

NATIONAL Assessment Centre Services.

(ver 1 Jan 05)

NA/19060493

Date In: 23/05/2015 09:59	Job description	Date & Time Completed	Done by
Ref No: NA/19060493/0554	SAS e-filing		
Veh No: SKK 5565 R	E-mail (Ajdala 8hrs, AIC 2hrs)		
D.O.A: 15/05/2015 09:05	I-Motor Claim Form		
OD: TP: Reporting Only	I-Motor W/O (W/this: 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: (

Tel:

Fax:

TP Particulars:	Veh 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 ()	

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:	Complete by:	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	Action

NA/1903834

Driver/Owner:	1) AR: Accident Reporting (\$30)	
Contact No:	2) DA: Damage Assessment (\$100) INC (\$80)	
Damaged Portion:	3) TP: Towing Fee \$40/\$45	
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120	
	5) PT: Follow-Through Survey (Resurvey) \$30	
	For claiming against INC Only (ver 10 Jan 2005)	
	6) TR: Re-inspection \$75	
	7) NI: Idao DA + SMRT Survey \$160	
	8) NTUC Additional Services:	
	9) NI: Idao Mobile	
	10) NS: Courtesy Car / Tpl Allowance \$3	
	11) NG: Repair Co-ordination \$10	
	12) NT: Post Repair Inspection \$25	
	13) ND: DV / Collect Excess Coordination \$3	
	TP (NI): TP (Non INC) against INC \$20	
	14) NI: Idao Mobile \$30	
	Invoice dated	Fee Charged
	Invoice dated	Fee Charged

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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	23/05/2019 09:59
Date Of Accident	15/05/2019 09:05
Exact Location Of Accident	SENTOSA COVE VILLAGE CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKK5565R
Insured/Policyholder	
Name Of Registered Owner	GOLDBELL CAR RENTAL PTE LTD
Co Reg No	200710651D
Email Address	JAKESPICES@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97691508
Alternative Phone No	OFFICE-97691508

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS-1.6 (A)
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	MUHAMMAD FARID SEOW ENG HENG
NRIC No	S9324779E
Date Of Birth	17/06/1993
Occupation	OUTDOOR
Date Of Driving Pass	05/10/2016
Driving Experience	2 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97691508
Fax Number	
Contact Number	OTHERS-97691508
EMail Address	JAKESPICES@GMAIL.COM

Address	BLK 437 WOODLANDS STREET 41 #11-358
Postcode	730437
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

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 repeal 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' 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 if e 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 o r responding to any enquiries by me;
 - (iv) administering my claims (including the mailing o f 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.
- (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 b y 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.

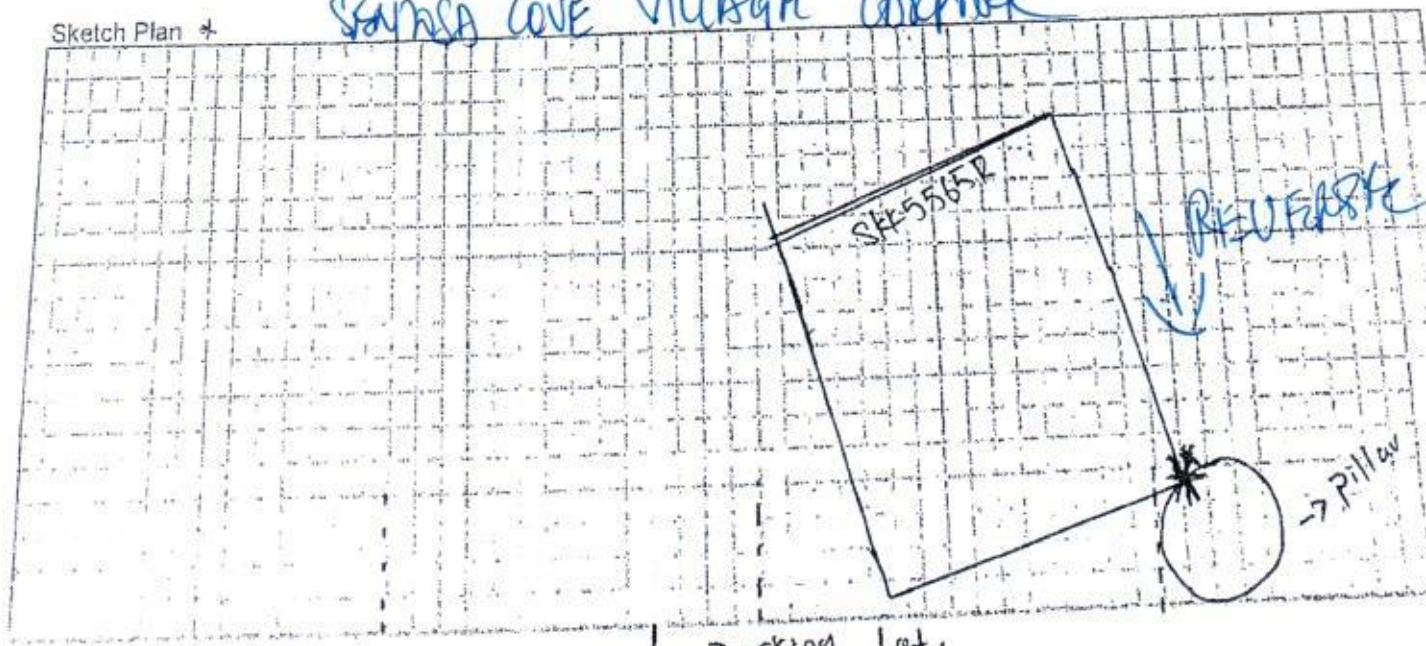
[Signature]
Policyholder's Signature / Date & Time

[Signature] 15/5/19 0914 hrs.
Driver's Signature (if driver is not the policyholder) / Date & Time

[Signature] 23/05/2019
Witnessed by Reporting Centre Personnel

Sketch Plan *

SEAWASA COVE VILLAGE CARPARK



Reserved. parking lot.


Describe Circumstance of the Accident *

When (about 09:14 hrs in the morning when I (Muhammad Farid Seow ENG Hong) driving Back to Cove Village about to park the vehicle (SKK5565R) when reversing never notice on the pillar, when was hit. Back Brake light crack and a slight dent on the left Back passenger seats.

Declaration

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

 
Policyholder's Signature Date & Time

*  09:14 hrs. 15/5/14
Driver's Signature (if driver is not the policyholder) / Date & Time

 22/05/2019
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: 15 May 2019. Time: 0903.

Exact Location of Accident * Sentosa Cove Village Carpark Reserved Lot.

DETAILS OF OWN VEHICLE

Vehicle Registration Number * SKK5565 R

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 *

Patrol

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

Meet Policy

☐ Yes ☐ No

Policy Number

Motor CI

RIVER

☐ Same as Insured above

Name of Driver

* Mr Muhammad Fandi Seow ENG HENG.

Personal Identification - NRIC (Singaporean/PR)

* S4324779E

- FIN/Passport Number

Date of Birth

* 17 ddi 06 mmi 1993/yy

Driving Date Pass

* 5 ddi 10 mmi 2016/yy

Year of Driving Experience

* 2 Year(s) Month(s)

Occupation

* ☐ Indoor ☐ Outdoor

Gender

* ☒ Male ☐ Female

Contact Number / Mobile Phone / Fax No.

* 9769 1508.

Address of Driver	* 40 Blk 437, woodland street 41
Email Address	* # H# 11-358 Postcode (730437.) jakespices@gmail.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)	* Left Back stop light
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 checked="" type="radio"/> Yes <input type="radio"/> No

DETAILS OF POLICE ACTION

Was the Accident reported to the Police?	* <input type="radio"/> Yes <input checked="" 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	* SKK5565R P1118
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. **S9324779E**



Name

**MUHAMMAD FARID SEOW ENG
HENG**

Race

CHINESE

Date of birth

17-06-1993

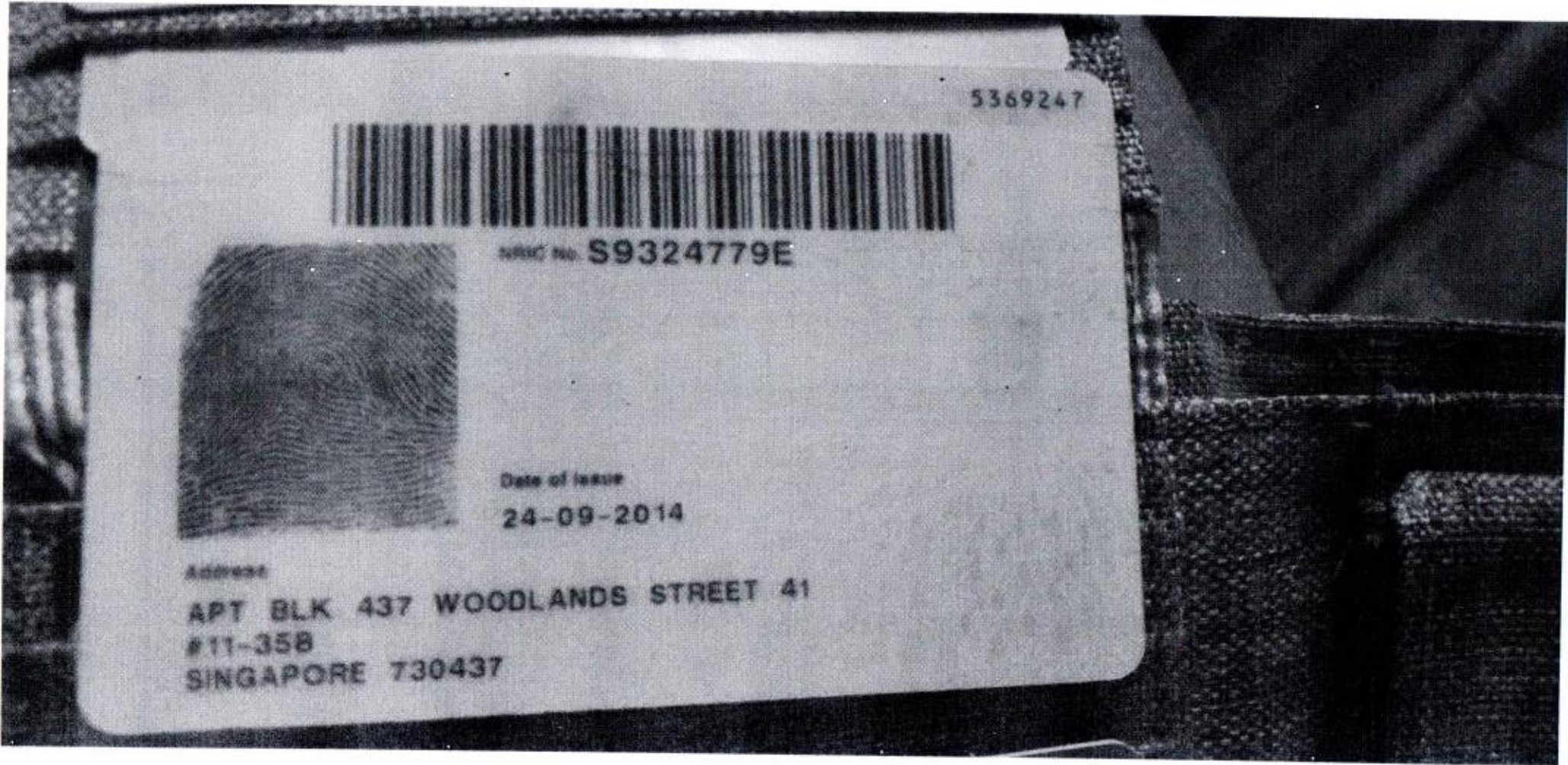
Sex

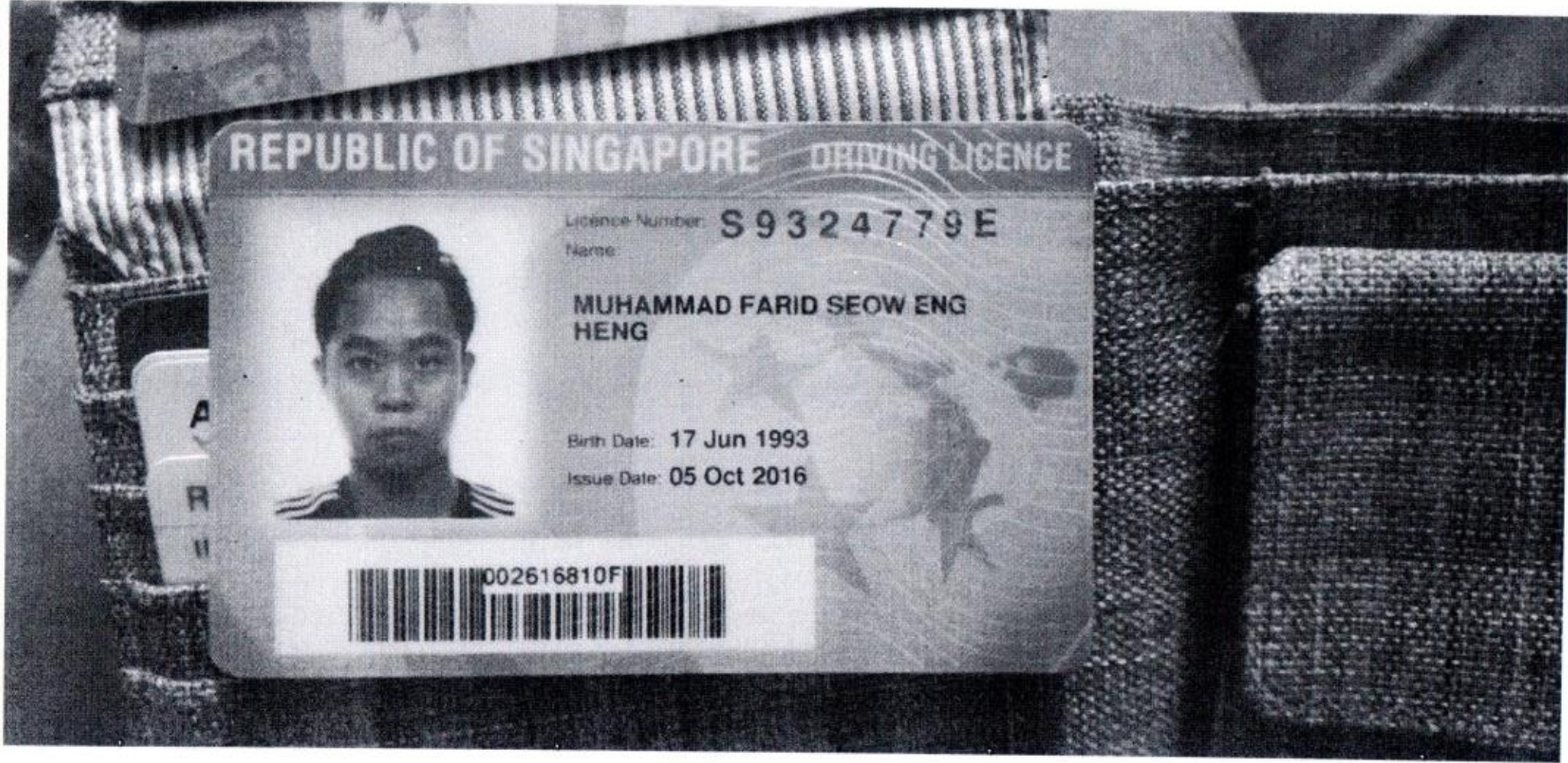
M

Country/Place of birth

SINGAPORE





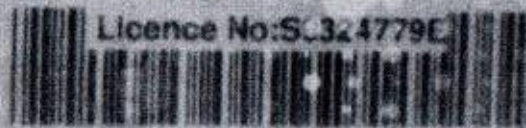


YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 3A Motor cars without clutch pedals (Auto) with unladen weight \leq 3000kg with \leq 7 passengers, exclusive of driver; and other motor vehicles without clutch pedals with unladen weight \leq 2500kg 05 Oct 2016

NP 428A



**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 2.400

Comprehensive Commercial Motor		(The below excess is subject to GST)	
CERTIFICATE NO.	999994316	POLICY EXCESS	S\$800.00 ** (1)
		WINDSCREEN EXCESS	S\$100.00
		SUM INSURED	Market Value
		INSURING WITH COE/PARF	Yes
1) VEHICLE REGISTRATION NO.	SKK5565R		
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

Accorn International Network Pte Ltd

48 Changi South St 1 Level 3

SINGAPORE 486130

ORIGINAL

AUTHORISED REPRESENTATIVE

SSPKWJ