

NATIONAL Assessment Centre Services. [ver 1 Jan 05]

MAY 19 2009

Date In: 21/05/2009 18:32	Job description	Date & Time Completed	Done by
Ref No: NBR/INC/19003226/Y	SAS e-filing		
Veh No: SKD 5240P	E-mail (w/John 2hrs, AIC 2hrs)		
D.O.A: 01/05/2009 10:30	I-Motor Claim Form		
OID: TP Reporting Only	I-Motor W/O (With: 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: () Tel: () Fax: ()

TP Particulars: Vch No: () 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

Client Particulars	Amount	Remarks
Driver/Owner:	1) AR: Accident Reporting (\$30)	
Contact No:	2) DA: Damage Assessment (\$100)	INC (\$50)
Damaged Portion:	3) TP: Towing Fee	\$40/\$45
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey	\$120
	5) FT: Follow-Through Survey (Resurvey)	\$30
	For claiming against INC Only (ver 10 Jan 2005)	
	6) TR: Re-inspection	\$75
	7) NI: Idco DA + SMRT Survey	\$160
	8) NTUC Additional Services:-	
	OD*	
	*N5: Courtesy Car / Tpl Allowance	\$5
	*N6: Repair Coordination	\$10
	*N7: Post Repair Inspection	\$25
	*N8: DV / Collect Excess Coordination	\$5
	TP (N11): TP (Non INC) against INC	\$20
	9) N12: Idco 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	21/02/2019 18:33
Date Of Accident	01/02/2019 10:30
Exact Location Of Accident	BASEMENT CARPARK OF 211 HOLLAND AVENUE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKD5240P
Insured/Policyholder	
Name Of Registered Owner	GOLDBELL CAR RENTAL PTE LTD
Co Reg No	200710651D
Email Address	KEVIN.MANDS@NOV.COM
Mobile Phone No	(LOCAL) +65-97872154
Alternative Phone No	OFFICE-97872154

Vehicle Particulars

Manufacturer	TOYOTA
Model	FORTUNER-2.7 (A)
Exact Purpose for which vehicle was being used at time of accident	CAR WAS PARKED
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	COMMERCIAL VEHICLE

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	JANE ANN DAVINA SCOTT MANDS
Passport No/FIN	G5461659M
Date Of Birth	27/01/1970
Occupation	INDOOR
Date Of Driving Pass	30/06/2014
Driving Experience	4 YEARS AND 7 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97872154
Fax Number	
Contact Number	OTHERS-97872154
E-Mail Address	KEVIN.MANDS@NOV.COM

Address	44 KING'S DRIVE KINGSVILLE
Postcode	266411
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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	1
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	NO
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	0

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 POLICE REPORT T/20190201/2143

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to reputate 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 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 firms/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;

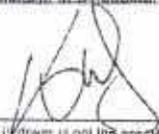
(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/paid mail packages), and/or

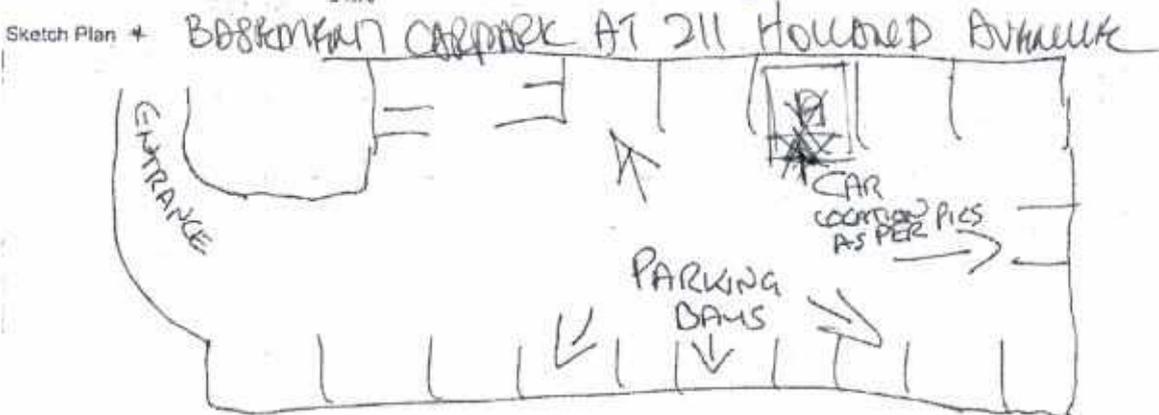
(v) complying with applicable law in administering, processing, handling and/or dealing with my claims.

(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.

*  22/02/2019
 Policyholder's Signature / Date & Time Driver's Signature (if driver is not the policyholder) / Date & Time Witnessed by Reporting Centre Personnel



A) SKD5240P

Describe Circumstance of the Accident *

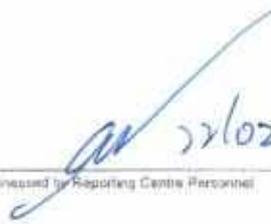
PCS REFER 2 Police Report
7/26/2012/2143

Declaration

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


Policyholder's Signature

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


Witnessed by Reporting Centre Personnel
22/02/2012

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Complete and submit this Form to Authorised Reporting Centre (ARC) for filing.
2. Please report precisely 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 willful 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: 1/2/19 Time: _____
 Exact Location of Accident * COLI STORAGE BASEMENT CAR PARK 211 HOUANG AVE

DETAILS OF OWN VEHICLE

Vehicle Registration Number * ~~SKD 5240P~~ SKD 5240P

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 ± PARKED - SHOPPING
 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 * ALLY
 Type of Policy Comprehensive Third Party Fire & Theft TP Only
 Fleet Policy Yes No
 Policy Number 999994316
 Motor CI _____

DRIVER

Same as insured above
 Name of Driver * JANE ANN JAVINA SCOTT MORRIS
 Personal Identification - NRIC (Singaporean/PR) * 95461659M
 - FIN/Passport Number _____
 Date of Birth * 24 dd / 01 mm / 1970yy
 Driving Date Pass * 20 dd / 06 mm / 2014yy
 Year of Driving Experience * Approx 30 Year(s) Month(s) _____
 Occupation _____ Indoor Outdoor
 Gender * Male Female
 Contact Number / Mobile Phone / Fax No * 97872154

- ① 2 page Police Report
- ② which driver ID.
- ③ Insurance claim

Address of Driver *	L14 KINGE DRIVE	Postcode (26641)
Email Address *	Kevin.mands@now.com	
Was driver an employee of the Insured's Company?	<input type="radio"/> Yes <input 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) *	FRONT PASSENGER BUMPER WING		
Weather Conditions *	<input checked="" type="radio"/> Clear	<input type="radio"/> Raining	<input type="radio"/> Others _____
Road Surface *	<input checked="" type="radio"/> Dry	<input 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 type="radio"/> No ASSUME HIT & RUN

DETAILS OF POLICE ACTION

Was the Accident reported to the Police? *	<input checked="" type="radio"/> Yes <input 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 *	UNKNOWN
Vehicle Make/ Model/ Colour	
Details of Properties	
Name of Driver	
Personal Identification - NRIC (Singaporean/PR)	
- FIN/Passport Number	
Contact Number	
Address	
Name of Insurance Company	
No. of Passenger (Including Driver)	

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

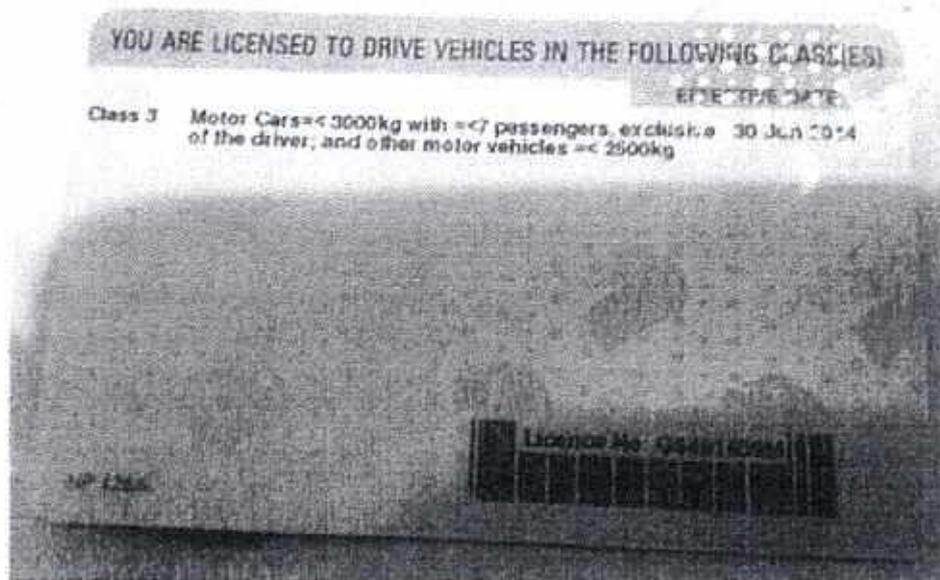
Diana Quek Lay Yian

From: Lim, Joe <Joe.Lim@nov.com>
Sent: Monday, November 10, 2014 3:52 PM
To: Diana Quek Lay Yian
Subject: Additional Driver for SKD5240P

Follow Up Flag: Flag for follow up
Flag Status: Flagged

Hi Diana,

Below Kevin Mand's spouse driving license, please add her to the authorized driver list.
Let me know once done.



(The below excess is subject to GST)

Comprehensive Commercial Motor
CERTIFICATE NO. 999994316

POLICY EXCESS S\$1,200.00 ** (1)

WINDSCREEN EXCESS S\$100.00

SUM INSURED Market Value

INSURING WITH COE/PARF Yes

SKD5240P

Goldbell Car Rental Pte Ltd

1) VEHICLE REGISTRATION NO.

2) NAME OF POLICYHOLDER

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.

Provisions 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) not to be included under these headings.

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

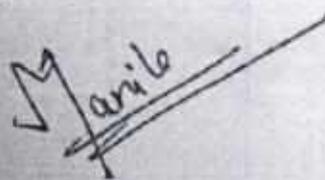
AIG Asia Pacific Insurance Pte. Ltd.

23-000

International Network Pte Ltd

Changi South St 1 Level 3

SINGAPORE 486130



AUTHORISED REPRESENTATIVE

ORIGINAL

SSPKWJ



**SINGAPORE
POLICE FORCE**



T/20190201/2143

Police Station Of Origin:
Bukit Timah N.P.C
1 Duke's Road SINGAPORE 268914
Tel No: 1800-4629999

1 of 3

Report No. T/20190201/2143

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/02/2019 17:25	Vide Report No.:	Station Diary No.: 71
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Informant's Particulars

Name of Informant: MANDS KEVIN ALEXANDER DEREK		Address: 44 KING'S DRIVE KINGSVILLE SINGAPORE 266411	
ID Type / ID No.: FIN NO / G5461567T		Contact No.:	Mobile: 97872154
Nationality: BRITISH		Email:	
Sex: Male	Age: 47	Date of Birth: 22/05/1971	Type of Informant: Driver
Race: Caucasian		Language:	Institution / School Name:
Occupation: GENERAL MANAGER		Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 01/02/2019 10:30	Type of Location: Car Park
Location: Along Road 1 HOLLAND AVENUE basement carpark of 211 Holland Ave (Holland Road shopping Centre)				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control: Not Controlled	Traffic Volume: No Traffic	
Type of Collision: Moving Vehicle Against - Parked Vehicle			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKD5240P	Car	TOYOTA	Fortuner	Black	Slightly Damaged	0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



Police Station Of Origin:
Bukit Timah N.P.C
1 Duke's Road SINGAPORE 268914
Tel No: 1800-4629999

CONTINUATION OF REPORT

Driver			
Name	MANDS KEVIN ALEXANDER DEREK	ID No.	G5461567T
Related Vehicle	SKD5240P (Car)	Contact No.	97872154
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 01/02/2019 at about 0930hrs, I parked my rented car (SKD5240P/ Toyota/ Black) at the basement carpark (Lot: 42) of Holland Road Shopping Centre (located at 211 Holland Ave).

Subsequently, I returned to my at about 1030hrs, together with my wife, and I drove off. I wish to state that we approached the car from the rear before entering it. As such, at that point of time we did not noticed any damages.

I reached home around 1035hrs, and parked my car in my private driveway of my unit and we both alighted and walked towards the rear of the car.

Later at about 1500hrs, when my wife went to check the mailbox, she walked past the car and noticed damages on the front left portion of the car. There is no note left on my windscreen.

The front left bumper was dislodged, dented and scratched, with some silver paint transfer on it.

I then returned to the said carpark to establish if there are any CCTV and the carpark owner (P Parking International Pte Ltd, Tel: 67494119). I had identified 3 CCTVs at the said carpark and was advised by the carpark owner to lodge a police report.

The car rental company is Goldbell Pte Ltd (Tel: 64768885).



**SINGAPORE
POLICE FORCE**



T/20190201/2143

Police Station Of Origin:
Bukit Timah N.P.C
1 Duke's Road SINGAPORE 268914
Tel No: 1800-4629999

3 of 3
Report No. T/20190201/2143

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report: E / Sr Staff Sgt JAMES GABRIEL RAYSON HUTCHISON	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 01/02/2019 17:25
Officer In Charge Of Case: TP / HRT / SI ABDUL KAREEM BIN ABDUL HAGUE Contact No.: 65476079	Classification Of Case:
Authentication Stamp NP168	SIGNATURE



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
 6 Raffles Quay #18-00 Singapore 048580
 Tel (65) 6224 0010 Fax (65) 6224 0030
 Operating Hours : Monday to Friday, 09:00 - 17:00
 UEN: S665500200 / GST Reg. No: M400017733

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MIA4419024529 Vehicle Registration No: SK05240P

Name (as shown in NRIC) : JANE ANNE DARYNA SCOTT MONAGHAN NRIC/FIN/Passport No : G5461659M

(* Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate

Address : _____ Singapore ()

Contact (Tel) : _____ Mobile No. : 97872154

Email Address : _____

Date of Accident : 01/07/2019 Time of Accident : 10:30

Place of Accident : BOULEVARD CORNER OF 211 HOLLAND AVE

Insurance Company : ALL

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

ISSUE TWO PAGE POLICE REPORT 7/20190201/2143

Policyholder / Driver's Signature
 Date:

[Signature] 12/03/2019
 Reporting Centre Personnel's Signature
 Name: Rashmi
 NRIC/FIN No: [Handwritten]
 Date: [Handwritten]