NATIONAL Assessment Centre Services. [wef 1 Jan'09] . MNA419022343

	Job description	Date &Time Completed	Done by
Date In: 18/02/2019 14:01	SAS e-filing		
Ref No: NBA/A19/900296[illegible]	E-mail (within 8hrs, AIC 2hrs)		
Veh No: SKT 3844D	I-Motor Claim Form		
D.O.A : 07/02/2019 10:30	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
OD / (TP) / Reporting Only	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

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

TP Particulars: Veh No: SCZ 1122C 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: ( )

Comments	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

NB190/226

Claimant Particulars

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors Comments:

Cat. 1:

2/3:

Invoice Preparation Checklist		Charges	Verified
1) AR : Accident Reporting ($30);			
2) DA : Damage Assessment ($100);	INC ($80)		
3) TF : Towing Fee	$40/$45		
4) PT : Follow-Through Survey	$120		
5) PT : Follow-Through Survey (Resurvey)	$30		
For claiming against INC Only (wef 10 Jan 2009)			
6) TR : Re-Inspection	$75		
7) NI : Idea 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: Idea Mobile	30		
Invoice dated	*Fee Charged*		
Invoice dated	*Fee Charged*		

MNA419022343 / National Assessment Centre Services - Bukit Merah
ENTRY DATE & TIME: 18/02/2019 14:01
SUBMITTED BY: ROSLI BIN ABDUL WAHAB

Your NCD will be affected due to late reporting
Actual e-Filling Submission Date & Time: 18/02/2019 14:25

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 witholding 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	18/02/2019 14:01
Date Of Accident	07/02/2019 10:30
Exact Location Of Accident	33 UBI AVENUE 3 3RD FLOOR CARPARK RAMP
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKJ3844D
Insured/Policyholder	
Name Of Registered Owner	GOLDBELL CAR RENTAL PTE LTD
Co Reg No	200710651D
Email Address	S.FAHRULRAZI@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98563601
Alternative Phone No	OFFICE-98563601
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	C180
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	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	999994316
Cover Note Number	
Driver	
Name of Driver	SHAIK FAHRUL RAZI IBNU SHAIK FAREED
NRIC No	S8851940Z
Date Of Birth	18/12/1988
Occupation	INDOOR
Date Of Driving Pass	05/08/2017
Driving Experience	1 YEAR AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98563601
Fax Number	
Contact Number	OFFICE-98563601
EMail Address	S.FAHRULRAZI@GMAIL.COM

Address	BLK 856 WOODLANDS STREET 83 #02-14
Postcode	730856
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 ON COLLISION
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?	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	SCZ1122C
Vehicle Make/Model/Colour	TOYOTA CAMRY
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TAN KOK WEE
NRIC/Passport Number	S1220151F
Contact Number	96390112/66598359
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to the GIA Records Mangement 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 w ith 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 w ell as on the external cover of envelopes/mail packages); and/or

(v) complying w ith applicable law in administering, processing, handling and/or dealing w ith 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.

GOLDBELL CAR RENTAL PTE LTD

Policyholder's Signature & Date & Time

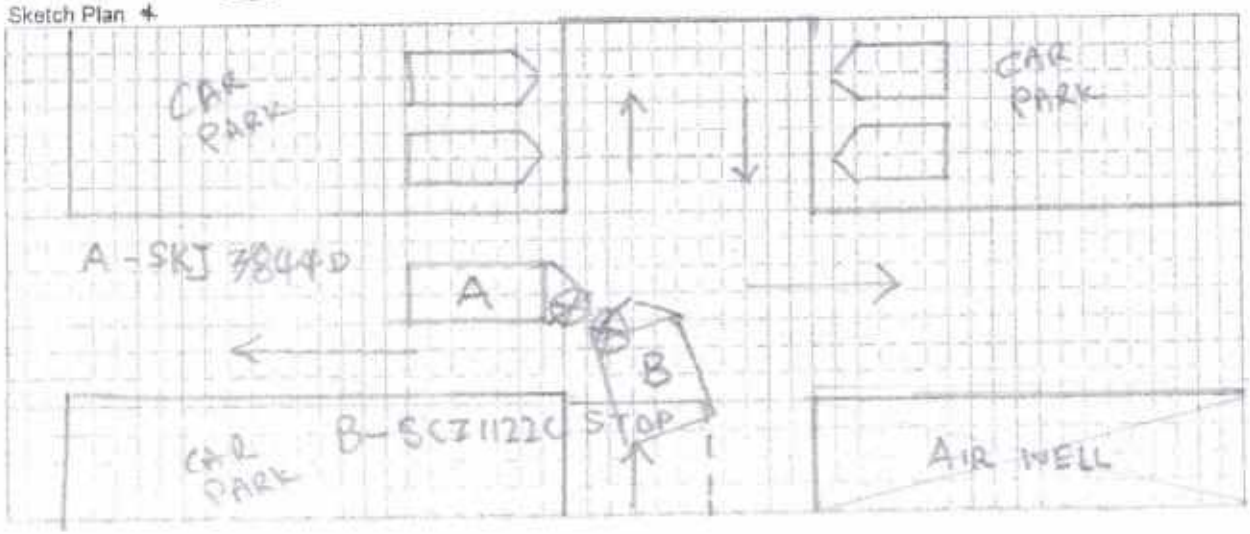
07/02/2019

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

18/02/2019

Witnessed by Reporting Centre Personnel

Sketch Plan :



Describe Circumstance of the Accident *

On 7/1/2019, about 10.31am, I Shaik Fahrol Razi Bin Shaik Fareed was driving SKJ3844D at Tower Level 3 carpark. At this moment, a Toyota camry, SCZ1122C driven by Mr Tan Kok Wee dashed out from the side ramp without stopping at the stop sign and collided with my car.

Just a little earlier before the collission, I had a steer out a little to pass a stationery vehicle and steer back to my intended path. Had the Toyota Camry Stopped at the stop sign and slowed down, my car SKJ3844D would have been able to ~~steer~~ avoid the collision in time.

Declaration

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

GOLDBELL GAMUDA BENIA PTE LTD

Policyholder's Signature / Date

* 07/01/2019

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

18/01/2019

Witnessed by Reporting Centre Personnel

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Complete and submit this Form to Authorised Reporting Centre ("ARC") for efiling.
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 Authorised 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: 07/02/2019 Time: 10 - 11a.m.
Exact Location of Accident	*	33 Jln Ave 3 Singapore 458 BGP, 3rd floor carpark (carpark level)

DETAILS OF OWN VEHICLE

Vehicle Registration Number	*	SKJ3844D

INSURED / POLICYHOLDER (OWN VEHICLE)

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

VEHICLE PARTICULARS (OWN VEHICLE)

Vehicle Make / Model		Manufacturer _____ Model _____
Type of Vehicle*		◯ Saloon ◯ MPV ◯ CRV ◯ Van ◯ Lorry ◯ Bus ◯ M/cycle ◯ Others_____
Exact Purpose for which vehicle was being used at time of accident	*	Business
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	◯ Comphensive ◯ Third Party Fire & Theft ◯ TP Only
Fleet Policy	◯ Yes ◯ No
Policy Number	
Motor CI	

DRIVER

◯ **Same as Insured above**

Name of Driver	*	Shaik Fahrul Rizlan Shaik Ismail
Personal Identification - NRIC (Singaporean/PR)	*	S6854902
- FIN/Passport Number	*	ES7384658
Date of Birth	*	18 dd/ 12 mm/ 1968 /yy
Driving Date Pass	*	05 dd/ 08 mm/ 2017 /yy
Year of Driving Experience	*	1 Year(s) 7 Month(s)
Occupation	*	◯ Indoor ◯ Outdoor
Gender	*	✓ Male ◯ Female
Contact Number / Mobile Phone / Fax No.	*	9856 3601

Address of Driver *	Blk 856 woodlands st 83 #01-14 Postcode (730856)
Email Address *	s.fahmi2@gmail.com
Was driver an employee of the Insured's Company?	○ Yes ○ No
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own	○ Yes ○ No
Vehicle Registration Number of Driver's Own Vehicle (if applicable)	
Insurance Company of Driver's Own Vehicle (if applicable)	

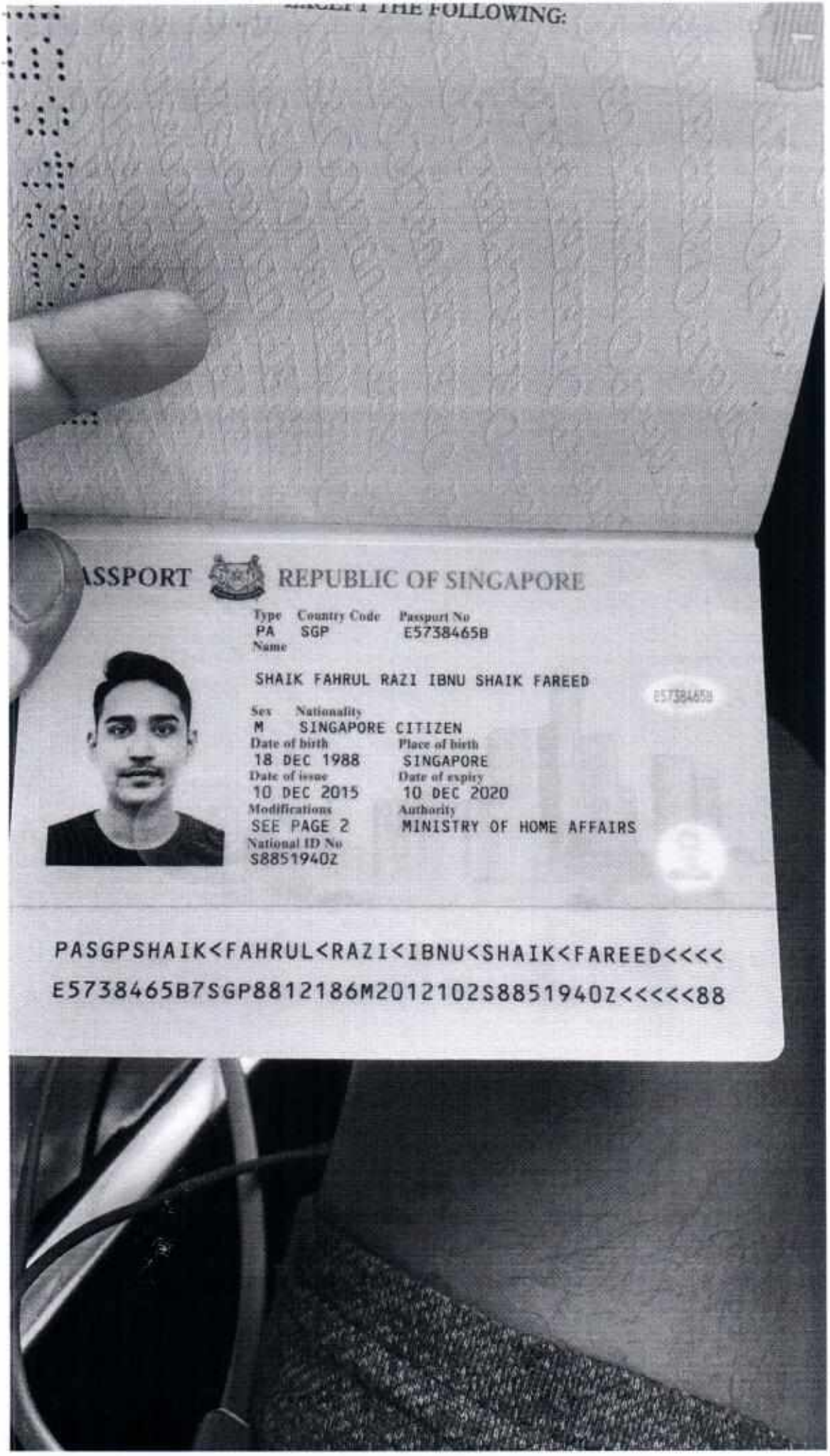
GENERAL INFORMATION OF THE ACCIDENT	
Type of Collision (Eg. Chain collison, Head-On collision, Side Swipe, Front to Rear) *	Head-on collision
Weather Conditions *	✓ Clear ○ Raining ○ Others,_____
Road Surface *	✓ Dry ○ Wet ○ Others,_____

OTHER INFORMATION	
a. Was anybody injured in the accident? *	○ Yes ✓ No
b. Was any other vehicle or property damaged? (Including Witness) *	○ Yes ○ No

DETAILS OF POLICE ACTION	
Was the Accident reported to the Police? *	○ Yes ✓ 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?	○ Yes ○ No (If Yes, against whom?)

DETAILS OF OTHER VEHICLE / PROPERTY 1	
Vehicle Registration Number *	SCZ1123C
Vehicle Make/ Model/ Colour	Toyota Camry, Black
Details of Properties	
Name of Driver	Tan Kok Wee
Personal Identification - NRIC (Singaporean/PR)	S7720151F
- FIN/Passport Number	
Contact Number	96390112 / 66598658
Address	
Name of Insurance Company	
No. of Passenger (Including Driver)	

(Note - Please use page 5 if you need to add more vehicles)


THE FOLLOWING:
ASSPORT
REPUBLIC OF SINGAPORE
Type Country Code Passport No
PA SGP E5738465B
Name
SHAIK FAHRUL RAZI IBNU SHAIK FAREED
Sex Nationality
M SINGAPORE CITIZEN
Date of birth Place of birth
18 DEC 1988 SINGAPORE
Date of issue Date of expiry
10 DEC 2015 10 DEC 2020
Modifications Authority
SEE PAGE 2 MINISTRY OF HOME AFFAIRS
National ID No
S8851940Z
PASGPSHAIK<FAHRUL<RAZI<IBNU<SHAIK<FAREED<<<<
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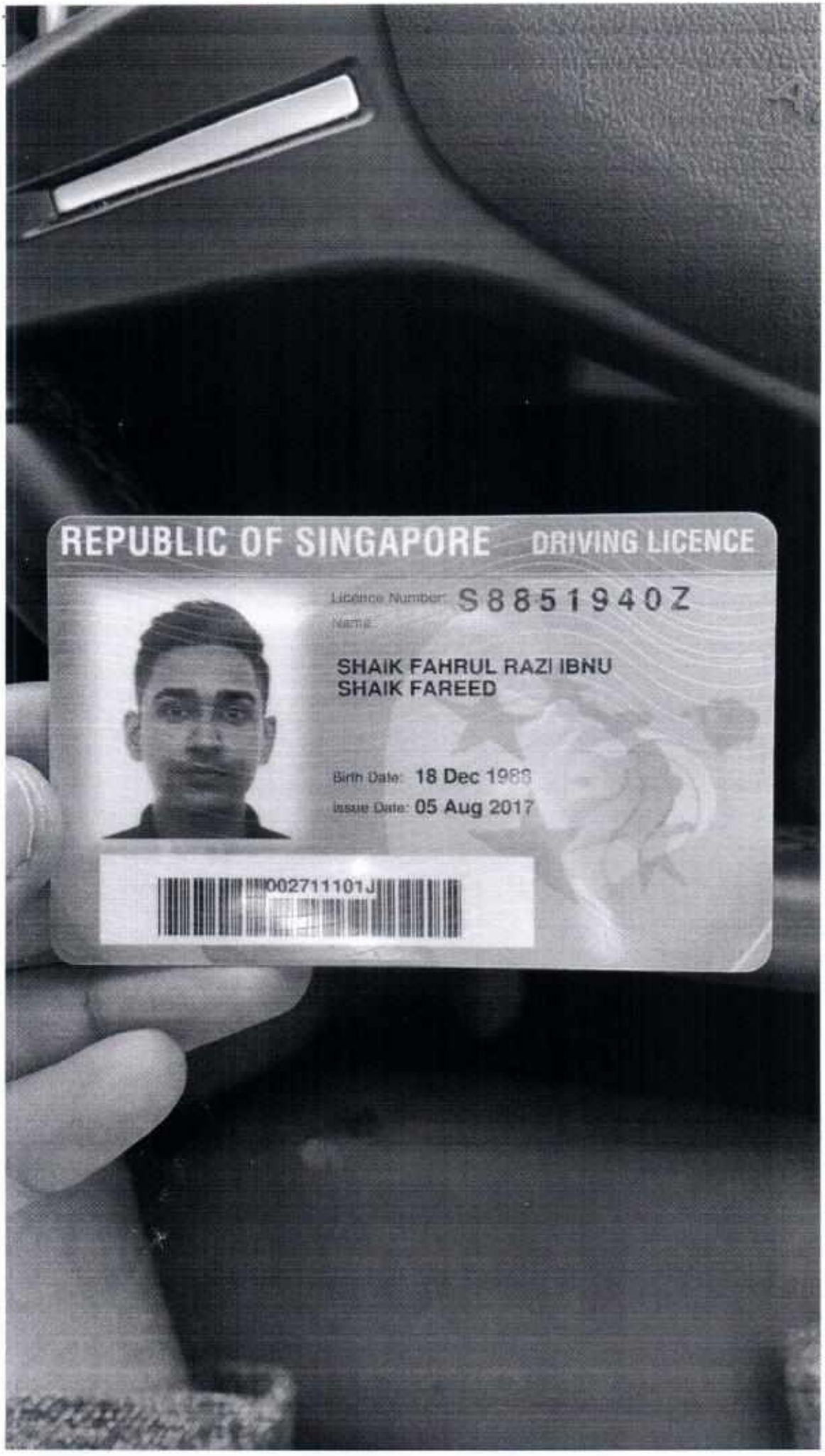
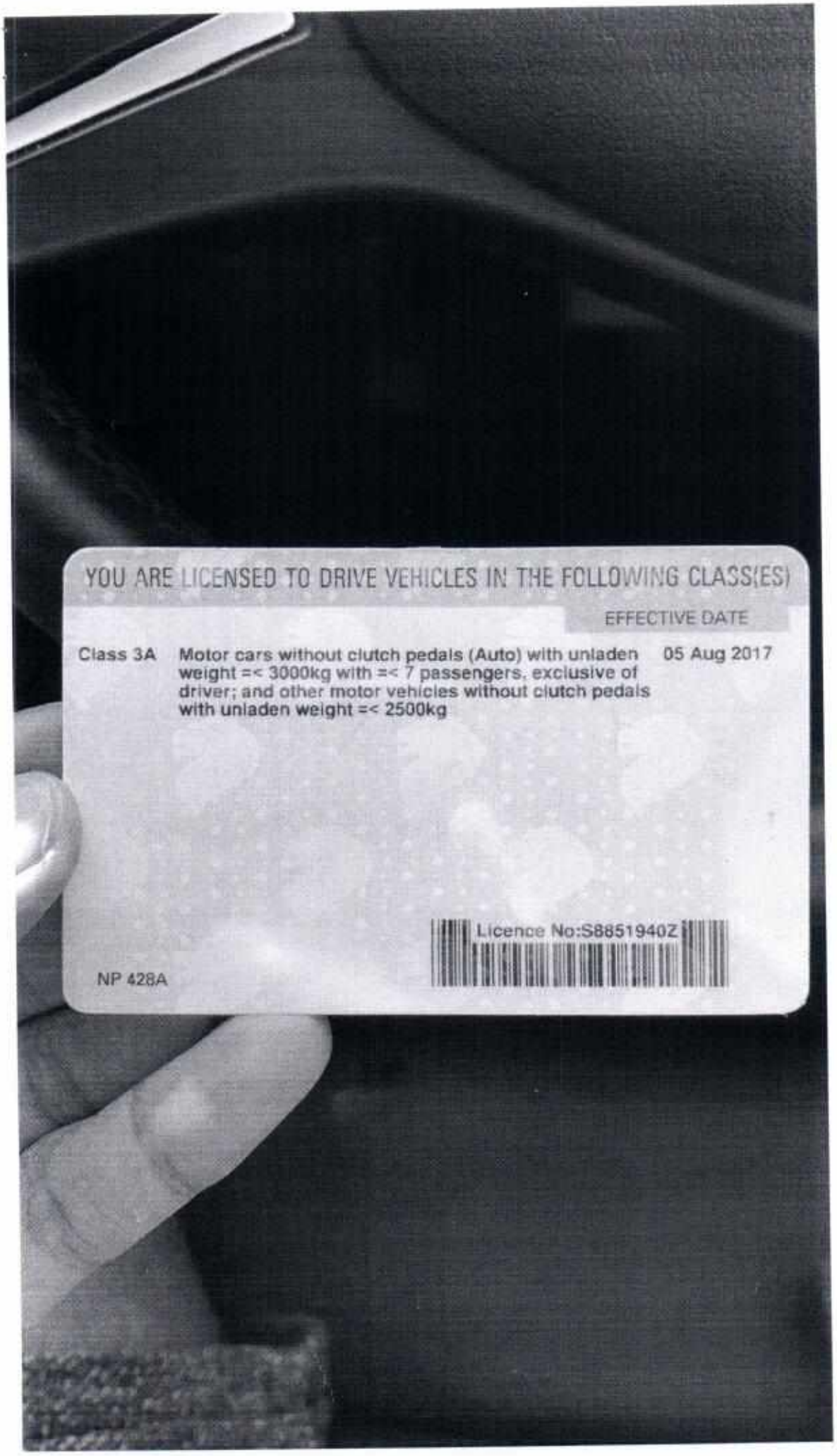

REPUBLIC OF SINGAPORE DRIVING LICENCE
Licence Number: S8851940Z
Name:
SHAIK FAHRUL RAZI IBNU
SHAIK FAREED
Birth Date: 18 Dec 1988
Issue Date: 05 Aug 2017
002711101J


YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)
EFFECTIVE DATE
Class 3A
Motor cars without clutch pedals (Auto) with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles without clutch pedals with unladen weight =< 2500kg
05 Aug 2017
Licence No:S8851940Z
NP 428A

AIG

HOTLINE TEL: (65) 6419-3000

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.400

Comprehensive Commercial Motor
CERTIFICATE NO. 999994316

(The below excess is subject to GST)

POLICY EXCESS	S$800.00 ** (I)
WINDSCREEN EXCESS	S$100.00
SUM INSURED	Market Value
INSURING WITH COE/PARF	Yes

1) VEHICLE REGISTRATION NO. SKJ3844D

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*

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.

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), 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 in Singapore 16 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