NATIONAL Assessment Centre Services. (wef 1 Jan'05) . NAIA419040882

Date In: 29/03/2019 14:21	Job description	Date & Time Completed	Done by
Ref No: NBA/A/19/700561/4/1	SAS e-filing		
Veh No: SLD 1872K	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 27/03/2019 07:40	I-Motor Claim Form		
OD / TP / Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

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

TP Particulars: Veh No: SJM 1184. 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%. F: 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: ( )

Follow-up	Completion by
1) Apply for Transport Allowance ( ) / Courtesy Car ( )	
2) QC Check / Post Repair Inspection ( )	
3) Upload Resurvey Photo [Repair Cost > $3000] ( )	

Injury :

Defects

XIA1902292

Claimant Particulars

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Additional Comments:

Services	Fee	Invoice / Bill
1) AR: Accident Reporting ($30);		
2) DA: Damage Assessment ($100); INC ($80)		
3) TF: Towing Fee	$40/$45	
4) FT: Follow-Through Survey	$120	
5) FT: Follow-Through Survey (Resurvey)	$30	
For claiming against INC Only (wef 10 Jan 2005)		
6) TR: Re-Inspection	$75	
7) N1: Idau 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	$30	
9) N12: Idao Mobile	30	
Invoice dated Fee Charged		
Invoice dated Fee Charged		

10-DEC-2018 MON 08:09 FOR:

Your NCD will be affected due to late reporting
Actual e-Filling Submission Date & Time: 01/04/2019 13:01

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	29/03/2019 14:21
Date Of Accident	27/03/2019 07:40
Exact Location Of Accident	AYE TOWARDS TUAS RD IN BETWEEN EXIT 10A AND 9
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLD1872E
Insured/Policyholder	
Name Of Registered Owner	GOLDBELL CAR RENTAL PTE LTD
Co Reg No	200710651D
Email Address	JSHIMI43432@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98599040
Alternative Phone No	OFFICE-98599040
Vehicle Particulars	
Manufacturer	TOYOTA
Model	CAMRY
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	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	SHIMIZU JUNICHI
NRIC No	G3809413R
Date Of Birth	30/01/1964
Occupation	INDOOR
Date Of Driving Pass	09/09/1983
Driving Experience	35 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98599040
Fax Number	
Contact Number	OTHERS-98599040
EMail Address	JSHIMI43432@GMAIL.COM

Address	G11-02 KIM SENG WALK GREAT WORLD SERVICE APARTMENTS
Postcode	239404
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	CHAIN 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	3
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes,Please state which Police Station	
Police Station Name	NANYANG N.P.C
Police Station Address	**ROAD**: 2 JURONG WEST AVE 5 , **POSTCODE**: 649482 , **COUNTRY**: SINGAPORE
Police Station Contact	**TEL NO**: 1800-7929999 - **FAX NO**:
Was notice of intended Prosecution given?	NO
If Yes,against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190327/2153

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	SJM118H
Vehicle Make/Model/Colour	MERCEDES BENZ (WHITE)
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LAW WEI KWANG ERIC (LIU WEIGUANG ERIC)
NRIC/Passport Number	S7433688D
Contact Number	
Address	
Postcode	
Insurance Company Name	NTUC INCOME INSURANCE CO-OPERATIVE LTD

Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SJR8290M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	NASRI BIN MOHAMED KASSIM
NRIC/Passport Number	S7821841Z
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	SHIMIZU JUNICHI
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	SLD1872E
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Describe Circumstance of the Accident *

On the 27/03/2019 at about 0740Hrs, I was driving my vehicle SLD1472F along AYE going towards Tuas Road between exit 13A and 9.

At the point of time, there were a lot of vehicles on the road and there was traffic jam.

I was driving on the first lane when I noticed the vehicle ahead of me, SJR6250I with driver namely, Yusuri Bin Mohamed Kasem, S7821841Z stopping on the brakes,

and eventually putting his vehicle to a complete stop due to the traffic jam. Upon seeing this, I then slowly stepped my brakes too and eventually putting my vehicle to a complete stop.

While in stationary position, an unknown white coloured "Mercedes" van did sudden collided against the rear of my vehicle.

Due to the impact, my front bumper has collided against the rear bumper of the vehicle ahead of me causing a chain collision.

After the collision, I went out of my vehicle and made a check. I then discovered that driver which had collided against my rear had blood flowing out from his head.

I am lodging this report for insurance purposes.

POLICE REPORT T/20160337/2019

Declaration

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

GOLDBELL GUARDIAN PTE LTD

* 28-03-2019 28/03/2019

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

Witnessed by/Reporting Centre Personnel

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 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.

II. **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 laws in administering, processing, handling and/or dealing with my claims.

(collectively the "**Purposes**")

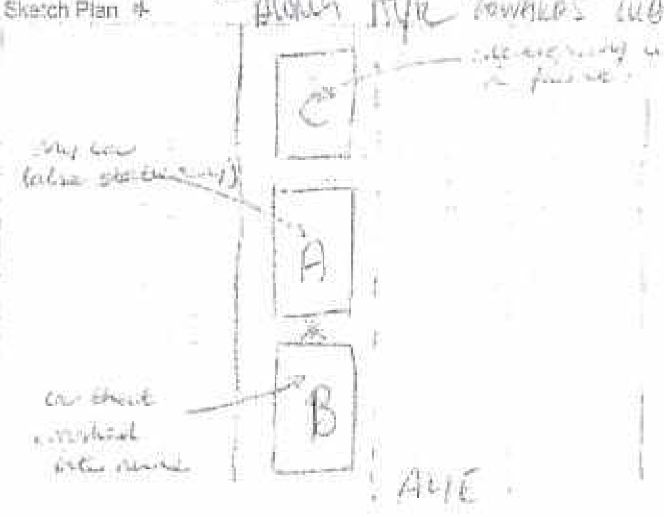
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(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.

[stamp] 27.03.19 10:55 [signature] 27/03/2019

Policyholder's Signature, Date & Time | Driver's Signature (if driver is not the policyholder) Date & Time | Witnessed by Reporting Centre Personnel

Sketch Plan #: Along AYE towards TUAS in between Exit 10A/9



A) SLD 1812E

B) SJM 1184

C) SJR 8290M

SINGAPORE POLICE FORCE

T/20190327/2153

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE 649482
Tel No: 1800-7929999

Report No T/20190327/2153

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:	Vide Report No :	Station Diary No.:
27/03/2019 18:30		106

Informant's Particulars

Name of Informant: SHIMIZU JUNICHI			Address: APT BLK 2 KIM SENG WALK #11-02 SINGAPORE 239404	
ID Type / ID No.: FIN NO / G3809413R			Contact No.: Home/Office: 68689233	Mobile: 98599040
Nationality: JAPANESE			Email:	
Sex: Male	Age: 55	Date of Birth: 30/01/1964	Type of Informant: Driver	
Race: Others			Language:	Institution / School Name:
Occupation: PRINTING MANAGER			Driving Licence Information: Class:	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 27/03/2019 07:40	Type of Location: Straight Road

Location:
Along Road 1
AYER RAJAH EXPRESSWAY

Along AYE going towards Tuas Rd, in between exit 10A and 9

Weather: Clear	Road Surface: Dry	Road Speed Limit:
Traffic Flow: One Way	Traffic Control: Not Controlled	Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear		Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJR8290M	Car				Slightly Damaged	0
SLD1872E	Car				Seriously Damaged	0

SINGAPORE
POLICE FORCE

T/20190327/2153

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

CONTINUATION OF REPORT

Brief Details.

On the 27/03/2019 at about 0740hrs, I was driving my vehicle, SLD1872E along AYE going towards Tuas Rd (In between exit 10A and 9). At the point of time, there were a lot of vehicles on the road and there was a traffic jam. I was driving on the first lane when I noticed the vehicle ahead of me, SJR8290M with driver namely, "Nasri Bin Mohamed Kassim, S7821641Z" stepping on the brakes and eventually putting his vehicle to a complete stop due to the traffic jam. Upon seeing this, I then slowly stepped my brakes too and eventually putting my vehicle to a complete stop.

While in stationary position, an unknown white coloured "Mercedes" vehicle suddenly collided against the rear of my vehicle. Due to the impact, my front bumper had collided against the rear bumper of the vehicle ahead of me causing a chain collision. After the collision, I went out of my vehicle and made a check. I then discovered that the driver which had collided against my rear had blood flowing out from his head. His front bumper was badly damaged.

I am lodging this report for insurance purposes.

SINGAPORE
POLICE FORCE

T/20190327/2153

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

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 65474865 stating the **report number** as reference.

Signature Of Officer Recording The Report: J / Sgt 2 MUHAMMAD 'AMMAR AMSYAR BIN RAHMAT	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 27/03/2019 18:30
Officer In Charge Of Case: TP / GIT / Sr Staff Sgt RAZIZ BIN TAHAR Contact No.: 65476200	Classification Of Case:

Authentication Stamp
NP168

Signature :

Singapore Police Force

EMPLOYMENT PASS

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

Employer
TOPPAN FORMS CO., LTD SINGAPORE BRANCH

Name
SHIMIZU JUNICHI

FIN
G3809413R

A0033107

VISIT PASS

Immigration Regulations

Name
SHIMIZU JUNICHI

Download WorkerPass App to check status

PIU
5320041530

Date of Birth
30-01-1964

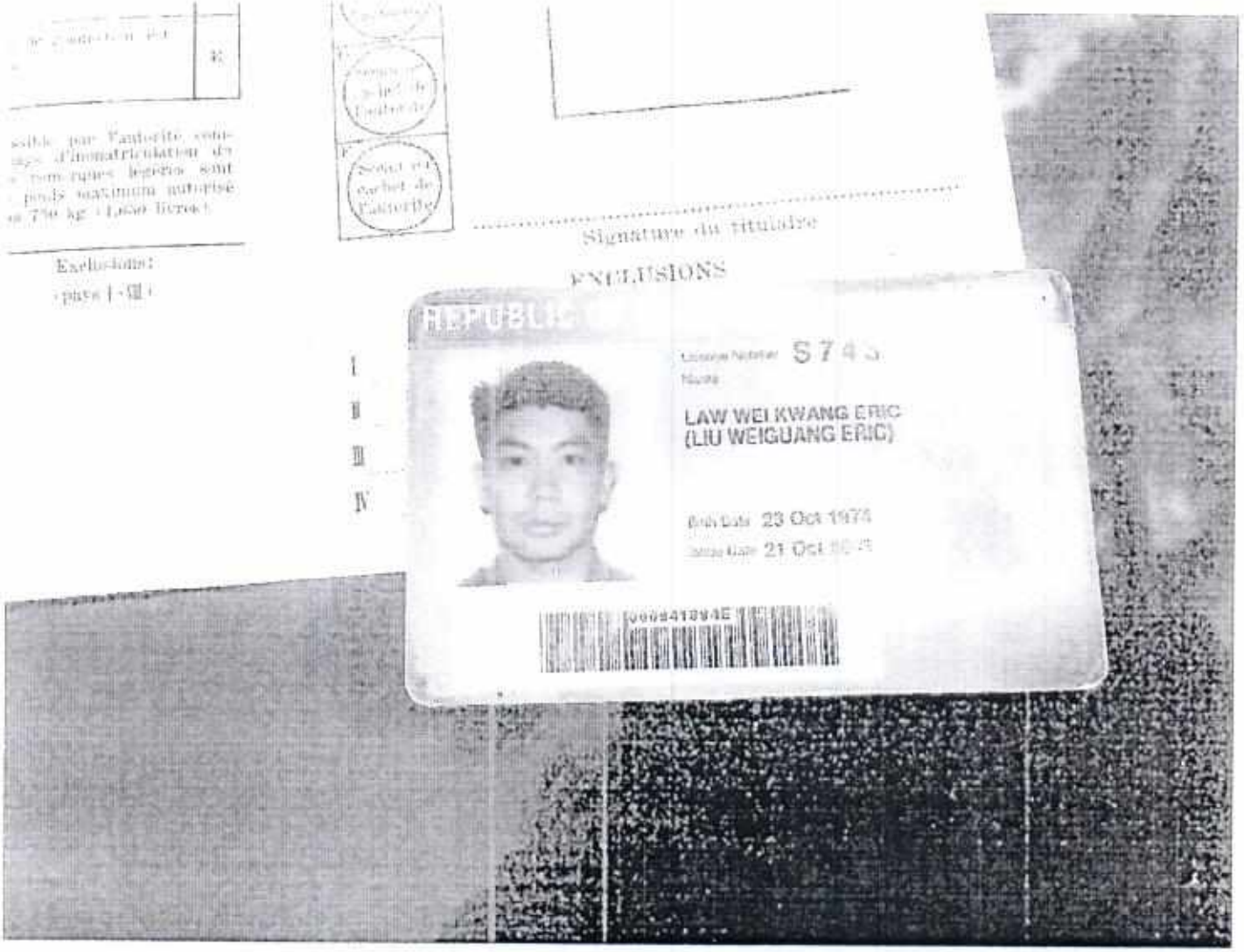
Sex
M

Nationality
JAPANESE

MULTIPLE JOURNEY VISA ISSUED

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU

DRIVING LICENSES


Signature du titulaire
EXCLUSIONS
LAW WEI KWANG ERIC
(LIU WEIGUANG ERIC)
23 Oct 1974

AIG

HOTLINE TEL: (65) 6419-2000

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)

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

1) VEHICLE REGISTRATION NO. SLD1872E

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	Hong Leong Finance Ltd

*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

030123-000
Acorn International Network Pte Ltd
48 Changi South St 1 Level 3
SINGAPORE 486130

AIG Asia Pacific Insurance Pte. Ltd.

AUTHORISED REPRESENTATIVE

ORIGINAL

SSPKWJ

Addendum Sheet

GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
8 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: 66650002G / GST Reg. No.: M40001773X

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 : MAY1904982 Vehicle Registration No: SLD 872E

Name(as shown in NRIC) : SHIMIZU TAKESHI NRIC/FIN/Passport No : G3094913R

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

Address : Singapore( )

Contact (Tel) : Mobile No. : 98594040

Email Address :

Date of Accident : 27/03/2019 Time of Accident : 07:40

Place of Accident : BKE Towards Tuas Rd Nr Blk 10A/9

Insurance Company : DBS

(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:

INJURY T/P VEHICLE NUMBER SJM1181H

Policyholder / Driver's Signature
Date:

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