NATIONAL Assessment Centre Services. (wef 1 Jan'05) . MNA4(9043219

	Job description	Date & Time Completed	Done by
Date In: 02/04/2019 12:24	SAS e-filing		
Ref No: NB0/B/19/9005906/Y	E-mail (within 8hrs, AIC 2hrs)		
Veh No: SLC 1807A	I-Motor Claim Form		
D.O.A: 16/03/2019 16:00	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
OD / TP / Reporting Only	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

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

TP Particulars: Veh No: SKR1403P. 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 ( )

[illegible]

( ) 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: (

[illegible]

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

Injury :

[illegible]

NB/9024114

1) AR: Accident Reporting ($30);	INC ($40)		
2) DA: Damage Assessment ($100);	$40/$45		
3) TF: Towing Fee	$120		
4) FT: Follow-Through Survey	$30		
5) FT: Follow-Through Survey (Resurvey) For claiming against INC Only (wef 10 Jan 2005)	$75		
6) TR: Re-Inspection	$160		
7) N1: Idao DA + SMRT Survey			
8) NTUC Additional Services:-			
OD:	$1		
*N5: Courtesy Car / Tpt Allowance	$10		
*N6: Repair Co-ordination	$25		
*N7: Post Repair Inspection	$5		
*N8: DV / Collect Excess Coordination	$20		
TP(N11): TP (Non INC)	30		
9) N13: Idao Mobile			
Invoice dated	Fee Charged		
Invoice dated	Fee Charged		

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditor's Comments:

Cal. 1:

2/3:

Your NCD will be affected due to late reporting
Actual e-Filling Submission Date & Time: 03/04/2019 15:49

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	03/04/2019 12:32
Date Of Accident	16/03/2019 16:00
Exact Location Of Accident	SINGAPORE AMERICAN HIGH SCHOOL CARPARK
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLC1807A
Insured/Policyholder	
Name Of Registered Owner	GOLDBELL CAR RENTAL PTE LTD
Co Reg No	200710651D
Email Address	CYNTHIAOSPEAR@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91796974
Alternative Phone No	OFFICE-91796974
Vehicle Particulars	
Manufacturer	NISSAN
Model	X-TRAIL-2.0 (A)
Exact Purpose for which vehicle was being used at time of accident	TO PICK UP CHILDREN FROM SCHOOL
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	PRIVATE CAR
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	SPEAR CYNTHIA OSMER
Passport No/FIN	G5299566W
Date Of Birth	03/09/1975
Occupation	INDOOR
Date Of Driving Pass	04/06/2013
Driving Experience	5 YEARS AND 9 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-91796974
Fax Number	
Contact Number	OTHERS-91796974
EMail Address	CYNTHIAOSPEAR@GMAIL.COM

Address	55 COVE DRIVE #06-11
Postcode	098395
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	COLLIDED INTO PARKED 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)	3
Passenger 1	NAME: : CADEN SPEAR GENDER: : MALE
Passenger 2	NAME: : CAUSTEN SPEAR 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	SKR1403P
Vehicle Make/Model/Colour	JAGUAR XJ
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SIDHARTH BHASIN
NRIC/Passport Number	G3112019T
Contact Number	83389667
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 Mangement 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 w ith 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 d sclosure of certain personal data about me to bring about delivery of the same as w ell as on the external cover of envelopes/mail packages); and/or

(v) complying w ith applicable law in administering, processing, handling and/or dealing w ith 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 S.ngapore, for one or more of the above Purposes.

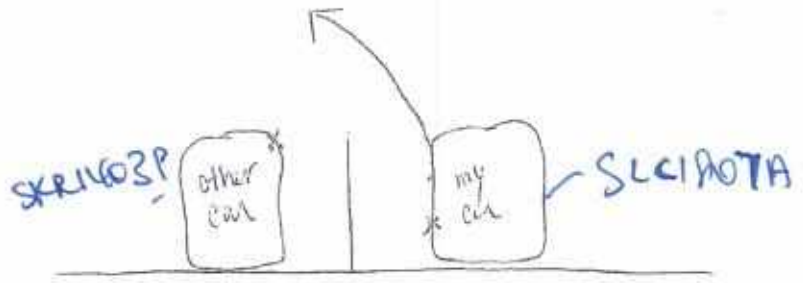
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan *

Sipore American Hight School Compound



* marks spot where cars contacted each other

Describe Circumstance of the Accident *

We were in the Singapore American School Car park. My two children got into the car. I pulled out of the parking space and did not give enough clearance to the car next to me when exiting. We heard a slight noise on the passenger's side back door near the back tire. I immediately stopped and got out to see I had scraped the bumper (front bumper) of the car next to me. There was minimal damage but I wrote a note to the car owner. The car owner contacted me on Friday afternoon (that afternoon) and said they would get a repair estimate. On March 20th or 21st. The estimate was received via text on April 1, 2019. I asked for all details (vehicle number etc). I was told the damage was $750 + GST for the bumper but also $4k + GST for a small crack in the headlight. I've requested a quote from the mechanic.

Declaration

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

[signature] * [signature] 02/04/2019

Policyholder's Signature / Date

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

Witnessed by Reporting Centre Personnel

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: 16/3/19 Time: ~4pm (1600hrs)
Exact Location of Accident	*	Singapore American School High School Parking Garage

DETAILS OF OWN VEHICLE

Vehicle Registration Number	*	SLC1807A

INSURED / POLICYHOLDER (OWN VEHICLE)

Name of Registered Owner *(See Insurance Cert.)*		Cynthia Osmer Spear
Personal Identification - NRIC (Singaporean/PR)		G5299566W / 54584250D Passport
- FIN/Passport Number		N/A
- Not Applicable		

VEHICLE PARTICULARS (OWN VEHICLE)

Vehicle Make / Model		Manufacturer Nissan Model X-Trail 2.0
Type of Vehicle*		Sedan ( ) MPV ( ) CRV ( ) Van ( ) Lorry ( ) Bus ( ) Mlcycle ( ) Others
Exact Purpose for which vehicle was being used at time of accident	*	to pick children up from school
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		( ) Comphensive ( ) Third Party Fire & Theft ( ) TP Only
Fleet Policy		( ) Yes ( ) No
Policy Number		
Motor CI		

DRIVER

✓ Same as Insured above

Name of Driver		Cynthia Spear
Personal Identification - NRIC (Singaporean/PR)		
- FIN/Passport Number	*	G5299566W / 54584250D
Date of Birth	*	dd/ 03 mm/ 09 /yy 1975
Driving Date Pass	*	dd/ 23 mm/ 01 /yy 2018
Year of Driving Experience	*	~28 Year(s) Month(s)
Occupation	*	House "CEO" ✓ Indoor ( ) Outdoor
Gender	*	( ) Male ✓ Female
Contact Number / Mobile Phone / Fax No	*	91796974

Address of Driver	*	55 Cove Dr. 06-11 Singapore 098395 Postcode : 098395
Email Address	*	cynthiaospear@gmail.com
Was driver an employee of the Insured's Company?		( ) Yes (✓) No
If No, Relationship of the Driver with the Insured		
Vehicle Registration Number of Driver's Own		( ) Yes ( ) No
Vehicle Registration Number of Drivers Own Vehicle (if applicable)		
Insurance Company of Driver's Own Vehicle (if applicable)		Goldbell Insurance

GENERAL INFORMATION OF THE ACCIDENT

Type of Collision (Eg. Chain collison, Head-On collision,Side Swipe, Front to Rear)	*	Side - passenger side rear door
Weather Conditions	*	(✓) Clear ( ) Raining ( ) Others, In car park (dark)
Road Surface	*	(✓) Dry ( ) Wet ( ) Others N/A

OTHER INFORMATION

a. Was anybody injured in the accident?	*	( ) Yes (✓) No
b. Was any other vehicle or property damaged? (Including Witness)	*	(✓) Yes ( ) No other vehicle - scraped bumper

DETAILS OF POLICE ACTION

Was the Accident reported to the Police?	#	( ) Yes (✓) 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?		( ) Yes (✓) No (If Yes, against whom?)

DETAILS OF OTHER VEHICLE / PROPERTY 1

Vehicle Registration Number	*	SKR 1403P
Vehicle Make/ Model/ Colour		Jaguar XJ / Royal Blue
Details of Properties		
Name of Driver		Sidharth Bhasin
Personal Identification - NRIC (Singaporean/PR)		G 3115019T
- FIN/Passport Number		
Contact Number		165 8338 1664
Address		
Name of Insurance Company		
No. of Passenger (Including Driver)		N/A - parked car

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

Details of Witness 1	
Name	Caden Spear my child (M)
Phone	
Email Address	

Details of Witness 2	
Name	Carsten Spear my child (F)
Phone	
E-mail Address	

Details of Injured Person 1	
Name	
Address	N/A
Approximate Age	
Injuries Sustained	
If vehicle occupants, state in which vehicle?	
Were seat belts worn?	Yes No
Was injured conveyed to hospital by ambulance?	Yes No

Details of Injured Person 2	
Name	
Address	
Approximate Age	N/A
Injuries Sustained	
If vehicle occupants, state in which vehicle?	
Were seat belts worn?	Yes No
Was injured conveyed to hospital by ambulance?	Yes No

Details of Injured Person 3	
Name	
Address	N/A
Approximate Age	
Injuries Sustained	
If vehicle occupants, state in which vehicle?	
Were seat belts worn?	Yes No
Was injured conveyed to hospital by ambulance?	Yes No

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

REPUBLIC OF SINGAPORE

FIN G5299566W

Name

SPEAR CYNTHIA OSMER

Date of Birth

03-09-1975

Sex

F

Nationality

AMERICAN

GA0017410

15-05-2018

DEPENDANT'S PASS

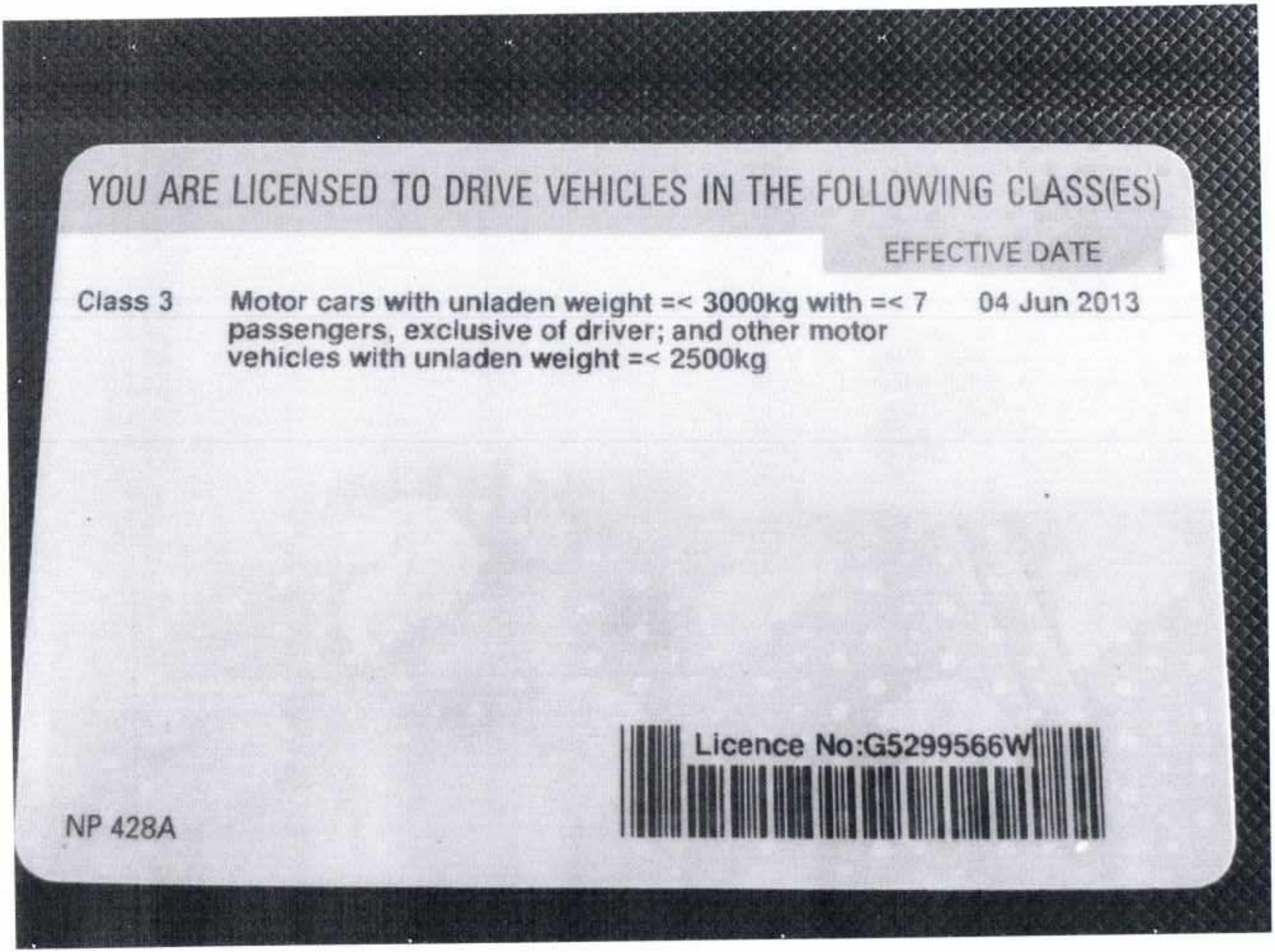
Immigration Regulations

Download SGWorkPass App to check status

FIN G5299566W

U 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
Licence Number: G5299566W
Name:
SPEAR CYNTHIA OSMER
Birth Date: 03 Sep 1975
Issue Date: 23 May 2018
Valid Till 03/06/2023
002805773D



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

		EFFECTIVE DATE
Class 3	Motor cars with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg	04 Jun 2013

Licence No:G5299566W

NP 428A

HOTLINE TEL: (65) 6419-3000

AIG

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
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. SLC1807A

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	DBS Bank 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