

NATIONAL Assessment Centre Services. (part 1 JAR 001) *NA419050028*

Date In: <i>17/04/2019</i> <i>12:25</i>	Job description	Date & Time Completed	Done by
Ref No: <i>NBA/19/5006827/Y</i>	SAS e-filing		
Veh No: <i>SKP 4986 Y</i>	E-mail (to/for this, AIC this)		
D.O.A: <i>13/04/2019</i> <i>12:00</i>	I-Motor Claim Form		
OID / TP: <i>Reporting Only</i>	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: ()

TP Particulars: Vch No: () 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 ()

() Walk-In Customer : Customer's information strictly Confidential & Strictly NO refer of repair.

() 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: ()

Location: ()

NA1902815

Driver/Owner: ()

Contact No: ()

Damaged Portion: ()

QC Checked by (Engr-In-Charge): ()

QC Checked by (Engr-In-Charge): ()

QC Checked by (Engr-In-Charge): ()

1) AR: Accident Reporting (330)	
2) DA: Damage Assessment (5100%)	INC (330)
3) TP: Towing Fee	\$10545
4) PT: Follow-Through Survey	\$120
5) FT: Follow-Through Survey (Resurvey)	\$30
Forfeiture of excess (INC Only) (ref 10 Jan 2009)	
6) TR: Re-inspection	\$75
7) NI: Idau DA + SMRT Survey	\$160
8) NTUC Additional Services:	
ON:	
* NI: Courtesy Car / TP Allowance	\$10
* NG: Repair Coordination	\$25
* NV: Post Repair Inspection	\$5
* NI: DV / Collect Excess Coordination	\$30
* TP (NI) / TP (N-in INC)	\$30
9) NI: Idau Mobile	
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	17/04/2019 12:23
Date Of Accident	13/04/2019 12:00
Exact Location Of Accident	NO:3 QUEENWAY SINGAPORE 149073
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKW4936Y
Insured/Policyholder	
Name Of Registered Owner	GOLDBELL CAR RENTAL PTE LTD
Co Reg No	200710651D
Email Address	MINOMUSHI.0507@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97856368
Alternative Phone No	OFFICE-97856368
Vehicle Particulars	
Manufacturer	MAZDA
Model	5
Exact Purpose for which vehicle was being used at time of accident	PARKING AT SHOPPING CENTER
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	MINORU AOKI
NRIC No	G3833212R
Date Of Birth	07/05/1975
Occupation	INDOOR
Date Of Driving Pass	29/07/2004
Driving Experience	14 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97856368
Fax Number	
Contact Number	OTHERS-97856368
Email Address	MINOMUSHI.0507@GMAIL.COM

Address	119 WEST COAST CRESCENT #12-19
Postcode	126777
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 PROPERTY
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	1
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	NO
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

SKETCH PLAN

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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' 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.

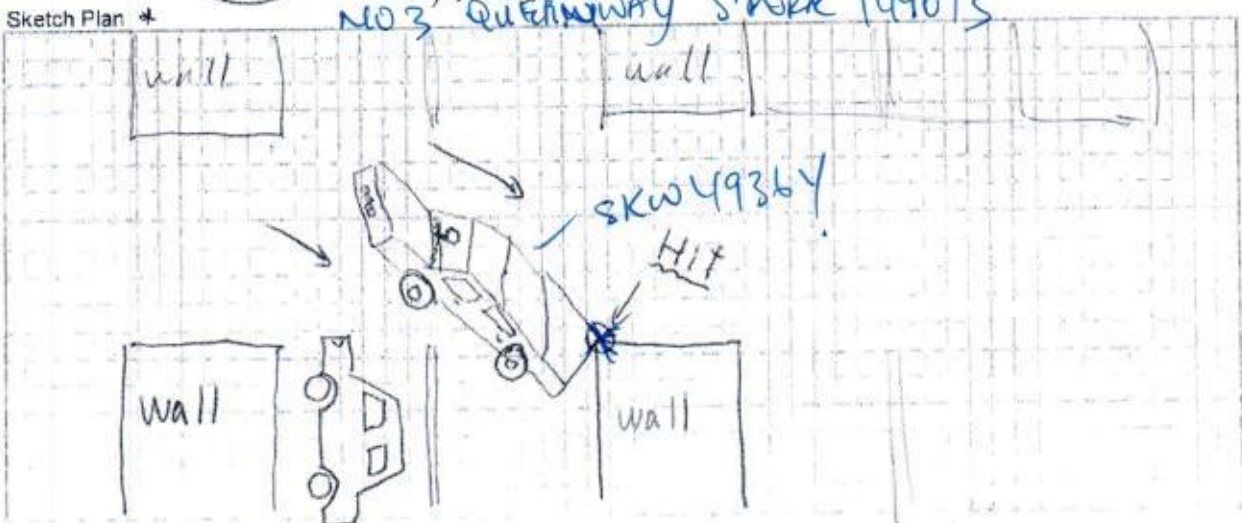
(collectively the "Purposes")

(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.

Policyholder's Signature  & Time  *  16/4/19
Driver's Signature (if driver is not the policyholder) / Date
& Time
Witnessed by Reporting Centre Personnel  17/04/2019

Sketch Plan *



Describe Circumstance of the Accident *

Was Trying to park the car into parking lot
which was pretty narrow and hit right behind
of the car onto the wall of the parking facility.


Declaration

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


Policyholder's Signature



*


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

Minoru Aoki


Witnessed by Reporting Centre Personnel

17/04/2019

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Complete and submit this Form to Authorized 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 Authorized 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: 13/4/2019 Time: 12 pm
Exact Location of Accident * 7 Queensway, Singapore, 149073

DETAILS OF OWN VEHICLE

Vehicle Registration Number * SKW 4936Y

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 ☐ Motorcycle ☐ Others _____
Exact Purpose for which vehicle was being used at time of accident * Parking at shopping center
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 CI _____

DRIVER

☐ Same as Insured above
Name of Driver * Minoru Aoki
Personal Identification - NRIC (Singaporean/PR) * _____
- FIN/Passport Number * TK8399832
Date of Birth * 07 dd/ 05 mm/ 1975 yy
Driving Date Pass * 29 dd/ 07 mm/ 2008 yy
Year of Driving Experience * 23 Year(s) Month(s) _____
Occupation * Company staff ☒ Indoor ☐ Outdoor
Gender * ☒ Male ☐ Female
Contact Number / Mobile Phone / Fax No. * +65 - 9785 - 6368



EMPLOYMENT PASS

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

Employer

mitsubishi heavy industries engine system asia pte. ltd.



Name
MINORU AOKI
FIN
03053212R



X1236086

VISIT PASS
Immigration Regulations

11-03-2019

Name
MINORU AOKI



File
G3833212R

Date of Birth Sex
07-05-1973 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.**

Download SGWorkPass
App to check status



日本国
JAPAN

国際自動車交通
INTERNATIONAL MOTOR TRAFFIC

国際運転免許証
INTERNATIONAL DRIVING PERMIT

1949年9月19日の道路交通に関する条約
CONVENTION ON ROAD TRAFFIC OF 19 SEPTEMBER 1949

発給地
Issued at TOKYO, JAPAN

発給年月日
Date of Issue JAN. 28, 2019

19-500345-630403900830



東京都公安委員会
TOKYO METROPOLITAN PUBLIC SAFETY COMMISSION

A. A. A.

Indications relatives au conducteur:

Catégorie de véhicules pour laquelle le permis est valable:

Nom 1
Prénoms 2
Lieu de naissance 3
Date de naissance 4
Domicile 5

A	Motocycles avec ou sans sidecar, voitures d'atelage et automobiles à trois roues dont le poids à vide n'exécède pas 400 kg (900 livres).
B	Automobiles affectées au transport des personnes et comportant, outre le siège du conducteur, huit places assises au maximum ou affectées au transport des marchandises et ayant un poids maximum autorisé qui n'exécède pas 3,500 kg (7,700 livres). Aux automobiles de cette catégorie peut être attelée une remorque légère.
C	Automobiles affectées au transport des marchandises et dont le poids maximum autorisé excède 3,500 kg (7,700 livres). Aux automobiles de cette catégorie peut être attelée une remorque légère.
D	Automobiles affectées au transport des personnes et comportant, outre le siège du conducteur, plus de huit places assises. Aux automobiles de cette catégorie peut être attelée une remorque légère.
E	Automobiles des catégories B, C ou D pour lesquelles le conducteur est habilité, avec remorques autres qu'une remorque légère.

Le terme "poids maximum autorisé" d'un véhicule désigne le poids du véhicule en ordre de marche et de la charge maximum. Le terme "charge maximum" désigne le poids du chargement

déclaré admissible par l'autorité compétente du pays d'immatriculation du véhicule. Les remorques légères sont celles dont le poids maximum autorisé ne dépasse pas 750 kg (1,650 livres).

EXCLUSION

Le titulaire est déchu du droit de conduire sur le territoire de (pays) en raison de

Exclusions: (pays) (V)

Scellé ou cachet de l'autorité

Lieu: Date: Signature:

Inscrite l'exclusion dans tout autre espace prévu à cet effet, si l'espace réservé ci-dessus est déjà utilisé.

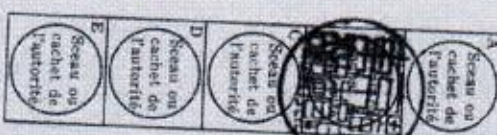
1 AOKI

2 MINORU

3 SHIZUOKA

4 MAY. 07, 1975

5 1-22-2-1001, KOMAZAWA, SETAGAYA-KU, TOKYO



Signature du titulaire

EXCLUSIONS (pays)

I
II
III
IV
V
VI
VII
VIII

**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\$800.00 ** (I)
		WINDSCREEN EXCESS	S\$100.00
		SUM INSURED	Market Value
		INSURING WITH COE/PARF	Yes
1) VEHICLE REGISTRATION NO.			SKW4936Y
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		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

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

AUTHORISED REPRESENTATIVE

SSPKWJ

ORIGINAL