO
Vehicle Registration No.	: SKE5351Y
Year Of Manufacture	: 2012
Engine No.	: 1ZRX175593
Chassis No.	: MR053REE104131425
Engine Capacity/ Tonnage/ Seater	: 1598 cc
Hire Purchase	: NIL
Value (S\$)	: NA
Period Of Insurance	: FROM: 27/11/2017 TO: 30/08/2018
Excess (S\$)	: Section I : Nil Section II : Nil Windscreen Excess : Nil
Great American Authorized Workshop	: NA

I/WE HEREBY CERTIFY THAT POLICY TO WHICH THIS CERTIFICATE RELATES IS ISSUED IN ACCORDANCE WITH THE PROVISIONS OF THE MOTOR VEHICLES (THIRD-PARTY RISK AND COMPENSATION) ACT (CHAPTER 189) AND PART IV OF THE ROAD TRANSPORT ACT 1987 (MALAYSIA)

For and on behalf of Great American Insurance Company

Great American Insurance Company
Authorized Signatory

Date of Issue : 24/11/2017
Intermediary : CARZ WORLD PTE LTD
Cover Note Validity : 30 days from the Date of Issuance

MTR/COVERNOTE/V02/16