NATIONAL Assessment Centre	Services (see these)	MY649063	396		
Date to: 15/95/200 17:32	Job description	Date & Time Completed	Done by		
Ref No NO 10 10 1900 866711	SAS e-filing				
Veli No. GBF 6/85	E-mail (without these AIC 2less)		11,000		
DOA 15/05/20 08:10	i-Motor Claim Form				
	i-Mator W/O (William: OD 2)	hra. TP 4hrs)			
OD The Reporting Only	i-Photo Uploaded				
TP Insurer:	Assessment/Survey Report				
11 Insulta	Ass't Report by Fax / Hant	to Owner/Wksp			
Preferred Wksp / INC Assign Wksp / QW: (		Tel: F	ax:		
TP Particulars: Veh No: PC	7674D. INC	( )/Non-INC( )			
Owner / Driver: (		Tel:	)		
Policy No: ( ) Perio	od: ( )	Cover Type: (	)		
Confirmed by : (	Date:	Time:	j		
	ote-Est Status (WO): N: 0-	20%; P: 21-79%. F: 80-1	00%]		
	attanty, YES ( )/NO (	)			
Excess: (\$ ) Londing: \$1,000	0()/52,000()				
General Remarks:	3. 数字 · 正常的 · 图 · · · · · · · · · · · · · · · · ·	NEW STATES AND A SERVICE OF THE SERV			
( ) Walk-In Customer's inform		Strictly NO refer of repairer.			
( ) Total Loss Case : to e-mail Insurer					
Drive-In ( )/ Towed-In ( ); Invoice:	YES( ) / NO( );	Towing Co (			
Remarks:- (INC horline: 6788 6616)		Date&Tune Completed	Done by		
1) Apply for Transport Allowance ( )/Co	urtesy Car ( )				
2) QC Check / Post Repair Inspection	( )				
3) Upload Resurvey Photo [Repair Cost > \$30	00] ( )				
Injury:					
	2 - 10 - 27 William Planton, Victor 18 18 18 18	morning to a resident size of the			
Date/Time Actions	ESSENTED TO THE STREET		HARD STORE		
VIMACOTAL	L-22 7:38 2	AREA STORY	(in Anit (5) Ami (5		
X181903571	The second of the second	eparation Checklist	TREAT Add Bill		
laimant's Particulars:-	26 Office of Later Company of the Art Art Company	1) AR: Accident Reporting (530); 2) DA: Dumage Assessment (5100); INC (580)			
river/Owner:	3) TF : Towin	3) TF : Towing Fee \$40/545			
Contact No:	5) iT : Follow	4) FT : Fellow-Through Survey \$120 5) FT : Follow-Through Survey (Resurvey) \$20			
		Ear claiming arguet INC Only (wef 10 Jan 2005)  6) TR: Re-inspection \$75			
amaged Portion:	7) N1 : Idao D	7) N1 : Ideo DA + SMRT Survey \$160			
Checked by /Farm Is (2)	8) NTUC Add	6) NTUC Additional Servines:-			
C Checked by (Engr-In-Charge):	*N\$: Court	*N5: Couriesy Car / Tpt Allowance \$5  *N6: Repair Co-ordination \$10			
Additors' Comments :-	Prost Fost I	lepnir Inspection	525		
ALJ:		*NB: DV / Collect Excess Coordination \$5  TP (N11) : TF (N-in INC) against INC \$20			
at 2/3	9) N12: Idiu I	was a second of the second of	30		
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1 / 1 · 1	Invalue dated	h hardwood man	NAME AND ADDRESS OF THE PARTY O		

### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

- 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 wiful 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.
- 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	15/05/2019 17:32	
Date Of Accident	15/05/2019 08:10	
Exact Location Of Accident	PASIR PANJANG ROAD TOWARDS JURONG	
Country/State of Loss	SINGAPORE	
	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GBF6158J	
Insured/Policyholder		
Name Of Registered Owner	GOLDBELL CAR RENTAL PTE LTD	
Co Reg No	200710651D	
Email Address	ALVINLOH1977@GMAIL.COM	
Mobile Phone No	(LOCAL) +65-90020897	
Alternative Phone No	OFFICE-90020897	
Vehicle Particulars		
Manufacturer	VOLKSWAGEN	
Model	T6 VAN TDI NWB DSG	
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?	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	999994313	
Cover Note Number		
Driver		
Name of Driver	LOH CHEE WEI	
NRIC No	S7734466G	
2448002242888	STY INDIVIDUAL TOTAL	

Date Of Birth 06/12/1977 Occupation OUTDOOR Date Of Driving Pass 04/11/1997

Driving Experience 21 YEARS AND 6 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-90020897

Fax Number

Contact Number OTHERS-90020897

EMail Address ALVINLOH1977@GMAIL.COM Address

BLK 108A CANBERRA WALK

#11-09

Postcode

751108

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

red 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

0.000

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)

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

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number

PC7674D

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)

Page 2 of 13

#### SKETCH PLAN

## IMPORTANT NOTICE

- 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
- Any false reporting may be referred to the Police for investigation.
- 6. The 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
- By the lodgment 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)
  - (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
- (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
- 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

(ii) for complying with requirements under any regulations, laws or court orders.

Policyhoider's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

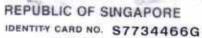
NRIC/FIN No

- 1   1   1   1   1   1   1   1   1   1					
		(AT)	PA	PIR PONIDAN	14 ROAD
A) GRF 6158 5/	///	1MA	//	11	
B)PC7674D			P	agie Penten	4 ROAD
				munded The	
DESCRIBE CIRCUMSTANCES O	F THE ACCIDENT	1 1			
RNG 45 1614D		LOVE FOR	KANDRO WARD C WINH.	THERACK 1 8709 AT SUDDENLY C	The second secon
DECLARATION  Not reclare the foregoing particular	s are true in every re:	spect		16/05	15019
olicyholder's Signature rate & Time:	Driver's Signature (If driver is not the Date & Time:	policyholder)	Nan	orting Centre Personnel ne: C/FIN No.:	25 Sugglature Jos

# ACCIDENT STATEMENT

ACCIDENT DATE: 15 05 19 100	/MM/YYYY), TIME: 108 . 10 1/HH-MM
LOCATION: Pasir Pantang Lows	
1. DETAILS OF VEHICLE	
a) VEHICLE NUMBER: GBFG158 J	N X 18
	Alla
c)POUCY NUMBER:	
d)POLICY TYPE: (COMPREHENSIVE /	THIRD PARTY / THIRD PARTY FIRE &THEFT)
e)MAKE & MODEL: VW	THIRD PARTY FIRE & THEFT)
	LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / CO	DMMERCH V MOTORCYCLE / OTHERS)
h) PURPOSE OF USING AT ACCIDENT T	TIME: MOTORCYCLE)
I) ARE YOU CLAIMING UNDER YOUR C	MAL PICTO LANCE DATE
IF NO, PLEASE STATE (THIRD PARTY C	AN INSURANCE (YES/NO)
2. INSURED / POLICY HOLDER	CAIM / (REPORTING ONLY)
AINAME: GOLDBELL.	WWW.25.000.1
b)NRIC/FIN/PASSPORT:_	(MALE / FEMALE)
c) ADDRESS:	CONTACT:
25 B 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	
* CONTINUE TO 3.d IF DRIVER ALSO PO	OLICY HOLDER
Hus of passanger DRIVER ALSO PC	SHOT HOLDER
(Including driver) ONAME: LUH CHEE WEZ	PART STREET
DINKIC/FIN/PASSPORT: 1773446	4 CONTACT: 90020897
CIADDRESS: BK 108A Conberra	walk #11-09 Sipore 757108
*d)DATE OF BIRTH: ( 06/ 12 / 1917	J(DD/MM/YYYY)
AJUCCUPATION: (INDOOR / DUTDOO	R)
1) DHIE OF DRIVING PACE	(4) 11) 1997
4. WAS DRIVER AN EMPLOYEE OF THE	INSURED'S COMPANY? (YES (NO)
" " " " " " " " " " " " " " " " " " "	ER WITH INCLIDED.
CLEAR RAIN	VING / OTHERS
DIRUAD SURFACE: DRY WET / OTHER	S
6. WAS ANYBODY INJURED (YES ANO)	
7. a) REPORTED TO POLICE (YES /NO)	
IF YES, PLEASE STATE WHICH POLICE ST	TATION:
tr g	1
No of passenger of VEHICLE NUMBER: PC 76741)	MODEL: BUS
Including driver) b) DRIVER'S NAME:	
( ) C/ MRIC/PIN/PASSPORT:	CONTACT:
	VI / GRANDELL THE CORP.
Les of harmonic	MODEL:
	* 4
( ) NRIC/FIN/PASSPORT:	CONTACT:
	×

email = ALOW LOHIETT Q g mail-com





Name

LOH CHEE WEI

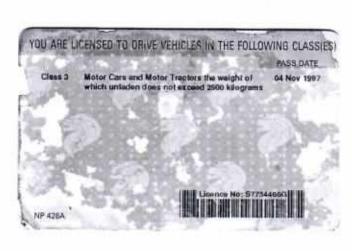
罗志 1 CHINESE Date of hirth 06-12-1977 Country of airm

SINGAPORE











## CERTIFICATE OF INSURANCL

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189) MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1860 ROAD TRANSPORT ACT, 1987 (MALAYSIA) MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

Comprehensive Commercial Auto Plus

CERTIFICATE NO.

999994313

(The below excess is aubject to

POLICY EXCESS

\$\$1,000.00

WINDSCREEN EXCESS

\$\$100.00

SUM INSURED

Market Value

INSURING WITH COE/PARF

1) VEHICLE REGISTRATION NO.

2 ) NAME OF POLICYHOLDER

GBF6158J

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 \$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

## 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.

1 / 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 Acom International Network Pte Ltd 48 Changi South St 1 Level 3 SINGAPORE 488130

AIG Asia Pacific Insurance Pte. Ltd.

AUTHORISED REPRESENTATIVE

SSPTKY

ORIGINAL