

NATIONAL Assessment Centre Services (Jan 2013) **NA/19059613**

Date In: 08/05/2019 15:19	Job description	Date & Time Completed	Done by
Ref No: NBA/19/19008105/Y	SAS e-filing		
Veh No: GBE 9656Z	E-mail (within 8hrs. AIC 2hrs)		
D.O.A: 04/05/2019 21:25	i-Motor Claim Form		
OD TP Reporting Only	i-Motor W/O (within OD 2hrs TP 4hrs)		
	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by <u>Fax / Hand to Owner/Wksp</u>		

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

TP Particulars: Veh No: **SF2 6825.P** 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: ()

Remarks:-	Date & Time Completed	Done by
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury:

Date/Time	Actions

NA/1903287

Claimant's Particulars:-	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
Driver/Owner:	1) AR: Accident Reporting (\$30);	1st Bill	Add Bill
Contact No:	2) DA: Damage Assessment (\$100); INC (\$40)		
Damaged Portion:	3) TP: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors' Comments:-	5) FT: Follow-Through Survey (Resurvey) \$30		
Cat. 1:	For claiming against INC Only (wef 10 Jan 2019)		
Cat. 2/3:	6) TR: Re-inspection \$75		
1/1 '19	7) NI: Idno DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	(21)		
	*N3: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Express Coordination \$5		
	TP (N11): TP (N in INC) against INC \$20		
	9) N12: Idno Mobile 30		
	Invoice dated:	Pen 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 08/05/2019 15:09
Date Of Accident 04/05/2019 21:25
Exact Location Of Accident 25 SCOTTS ROAD ROYAL PLAZA MSCP LEVEL 4 LOT 52
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBE9656Z
Insured/Policyholder
Name Of Registered Owner GOLDBELL CAR RENTAL PTE LTD
Co Reg No 200710651D
Email Address SAIFUL.SAMSUDIN@HILH.COM
Mobile Phone No (LOCAL) +65-83833735
Alternative Phone No OFFICE-83833735

Vehicle Particulars

Manufacturer FIAT
Model DOBLO
Exact Purpose for which vehicle was being used at time of accident VAN WAS PARKED
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 999994313
Cover Note Number

Driver

Name of Driver SAIFUL NIZAM BIN MOHAMED SAMSUDIN
NRIC No S8410293H
Date Of Birth 14/04/1984
Occupation OUTDOOR
Date Of Driving Pass 20/12/2010
Driving Experience 8 YEARS AND 4 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-83833735
Fax Number
Contact Number OTHERS-83833735
EMail Address SAIFUL.SAMSUDIN@HILH.COM

Address	BLK 686B JURONG WEST CENTRAL 1 #2-136
Postcode	642686
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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)	0

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	JURONG WEST NEIGHBOURHOOD POLICE CENTRE
Police Station Name	ROAD: 700 CORPORATION ROAD , POSTCODE: 649818 , COUNTRY: SINGAPORE
Police Station Address	TEL NO: 1800-2689999 - FAX NO: 62672438
Police Station Contact	NO
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT J/20190505/2060

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	SFZ6825P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
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' 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.

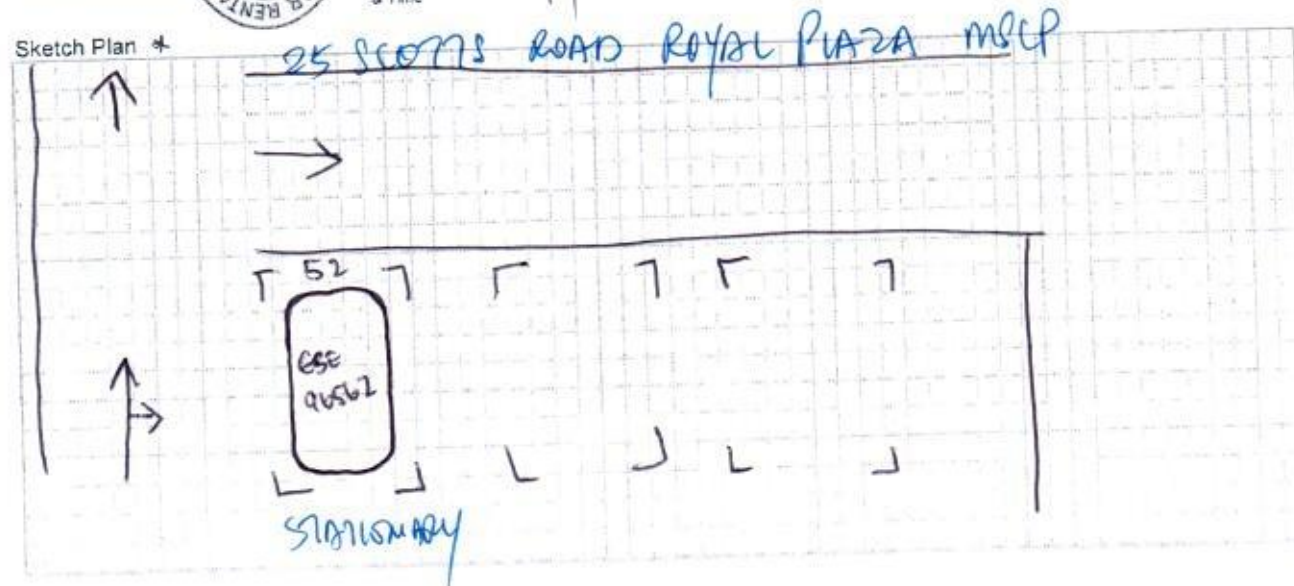
(collectively the "Purposes")

(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 _____
Driver's Signature (if driver is not the policyholder) / Date _____
Witnessed by Reporting Centre Personnel _____

Sketch Plan *



Describe Circumstance of the Accident *

REFER TO POLICE REPORT. J/2019 OKES/2060

Declaration

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

Policyholder's Signature / Name



*

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

Witnessed by Reporting Centre Personnel

08/05/2019



**SINGAPORE
POLICE FORCE**



J/20190505/2060

1 of 2

POLICE REPORT (NP299)

Report No. J/20190505/2060

Police Station Of Origin
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

Date/Time Report Made 05/05/2019 15:09		Vide Report No.		Station Diary No. 78	
Name Of Informant SAIFUL NIZAM BIN MOHAMED SAMSUDIN		Address APT BLK 686B JURONG WEST CENTRAL 1 #02-136 SINGAPORE 642686			
ID Type / ID No. NRIC NO / S8410293H		Contact No. Home/Office Mobile 83833735			
Nationality SINGAPORE CITIZEN		Email Address			
Occupation ENGINEER		Sex Male	Age 35	Date of Birth 14/04/1984	Race Malay
Institution/School Name		Language			
Date/Time Of Incident 05/05/2019 11:30		Location Of Incident 25 SCOTTS ROAD ROYAL PLAZA SINGAPORE 228220 LEVEL 4, LOT NUMBER 52 MSCP			

Brief details.

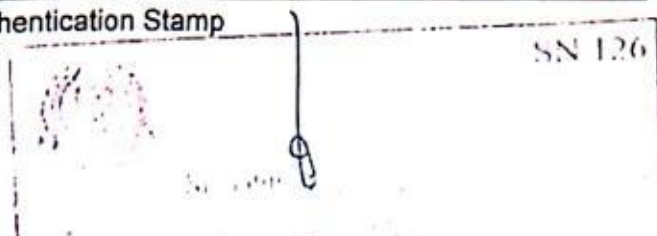
I am lodging this report for my record purpose.

On 04/05/2019 at 1515hrs, I parked my red Fiat Doblo Maxi rental vehicle, GBE9656Z at the Royal Plaza hotel multi storey car park - level4 lot number 52 and everything was intact.

On 05/05/2019 at 1130hrs, I returned to my vehicle and discovered that my vehicle sustained scratches

Signature Of Officer Recording The Report: J / Sgt 2 SITI KHAIRUNNISA BINTE RAMANAH		Signature Of Informant: 	
Signature Of Interpreter: Not applicable		Date/Time: 05/05/2019 15:09	
Officer In-Charge Of Case: J / Jurong Police Divisional Investigation Branch / Sr Staff Sgt SOEBQI AIMAN BIN SOEBIRIN Contact No.: 67910000		Classification Of Case:	

Authentication Stamp



SN 126



**SINGAPORE
POLICE FORCE**



J/20190505/2060

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. J/20190505/2060

and dent on my front left bumper. I observed that there is a note on my windscreen stating "Pl call 97331930 Michael" and was informed by him that he was reversing and had collided against my vehicle on 04/05/2019 at 2125hrs. He is namely, Matthew Lee driving a Toyota Altis, SFZ6825P.

I have informed my car rental company and was advised to lodge report for insurance purpose.

Signature Of Officer Recording The Report:

J / Sgt 2 SITI KHAIRUNNISA BINTE RAMANAH

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:
J / Jurong Police Divisional Investigation Branch /
Sr Staff Sgt SOEBQI AIMAN BIN SOEBIRIN
Contact No.: 67910000

Signature Of Informant:

Date/Time:
05/05/2019 15:09

Classification Of Case:

Authentication Stamp

SN 126

Signature:

Singapore Police Force

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: 4/5/19 Time: 2:25 HRS
 Exact Location of Accident * 05 SCOTTS RD, ROYAL PLAZA SINGAPORE, MISCED LEVEL 4
LOT 52.

DETAILS OF OWN VEHICLE

Vehicle Registration Number * G8E 9562

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 *
 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
☐ Yes ☐ No
 Fleet Policy
 Policy Number
 Motor CI ☐ Same as Insured above

DRIVER

Name of Driver * SAIFUL NIHAM B. MO SAMBATH
 Personal Identification - NRIC (Singaporean/PR) * S8410293H
 - FIN/Passport Number *
 Date of Birth * 14 dd/ 04 mm/ 1984 /yy
 Driving Date Pass * dd/ mm/ /yy
 Year of Driving Experience * ASST. ENGINEER Year(s) _____ Month(s) _____
 Occupation * ☐ Indoor ☒ Outdoor
 Gender * ☒ Male ☐ Female
 Contact Number / Mobile Phone / Fax No. * 8385 3735

Address of Driver	* BLK 686B JURONG WEST CENTRAL 1 #02-136	Postcode (642686)
Email Address	+ saiful.samsudin@khih.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)	* SIDE SWIPE
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 checked="" type="radio"/> No

DETAILS OF POLICE ACTION

Was the Accident reported to the Police?	* <input checked="" type="radio"/> Yes <input 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	* SF2 6825 P
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
IDENTITY CARD NO. S8410293H



Name

SAIFUL NIZAM BIN MOHAMED
SAMSUDIN

Race

MALAY

Date of birth

14-04-1984

Country/Place of birth

SINGAPORE

Sex

M

S8410293H

5352765



NRIC No. S8410293H



Date of issue

16-09-2014

Address

APT BLK 686B JURONG WEST CENTRAL 1
#02-136
SINGAPORE 642686

REPUBLIC OF SINGAPORE DRIVING LICEN

Licence Number S8410293H

Name

SAIFUL NIZAM BIN MOHAMED
SAMSUDIN

Valid till 14 Apr 2016

Issue Date 19 Apr 2006



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING

PASS DATE

C Class 1B Motorcycles <= 200 CC
C Class 2A Motorcycles between 201 CC and 400 CC
C Class 2 Motorcycles > 400 CC
C Class 3 Motor cars <= 3500 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 3500 kg

06 Jan 2015
18 Apr 2016
12 Aug 2008
20 Dec 2010

S8410293H

S/No 900013740

NP 428A

Licence No. S8410293H



**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

GBE9656Z

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

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

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

SSPTKY