NATIONAL Assessment Centre Services (Jurong) MUA4/9062593

Date In: 14/05/2019 14:11	Job description	Date & Time Completed	Done by
Ref No: NBA/AIG/9008501/Y	SAS e-filing		
Veh No: SJT 874X	E-mail (within 8hrs, AIG 2hrs)		
D.O.A: 11/05/2019 17:30	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: WRQ 8176 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:- (INC hotline: 6788 6616)	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

NA1903569

Claimant's Particulars :-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments :-

Cat. 1:

Cat. 2 / 3:

Invoice Preparation Checklist		Amt ($) 1st Bill	Amt ($) Add Bill
1) AR : Accident Reporting ($30);			
2) DA : Damage Assessment ($100);	INC ($80)		
3) TP : 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 : Idaw DA + SMRT Survey	$160		
8) NTUC Additional Services:-			
(N1)*			
*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	$20		
9) N12: Idaw Mobile	30		
Invoice dated	*Fee Charged*		
Invoice dated	*Fee Charged*		

P. 1/1

07-MAY-2019 18:39

MNA419062593 / National Assessment Centre Services - Bukit Merah
ENTRY DATE & TIME: 14/05/2019 14:11
SUBMITTED BY: ROSLI BIN ABDUL WAHAB

Your NCD will be affected due to late reporting
Actual e-Filling Submission Date & Time: 15/05/2019 14:47

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	14/05/2019 14:11
Date Of Accident	11/05/2019 17:30
Exact Location Of Accident	KUALA LUMPUR JALAN MUTIARA TIMUR 4 MALAYSIA
Country/State of Loss	MALAYSIA/WILAYAH PERSEKUTUAN
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJT874X
Insured/Policyholder	
Name Of Registered Owner	GOLDBELL CAR RENTAL PTE LTD
Co Reg No	200710651D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96161409
Alternative Phone No	OFFICE-96161409
Vehicle Particulars	
Manufacturer	TOYOTA
Model	COROLLA ALTIS-1.6 (A)
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	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	ABU HASSAN BIN HASIB
NRIC No	S7038327F
Date Of Birth	21/11/1970
Occupation	INDOOR
Date Of Driving Pass	29/11/1996
Driving Experience	22 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96161409
Fax Number	
Contact Number	OTHERS-96161409
EMail Address	NOEMAIL

Address	BLK 204 CLEMENTI AVENUE 6 #06-11
Postcode	120204
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	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	YES
Foreign Vehicle Registration Number	WRQ8176 (PRIVATE CAR)
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: : WIFE GENDER: : FEMALE
Passenger 2	NAME: : GRANDSON GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes,Please state which Police Station	
Police Station Name	BUKIT TIMAH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	**ROAD**: 1 DUKE ROAD , **POSTCODE:** 268914 , **COUNTRY**: SINGAPORE
Police Station Contact	**TEL NO**: 1800-4629999 - **FAX NO**: 64628933
Was notice of intended Prosecution given?	NO
If Yes,against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH AND POLICE REPORT E/20190514/2019

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	WRQ8176
Vehicle Make/Model/Colour	PROTON
Details Of Properties	
Vehicle Category	PRIVATE CAR

Name of Driver	LIN KAR HOONG
NRIC/Passport Number	920319145335
Contact Number	0125781229
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 reportings 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 disclosure 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 Singapore, for one or more of the above Purposes.

GOLDBELL CAR RENTAL PTE LTD

Policyholder's Signature / Date & Time

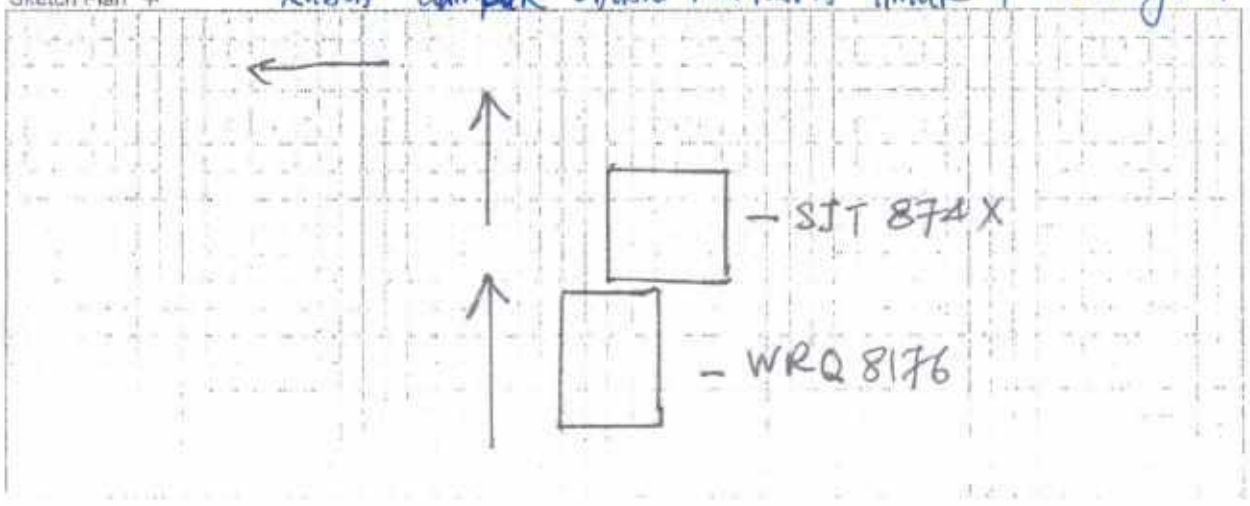
Driver's Signature (if driver is not the policyholder) / Date & Time

14/05/2009

Witnessed by Reporting Centre Personnel

Sketch Plan

KUALA LUMPUR JALAN MUTIARA TIMUR 4 MALAYSIA



Describe Circumstance of the Accident *

On 11th May 2019 @ 17:30
ON Jalan Meliara Timur 4 Taman Meliara Timur Kuala Lumpur
Wilayah Persekutuan K.L Malaysia.
Proton saga : WRQ 8176
Driver : Lim Kar Hoong I/C 920319145335
Failed to stop and hit on the left corner of the car that I drive and caused deep scratched on the said bumper.

Police Report E/20190518/2019

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

GOLDBELL CARS RENTAL PTE LTD

Policyholder's Signature / Date & Time *

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

14/05/2019

Witnessed by Reporting Officer / Date & Time

SINGAPORE POLICE FORCE

E/20190514/2019

POLICE REPORT (NP299)

Report No. E/20190514/2019

Police Station Of Origin
Bukit Timah N.P.C
1 Duke's Road SINGAPORE 268914
Tel No: 1800-4629999

Date/Time Report Made	Vide Report No.	Station Diary No.
14/05/2019 10:54		18

Name Of Informant ABU HASSAN BIN HASIB	Address APT BLK 204 CLEMENTI AVENUE 6 #06-11 SINGAPORE 120204			
ID Type / ID No. NRIC NO / S7038327F	Contact No. Home/Office		Mobile 96161409	
Nationality SINGAPORE CITIZEN	Email Address			
Occupation DRIVER	Sex Male	Age 48	Date of Birth 21/10/1970	Race Javanese
Institution/School Name	Language			
Date/Time Of Incident 11/05/2019 17:30	Location Of Incident Kuala Lumpur, Jln Mutiara, Timur 4 MALAYSIA			

Brief details.

On the 11/05/2019 at about 1730hrs, I was driving my car at Kuala Lumpur. I was at the filter lane to join the highway. There was a jam and I was in a standstill when I felt a bump on the back of my car. A Malaysian foreign vehicle bearing reg no: WRQ8176 hit the back of my vehicle.

My car suffered dents and scratches on the left back bumper. No injuries to any of my 2 passengers and myself. No injuries to the other party as well.

Signature Of Officer Recording The Report: E / Sgt 2 RAHUL SINGH SANDHU	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 14/05/2019 10:54
Officer In-Charge Of Case: E / Tanglin Police Divisional Investigation Branch / Insp GOH WEI TAT Contact No.: 63914718	Classification Of Case:

Authentication Stamp

SINGAPORE POLICE FORCE SN 17

SIGNATURE

POLICE REPORT (NP299) CONTINUATION OF REPORT Report No. E/20190514/2019

I am lodging this report for insurance purposes.

Signature Of Officer Recording The Report: E / Sgt 2 RAHUL SINGH SANDHU	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 14/05/2019 10:54
Officer In-Charge Of Case: E / Tanglin Police Divisional Investigation Branch / Insp GOH WEI TAT Contact No.: 63914718	Classification Of Case:
Authentication Stamp	


LESEN MEMANDU
DRIVING LICENCE
MALAYSIA
LIN KAR HOONG
Warganegara / Nationality
MALAYSIA
No. Pengenalan / Identity No.
920319145335
Kelas / Class
D
Tempoh / Validity
07/01/2019 - 19/03/2020
Alamat / Address
40-1 JALAN 1/155
BUKIT OUG
TOWN HOUSE
58200 KUALA LUMPUR
WILAYAH PERSEKUTUAN KUALA LUMPUR


WRQ 8176


WRQ 8176

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Complete and submit this Form to _____ Authorised Reporting Centre ("ARC") for afiling.
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: 11 MAY Time: 1730
Exact Location of Accident	*	JALAN MUTIARA TIMUR KUALA LUMPUR MALAYSIA

DETAILS OF OWN VEHICLE

Vehicle Registration Number	*	SJT 874 X

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	*	Rental.
Are you claiming under your own insurance policy for repair to your vehicle?		◯ Yes ◯ No (If No,Pls select ◯ Third Party ✓ Reporting) only
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	*	ABU HASSAN B. HABIB.
Personal Identification - NRIC (Singaporean/PR)	*	7038327/F
- FIN/Passport Number	*	
Date of Birth	*	dd/ 29 mm/ 10 /yy 70
Driving Date Pass	*	29 dd/ mm/ 4 /yy 1996
Year of Driving Experience	*	23 Year(s) Month(s)
Occupation	*	DRIVER. ◯ Indoor ◯ Outdoor
Gender	*	✓ Male ◯ Female
Contact Number / Mobile Phone / Fax No.	*	96161409

Address of Driver *	B204 CLEMENTI AVE 6 #06-11 Postcode (120204)
Email Address *	
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 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 collison, Head-On collision,Side Swipe, Front to Rear) *	Front to Rear.
Weather Conditions *	⊘ Clear ◯ Raining ◯ Others,_____
Road Surface *	⊘ Dry ◯ Wet ◯ Others,_____

OTHER INFORMATION

a. Was anybody injured in the accident? *	◯ Yes ⊘ No
b. Was any other vehicle or property damaged? (Including Witness) *	◯ Yes ⊘ No

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 *	WRQ 8176
Vehicle Make/ Model/ Colour	
Details of Properties	
Name of Driver	LIN KAR HOONG
Personal Identification - NRIC (Singaporean/PR)	920319145335
- FIN/Passport Number	
Contact Number	0125781229
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 DRIVING LICENCE
S7038327F
ABU HASSAN BIN HASIB
21 Oct 1970
30 Jul 2016
002593980E


REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7038327F
Name
ABU HASSAN BIN HASIB
Race
JAVANESE
Date of birth
21-10-1970
Sex
M
Country of birth
SINGAPORE


YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)
EFFECTIVE DATE
Class 2B Motorcycles =< 200 cc 26 Mar 1993
Class 2A Motorcycles between 201 cc and 400 cc 04 May 1995
Class 2 Motorcycles > 400 cc 30 Dec 2003
Class 3 Motor cars with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg 29 Nov 1995
Class 4 Motor vehicles which are constructed to carry load or passengers and the unladen weight > 2500kg Motor vehicles which are not constructed to carry load or passengers and the unladen weight =< 7250kg 07 Aug 1998
Licence No:S7038327F
NP 428A


4722682
NRIC No. S7038327F
Date of issue
29-04-2011
Address
APT BLK 204 CLEMENTI AVENUE 6
#06-11
SINGAPORE 120204

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$800.00 ** (I)
WINDSCREEN EXCESS	S$100.00
SUM INSURED	Market Value
INSURING WITH COE/PARF	Yes

1) VEHICLE REGISTRATION NO. SJT874X

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

ORIGINAL

SSPKWJ