

NATIONAL Assessment Centre Services

(wef 1 Jan 2005)

Date In: 12/10/2018 16:13

Ref No: NA/AIG18018610/K4

Veh No: SLS1959K

D.O.A: 12/10/2018 10:30

OD: TP - Reporting Only

TP Insurer:

Job description

Date & Time Completed

Done by

SAS e-filing

E-mail (within 8hrs, AIC 2hrs)

i-Motor Claim Form

i-Motor W/O (Within: OD 2hrs, TP 4hrs)

i-Photo Uploaded

Assessment/Survey Report

Ass't Report by Fax / Hand to Owner/Wksp

Preferred Wksp / INC Assign Wksp / QW: (

TP Particulars:

Veh No:

Tel:

Fax:

Owner / Driver: (

Policy No: (

Confirmed by: (

Period: (

Cover Type: (

Insured/Driver Liability: (

Date:

Time:

Year of Registration: (

% [Note-Est. Status (WO): N: 0-20%; P: 21-79%; P: 80-100%]

Excess: (\$

Warranty: YES () / NO ()
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)

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury:

Date & Time Completed

Done by

Date/Time: Actions:

NA 1806599

Insured's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

C Checked by (Engr-In-Charge):

Auditors' Comments:

1:

2/3:

Invoice Preparation Checklist

Amt (\$)

Amt (\$)

1) AR: Accident Reporting (\$30);

2) DA: Damage Assessment (\$100); INC (\$30)

3) TP: Towing Fee \$40/\$45

4) PT: Follow-Through Survey \$120

5) RT: Follow-Through Survey (Resurvey) \$30

For claiming against INC Only (wef 10 Jan 2005)

6) TR: Re-inspection \$75

7) N1: Idao DA + SMRT Survey \$160

8) NTUC Additional Services:-

OD:

*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: Idao Mobile 30

Invoice dated

Fee Charged

Stamp

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 12/10/2018 16:13
 Date Of Accident 12/10/2018 10:30
 Exact Location Of Accident RIVER VALLEY ROAD
 Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLS1959K
Insured/Policyholder
 Name Of Registered Owner COSMO GOODNESS PTE LTD
 Co Reg No -
 Email Address XINYUNAUTO1@GMAIL.COM
 Mobile Phone No (LOCAL) +65-92353950
 Alternative Phone No OFFICE-92353950

Vehicle Particulars

Manufacturer BENTLEY
 Model -
 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 THIRD PARTY
 Vehicle Category PRIVATE CAR

Insurance Company

Name of Insurance Company AIG ASIA PACIFIC INSURANCE PTE. LTD.
 Type Of Coverage COMPREHENSIVE
 Fleet Policy NO
 Policy Number 1700035706-01
 Cover Note Number

Driver

Name of Driver KEIICHI OHASHI
 NRIC No S2753890H
 Date Of Birth 09/03/1959
 Occupation INDOOR
 Date Of Driving Pass 14/11/2013
 Driving Experience 4 YEARS AND 10 MONTHS
 Gender MALE
 Mobile Number (LOCAL) +65-92353950
 Fax Number
 Contact Number OTHERS-92353950
 Email Address XINYUNAUTO1@GMAIL.COM

Address 19 CAIRNHILL CIRCLE
#14-05
Postcode 229768
Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own Vehicle -

Insurance Company of Driver's Own Vehicle -

General Information of the Accident

Type Of Accident SIDE SWIPE
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: : NIL
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 SHC6815R

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category TAXI

Name of Driver KAREN LOO WAI KIN MRS. KAREN BROWN

NRIC/Passport Number S1465799A

Contact Number 98260996

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

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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.

+

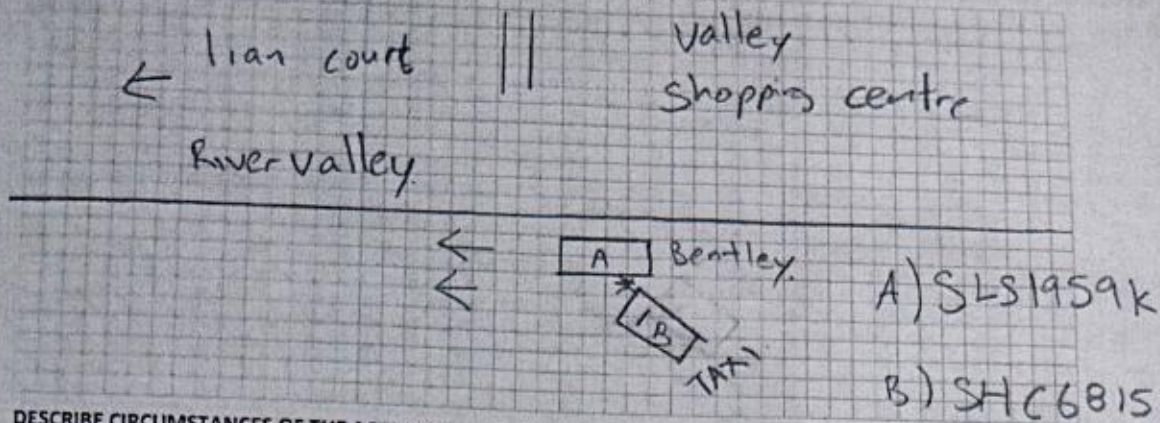
Policyholder's Signature
Date & Time:



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

[Signature] 12/10/2018
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

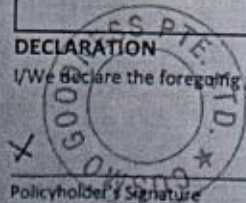


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Veh A driving along River valley road.
 Taxi cut thru left side back wheel.
 wheel dented.
 rim dented.

DECLARATION

I/We declare the 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:

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

Handwritten signature 12/10/2018

ORIGINAL

Co. Reg. No. 201009404M

Hotline: (65) 6419-3000 Fax: (65) 6415-3723

If you do not receive your Certificate of Insurance and policy documents **within 30 days** from the inception date stated on this cover note, **please contact AIG immediately.**

AIG

Cover Note: 5100029133

The following risk described in the Schedule below is hereby covered subject to the applicable terms and conditions of AIG's policy issued to the Policyholder. The Policy to which this Cover Note relates to 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).

Schedule (please circle where applicable)

Policyholder/Insured		COSMO GOODNESS PTE LTD	
Age Condition	1	All Age	
	2	30 Years Old and Above	
	3	35 Years Old and Above	
	4	40 Years Old and Above	
	5	Named Driver Basis	
Policy Type	Comprehensive		
	Third Party Fire and Theft		
	Third Party only		
Policy Period		2/07/2018 to 2/07/2019 23:59	
Registration Number		SLS1959K	
Make/Model		BENTLEY CONTINENTAL GTC V8	
CC/Tonnage		3993	
Engine Number		CMM004856	
Chassis Number		SCBGIN23W5DC084089	
Year of Registration		2013	
Hire Purchase Company		N/A	
Excess		SS 10,000 (Section I/II Both) SS 500 (Windscreen excess)	

Please note that acceptance of the risk is subject to our final acceptance and the terms and conditions applicable to the policy. For important notes and applicable laws and regulations, please refer to the reverse page. Sect 1 (outside SG Inld Theft): \$20,000



Manik

504030-010
Agent Code

Manik Bucha, Personal Insurance

12/10/2018
Computer done at 12/10/2018

*

Reported on 12/10/2018
C 1550HRS

ACCIDENT STATEMENT

ACCIDENT DATE: 12/10/2018 (DD/MM/YYYY), TIME: 10:30 AM (HH:MM)

LOCATION: River Valley Road

1. DETAILS OF VEHICLE

a) VEHICLE NUMBER: SLS1959K 159303

b) INSURANCE COMPANY:

c) POLICY NUMBER:

d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)

e) MAKE & MODEL:

f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)

g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)

h) PURPOSE OF USING AT ACCIDENT TIME:

i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)

IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

A) NAME: (MALE / FEMALE)

b) NRIC/FIN/PASSPORT: CONTACT:

c) ADDRESS:

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

a) NAME: (MALE / FEMALE)

b) NRIC/FIN/PASSPORT: CONTACT: 92353950

c) ADDRESS:

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

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS:

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:

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: SHC 6815R MODEL:

b) DRIVER'S NAME: KAREN LOO WAI KIN MRS. KAREN BROWN Taxi

c) NRIC/FIN/PASSPORT: S1465799A CONTACT: 98260996

9. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: MODEL:

e) DRIVER'S NAME:

NRIC/FIN/PASSPORT: CONTACT:

* only waiting for policy no: ?
12/10/2018 @ 1810HRS

EMAIL = xinyun auto 1@gmail.com

VIDEO = Xinyun auto 1@gmail.com

Waiting for sketch plan Driver sign &
Company chop
& AIG Certificate

No of passengers
(including driver)
(2)
1 - Female

No of passengers
(including driver)

No of passengers
(including driver)

No of passengers
(including driver)

No of passengers
(including driver)

No of passengers
(including driver)

No of passengers
(including driver)

No of passengers
(including driver)

No of passengers
(including driver)

No of passengers
(including driver)

No of passengers
(including driver)

No of passengers
(including driver)

on 15/10/2018
sent the
Email for
Policy number?

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S2753890H



Name

KEIICHI OHASHI

Race

JAPANESE

Date of birth

09-03-1959

Sex

M

Country of birth

JAPAN



8928413



NRIC No. S2753890H

Nationality

JAPANESE

Date of issue

06-05-2008

18 CAIRNHILL CIRCLE #14-05
SINGAPORE 229768

NRIC No: S2753890H

Date: 11/06/2015



Licence Number: **S2753890H**

Name: **KENICHI OHASHI**

Birth Date: **09 Mar 1959**

Issue Date: **14 Nov 2013**

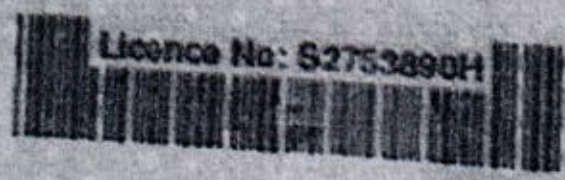


YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

EFFECTIVE DATE

Class 3 Motor Cars $\leq 3000\text{kg}$ with ≤ 7 passengers, exclusive of the driver; and other motor vehicles $\leq 2500\text{kg}$ **14 Nov 2013**

NP 428A





CERTIFICATE OF INSURANCE

ELITE AUTOPLAN PRIVATE VEHICLE

Name of Policyholder : COSMO GOODNESS PTE LTD
Period of Insurance : 22 Jul 2018 To 21 Jul 2019
Engine No. : CMM004856
Chassis No. : SCBGN23W5DC084089

Vehicle No. : SLS1959K
Policy No. : 1700035706-01
Endorsement No. :
Issued Date : 20 Aug 2018

ABOUT THE COVER

Make/Model : BENTLEY CONTINENTAL GT V8 S
Engine Capacity/Tonnage : 3,993.00 CC
Driver Restriction : Named Driver Basis
Person or Classes of Persons Entitled to Drive* :
Sum Insured : Market Value
Off Peak Car : No
First Year of Registration : 2013
Insuring with COE/PAF : Yes

Any person who is named as a "named driver" under this Policy.

Age Condition : Not Applicable
Limitation as to use* :

Use only for social, domestic and pleasure purposes and for the Policyholder's business.

This Policy does not cover use for hire or reward, driving tuition, driving test, racing, pace-making, reliability trial or speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with Motor Trade.

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS

Section 1

Fire - \$10000 Outside Singapore Cover - \$20000 Own Damage - \$10000 Theft - \$10000 Theft Outside Singapore Cover - \$20000 Flood Cover - \$10000

Section 2

Property Damage - \$0

Windscreen : \$500

Named Driver and Excess (where applicable)

KEIICHI OHASHI - \$10000 (Fire) \$10000 (Own Damage) \$10000 (Theft) \$20000 (Outside Singapore Cover) \$20000 (Theft Outside Singapore Cover), \$10000 (Flood Cover)

APPROVED REPORTING CENTRES/AUTHORISED REPAIRERS (FOR CLAIMS RELATED REPAIRS)

Any accident repairs to the Vehicle can be carried out at the repairer of Your choice (unless specifically excluded by Us).

For Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6338 6200. Alternatively, you may refer to AIG website www.aig.com.sg or AIG SG Mobile App. Simply search and download "AIG SG" from iTunes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: NA

We hereby certify that the policy to which this Certificate of Insurance relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 189), Part IV of the Road Transport Act, 1987 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0504080010

G&M PTE LTD
8 SHENTON WAY #13-03 AXA TOWER
SINGAPORE 068811

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.
AUTHORISED REPRESENTATIVE

SSPSLD

78 Shenton Way #07-16 AIG Building S079120 | T +65 6419 3000 | www.aig.com.sg

AIG Asia Pacific Insurance Pte. Ltd.