

NATIONAL Assessment Centre Services.

19 MAY 19 010580

Date In: 22/01/2019 15:16	Job description	Date & Time Completed	Done by
Ref No: N8A/18101900255/Y	SAS e-filing		
Veh No: SKX 9329L	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 18/01/2019 10:50	I-Motor Claim Form		
OD: 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/Whsp		

Preferred Wksp / INC Assign Wksp / QW: ()	Tel: ()	Fax: ()
TP Particulars:	Veh No: G8A/200D	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 repairer.

() 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 > \$3000] ()		

Injury: _____

Date/Time	Action

NA1900717 Claimant's Particulars: Driver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge): Auditor's Comments: Tel: 1: 2/3:	1) AR: Accident Reporting (\$30)	
	2) DA: Damage Assessment (\$100); INC (\$80)	
	3) TP: Towing Fee \$40/\$45	
	4) FT: Follow-Through Survey \$120	
	5) FT: Follow-Through Survey (Resurvey) \$30	
	6) TR: Re-Inspection \$75	
	7) NI: Idao DA + SMRT Survey \$160	
	8) NTUC Additional Services:	
	*NS: Courtesy Car / Tpl Allowance \$5	
	*N6: Repair Co-ordination \$10	
*N7: Post Repair Inspection \$25		
*N8: DV / Collect Excess Coordination \$5		
TP (Nil): TP (Non INC) against INC \$20		
9) NI: Idao 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	22/01/2019 15:16
Date Of Accident	18/01/2019 10:50
Exact Location Of Accident	JUNCTION DUCHESS ROAD AND DUCHESS AVENUE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKX9329L
Insured/Policyholder	
Name Of Registered Owner	GOLDBELL CAR RENTAL PTE LTD
Co Reg No	200710651D
Email Address	FABIENNRJAUTARD@GMAIL.COM
Mobile Phone No	(LOCAL) +65-87992915
Alternative Phone No	OFFICE-87992915

Vehicle Particulars

Manufacturer	MAZDA
Model	3
Exact Purpose for which vehicle was being used at time of accident	BACK HOME FROM COFFEE SHOP
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	YES
Policy Number	999994316
Cover Note Number	

Driver

Name of Driver	JAUTARD FABIEN PIERRE ANDRE
Passport No/FIN	G3159877Q
Date Of Birth	01/03/1970
Occupation	INDOOR
Date Of Driving Pass	13/05/2016
Driving Experience	2 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87992915
Fax Number	
Contact Number	OTHERS-87992915
EMail Address	FABIENNRJAUTARD@GMAIL.COM

Address	150 DUCHESS AVENUE
Postcode	269171
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 (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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BUKIT TIMAH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 1 DUKE ROAD , POSTCODE: 268914 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4629999 - FAX NO: 64628933
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN AND POLICE REPORT E/20190123/2046

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	GBA1200D
Vehicle Make/Model/Colour	TOYOTA DYNA
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	CHAN CHEE WEE
NRIC/Passport Number	S6800778Z
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

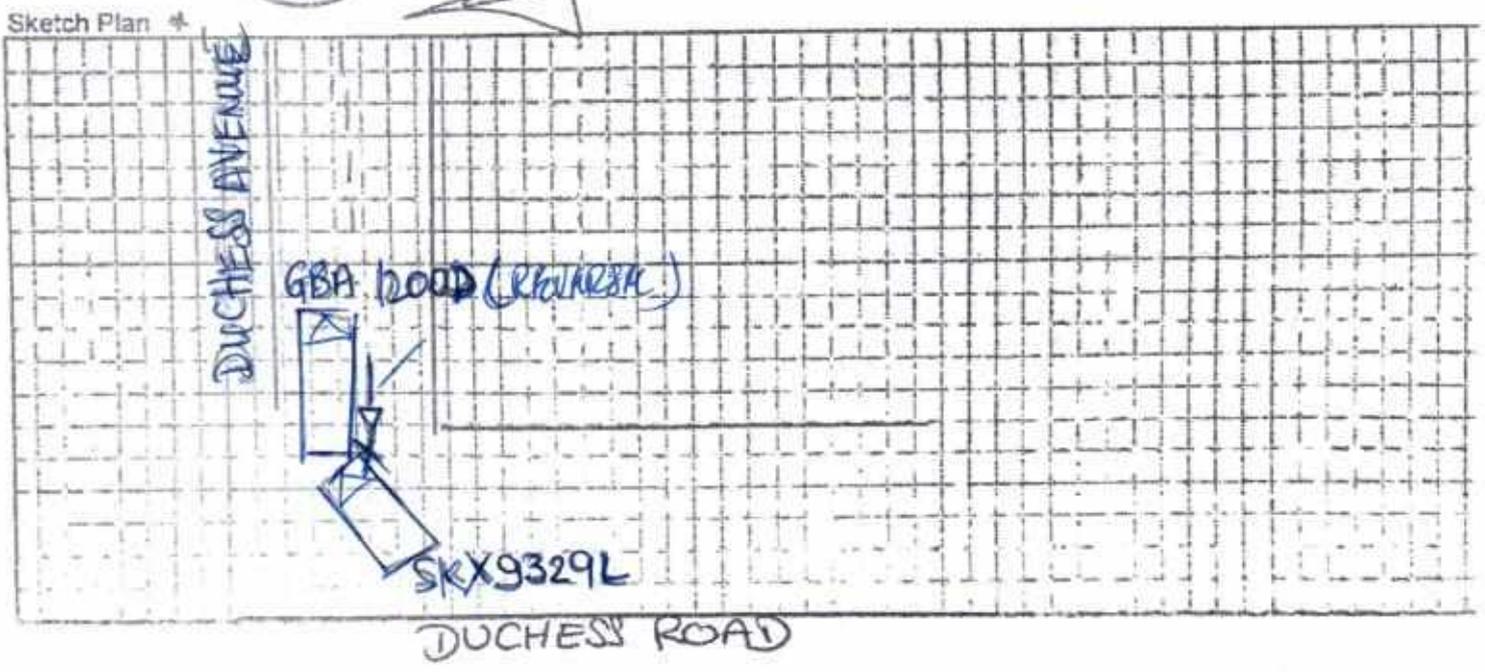
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3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
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6. This report will be forwarded by the insurers to 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.

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' law yers/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
 & Time
 18/1/19
 Driver's Signature (of the policyholder) / Date & Time
 Witnessed by Reporting Centre Personnel



Describe Circumstance of the Accident *

We were driving slowly, following a lorry on Duchess Road.

The lorry turned on Duchess Avenue and stopped right before accelerating on the road.

We stopped but before we could react the lorry backed up.

We honked but it was too late.

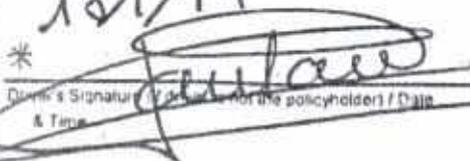
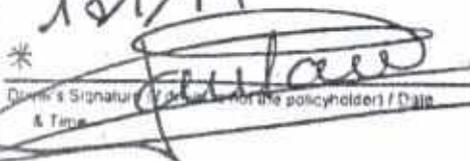
Light front corner of the car has been damaged.

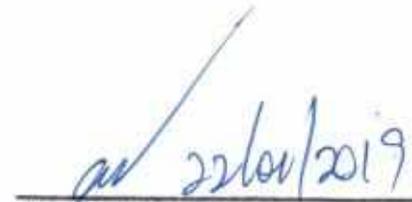
POLICE REPORT E/20190123/2046

Declaration

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

 
Policyholder's Signature / 

18/1/19
* 
Driver's Signature /  for the policyholder / Date & Time


Witnessed by Reporting Centre Personnel



SINGAPORE POLICE FORCE



1 of 2

POLICE REPORT (NP299)

Report No. E/20190123/2046

Police Station Of Origin
Bukit Timah M.P.C
1 Duke's Road SINGAPORE 268914
Tel No: 1800-4529990

Date/Time Report Made 23/01/2019 12:34	Video Report No.	Station Diary No. 28
Name Of Informant VOLLE EP JAUTARD FABRIENNE SABINE MARIE-THERESE	Address 150 DUCHESS AVENUE #05-06 INFINITE STUDIOS SINGAPORE 260171	
ID Type / ID No. FIN NO / G3177159U	Contact No. Home/Office	Mobile 67992215
Nationality FRENCH	Email Address	
Occupation Company director	Sex Female	Age 46
Institution/School Name	Date of Birth 22/08/1972	Race Caucasian
Date/Time Of Incident 18/01/2019 10:50 - 18/01/2019 10:50	Location Of Incident Along duchesse road SINGAPORE	

Brief details:

On 18/01/2019, at about 1050hrs, my husband and I met with a car accident. My husband was driving our car, while I was seated at the passenger seat. We were travelling Duchess Road when the accident happened. We were driving behind a grey Toyota Dyna lorry. The lorry then made a sudden stop after a turn and reversed, causing the front of my vehicle to collide with the back of the lorry. My husband was unable to react in time as it happened so sudden.

Signature Of Officer Recording The Report: E / Sgt 1 GENEVLENE HO TING EN	Signature Of Informant <i>Jautard</i>
Signature Of Interpreter Not applicable	Date/Time 23/01/2019 12:34
Officer In-Charge Of Case: E / Tanjun Police Division Investigation Branch Inspector TAN YONG DA Contact No: 03014541	Classification Of Case:

Authentication Stamp



SIGNATURE



SINGAPORE POLICE FORCE



E20190123

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. E20190123/2045

Both our vehicles then stopped at the road side before coming out of our vehicles to make a check. The driver then started apologising and explained that he had taken a wrong turn, and wanted to reverse into the correct road. He also stated that he didn't see our car when he reversed. He also had a passenger on him at that time. No one was injured from the accident and no Police attended as we didn't make a report. The driver also gave me his particulars and we agreed to settle it privately as it did not seem too major of an issue. I decided not to pursue the matter as the driver seemed genuinely sorry.

A dent was sustained on the right front side of my car. My car is a Mazda 3, White colour, December 2015 Model.

I am logging this report as my insurance company needs an official police report for the claim.

Particulars of the lorry driver as follow.

Chan Chee Wee
96607782
22/01/1968
82516860

Signature Of Officer Recording The Report
E / Sgt 1 GENEVLENE HO TING EN

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case
E / Tanglin Police Divisional Investigation Branch /
Insp TAN YONG DA
Contact No. 63914841

Signature Of Informant
[Signature]

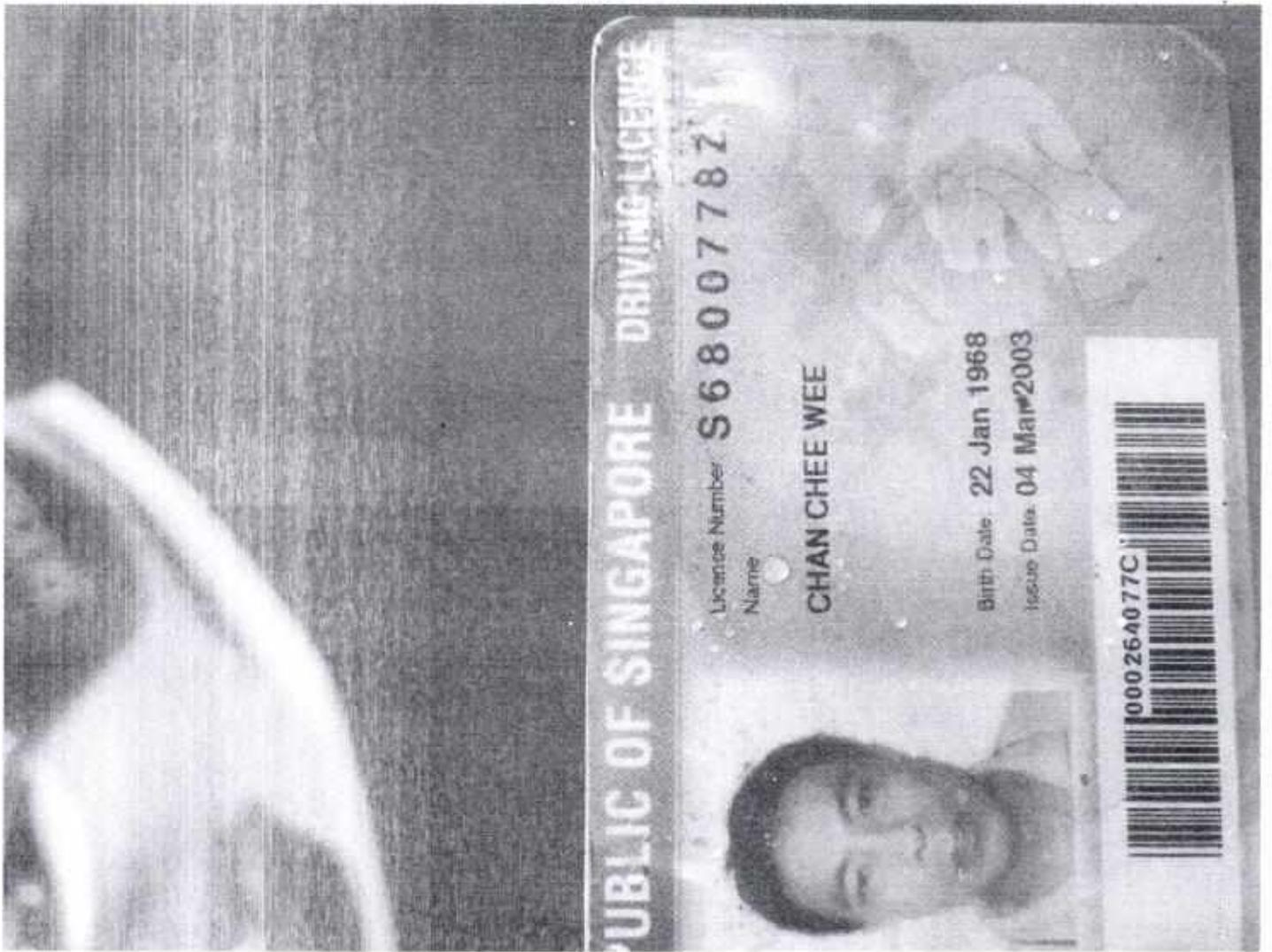
Date/Time
23/01/2019 12:34

Classification Of Case

Authentication Stamp







SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Complete and submit this Form to Authorized Reporting Centre (ARC) for filing.
2. Please report correctly the details of the accident to speed up the claims process.
3. This Form must be completed by the Policyholder and/or the Authorized Driver.
4. 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.
5. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
6. Any false reporting may be referred to the Traffic Police Department for investigation.

ACCIDENT STATEMENT

Date and Time of Accident * Date: 18/01/19 Time: 10:50 AM
 Exact Location of Accident * Crossing btw Duchess Road & Duchess Av.

DETAILS OF OWN VEHICLE

Vehicle Registration Number * SKX 9329 L

INSURED / POLICYHOLDER (OWN VEHICLE)

Name of Registered Owner (See Insurance Cert.)
 Personal Identification - NRIC (Singaporean/PR)
 - FIN/Passport Number G3159877Q
 - Not Applicable

VEHICLE PARTICULARS (OWN VEHICLE)

Vehicle Make / Model Manufacturer MAEDA Model 3
 Type of Vehicle* Saloon MPV CRV Van Lorry
 Bus M/cycle Others _____
 Exact Purpose for which vehicle was being used at time of accident * Back home from coffee shop
 Are you claiming under your own insurance policy for repair to your vehicle? Yes No (If No, Pls select: Third Party Reporting)
 Vehicle Category* Private Commercial Motorcycle

INSURANCE COMPANY (OWN VEHICLE)

Name of Insurance Company *
 Type of Policy Comprehensive Third Party Fire & Theft TP Only
 Fleet Policy Yes No
 Policy Number
 Motor Cl

DRIVER

Same as Insured above
 Name of Driver * Touard Fabien
 Personal Identification - NRIC (Singaporean/PR) *
 - FIN/Passport Number * G3159877Q
 Date of Birth * 01 dd / 03 mm / 1970 yy
 Driving Date Pass (French) * 18 dd / 07 mm / 89 yy
 Year of Driving Experience * 19 Year(s) 6 Month(s)
 Occupation * SVP Indoor Outdoor
 Gender * Male Female
 Contact Number / Mobile Phone / Fax No. * 8799 2915 (wife)

Address of Driver	* 150, Duchess Avenue	Postcode (269171)
Email Address	* fabiennejautaud@gmail.com	
Was driver an employee of the Insured's Company?	<input type="radio"/> Yes <input checked="" type="radio"/> No	
If No, Relationship of the Driver with the Insured		
Vehicle Registration Number of Driver's Own	<input type="radio"/> Yes <input type="radio"/> No	
Vehicle Registration Number of Driver's Own Vehicle (if applicable)		
Insurance Company of Driver's Own Vehicle (if applicable)		

GENERAL INFORMATION OF THE ACCIDENT

Type of Collision (Eg. Chain collision, Head-On collision, Side Swipe, Front to Rear)	* Car in front suddenly stopped and back up
Weather Conditions	* <input type="radio"/> Clear <input checked="" type="radio"/> Raining <input type="radio"/> Others
Road Surface	* <input type="radio"/> Dry <input checked="" type="radio"/> Wet <input type="radio"/> Others

OTHER INFORMATION

a. Was anybody injured in the accident?	* <input type="radio"/> Yes <input checked="" type="radio"/> No
b. Was any other vehicle or property damaged? (Including Witness)	* <input type="radio"/> Yes <input checked="" type="radio"/> No

DETAILS OF POLICE ACTION

Was the Accident reported to the Police?	* <input type="radio"/> Yes <input checked="" type="radio"/> No (If Yes, please state which Police Station.)
Police Station Name	
Police Station Address	
Police Station Contact	Tel No. Fax No.
Was notice of intended Prosecution given?	<input type="radio"/> Yes <input type="radio"/> No (If Yes, against whom?)

DETAILS OF OTHER VEHICLE / PROPERTY 1

Vehicle Registration Number	* GBA 1200D
Vehicle Make/ Model/ Colour	TOYOTA - DYNA - GREY
Details of Properties	
Name of Driver	CHAN WEE WEE
Personal Identification - NRIC (Singaporean) / Driving License	S68 007787
- FIN/Passport Number	
Contact Number	82616860
Address	
Name of Insurance Company	
No. of Passenger (Including Driver)	2

(Note - Please use page 6 if you need to add more vehicles)



EMPLOYMENT PASS

Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore

Employer
OBERTHUR TECHNOLOGIES SINGAPORE PTE. LTD.



Name
JAUTARD FABIEN PIERRE ANDRE
Occupation
SENIOR BUSINESS DIRECTOR

FIN
G3159877Q

Date of Application
28-03-2017

Date of Issue
19-04-2017

G3159877Q

Date of Expiry
18-05-2019



L7847080

VISIT PASS

Immigration Regulations

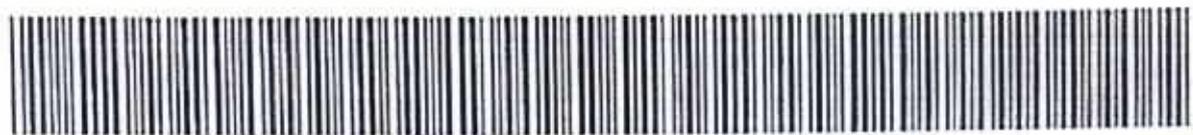
Name
JAUTARD FABIEN PIERRE ANDRE



Date of Birth	Sex	Nationality
01-03-1970	M	FRENCH
FIN	Date of Issue	Date of Expiry
G3159877Q	19-04-2017	18-05-2019

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.



REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: **G 3 1 5 9 8 7 7 Q**

Name: **JAUTARD FABIEN PIERRE ANDRE**

Birth Date: **01 Mar 1970**

Issue Date: **13 May 2016**

Valid Till **12/05/2021**



PHOTO-2019-01-23-14-0

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

Class 3 Motor cars with unladen weight \leq 3000kg with \leq 7 passengers, exclusive of driver; and other motor vehicles with unladen weight \leq 2500kg

13 May 2016

NP 42BA

1/23/2019

**CERTIFICATE OF INSURANCE**

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1969

ROAD TRANSPORT ACT, 1987 (MALAYSIA)

MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1969 (MALAYSIA)

M.Z.400

Comprehensive Commercial Motor		(The below excess is subject to GST)	
CERTIFICATE NO.	999994316	POLICY EXCESS	S\$800.00 ** (1)
		WINDSCREEN EXCESS	S\$100.00
		SUM INSURED	Market Value
		INSURING WITH COE/PARF	Yes
1) VEHICLE REGISTRATION NO.			SKX9329L
2) NAME OF POLICYHOLDER			Goldbell Car Rental Pte Ltd
3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE PURPOSES OF THE ACT			01 January 2019
4) DATE OF EXPIRY OF INSURANCE			31 March 2020
5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE*	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		
	** Policy Excess vary according to Vehicle Usage. Refer to Policy for more details.		
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*	<ul style="list-style-type: none"> 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		
	<ul style="list-style-type: none"> 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. 		
	LOSS OF USE	Not Included	
	HIRE PURCHASE COMPANY	N.A.	
*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), and 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 in Singapore 16 Jan 2019

030123-000

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

AIG Asia Pacific Insurance Pte Ltd

AUTHORISED REPRESENTATIVE

SSPKWJ

ORIGINAL