

# NATIONAL Assessment Centre Services.

[ver 1 Jan 05]

MA4/9032897

Date In: 12/03/09 08:23	Job description	Date & Time Completed	Done by
Ref No: N/A/A/19004554	SAS e-filing		
Veh No: SKR 7014B	E-mail (w/da 3hrs, A/C 2hrs)		
D.O.A: 04/03/2009 14:10	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/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: WC 9311E	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: \_\_\_\_\_

<p>MA1901879</p> <p>Claimant's Particulars:</p> <p>Driver/Owner:</p> <p>Contact No:</p> <p>Damaged Portion:</p> <p>QC Checked by (Engr-In-Charge):</p> <p>QC Checked: 0</p> <p>QC Checked Date: 12/03/09</p> <p>QC Checked Time: 08:23</p> <p>QC Checked Location: N/A</p> <p>QC Checked Remarks:</p> <p>QC Checked Signature:</p> <p>QC Checked Stamp:</p>	<p>Invoice/Particulars:</p> <p>1) AR: Accident Reporting (\$30)</p> <p>2) DA: Damage Assessment (\$100) INC (\$50)</p> <p>3) TP: Towing Fee \$10/\$45</p> <p>4) FT: Follow-Through Survey \$120</p> <p>5) FT: Follow-Through Survey (Resurvey) \$30</p> <p>For claiming against INC Only (w/ 10 Jan 2009)</p> <p>6) TR: Re-inspection \$75</p> <p>7) NI: Idao DA + SMRT Survey \$160</p> <p>8) NTUC Additional Services:</p> <p>ON:</p> <p>* NS: Courtesy Car / Tpr Allowance \$3</p> <p>* NT: Repair Co-ordination \$100</p> <p>* NT: Post Repair Inspection \$25</p> <p>* NT: DV / Collect Excess Coordination \$5</p> <p>TP (NI): TP (Non INC) \$20</p> <p>9) NI: Idao Mobile \$30</p> <p>Invoice dated: _____</p> <p>Invoice dated: _____</p> <p>Fee Charged: _____</p> <p>Fee Charged: _____</p>
---	---



## 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	12/03/2019 08:23
Date Of Accident	04/03/2019 14:10
Exact Location Of Accident	CHANGI AIRPORT AIRSIDE TERMINAL 3 GATE B8
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKK7014B
<b>Insured/Policyholder</b>	
Name Of Registered Owner	GOLDBELL CAR RENTAL PTE LTD
Co Reg No	200710651D
Email Address	HONGWEI.TAN@AIRBUS.COM
Mobile Phone No	(LOCAL) +65-88698220
Alternative Phone No	OFFICE-88698220
<b>Vehicle Particulars</b>	
Manufacturer	MAZDA
Model	5
Exact Purpose for which vehicle was being used at time of accident	HEADING OVER TO AIRLINE HOUSE FOR MEETING
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
<b>Insurance Company</b>	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	999994316
Cover Note Number	
<b>Driver</b>	
Name of Driver	TAN HONG WEI
NRIC No	S8563275B
Date Of Birth	12/03/1985
Occupation	INDOOR
Date Of Driving Pass	23/11/2017
Driving Experience	1 YEAR AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-88698220
Fax Number	
Contact Number	OTHERS-88698220
Email Address	HONGWEI.TAN@AIRBUS.COM

Address	2 TANAH MERAH KECHIL LINK #07-02
Postcode	465417
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?	YES
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: : SHERIDAN THOMAS GENDER: : MALE
Passenger 2	NAME: : KARL RUSH 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 AND ATTACHMENT

#### 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	WC9311E
Vehicle Make/Model/Colour	TOYOTA
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	SARMIENTO NELSON JR RIVERA
NRIC/Passport Number	G3166141U
Contact Number	
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### DETAILS OF INJURED PERSON 1

Name	SHERIDAN THOMAS
Approximate Age	
Injuries Sustain	NECK AND BACK PAIN
Injured person in which vehicle?	SKK7014B
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

#### DETAILS OF INJURED PERSON 2

Name	KARL RUSH
Approximate Age	
Injuries Sustain	NECK AND BACK PAIN
Injured person in which vehicle?	SKK7014B
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	



# SKETCH PLAN

## IMPORTANT PLAN

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 Management Centre established by the General Insurance Association Of Singapore (GIA) for archiving and the copies of this report will be a fee be made available upon available upon application by interested parties.
7. By the lodgement of this report to the insurers, hereby consent to the archiving of this report at the centre and the 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, workshop and General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process by insurer (collectively the "Personal Information") and any other personal information provided by me or who have insured vehicle(s) involved in the accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the insurer 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 or 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 Insurer's lawyer/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.



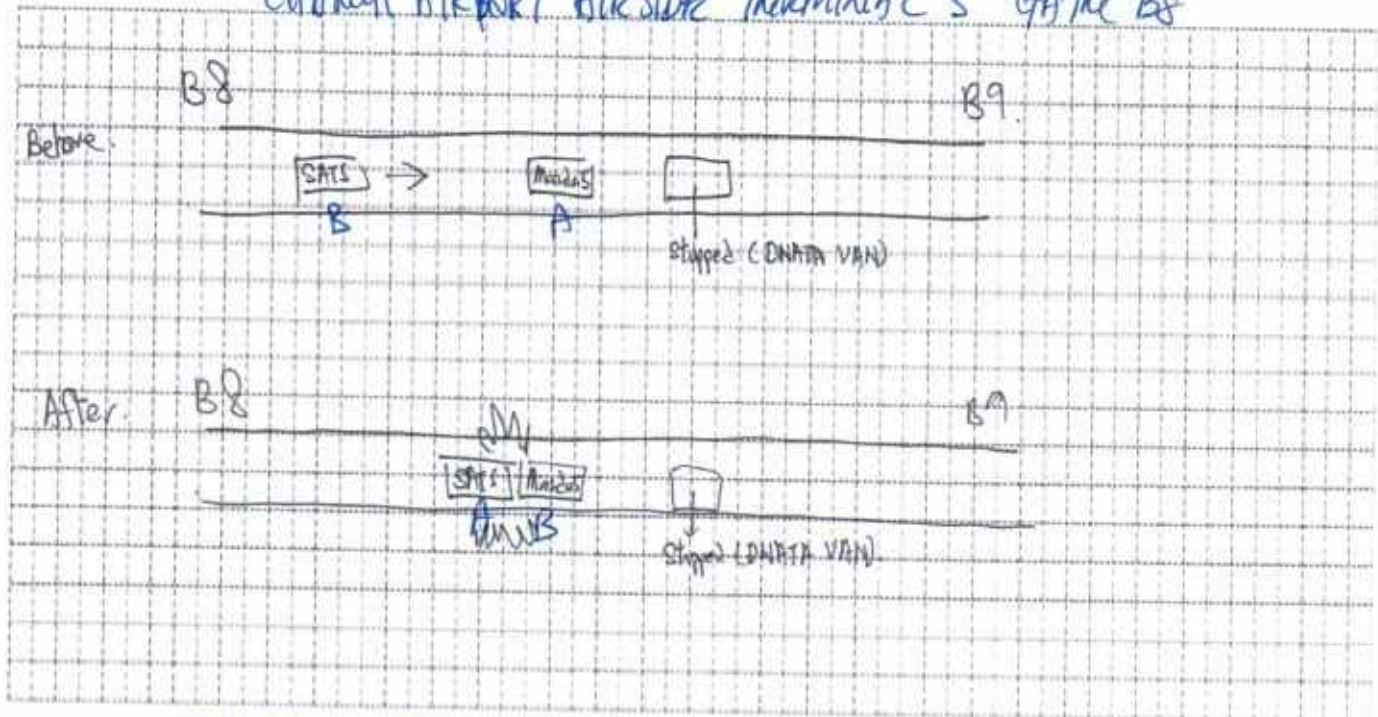
Police Station / Date & Stamp

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

Witnessed by Reporting Centre Personnel

Sketch Plan

CHANGI AIRPORT AIRSIDE TERMINAL 3 GATE B8



A) SKK 7014E

B) WC 9311E

Describe Circumstance of the Accident

On 4<sup>th</sup> March, at around 14:10, the accident has occurred in between Gate B8 and B9. We were heading from ATOSC (Gate A10) to airline house for a meeting. We  
Our car, Mazda 5, came to stop due to a vehicle stopping in front and make a U-turn. We were struck by a tug from behind, upon turning around we witnessed the driver with a piece of paper in hand.

Declaration

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



Policy No. 123456789 / Date & Stamp

A handwritten signature in blue ink, appearing to be "J. Hany".

6<sup>th</sup> March 2019

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

A handwritten signature in blue ink, appearing to be "J. Hany".

Witnessed by Reporting Centre Personnel



## ACCIDENT / INCIDENT REPORT

Appendix 2

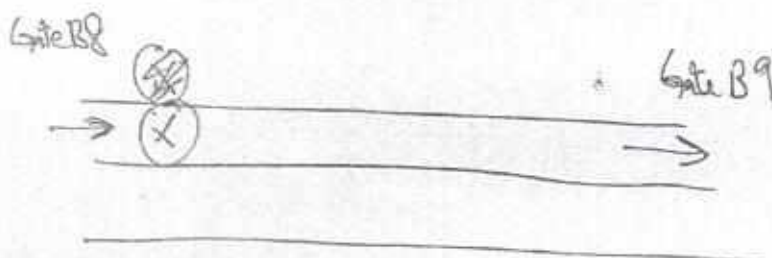
\* Delete where applicable

<b>Section I – INFORMANT'S PARTICULARS (Person filling this report)</b>	
Name: <u>Tan Hong Wei</u>	Company Section: <u>Airbus TSP Operations</u>
Designation: <u>Ops. Support</u>	Contact No.: <u>8869 8220</u>
<b>Section II – ACCIDENT / INCIDENT DETAILS</b>	
Date of Accident: <u>4 March 2019</u>	Time of Accident: <u>14:10</u>
Location of Accident: <u>B8 gate. (airside)</u>	
<b>Section III – DRIVER'S AND VEHICLE'S PARTICULARS</b>	
Name: <u>Tan Hong Wei</u>	Vehicle's Registration No.: <u>9KK7014B</u>
Company / Section: <u>Airbus TSP</u>	Type of Vehicle: <u>MAZDA 5</u>
ADP Customer ID: <u>63241686T</u>	AVP Vehicle ID: <u>V16PS1</u>
Expiry Date: <u>05/07/2019</u>	Expiry Date: <u>13/11/2019</u>
Gender: <u>Male</u> / Female	Telephone No.: <u>88698220</u>
Police Report made? * YES <input checked="" type="radio"/> NO <input type="radio"/> (IF YES, STATION: <u>LO</u> )	
<b>Section IV – DETAILED DESCRIPTION OF ACCIDENT / INCIDENT</b>	
<p>I was driving from airside from B8 to B9. I slow down the car and stop to wait allow a DNATA van to make a U-turn. Out of sudden, I hear a "bang" sound and the car was hit by another car from the back. From the back mirror, I saw the driver holding a paper in hand.</p>	
<b>Section V – DETAILED DESCRIPTION OF INJURY OR DAMAGE TO PROPERTY/ EQUIPMENT</b>	
<p>Refer to pictures.</p>	

**Section VI – SKETCH PLAN**

(To show clearly the path of vehicle before and after the accident)

Before



After

Tan Hong Wei  
Name of Driver / Personnel

[Signature] 4/3/19  
Signature / Date

Note: The driver / personnel shall submit this report within 24 hours to CAG Airside Operations

**Section VII – FOR CAG OFFICIAL USE ONLY (To be filled up by receiving officer)**

Date report submitted:	Name of Officer:
Time report submitted:	Designation:
Remarks:	Signature:



# ACCIDENT / INCIDENT REPORT

\* Delete where applicable

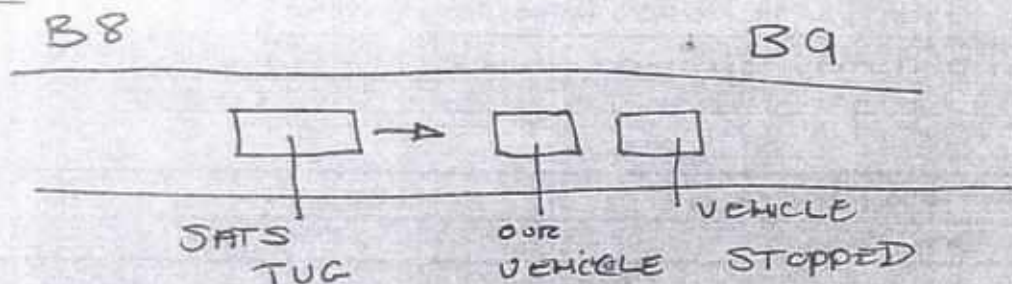
<b>Section I – INFORMANT'S PARTICULARS (Person filling this report)</b>	
Name: <u>SHERIDAN THOMAS</u>	Company Section: <u>AIRBUS TSP</u>
Designation: <u>HEAD OF OPERATIONS</u>	Contact No.: <u>98630312</u>
<b>Section II – ACCIDENT / INCIDENT DETAILS</b>	
Date of Accident: <u>4th MARCH</u>	Time of Accident: <u>14:10 HRS</u>
Location of Accident: <u>B8</u>	
<b>Section III – DRIVER'S AND VEHICLE'S PARTICULARS</b>	
Name:	Vehicle's Registration No.:
Company / Section:	Type of Vehicle:
ADP Customer ID:	AVP Vehicle ID:
Expiry Date:	Expiry Date:
Gender: * Male / Female	Telephone No.:
Police Report made? * YES / NO (IF YES, STATION: <u>LO</u> )	
<b>Section IV – DETAILED DESCRIPTION OF ACCIDENT / INCIDENT</b>	
<p>I WAS A PASSENGER IN OUR AIRBUS VEHICLE PROCEEDING TO AIRLINE HOUSE, IN BETWEEN GATE #B8 AND B9 WE CAME TO A STOP DUE TO A VEHICLE STOPPING IN FRONT, WHEREUPON WE WERE STRUCK FROM BEHIND BY A TUG AT SPEED, UPON TURNING AROUND WE WITNESSED THE DRIVER WITH A PIECE OF PAPER IN HAND</p>	
<b>Section V – DETAILED DESCRIPTION OF INJURY OR DAMAGE TO PROPERTY/ EQUIPMENT</b>	
<p>DAMAGE TO REAR OF VEHICLE AND PAIN IN NECK AND SHOULDER.</p>	



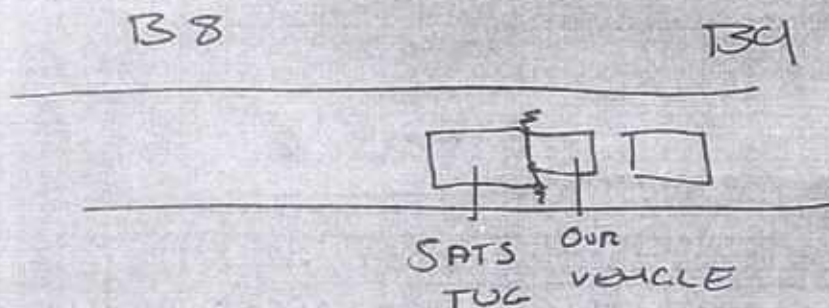
**Section VI – SKETCH PLAN**

(To show clearly the path of vehicle before and after the accident)

Before



After



SHERIDAN THOMAS

SR

Name of Driver / Personnel

Signature / Date

Note: The driver / personnel shall submit this report within 24 hours to CAG Airside Operations

**Section VII – FOR CAG OFFICIAL USE ONLY (To be filled up by receiving officer)**

Date report submitted:

Name of Officer:

Time report submitted:

Designation:

Remarks

Signature:





## ACCIDENT / INCIDENT REPORT

\* Delete where applicable

### Section I – INFORMANT'S PARTICULARS (Person filling this report)

Name: <u>KARL RUSH</u>	Company Section:
Designation:	Contact No.: <u>87255495</u>

### Section II – ACCIDENT / INCIDENT DETAILS

Date of Accident: <u>4/3/19</u>	Time of Accident: <u>14:10</u>
Location of Accident: <u>B8</u>	

### Section III – DRIVER'S AND VEHICLE'S PARTICULARS

Name:	Vehicle's Registration No.:
Company / Section:	Type of Vehicle:
ADP Customer ID:	AVP Vehicle ID:
Expiry Date:	Expiry Date:
Gender: * Male / Female	Telephone No.:

Police Report made? \* YES / NO (IF YES, STATION: LO)

### Section IV – DETAILED DESCRIPTION OF ACCIDENT / INCIDENT

I WAS PASSENGER OF OUR AIRBUS VEHICLE, PASSENGER SIDE IN THE BACK SEAT. LOCATION B8 - OUR VEHICLE CAME TO A HALT DUE TO A VEHICLE IN FRONT - STATIONARY A TUC A SPEED HIT THE BACK OF OUR CAR AT SPEED - ON IMPACT THE CAR JOLTED FORWARD - AS I TURNED TO SEE WHAT HIT US - THE DRIVER WAS READING A SHEET OF PAPER WITH A LOOK OF SHOCK - I INSTANTLY FELT PAIN IN MY NECK.

### Section V – DETAILED DESCRIPTION OF INJURY OR DAMAGE TO PROPERTY/ EQUIPMENT

DAMAGE TO REAR OF CAR.

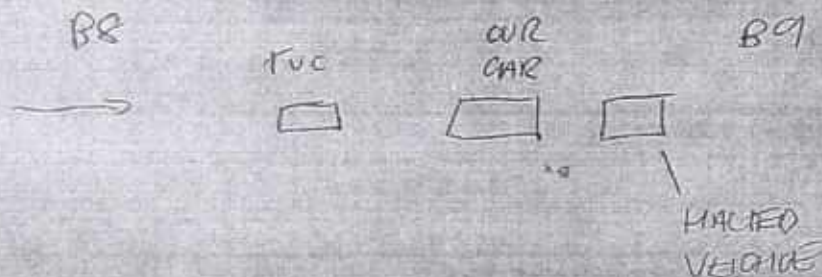
PAIN IN NECK.



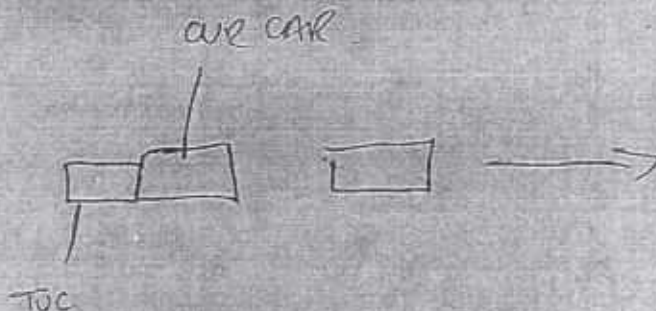
**Section VI – SKETCH PLAN**

(To show clearly the path of vehicle before and after the accident)

Before



After



Name of Driver / Personnel

Signature / Date

*[Signature]*

4/3/19

Note: The driver / personnel shall submit this report within 24 hours to CAG Airside Operations

**Section VII – FOR CAG OFFICIAL USE ONLY (To be filled up by receiving officer)**

Date report submitted:

Name of Officer:

Time report submitted:

Designation:

Remarks

Signature:

\_\_\_\_\_



### FACT FINDING FORM

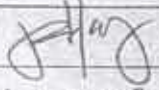
Date/Time of Interview	: 06 Mar 2019 / 1425H		
Interviewer	: Mohd Zaid		
Investigation report on:	Accident with injury involving SATS tractor (WC9311E/GWL 41) rear ended an Airbus car (SKK7014B)		
At	Stand B8/B9	along / at	Roadway R1S on 04 Mar 2019/ 1410H
Name	: Tan Hong Wei S8563275B	Contact No.	: 88698220
Vehicle Number	: Skk7014b	Company:	: Airbus
Accident/Incident details: I was traveling from ATOSC (Gate A10) to Airline House. We were traveling through roadway R1S, to be specific from Gate B8 to Gate B9. The DNATA van in front of me stopped and made a U-turn. Hence, I slow down the car and came to a stop. We were struck by a tractor from behind, upon turning around we witnessed the driver with a piece of paper in hand. The three of us were injured by the impact.			

**Declarant**

Full Name: Tan Hong Wei  
S8563275B

**Interviewer**

Full Name: Mohd Zaid

Signature: 

Signature: \_\_\_\_\_

Date: 6/3/19.

Date: \_\_\_\_\_









# SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

1. Complete and submit this form to the Authorised Reporting Centre ("ARC") for e-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 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 insurance and acceptance of this Form by insurance companies is not an admission of the 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: 4 March 2019	Time: 14:10
Exact Location of Accident	Changi Airport Airside, Terminal 3, Gate B8	

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SXK 7014B
-----------------------------	-----------

## 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: MAZDA	Model: MAZDA 5
Type of Vehicle	<input type="radio"/> Saloon <input checked="" type="radio"/> MPV <input type="radio"/> CRV <input type="radio"/> Van <input type="radio"/> Lorry <input type="radio"/> Bus <input type="radio"/> M/cycle <input type="radio"/> Others	
Exact Purpose for which vehicle was being used at time of accident	Heading over to airline house for meeting.	
Are you claiming under own insurance policy for repair to your vehicle?	<input type="radio"/> Yes <input type="radio"/> No (If No, Pls select <input type="radio"/> Third Party <input type="radio"/> Reporting)	

## INSURANCE COMPANY (OWN VEHICLE)

Name of Insurance Company	
Type of Policy	<input type="radio"/> Comprehensive <input type="radio"/> Third Party Fire & Theft <input type="radio"/> TP Only
Fleet Policy	<input type="radio"/> Yes <input type="radio"/> No
Policy Number	
Motor CI	

## DRIVER

	<input type="radio"/> Same as Insured above
Name of Driver	TAN HONG WEL.
Personal Identification - NRIC (Singaporean/PR)	S8563276B.
- FIN/Passport Number	
Date of Birth	12 /dd 03 /mm 1985 /yy
Driving Date Pass	/dd /mm /yy
Year of Driving Experience	19. Year(s) Month(s) Month(s)
Occupation	<input type="radio"/> Indoor <input type="radio"/> Outdoor
Gender	<input checked="" type="radio"/> Male <input type="radio"/> Female
Contact Number / Mobile Phone / Fax No.	8869 8220

Address of Driver			
Email Address	hongwei.tan@airbus.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)			
<b>GENERAL INFORMATION OF THE ACCIDENT</b>			
Type of Collision (Eg. Chain Collision, Head-On Collision, Side Swipe, Front to Rear)	Front to Rear		
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 _____
<b>OTHER INFORMATION</b>			
a. Was anybody injured in the accident?	<input checked="" type="radio"/> Yes	<input type="radio"/> No	
b. Was any other vehicle or property damaged? (Including Witness)	<input type="radio"/> Yes	<input checked="" type="radio"/> No	
<b>DETAILS OF POLICE ACTION</b>			
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?)	
<b>DETAILS OF OTHER VEHICLE / PROPERTY 1</b>			
Vehicle Registration Number	WC9311E		
Vehicle Make/ Model/ Colour	TOYOTA / WHITE		
Details of Properties	SATS		
Name of Driver	SARMIENTO NELSON JR RIVERA		
Personal Identification - NRIC (Singaporean/PR)			
- FIN/Passport Number	G 3166410		
Contact Number			
Vehicle Make/ Model/ Colour			
Address of Driver			
Name of Insurance Company			
No. of Passenger (Including Driver)	1		
(Note - Please use page 6 if you need to add more vehicles)			



**Details of Witness 1**

Name	
Phone	
Email Address	

**Details of Witness 2**

Name	
Phone	
Email Address	

**Details of Injured Person 1**

Name	SHERIDAN THOMAS
Phone	9863 6312
Approximate Age	46
Injuries Sustained	Neck pain with Whiplash.
If vehicle occupants, state in which vehicle?	MAZDA 5
Were seat belts worn?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Was injured conveyed to hospital by ambulance?	<input type="radio"/> Yes <input checked="" type="radio"/> No

**Details of Injured Person 2**

Name	KARL RUSH
Phone	8725 5495
Approximate Age	38
Injuries Sustained	Back and neck pain
If vehicle occupants, state in which vehicle?	MAZDA 5
Were seat belts worn?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Was injured conveyed to hospital by ambulance?	<input type="radio"/> Yes <input checked="" type="radio"/> No

**Details of Injured Person 3**

Name	
Phone	
Approximate Age	
Injuries Sustained	
If vehicle occupants, state in which vehicle?	
Were seat belts worn?	<input type="radio"/> Yes <input type="radio"/> No
Was injured conveyed to hospital by ambulance?	<input type="radio"/> Yes <input type="radio"/> No

(Note - Please use page 7 if you need to add more injured person)

**REPUBLIC OF SINGAPORE** **DRIVING LICENCE**



Licence Number: **S 8563275 B**

Name:

**TAN HONG WEI**

Birth Date: **12 Mar 1985**

Issue Date: **23 Nov 2017**



**002746899C**



**YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)**

**EFFECTIVE DATE**

**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**    **23 Nov 2017**

**NP 428A**





### WARNING

No pass is issued in pursuant to Section 5 of the Protected Area and Internal Passes Act, Cap 298.

No holder of this pass is allowed to enter restricted areas for the performance of OFFICIAL DUTIES or BUSINESS ONLY.

Any unauthorised possession, use, retention, disclosure, distribution or transfer to another person of this pass are PENAL OFFENCES.

### For Visitor Pass

Pass must be returned to the issuing Pass Office IMMEDIATELY on completion of visit to airport.

Holder of VISITED Visitor Pass must be accompanied by a 'Sensory Pass holder' AT ALL TIMES.

### Restricted Areas

The holder is allowed access to the restricted areas indicated by the colour-coded zones and photo background shown on the Pass.

Red	(A) Apron with Baggage Sorting Area access
Red/White	(A-) Apron with no Baggage Sorting Area access
Blue	(B) Baggage Claim Hall/Arrival Transit
Green	(C) Cargo Airfreight Centre
Yellow	(D) Departure Transit
Pink	(E) Control Tower
Brown	(F) VIP Complex

### If Found

If found, please hand this pass to any police establishment

YOU ARE LICENSED TO DRIVE THE FOLLOWING CLASS(ES) Pass Date  
18/06/2014  
Class 3 Motor Cars <= 3000 kg with <= 7 passengers, exclusive of the driver, and  
Motor Tractors and other Motor Vehicles <= 2500 kg



\*G32X188MT\*

CHANGI

9455521



NRIC No. S85632758



Nationality  
MALAYSIAN  
Date of Issue  
16-08-2017

2 TANAH MERAH KECHIL LINK #07-02  
SINGAPORE 465417

NRIC No: S85632758 Date: 05/03/2018



**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 2-400

Comprehensive Commercial Motor

CERTIFICATE NO. 999994316

(The below excess is subject to GST)

POLICY EXCESS S\$1,000.00 \*\* (I)

WINDSCREEN EXCESS S\$100.00

SUM INSURED Market Value

INSURING WITH COE/PARF Yes

SKK7014B

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

Acom International Network Pte Ltd

48 Changi South St 1 Level 3

SINGAPORE 486130

ORIGINAL

AUTHORISED REPRESENTATIVE

SSPKWJ