

NATIONAL Assessment Centre Services. (part 1 Jan 05) **MANA 19042860**

Date In: <b>02/04/2019 15:54</b>	Job description	Date & Time Completed	Done by
Ref No: <b>18818149005839/Y</b>	SAS e-filing		
Veh No: <b>SMF 71244</b>	E-mail (by date 3hrs, AIC 2hrs)		
D.O.A: <b>20/08/2019 17:50</b>	I-Motor Claim Form		
OID / TP: <b>Reporting Only</b>	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: **SG 1766E** 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 of repair: \_\_\_\_\_

<b>18818149005839</b>	1) AR: Accident Reporting (\$30)		
Driver/Owner:	2) DA: Damage Assessment (\$100)	INC (\$10)	
Contact No:	3) TP: Towing Fee	\$40/\$45	
Damaged Portion:	4) FT: Follow-Through Survey	\$120	
QC Checked by (Engi-In-Charge):	5) FT: Follow-Through Survey (Resurvey)	\$30	
Assessor's Comments:	For claiming against INC Only (wef 10 Jan 2003)		
Date:	6) TR: Re-inspection	\$75	
	7) NI: Idco DA + SMRT Survey	\$160	
	8) NTUC Additional Services:-		
	ODP		
	* NS: Courtesy Car / TP Allowance	\$1	
	* NR: Repair Coordination	\$10	
	* NI: Post Repair Inspection	\$20	
	* ND: DV / Collect Excess Coordination	\$5	
	TP (NI): TP (S-in INC)	\$30	
	9) NI: 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	02/04/2019 15:54
Date Of Accident	22/03/2019 17:50
Exact Location Of Accident	NEAR TAN KAH KEE BUS STATION ON DUNEARN ROAD
Country/State of Loss	SINGAPORE

#### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMF7124U
<b>Insured/Policyholder</b>	
Name Of Registered Owner	GOLDBELL CAR RENTAL PTE LTD
Co Reg No	200710651D
Email Address	ANCEL64@YAHOO.FR
Mobile Phone No	(LOCAL) +65-91797072
Alternative Phone No	OFFICE-91797072

#### Vehicle Particulars

Manufacturer	MITSUBISHI
Model	OUTLANDER-2.0 (A)
Exact Purpose for which vehicle was being used at time of accident	RETURN HOME WITH CHILDREN
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	ANCEL STEPHANIE CAROLINE MARINE
Passport No/FIN	G3496902M
Date Of Birth	01/11/1976
Occupation	INDOOR
Date Of Driving Pass	04/05/1995
Driving Experience	23 YEARS AND 10 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-91797072
Fax Number	
Contact Number	OTHERS-91797072
Email Address	ANCEL64@YAHOO.FR

Address 51 SHELFORD ROAD  
 Postcode 288447  
 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 SIDE SWIPE  
 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) 4  
 Passenger 1 NAME: : PASSENGER  
 GENDER: : FEMALE  
 Passenger 2 NAME: : DAUGHTER  
 GENDER: : FEMALE  
 Passenger 3 NAME: : DAUGHTER  
 GENDER: : FEMALE

**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 SB1766E  
 Vehicle Make/Model/Colour  
 Details Of Properties  
 Vehicle Category BUS  
 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 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 yers/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")

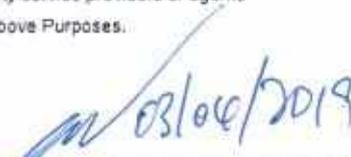
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(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.

  
Policyholder's Signature / Date & Time

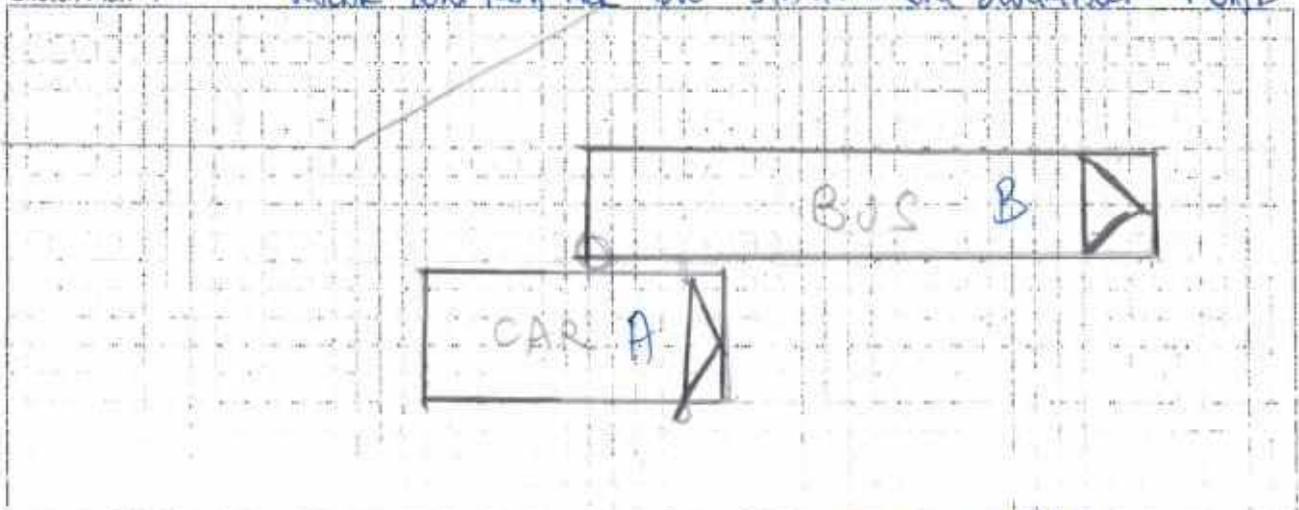


  
Driver's Signature (if driver is not the policyholder) / Date & Time

  
Witnessed by Reporting Centre Personnel

Sketch Plan \*

NEAR TANJUNGAH KEK BUS STATION ONE DUNGASAN ROAD



B) SG 1766E

A) SMF 7124U

Describe Circumstance of the Accident \*

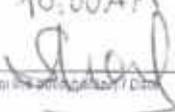
As I was driving past a bus,  
the left mirror of my vehicle  
hit the right back corner of it  
I was in my lane and didn't  
see it coming.

Declaration

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

  
Policyholder's Signature



\* 26/03/19 10:00AM  
  
Driver's Signature (if driver is not the policyholder) Date & Time

  
Witnessed by Responder Centre Personnel



CAR RENTAL  
 12345 Learning Street, Marina  
 Singapore 123456

DATE: \_\_\_\_\_

**SERVICE BREAKDOWN FORM**

NO. \_\_\_\_\_

1. ACTIVATION DATE: 21/12/2014 ACTIVATION TIME: 07:15

2. NATURE OF DAMAGE:  TYPED  SKETCHED  ACCIDENT

3. OTHER: 2nd side mirror in

4. REPAIRING LOCATION: SP 2nd level 2nd

5. WORKING ORDER: SP 21207 WORKING PRICE: 2000.00

6. REPORT NO: 3031

7. CUSTOMER NAME: ALICE CONTACT NUMBER: 9770 2692

8. REPORT DATE: 11/12/14 COMPLETED TIME: 11:52

9. REPORT TYPE: 3rd side mirror

10. REPAIRING DISPATCHER: \_\_\_\_\_ WORKING PRICE: \_\_\_\_\_

11. REMARKS:  YES  NO

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

DATE: \_\_\_\_\_



Total of P.

Set 2015.

# SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

1. Complete and submit this Form to                      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 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: 22/03/19 Time: 17:50  
 Exact Location of Accident near TAN KAH KEE BUS STATION ON DUNEARN ROAD

## DETAILS OF OWN VEHICLE

Vehicle Registration Number \* SMP 71 24 J

## 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 \* Return home with children  
 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 \*  
 Type of Policy  Comprehensive  Third Party Fire & Theft  TP Only  
 Fleet Policy  Yes  No  
 Policy Number  
 Motor Cl

## DRIVER

Same as Insured above

Name of Driver \* ANCEL Stephanie  
 Personal Identification - NRIC (Singaporean/PR) \*  
 - FIN/Passport Number \* G34 96902 M / 14A4180 M  
 Date of Birth \* 01 dd / 11 mm / 1976 /yy  
 Driving Date Pass \* dd / 05 mm / 1995 /yy  
 Year of Driving Experience \* 24 Year(s) Month(s)  
 Occupation \* TEACHER  Indoor  Outdoor  
 Gender \*  Male  Female  
 Contact Number / Mobile Phone / Fax No. \* +65 91 79 70 72

Address of Driver	* 51 Shelford Road	Postcode ( 238447 )
Email Address	* ancel64@yahoo.fr	
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)	* Side car to back corner
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

### 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	* SG 7766 E
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 )

REPUBLIC OF SINGAPORE

FIN G3496902M



ID SINGAPOUR STEPHANIE ANCEL.JPG

4/2/2019



Name

ANCEL STEPHANIE CAROLINE MARINE

Date of Birth

01-11-1976

Sex

F

Nationality

FRENCH

G3496902M

GA0054244

08-09-20

# DEPENDANT'S PASS

## Immigration Regulations



Download SGWorkPass  
App to check status



FIN G3496902M



**MULTIPLE JOURNEY VISA ISSU**

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



1 Nom: ANCEL

2 Prénom: STEPHANIE

3 Date et lieu de naissance: 01/11/1976  
PAU (064)

4 Domicile: ROUTE DE LEE  
64320 IDRON

5 Délivré par: LE PREFET (64)

6 à: PAU  
le: 04/05/1995

8 N°: 741169300252

RF

RF

RF

Signature du titulaire

RF

Francis JALABERT

CATÉGORIES DE VEHICULES POUR LESQUELS LE PERMIS EST VALABLE		CACHET DE L'AUTORITE	DURÉE DE VALIDITÉ DU TITRE
A	Tricycles et quadricycles à moteur (B) EQU :B	06/04/1995	Le Valable jusqu'à
	Motocyclettes Mètres (B) EQU :B	06/04/1995	Le Valable jusqu'à
B	Motocyclettes		Le Valable jusqu'à
	Véhicules de moins de 10 places et d'un PTAC ≤ 3,5 t EXA	06/04/1995	Le Valable jusqu'à
C	Véhicules de transport de marchandises dont le PTAC ≤ 3,5 t		Le Valable jusqu'à
	Véhicules transport en commun de plus de 9 places, autres qu'automobiles		Le Valable jusqu'à
D	- Ensemble de véhicules de la catégorie B dont le PTAC ≤ 3,5 t ou dont le PTAC compris entre 3,5 t et celle des véhicules tractés		Le Valable jusqu'à
	- Ensemble de véhicules, compris dans le véhicule tracteur, autres que dans la catégorie B, autres que remorques dont le PTAC ≤ 750 kg		Le Valable jusqu'à
E	- Ensemble de véhicules, compris dans le véhicule tracteur, autres que dans la catégorie B, autres que remorques dont le PTAC ≤ 750 kg		Le Valable jusqu'à
	- Ensemble de véhicules, compris dans le véhicule tracteur, autres que dans la catégorie B, autres que remorques dont le PTAC ≤ 750 kg		Le Valable jusqu'à

LR 04423  
VALIDATIONS PÉRIODIQUES

GROUPE LÉGER	GROUPE LOURD
-----------------	-----------------

CACHET DE L'AUTORITÉ

Le _____ Valable jusqu'au _____		

CONDITIONS PARTICULIÈRES D'USAGE  
AL 80CM3-75KM.H.EMBR/CV ALTD

PAYANT.

RÉPUBLIQUE FRANÇAISE



PERMIS DE CONDUIRE

Karekort  
Führerschein  
Άδεια οδήγησης  
Permiso de Conducción  
Driving Licence  
Ceadúnas Tomána  
Patente di guida  
Rijbewijs  
Carta de Condução

Modèle des  
COMMUNAUTÉS EUROPÉENNES



# 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 Motor

(The below excess is subject to GST)

CERTIFICATE NO. 999994316

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

WINDSCREEN EXCESS S\$100.00

SUM INSURED Market Value

INSURING WITH COE/PARF Yes

SMF7124U

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 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

AUTHORISED REPRESENTATIVE

ORIGINAL

SSPKWJ