

NATIONAL Assessment Centre Services [Form 1 Jan 2015] MIA 1904382

Date In: 12/06/2019 17:50	Job description	Date & Time Completed	Done by
Ref No: NIA/1904382/0557/4	SAS e-filing		
Veh No: SMK 2959 J	E-mail (within Mins. AIC 2hrs)		
D.O.A: 06/06/2019 06:35	I-Motor Claim Form		
OD: TP: <u>Reporting Only</u>	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: () Tel: () Fax: ()

TP Particulars: Veh No: SMK 6929 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

Claimant's Particulars	Invoice Preparation Checklist	Am't (\$) In Bill	Am't (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30)		
Contact No:	2) DA: Damage Assessment (\$100): INC (\$60)		
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 2015)		
Cat 2/3:	6) TR: Re-inspection \$75		
	7) N1: Idm DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	* N3: Courtesy Car / Tpt Allowance \$5		
	* N6: Repair Co-ordination \$10		
	* N7: Post Repair Inspection \$25		
	* N8: DV / Collect Excess Coordination \$5		
	* TP (N11): TP (N-in INC) against INC \$20		
	9) N12: Idm Mobile \$0		
	Invoice date / Fee Charged		
	/ Fee Charged		

1 / 1 '19

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	12/06/2019 17:50
Date Of Accident	06/06/2019 06:35
Exact Location Of Accident	CROSS JUNCTION OF TUAS WEST ROAD/TUAS LINK 4
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMK2959J
Insured/Policyholder	
Name Of Registered Owner	GOLDBELL CAR RENTAL PTE LTD
Co Reg No	200710651D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90290732
Alternative Phone No	OFFICE-90290732

Vehicle Particulars

Manufacturer	TOYOTA
Model	PREVIA AERAS 2.4 CVT MR
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	999994188/100874642-00002
Cover Note Number	

Driver

Name of Driver	AFFANDI BIN SAPUAN
NRIC No	S1114828Z
Date Of Birth	18/06/1955
Occupation	OUTDOOR
Date Of Driving Pass	08/06/1987
Driving Experience	31 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90290732
Fax Number	
Contact Number	OTHERS-90290732
EEmail Address	NOEMAIL

Address BLK 12 BEBOK SOUTH AVENUE 2
#06-600

Postcode 460012

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 RAINING

Road Surface WET

Other Information

Was any foreign vehicle involved in this accident? YES

Foreign Vehicle Registration Number JRK6929 (MOTORCYCLE)

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) 2

Passenger 1
NAME: : MR TAKAHASI
GENDER: : MALE

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name JURONG WEST NEIGHBOURHOOD POLICE CENTRE

Police Station Address ROAD: 700 CORPORATION ROAD , POSTCODE: 649818 , COUNTRY: SINGAPORE

Police Station Contact TEL NO: 1800-2689999 - FAX NO: 62672438

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190606/2039

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 JRK6929

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category MOTORCYCLE

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. Participants must correctly the details of the accident to speed up the claims process
2. The form must be completed by the Participants and/or the Authorised Driver
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may void insurance cover and lead to possible policy liability
4. Any mislead or acceptance of this form by insurance companies is not an acceptance of policy liability on the part of the insurance companies.
5. Any table reporting may be referred to the Police for investigation
6. The report will be forwarded by the insurers of the GSA Records Management Corporation and will be placed at the disposal of Singapore Police for archiving and that copies of the report will for a fee be made available upon application to interested parties.
7. For the assignment of this report to the insurers, you hereby consent to the archiving of this report at the central unit to assist of the report being made available should.
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 be permitted to collect, use, disclose and/or process my personal data (personal information) that is in this form and any other personal information provided by me or processed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all persons (a) who have insured vehicle (b) involved in the accident (c) insurer (d) who have insured a similar vehicle involved in this accident (e) that be respectively referred to as the "Insurers", the "Insurer" respectively from the Statutory Bureau of Singapore and any relevant government agency/authority (such as the police, for the purpose of (i) processing, archiving and/or dealing with my claim (including any claimants of the claim) and any necessary investigation relating to the claim;
- (ii) investigating the accident and/or my claim;
- (iii) carrying out and/or dealing with my insurances or responding to any enquiries by me;
- (iv) administering my claims (including the making of correspondence, statements, reports, reports or written to me, which could involve disclosure of certain personal data about me to being about others of the same as well as other external cover of a non-physical package); and/or
- (v) complying with applicable law in administering, processing, handling and/or carrying out my claim collection for the "purposes")
- (b) persons (i) who have insured vehicles involved in this accident and the Insurers' relevant law firms, regulatory bodies or in court, use, disclose and/or process my Personal Information for one or more of the above purposes; and
- (c) my Personal Information may have been accessed by any of the Insurers' staff (i) to their third party service providers or external including their lawyers or firms, which may be based outside of Singapore, for one or more of the above purposes;
- (d) my Personal Information will also be referred and used to operate claims history for the purpose of fraud detection, investigation and management, claims and all subsequent claims;
- (e) the information is collected (or any of them) may be shared by Insurers:
 - (i) to all insurers and/or any third party that assist in evaluating, investigating, handling or managing my claim, regulators, law enforcement and government agency as reasonably required for the purposes stated, or
 - (ii) for complying with a legal obligation under any applicable law or regulations.

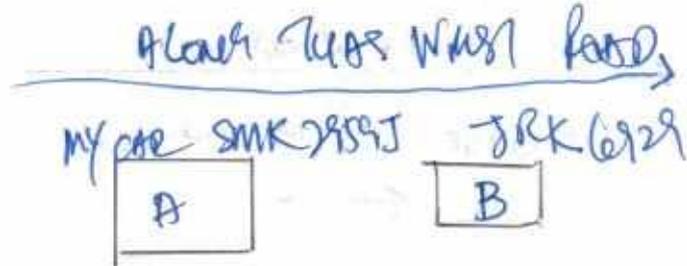


Insurer's Signature
Printed Name

Client's Signature
(Please fill in the enclosed form)
Date & Time

15/06/2022
Richard Bell Capreni
Richard Bell Capreni

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AS PER Police Report 7/20190606/2019



Police Officer's Signature
Date & Time

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

13/06/2019
Paul Lutter



**SINGAPORE
POLICE FORCE**



T/20190606/2039

1 of 3

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

Report No. T/20190606/2039

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/06/2019 10:10	Vide Report No.: J/20190606/0043	Station Diary No.: 45
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Informant's Particulars

Name of Informant: AFFANDI BIN SAPUAN		Address: APT BLK 12 BEDOK SOUTH AVENUE 2 #06-600 SINGAPORE 460012	
ID Type / ID No.: NRIC NO / S1114828Z		Contact No.:	Mobile: 90290732
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 63	Date of Birth: 18/06/1955	Type of Informant: Driver
Race: Malay		Language:	Institution / School Name:
Occupation: DRIVER		Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident

Type of Accident: Non-Injury Foreign Vehicle	Drink Drive: No	Date/Time of Accident: 06/06/2019 06:35	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 TUAS WEST ROAD TUAS LINK 4 AT THE CROSS JUNCTION OF TUAS WEST ROAD AND TUAS LINK 4.			
Weather: Heavy rain	Road Surface: Wet	Road Speed Limit:	
Traffic Flow: One Way	Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
JRK6929	Motorcycle					0
SMK2959J	Car	TOYOTA			Slightly Damaged	1

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20190606/2039

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

2 of 3

Report No: T/20190606/2039

CONTINUATION OF REPORT

Driver			
Name	AFFANDI BIN SAPUAN	ID No.	S1114828Z
Related Vehicle	SMK2959J (Car)	Contact No.	90290732
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On the 06/06/2019 at about 0637hrs, I was driving my car SMK2959J along lane 3 of Tuas West Road. There was one other passenger (Mr Takahasi HP: 97110015) inside the car with me.

There was a motorcycle right in front of me JRK6929 on the same lane. The traffic light was amber and I thought that the said motorcycle would proceed straight and maintain the same speed. However, the said motorcycle stopped, which caused me to brake suddenly to avoid colliding onto him.

As a result, I hit onto the rear of the motorcycle, causing the rider to fall and the motorcycle to topple over. I made a check on him and he was not injured. The front part of my bumper and the plate number were damaged. TP Sgt Alan Chong arrived at scene and seized my SD card. Neither myself nor my passenger is injured.



**SINGAPORE
POLICE FORCE**



T/20190606/2039

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

3 of 3
Report No: T/20190606/2039

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:
J/
Insp MUHAMMAD ASRUL BIN ABDUL RAHIM

Signature Of Informant: 

Signature Of Interpreter:
Not applicable

Date/Time:
06/06/2019 10:10

Officer In Charge Of Case:
TP / AEIT /
Staff Sgt WONG SIEU LUI
Contact No.: 65476151

Classification Of Case:

Authentication Stamp
NP158

Singapore Police

SN 126



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Complete and submit this form to the 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 insurance and acceptance of this Form by insurance companies is not an admission of the policy liability on the part of the insurer companies.
6. Any false reporting may be referred to the Traffic Police Department for investigation.

ACCIDENT STATEMENT

Date and Time of Accident	Date: 06/06/2019	Time: 0637 hrs.
Exact Location of Accident		
DETAILS OF OWN VEHICLE		
Vehicle Registration Number	SMK 2959 J	
INSURED / POLICYHOLDER (OWN VEHICLE)		
Name of Registered Owner (See Insurance Cert.)	COLOBBU CAR RENTAL	
Personal Identification - NRIC (Singaporean/PR)	S11148282	
- FIN/Passport Number		
- Not Applicable		
VEHICLE PARTICULARS (OWN VEHICLE)		
Vehicle Make / Model	Manufacturer: TOYOTA	Model: PRIMA
Type of Vehicle	<input type="radio"/> Saloon <input type="radio"/> MPV <input type="radio"/> CRV <input type="radio"/> Van <input type="radio"/> Lorry <input type="radio"/> Bus <input type="radio"/> M/cycle <input type="radio"/> Others _____	
Exact Purpose for which vehicle was being used at time of accident		
Are you claiming under own insurance policy for repair to your vehicle?	<input type="radio"/> Yes <input type="radio"/> No (If No, Pls select <input type="radio"/> Third Party <input checked="" type="radio"/> Reporting)	
INSURANCE COMPANY (OWN VEHICLE)		
Name of Insurance Company		
Type of Policy	<input type="radio"/> Comprehensive <input type="radio"/> Third Party Fire & Theft <input type="radio"/> TP Only	
Fleet Policy	<input type="radio"/> Yes <input type="radio"/> No	
Policy Number		
Motor CI		
DRIVER	<input type="radio"/> Same as Insured above	
Name of Driver		
Personal Identification - NRIC (Singaporean/PR)	AFFANDI BIN SAPUAN	
- FIN/Passport Number	S11148282	
Date of Birth	18 /dd 06 /mm 1955 /yy	
Driving Date Pass	/dd /mm /yy	
Year of Driving Experience	30 Year(s) Month(s) Month(s)	
Occupation	<input type="radio"/> Indoor <input checked="" type="radio"/> Outdoor	
Gender	<input checked="" type="radio"/> Male <input type="radio"/> Female	
Contact Number / Mobile Phone / Fax No.	90290732	

Address of Driver	BLK 12 #06-600 BEDOK SOUTH	
Email Address		
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)		
Weather Conditions	<input type="radio"/> Clear	<input checked="" type="radio"/> Raining <input type="radio"/> Others _____
Road Surface	<input type="radio"/> Dry	<input checked="" 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 type="radio"/> Yes <input checked="" type="radio"/> No (if Yes, please state which Police Station.)	
Police Station Name	JURONG WEST NPC	
Police Station Address	700 CORPORATION ROAD SPORE 649818	
Police Station Contact	Tel No. 1800-2689999 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	JRF 6929	
Vehicle Make/ Model/ Colour		
Details of Properties		
Name of Driver		
Personal Identification - NRIC (Singaporean/PR)		
- FIN/Passport Number		
Contact Number		
Vehicle Make/ Model/ Colour		
Address of Driver		
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. S1114828Z



Name
AFFANDI BIN SAPUAN

Race
MALAY

Date of birth
18-06-1955

Country/Place of birth
SINGAPORE

Sex
M

S1114828Z

For LKK/NAC Use Only

S366650



NRIC No. S1114828Z



Date of issue
04-10-2014

Address
APT BLK 12 BEDOK SOUTH AVENUE 2
#06-600
SINGAPORE 460012

For LKK/NAC Use Only

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S 1114828Z**
Name:
AFFANDI BIN SAPUAN

Birth Date: **18 Jun 1955**
Issue Date: **04 Oct 2014**



8023515468



FOR NAC Use Only

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

	EFFECTIVE DATE
Class 3 Motor Cars \leq 3000kg with \leq 7 passengers, exclusive of the driver, and other motor vehicles \leq 2500kg	08 Jun 1967

NP 428A

Licence No. **S 1114828Z**



FOR NAC Use Only



HO11/PL 110, 111/ 1415-3000

CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1987
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1995 (MALAYSIA)

M 2.400

COMPREHENSIVE COMMERCIAL MOTOR	OWN DAMAGE EXCESS WINDSCREEN EXCES
CERTIFICATE NO. 989994188/100674642-00002	(for policies with effect from 1st November 2002) SUM INSURED S\$1.00
	INSURING WITH COE/PARF YES
1) VEHICLE REGISTRATION NO.	SMK2959J
2) NAME OF INSURED	Goldbell Car Rental Pte Ltd
3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE PURPOSES OF THE ACT	3 Apr 2019
4) DATE OF EXPIRY OF INSURANCE	31 Mar 2020
5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE *	
<p>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</p>	
<p>6) LIMITATION AS TO USE *</p> <p>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 to whom the Vehicle is hired; or 4) Use for any purpose in connection with Motor Trade.</p> <p>In the event of accident claim, the repairs to the Vehicle must be carried out by one of our AIG Authorized Repairers or Esteem Performance Pte Ltd or Sng Ah Tee Motor & Panel Service Pte Ltd or Mega City.</p>	
<p>LOSS OF USE NOT INCLUDED</p> <p>* NAMED DRIVER N/A</p> <p>HIRE PURCHASE COMPANY: DBS BANK LTD</p> <p>* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 85 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.</p>	

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 - 28 May 2019

AIG ASIA PACIFIC INSURANCE PTE. LTD

038123-870
ACORN INTERNATIONAL - FLEET
4B CHANGI SOUTH STREET, 1 #04-01 SINGAPORE 465130

Authorized Representative

ORIGINAL

SSDANA