

NATIONAL Assessment Centre Services

(Ref: Jan 05)

MAY 19 03 09 94

Date In: 07/03/2015 14:15	Job description	Date & Time Completed	Done by
Ref No: NBA/AG19004201/7	SAS e-filing		
Veh No: SKM 5318C	E-mail (4 days, AIC 2hrs)		
D.O.A: 01/02/2015 18:30	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: (	Tel:	Fax:
TP Particulars:	Veh No: SGD 88017	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 rep/lor.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

Repair Details:

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

2) QC Check / Post Repair Inspection ()

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

Injury: _____

Date/Time: _____

Location: _____

Driver/Owner:	Invoice/Repairation Charge
Contact No:	1) AR: Accident Reporting (\$30)
Damaged Portion:	2) DA: Damage Assessment (\$100) INC (\$50)
QC Checked by (Engi-In-Charge):	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: Inc DA + SMRT Survey \$160
	8) NTUC Additional Services:
	9) NI: Gas Mobile
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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	07/03/2019 14:15
Date Of Accident	01/02/2019 18:30
Exact Location Of Accident	INFRONT OF NO: 12A LOR 106 CHANGI ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKM5318C
Insured/Policyholder	
Name Of Registered Owner	GOLDBELL CAR RENTAL PTE LTD
Co Reg No	200710651D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-82220086
Alternative Phone No	OFFICE-82220086

Vehicle Particulars

Manufacturer	NISSAN
Model	SYLPHY
Exact Purpose for which vehicle was being used at time of accident	DRIVING GRAB
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	999994316
Cover Note Number	

Driver

Name of Driver	VIKNESVARAN S/O G TANAGOPAL
NRIC No	S8430359C
Date Of Birth	14/10/1984
Occupation	OUTDOOR
Date Of Driving Pass	10/10/2014
Driving Experience	4 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82220086
Fax Number	
Contact Number	OTHERS-82220086
Email Address	NOEMAIL

Address	BLK 803A KEAT HONG CLOSE #13-154
Postcode	681803
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 - OPENING DOOR OF VEHICLE
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	SGD5801T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

IMPORTANT NOTICE

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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/are be disclosed by any of the insurers and/or GIA to their third party service provider 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

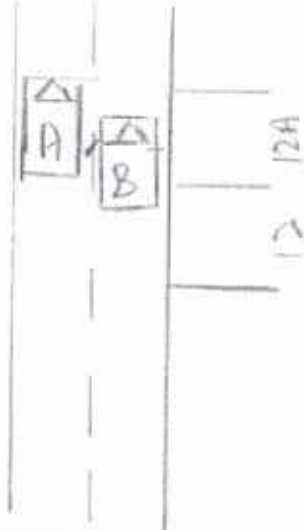
Driver's Signature
(If driver is not the policyholder)
Date & Time

Reporting Centre Personnel's Signature
Name
NRIC/EPN No.

07/03/2018
Res Lintao

SKETCH PLAN

12A Lor 6 Chong Road



A) SKM 5318C

B) SGD 5801T
OPEN DOOR

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 01/02/2019 AT ABOUT 18:30 HRS I WAS AT Lor 106 Chong Road THAT TIME WHEN I WAS AT MY LANE I SAW A CAR PARK ON THE RIGHT LANE AND DID NOT OPEN ANY INDICATION AS I JUST PASS THE PASSENGER OF THE CAR SGD 5801T OPEN THE DOOR & HIT MY CAR SKM 5318C AND CAUSE MY RIGHT MIRROR & THE DOOR DAMAGE THAT ALL

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

Reporting Centre Personnel Signature
Name
Stamp (if any)

01/03/2019
Rafael Gordon

ACCIDENT STATEMENT

ACCIDENT DATE: 01/02/2019 (DD/MM/YYYY). TIME: 18:30 (HH:MM)

LOCATION: 12A WILLOUGHBY ROAD

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKM 5318C
 b) INSURANCE COMPANY: _____
 c) POLICY NUMBER: _____
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: NISSAN SILVER
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE GRAB
 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: GOLD BELL ONE RUMOR (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: VIRNESWARAN S/O G TONAGOPAL (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: 82220086
 c) ADDRESS: _____

*d) DATE OF BIRTH: 19/10/1984 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 10/10/2014

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Friend

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: SGD 5801T MODEL: _____
 b) DRIVER'S NAME: _____
 c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

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

email =

VIDEO

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8430359C



Name
VIKNESVARAN S/O G
TANAGOPAL

Race
INDIAN

Date of birth
14-10-1984

Sex
M

Country of birth
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number
S8430359C

Name
VIKNESVARAN S/O G
TANAGOPAL

Birth Date
14 Oct 1984

Issue Date
10 Oct 2014




4855402



NRIC No. S8430359C



Date of issue
07-02-2011

APT BLK B03A KEAT HONG CLOSE #13-154
SINGAPORE 601803

NRIC No: S8430359C Date: 08/08/2017

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

Class 3 Motor Cars < 2000kg with < 7 passengers, exclusive of the driver; and other motor vehicles < 2500kg

EFFECTIVE DATE

10 Oct 2014

NP 420A



**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, 1999 (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

SKM5318C

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.

*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

ORIGINAL

AUTHORISED REPRESENTATIVE

SSPKWJ

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 : 27 MAY 190 30854 Vehicle Registration No : 8km 5318C
Name (as shown in NRIC) : VIKNEESVARAN S/O G TANAGOPAL NRIC/FIN/Passport No : 88430359C

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

Address : _____ Singapore ()

Contact (Tel) : _____ Mobile No. : 82220086

Email Address : _____

Date of Accident : 01/02/2019 Time of Accident : 18:30

Place of Accident : INTERSECTION OF NO: 128 COR 186 CUBA ST ROAD

Insurance Company : OCU

(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:

DATE OF ACCIDENT TO 01/02/2019

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: P. K. J. J. J.
NRIC/FIN No.: 01/03/2019
Date: