

# NATIONAL Assessment Centre Services.

(part 1 Jan 2005)

MAA49033793

Date In: 13/03/2019 14:43	Job description	Date & Time Completed	Done by
Ref No: XBA/A190190045604	SAS e-filing		
Veh No: ABG 5085L	E-mail (to/for 2hrs, AIC 2hrs)		
D.O.A: 12/03/2019 18:20	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: UNKNOWN	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

<p>NA1901908</p> <p>Claimant Particulars:</p> <p>Driver/Owner:</p> <p>Contact No:</p> <p>Damaged Portion:</p> <p>QC Checked by (Engr-In-Charge):</p> <p>Architect's Comment:</p> <p>2/3</p>	<p>Invoice for (to) Client:</p> <table border="1"> <tr> <td>1) AR: Accident Reporting (\$30)</td> <td></td> </tr> <tr> <td>2) DA: Damage Assessment (\$100)</td> <td>INC (\$30)</td> </tr> <tr> <td>3) TP: Towing Fee</td> <td>\$40/\$45</td> </tr> <tr> <td>4) PT: Follow-Through Survey</td> <td>\$120</td> </tr> <tr> <td>5) PT: Follow-Through Survey (Resurvey)</td> <td>\$30</td> </tr> <tr> <td colspan="2">Forfeiting against INC Only (wef 10 Jan 2005)</td> </tr> <tr> <td>6) TR: Re-inspection</td> <td>\$75</td> </tr> <tr> <td>7) NI: Idao DA + SMRT Survey</td> <td>\$160</td> </tr> <tr> <td>8) NTUC Additional Services:</td> <td></td> </tr> <tr> <td>ON:</td> <td></td> </tr> <tr> <td>*NG: Courtesy Car / Tpr Allowance</td> <td>\$5</td> </tr> <tr> <td>*NG: Repair Co-ordination</td> <td>\$10</td> </tr> <tr> <td>*NG: Post Repair Inspection</td> <td>\$25</td> </tr> <tr> <td>*NG: DV / Collect Excess Coordination</td> <td>\$5</td> </tr> <tr> <td>TP (Nil): TP (Non INC)</td> <td>\$25</td> </tr> <tr> <td>*NG: Idao Mobile</td> <td>\$30</td> </tr> <tr> <td>Invoice dated</td> <td>Fee Charged</td> </tr> <tr> <td>Invoice dated</td> <td>Fee Charged</td> </tr> </table>	1) AR: Accident Reporting (\$30)		2) DA: Damage Assessment (\$100)	INC (\$30)	3) TP: Towing Fee	\$40/\$45	4) PT: Follow-Through Survey	\$120	5) PT: Follow-Through Survey (Resurvey)	\$30	Forfeiting against INC Only (wef 10 Jan 2005)		6) TR: Re-inspection	\$75	7) NI: Idao DA + SMRT Survey	\$160	8) NTUC Additional Services:		ON:		*NG: Courtesy Car / Tpr Allowance	\$5	*NG: Repair Co-ordination	\$10	*NG: Post Repair Inspection	\$25	*NG: DV / Collect Excess Coordination	\$5	TP (Nil): TP (Non INC)	\$25	*NG: Idao Mobile	\$30	Invoice dated	Fee Charged	Invoice dated	Fee Charged
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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	13/03/2019 14:43
Date Of Accident	12/03/2019 18:20
Exact Location Of Accident	ALONG TUAS AVENUE 20
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG5085L
<b>Insured/Policyholder</b>	
Name Of Registered Owner	GOLDBELL CAR RENTAL PTE LTD
Co Reg No	200710651D
Email Address	GURUGADURAI18@GMAIL.COM
Mobile Phone No	(LOCAL) +65-83754054
Alternative Phone No	OFFICE-83754054

### Vehicle Particulars

Manufacturer	NISSAN
Model	NAVARA D/CAB 7AT
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES

Are you claiming under your own insurance policy for repair to your vehicle? YES

If No, Please state action to be taken

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	999994313
Cover Note Number	

### Driver

Name of Driver	VELAYAN DURAI MURUGAN
NRIC No	G8028394L
Date Of Birth	03/05/1987
Occupation	OUTDOOR
Date Of Driving Pass	19/09/2015
Driving Experience	3 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83754054
Fax Number	
Contact Number	OTHERS-83754054
Email Address	GURUGADURAI18@GMAIL.COM

Address	KRANJI LODGE 1 B4-209
Postcode	
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?	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	UNKNOWN
Vehicle Make/Model/Colour	TRAILER
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
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

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. The 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 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/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.
- (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.

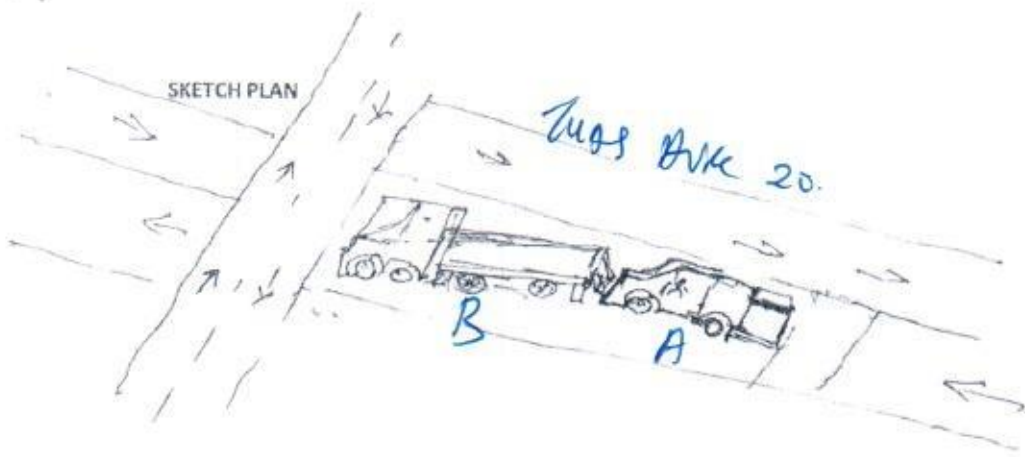
  
Policyholder's Signature  
Date & Time:

  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 13/3/19 9:25am

  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

13/03/2019  




A) GBG 5085L  
B) UNKNOWN TRAILER

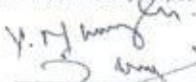
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

6:20pm drive at twas Ave 20  
then heard sound from back of pickup  
I turn round take a look  
and when I turn in front.  
I bang into trailer back.

DECLARATION

I/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:

 13/03/2018  
Reporting Centre Personnel's Signature  
Name: Roshni Hoffman  
NR/FIN No.:

Location : tuas Ave 20



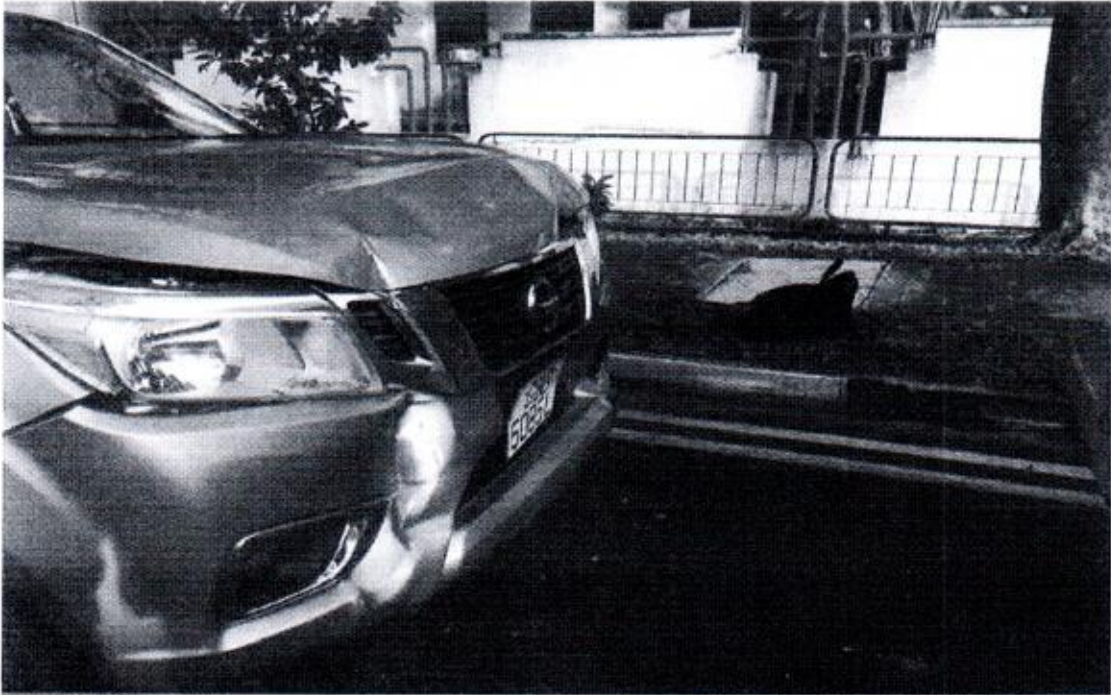
gal 13/05/2019





Jul 13/05/2019





Gu 13/03/2019



# SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

1. Complete and submit this form to the Authorised 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 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 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: 12/3/19	Time: 6:20pm
Exact Location of Accident	*	Tuas Ave 20	
<b>DETAILS OF OWN VEHICLE</b>			
Vehicle Registration Number	*	GBG 5085 L	
<b>INSURED / POLICYHOLDER (OWN VEHICLE)</b>			
Name of Registered Owner (See Insurance Cert.)			
Personal Identification - NRIC (Singaporean/PR)			
- FIN/Passport Number			
- Not Applicable			
<b>VEHICLE PARTICULARS (OWN VEHICLE)</b>			
Vehicle Make / Model		Manufacturer: _____	Model: _____
Type of Vehicle		<input type="radio"/> Saloon <input 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	*	For work.	
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)	
<b>INSURANCE COMPANY (OWN VEHICLE)</b>			
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			
<b>DRIVER</b>		<input type="radio"/> Same as Insured above	
Name of Driver	✓	Velayan Durai Murugan	
Personal Identification - NRIC (Singaporean/PR)	✗		
- FIN/Passport Number	✓	GB028394L	
Date of Birth	✓	03 /dd 05 /mm 1987 /yy	
Driving Date Pass	✓	19 /dd 09 /mm 2015 /yy	
Year of Driving Experience	✓	3yr Year(s) Month(s) 04 Month(s)	
Occupation	✓	driver <input type="radio"/> Indoor <input checked="" type="radio"/> Outdoor	
Gender	✓	<input checked="" type="radio"/> Male <input type="radio"/> Female	
Contact Number / Mobile Phone / Fax No.	✗	8375 4054	

Address of Driver	Kranji Lodge 1 : B11c unit / B4-209
Email Address	murugadurai18@gmail.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 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

#### OTHER INFORMATION

a. Was anybody injured in the accident?	<input type="radio"/> Yes <input type="radio"/> No
b. Was any other vehicle or property damaged? (including Witness)	<input type="radio"/> Yes <input 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	GBG 5085 L	UNKNOWN TRAILER
Vehicle Make/ Model/ Colour		
Details of Properties		
Name of Driver	Yelagam Murugadurai	
Personal Identification - NRIC (Singaporean/PR)		
- FIN/Passport Number		
Contact Number		
Vehicle Make/ Model/ Colour		
Address of Driver	Kranji Lodge 1 : B11c unit / B4-209	
Name of Insurance Company		
No. of Passenger (Including Driver)		

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



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

Employer  
GAMMON PTE. LIMITED

Name  
VELAYAN DURAI MURUGAN

Work Permit No. S 32626214 Sector  
CONSTRUCTION

15-03-2018

K0151119

**VISIT PASS**  
Immigration Regulations

Name  
VELAYAN DURAI MURUGAN

FIN  
G8028394L

Date of Birth 03-05-1987 Sex M

Nationality  
INDIAN

MULTIPLE JOURNEY VISA ISSUED

Download SGWorkPass App to check status

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

G8028394L

YELAYAN DURAI MURUGAN

Birth Date: 03 May 1987  
 Issue Date: 19 Sep 2015  
 Valid Till: 29/09/2020

002474600G





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

	EFFECTIVE DATE
Class 2B Motorcycles <= 200 cc	30 Sep 2010
Class 3 Motor Cars <= 3000kg with <=7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg	30 Sep 2010
Class 3C Motor Cars unladen weight <= 3000kg with <=7 passengers, exclusive of the driver	19 Sep 2015

NP 428A

Licence No: G8028394L





**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 Auto Plus**  
**CERTIFICATE NO.** 999994313

(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

GBG5085L

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 \$3,000 applies to drivers between below 23 years of age and/or with driving experience of less than 12 months.

Additional excess of \$500 applies to all claims for accident outside Singapore.

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\***

Use only for social, domestic and pleasure purposes and for the Policyholder's business.

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 driving tuition, driving test, racing, pace-making, reliability trial or speed-testing;
- 2) use whilst drawing a trailer except the towing (other than for reward) of anyone disabled using a mechanically propelled vehicle;
- 3) use for the carriage of passengers for hire or reward by any person to whom the Vehicle is hired; and
- 4) Use for any purpose in connection with Motor Trade.

**LOSS OF USE** Not Included**HIRE PURCHASE COMPANY** Maybank

\*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

SSPTKY