

NATIONAL Assessment Centre Services. [ver 1 Jan'05]

M/NA419003482

Date In: 08/01/2019 16:42	Job description	Date & Time Completed	Done by
Ref No: N/A/19000507/1	SAS e-filing		
Veh No: 2V5241E	E-mail (w/da 3hrs, AIC 2hrs)		
D.O.A: 07/01/2019 14:20	I-Motor Claim Form		
OID: (TP) Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/Wksp		

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

TP Particulars: Vch No: FBG 2580P 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: ( )

- Requirements:
- 1) Apply for Transport Allowance ( ) / Courtesy Car ( )
  - 2) QC Check / Post Repair Inspection ( )
  - 3) Upload Resurvey Photo [Repair Cost > \$3000] ( )

Injury: \_\_\_\_\_

Date/Time	Assign	Completed	Done by

NA1900256	1) AR: Accident Reporting (\$30)		
Driver/Owner:	2) DA: Damage Assessment (\$100)	INC (\$80)	
Contact No:	3) TP: Towing Fee	\$40/\$45	
Damaged Portion:	4) FT: Follow-Through Survey	\$120	
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey)	\$30	
Auditors Comments:	6) TR: Re-inspection	\$75	
	7) NI: Idan DA + SMRT Survey	\$160	
	8) NTUC Additional Services:		
	*NS: Courtesy Car / Tpl Allowance	\$5	
	*N6: Repair Coordination	\$10	
	*NI: Post Repair Inspection	\$25	
	*NB: DV / Collect Excess Coordination	\$5	
	TP (Nil) : TP (In-INC) against INC	\$20	
	9) NI: Idan 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 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	08/01/2019 16:42
Date Of Accident	07/01/2019 14:20
Exact Location Of Accident	CANTONMENT ROAD BEFORE NEIL ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLV5241E
<b>Insured/Policyholder</b>	
Name Of Registered Owner	GOLDBELL CAR RENTAL PTE LTD
Co Reg No	200710651D
Email Address	MDSUHAIMI@GBCR.COM.SG
Mobile Phone No	(LOCAL) +65-82608527
Alternative Phone No	OFFICE-82608527

### Vehicle Particulars

Manufacturer	TOYOTA
Model	ALPHARD
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SLV5241E
Cover Note Number	

### Driver

Name of Driver	ZULKIFLI BIN SHUKEE
NRIC No	S7005164H
Date Of Birth	14/02/1970
Occupation	OUTDOOR
Date Of Driving Pass	18/04/2008
Driving Experience	10 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82608527
Fax Number	
Contact Number	OTHERS-82608527
EMail Address	MDSUHAIMI@GBCR.COM.SG

Address	BLK 165A TECK WHYE CRESCENT #05-309
Postcode	681165
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	COLLISION - HEAD TO REAR
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
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)	3
Passenger 1	NAME: : STAFF GENDER: : MALE
Passenger 2	NAME: : GUEST GENDER: : MALE

### 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

PLEASE REFER TO SKETCH PLAN

### 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	FBC2580P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	MUSHALEH BIN SANSAIMON
NRIC/Passport Number	S8535680A
Contact Number	90023622
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

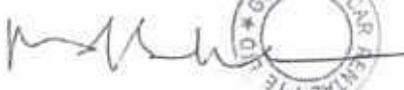
## SKETCH PLAN

### IMPORTANT NOTICE

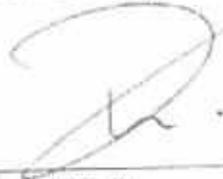
1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material 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:

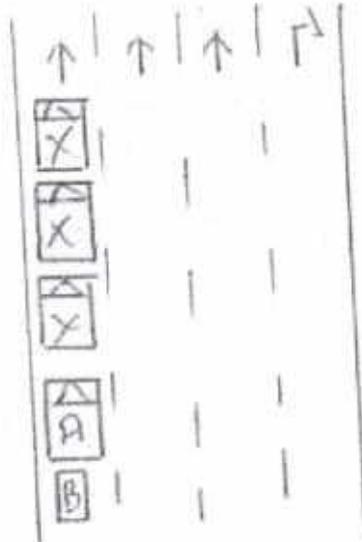


  
Driver's Signature  
(if driver is not the policyholder)  
Date & Time: 07/01/2019  
1707HRS

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

SKETCH PLAN

A) SLV 5241E  
B) FBC 7580P



CANTONMENT ROAD  
BEFORE NAIL ROAD  
JUNCTION

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

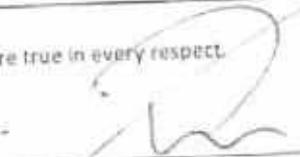
ON 07/01/2019 TIME @ 1420 HRS WHILE DRIVING  
ALONG CANTONMENT RD IN FRONT 3 VEHICLES SUDDENLY JAMMED  
BRAKE I ALSO JAMMED BRAKE LATER I REALISED ONE  
MOTORBIKE HIT MY REAR BUMPER.

DECLARATION

(We declare the foregoing particulars are true in every respect.

  
 Policyholder's Signature  
 Date & Time:



  
 Driver's Signature  
 (if driver is not the policyholder)  
 Date & Time: 07/01/2019

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

08/01/2019

6828.6300

JMS car 7

### ACCIDENT STATEMENT

ACCIDENT DATE: (27/01/2009) (DD/MM/YYYY), TIME: (1420) (HH:MM)

LOCATION: CANTONMANT ROAD BEFORE NAIL ROAD

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLV 5241 E
- b) INSURANCE COMPANY: LIBERTY AIG
- c) POLICY NUMBER: 1
- 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) (NO)  
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: GOLDEN (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_
- c) ADDRESS: \_\_\_\_\_

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: ZULKIFLI SHUKEE (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: S7005164/H CONTACT: 82608527
- c) ADDRESS: BLK 165 A TECK WHYE CRESCENT #05-309  
SPORE 681165

\*d) DATE OF BIRTH: (14/01/1976) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 18/04/2008

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

7. a) REPORTED TO POLICE (YES/NO) (NO)  
IF YES, PLEASE STATE WHICH POLICE STATION: \_\_\_\_\_

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: FBC 2580 P MODEL: \_\_\_\_\_
- b) DRIVER'S NAME: MUSHALEH BIN SANJAINOXI
- c) NRIC/FIN/PASSPORT: S8535680A CONTACT: 90023622

9. THIRD PARTY VEHICLE

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

STAFF (M)  
GUEST (M)

\* No of passenger  
(including driver)  
(3)

\* No of passenger  
(including driver)  
( )

\* No of passenger  
(including driver)  
( )

email =

VIDEO

REPUBLIC OF SINGAPORE  
 IDENTIFICATION CARD NO. S7005164H



Name  
 ZULKIFLI BIN SHUKEE  
 زولكفلي بن شوكي

BOYANESE

Date of Birth: 14-02-1970  
 Sex: M  
 Country of Birth: SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENSE

License Number: S7005164H  
 Name: ZULKIFLI BIN SHUKEE

Birth Date: 14 Feb 1970  
 Issue Date: 28 Apr 2003

10004307658

2286405

S7005164H



Blood Group: O+  
 Date of Issue: 18-08-1994

APT BLK 165A TECK WHYE CRESCENT #05-309  
 SINGAPORE 681165  
 S7005164H 15/11/2013

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

CLASS	VEHICLE CLASSIFICATION	ISSUE DATE
Class 2B	Motorcycles <= 200 CC	27 Mar 1995
Class 2A	Motorcycles between 201 CC and 400 CC	22 Jun 2001
Class 1	Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver and motor tractors/vehicles <= 2500 kg	18 Apr 2003

S7005164H S/No. 9000070871

License No: S7005164H

**CERTIFICATE OF INSURANCE**

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 169)  
 MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1969  
 ROAD TRANSPORT ACT, 1987 (MALAYSIA)  
 MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

M.Z.400

Comprehensive Commercial Motor		(The below excess is subject to GST)	
<b>CERTIFICATE NO.</b>	SLV5241E	<b>POLICY EXCESS</b>	S\$1,200.00 (1)
		Policy Excess for Private hire - Refer below	
		<b>WINDSCREEN EXCESS</b>	S\$100.00
		<b>SUM INSURED</b>	Market Value
		<b>INSURING WITH COE/PARF</b>	Yes
<b>1 ) VEHICLE REGISTRATION NO.</b>			SLV5241E
<b>2 ) NAME OF POLICYHOLDER</b>			Goldbell Car Rental Pte Ltd
<b>3 ) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE PURPOSES OF THE ACT</b>			01 January 2019
<b>4 ) DATE OF EXPIRY OF INSURANCE</b>			31 December 2019
<b>5 ) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE*</b>	Any person who is driving on the insured's order or with their permission.		
	Additional Excess of \$1000 applies to all claims for Drivers below 23 years old and/or with Driving Experience less than 12 months		
	Additional excess of \$500 applies to all claims for accident 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.			
<b>6 ) LIMITATION AS TO USE*</b>	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. The Policy does not cover 1) Use for 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 the carriage of passengers for hire or reward by any person to whom the Vehicle is hired. 4) Use for any purpose in connection with Motor Trade.		
<b>LOSS OF USE</b>	Not Included		
<b>HIRE PURCHASE COMPANY</b>	United Overseas Bank Ltd		
*Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 169) 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 169) and Part IV of the Road Transport Act, 1987 (Malaysia).

Issued in Singapore 08 Jan 2019

AIG Asia Pacific Insurance Pte. Ltd.

030123-000

Acorn International Network Pte Ltd  
 48 Changi South St 1 Level 3  
 SINGAPORE 486130



AUTHORISED REPRESENTATIVE

ORIGINAL

SSPKWJ