

NATIONAL Assessment Centre Services (cont. 1 Jan 2013) **MUA49079037**

Date In: 17/06/2019 19:10	Job description	Date & Time Completed	Done by
Ref No: NIA/1904566/012317	SAS e-filing		
Veh No: SKK 5489C	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 17/06/2019 09:00	I-Motor Claim Form		
OD: TP - Reporting Only	I-Motor W/O (within 8hrs, OD 2hrs, TP 4hrs)		
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksa		

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

TP Particulars: Veh No: **SKR 7927C** 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 () / Towel-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 (\$)	Am't (\$)
		In Bill	Add. Bill
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		
Auditors' Comments:	5) PT: Follow-Through Survey (Resurvey) \$30		
Cat. J:	For stamping against INC Only (wef 10 Jan 2013)		
Cont 2/3	6) TR: Re-inspection \$75		
1/1/1	7) N1: Idno DA + SMRT Survey \$100		
	8) NTUC Additional Services:		
	(1) N3: Courtesy Car / Tpi Allowance \$5		
	* N4: 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: Idno Mobile \$0		

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	17/06/2019 19:10
Date Of Accident	11/06/2019 09:00
Exact Location Of Accident	NO: 5 COURT ROAD (558124)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKK5489C
Insured/Policyholder	
Name Of Registered Owner	GOLDBELL CAR RENTAL PTE LTD
Co Reg No	200710651D
Email Address	SOPHIEGILLIO@YAHOO.FR
Mobile Phone No	(LOCAL) +65-90301595
Alternative Phone No	OFFICE-90301595
Vehicle Particulars	
Manufacturer	TOYOTA
Model	FORTUNER
Exact Purpose for which vehicle was being used at time of accident	COMING BACK HOME FROM SHOPPING
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	MOREL EP GILLIO SOPHIE PAOLA SIMONE
Passport No/FIN	G3181229T
Date Of Birth	11/12/1970
Occupation	INDOOR
Date Of Driving Pass	22/12/2011
Driving Experience	7 YEARS AND 5 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-90301595
Fax Number	
Contact Number	OTHERS-90301595
Email Address	SOPHIEGILLIO@YAHOO.FR

Address	5 COURT ROAD
Postcode	581124
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 PARKED VEHICLE
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)	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	SGR7927C
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.

9. 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;



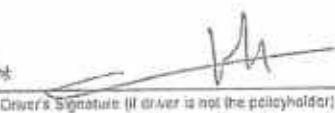

(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or

(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

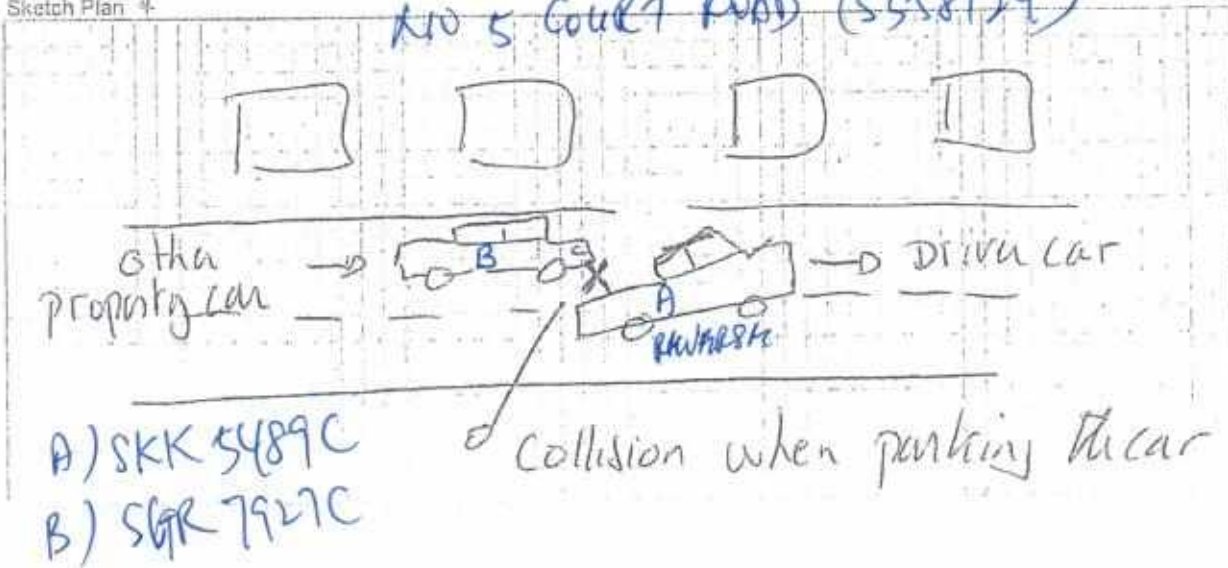
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

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

Sketch Plan 4

11.06.2019
NO 5 COURT ROAD (S558124)



Describe Circumstance of the Accident *


when coming back to home, parking of the car in front of the house (5 court road) as usual by day so, we hit the car, (on its front right side), that was parked close to the house under the picture, we can see that the car was not well parked with little space left on the road, even though we recognize our fault to have hit the car.

Declaration

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


Policyholder's Signature




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

11.06.2019
15h30


Witnessed by Reporting Centre Personnel

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Complete and submit this Form to 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 willful 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: 11.06.2019 Time: 9:00 AM
 Exact Location of Accident * 5 court Road 558124 Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number * SKK 5489C

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 *

wife coming back to home after shopping

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

Fleet Policy

Yes No

Policy Number

Motor CI

DRIVER

Same as insured above

Name of Driver *

Gillio Sophie

Personal Identification - NRIC (Singaporean/PR)

- FIN/Passport Number

G3181229T

Date of Birth

11 ddt 12 mnt 1970 /yy

Driving Date Pass

15 ddt 05 mnt 1992 /yy

Year of Driving Experience

27 Year(s)

Month(s)

Occupation

*

Indoor Outdoor

Gender

Male Female

Contact Number / Mobile Phone / Fax No.

90301545

Address of Driver	5 Court Road SINGAPORE	Postcode (558124)
Email Address	* Sophie.gillio@yahoo.fr	
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	<input type="radio"/> Yes <input type="radio"/> No	
Vehicle Registration Number of Driver's Own		
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 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	Tel No. Fax No.
Police Station Contact	<input type="radio"/> Yes <input checked="" type="radio"/> No (If Yes, against whom?)
Was notice of intended Prosecution given?	

DETAILS OF OTHER VEHICLE / PROPERTY 1

Vehicle Registration Number	* 5GR 7927C
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

FIN G3181229T



Name

MOREL EP GILLIO SOPHIE PAOLA SIMONE

For LKK/NAC Use Only

Date of Birth

11-12-1970

Sex

F

Nationality

FRENCH

G3181229T

FA1823014

DEPENDANT'S PASS

Immigration Regulations



FIN G3181229T

For LKK/NAC Use Only

MULTIPLE JOURNEY VISA ISSUED

Date of Issue

Date of Expiry

05-04-2017

11-08-2020



YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.

Interrasse Luchack

1. Nom: MOREL
EPOUSE GILLIO

2. Prénom: SOPHIE PAOLA SIMONE

3. Date et lieu de naissance: 11/12/1970
CANNES (006)

8. Domicile: 203 CHE DES BRUSQUETS
06600 ANTIBES

4. Délivré par: LE SOUS-PREFET (06)
AGRASSE
22/12/2011
5. N°10106110221



7. Signature du titulaire

CATÉGORIES DE VÉHICULES POUR LESQUELLES LE PERMIS EST VALABLE		DEPUIS LE	JUSQU'AU	RESTRICTIONS	MENTIONS	TIMBRE
A	A1 ≤ 125 cc ≤ 11 kW	15/05/1992				
	A ≤ 25 kW ≤ 0,16 kW/kg	*****				

B	B1	15/05/1992				
	B ≤ 3500 kg ≤ (1 + R & G)	15/05/1992				
C	C	*****				
D	D	*****				
E	B	*****				
	C	*****				
	D	*****				

For LKK/NAC Use Only

INTERNATIONAL LICENCE

10EP79956

01 DISPOSITIF CORRECTION VISION
71 DUPLICATA

CATÉGORIES DE VÉHICULES POUR LESQUELLES LE
PERMIS EST VALABLE EN CIRCULATION NATIONALE

CAT	DU	AU	MENTIONS/TIMBRE
****	*****		
****	*****		
****	*****		

CHANGEMENT DE DOMICILE

For LKK/NAC Use Only

RÉPUBLIQUE FRANÇAISE



PERMIS DE CONDUIRE

Свидетелство за управление на МПС
Permiso de Conducción • Řidičský průkaz
Körkort • Führerschein • Juhiluba
Άδεια Οδήγησης • Driving Licence
Ceadúnas Tiomána • Patente di guida
Vadītāja apliecība • Vairuotojo pažymėjimas
Vezetői engedély • Licența taș-Sewqan
Rijbewijs • Prawo Jazdy
Carta de Condução • Permis de conducere
Vodičský preukaz • Vozniško dovoljenje
Ajokortti • Körkort

Modèle des
COMMUNAUTÉS EUROPÉENNES

**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, 1995 (MALAYSIA)

M 2.450

(The below excess is subject to GST)

Comprehensive Commercial Motor	POLICY EXCESS	S\$1,200.00 ** (1)
CERTIFICATE NO. 999994316	WINDSCREEN EXCESS	S\$100.00
	SUM INSURED	Market Value
	INSURING WITH COE/PARF	Yes
1) VEHICLE REGISTRATION NO.	SKK5489C	
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

M. Manib

ORIGINAL

AUTHORISED REPRESENTATIVE

SSPKWJ