

NATIONAL Assessment Centre Services <small>(only 1 Jan 2019)</small> <b>19 MAY 2019</b>			
Date to: <b>28/06/2019 16:10</b>	Job description	Date & Time Completed	Done by
Ref No: <b>19011478/4</b>	SAS e-filing		
Veh No: <b>SKY 9402H</b>	E-mail (within 3hrs, ATC 2hrs)		
D.O.A: <b>28/06/2019 16:10</b>	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: **SKF 26502** 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:

19011478/4		Invoice Preparation Checklist		Am't (\$)	Am't (\$)
				In Bill	Add Bill
Claimant's Particulars:		1) AR: Accident Reporting (\$30)			
Driver/Owner:		2) DA: Damage Assessment (\$100)	INC (\$80)		
Contact No:		3) TP: Towing Fee	\$40/\$45		
Damaged Portion:		4) FT: Follow-Through Survey	\$120		
QC Checked by (Engr-In-Charge):		5) FT: Follow-Through Survey (Resurvey)	\$30		
Additors' Comments:		Ezr claimant against INC Only (wef 10 Jan 2019)			
Est. J:		6) TR: Re-inspection	\$75		
Est. 2/3:		7) N1: Idos DA + SMKT Survey	\$160		
1/1		8) NTUC Additional Services:			
		9) N1: 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		
		7) N12: Idos Mobile	\$30		
		Invoice dated	For Charged		
		Invoice dated	For Charged		

07-MAY-2019 16:39



## 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	28/06/2019 12:48
Date Of Accident	27/06/2019 16:10
Exact Location Of Accident	AYE 1ST LANE LAMP POST 394 OPPOSITE NUH
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKN9403H
<b>Insured/Policyholder</b>	
Name Of Registered Owner	GOLDBELL CAR RENTAL PTE LTD
Co Reg No	200710651D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96001635
Alternative Phone No	OFFICE-96001635

### Vehicle Particulars

Manufacturer	TOYOTA
Model	ALPHARD
Exact Purpose for which vehicle was being used at time of accident	HEADING BACK TO OFFICE
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	YES
Policy Number	999994316
Cover Note Number	

### Driver

Name of Driver	SEANRINE BIN SHARAFUDDEN
NRIC No	S8239178I
Date Of Birth	17/11/1982
Occupation	INDOOR
Date Of Driving Pass	11/12/2008
Driving Experience	10 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96001635
Fax Number	
Contact Number	OTHERS-96001635
EMail Address	NOEMAIL

Address	BLK 121 BUKIT MERAH VIEW #05-100
Postcode	151121
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	CHAIN COLLISION
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	4
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	SKF2650Z
Vehicle Make/Model/Colour	KIA CERATO FORTE SEDAN
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	NOOR HAFIZI BIN AB AZIZ
NRIC/Passport Number	
Contact Number	98796125
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLX5196S
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Vehicle Make/Model/Colour	MITSUBISHI BLACK
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LOH CHIN GUAN, BOBBY
NRIC/Passport Number	
Contact Number	92388524
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SHC7120E
Vehicle Make/Model/Colour	HYUNDAI I40
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	CHUA CONG HAI
NRIC/Passport Number	
Contact Number	94872842
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	



### 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.

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 :

(f) 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 \_\_\_\_\_



\* Scarse 22-06-1  
2004  
Driver's Signature (if driver is not the policyholder) / Date  
& Time

Witnessed by Reporting Centre Personnel

Sketch Plan 4

Ayke towards Karpal

Lampok 3/4

ONE - ONE PERIOD

→

SURFBOARD A	SURFBOARD B	SURFBOARD C	SURFBOARD D
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1st →

NAME  
ADDRESS

Describe Circumstance of the Accident \*

At about 1705 hrs i was travelling along Aye towards Kappel on Lane 1 opposite Nuth hospital, i could only drive with a speed of between 25-30km/h as there was a slow moving congestion, a blue vehicle in front of me came to a sudden stop because i believed it was trying to stop behind the vehicle in front of it that has resulted to a collision with a yellow taxi. I apply brake and cannot avoid the collision as it was so sudden. Nevertheless i can still drive the vehicle. No one is injured.

*S. S. S.*

Declaration

(We declare the foregoing particulars are true in every respect.)

*[Signature]*  
Policyholder's Signature



\*

*[Signature]* 27-06-19  
Driver's Signature (if driver is not the policyholder) / Date  
& Time

*[Signature]* 28/06/2019  
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: 27.06.19 Time: 1710 HRS

Exact Location of Accident

\* AYE 19 LANE LAMPPOST 394 OPPOSITE NUTH TOWARDS KEPPEL

DETAILS OF OWN VEHICLE

Vehicle Registration Number

\* SEN9403H

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 TOYOTA Model ALPHARD

Type of Vehicle\*

☐ Saloon ☒ MPV ☐ CRV ☐ Van ☐ Lorry  
☐ Bus ☐ Motorcycle ☐ Others

Exact Purpose for which vehicle was being used at time of accident

\* HEADING BACK TO OFFICE

Are you claiming under your own insurance policy for repair to your vehicle?

☐ Yes ☐ No (If No, Please 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

\* SEANRINE BIN SHARAFUDEEN

Personal Identification - NRIC (Singaporean/PR)

\* S823917811

- FIN/Passport Number

Date of Birth

\* 17 dd/ 11 mm/ 82 /yy

Driving Date Pass

\* dd/ mm/ /yy

Year of Driving Experience

\* 10 Year(s) Month(s)

Occupation

\* CUSTOMER CARE REP ☐ Indoor ☐ Outdoor

Gender

\* ☒ Male ☐ Female

Contact Number / Mobile Phone / Fax No.

\* 86001635



Address of Driver	* <u>BLK 121 BUKIT-MERAH VIEW #05-100</u>	Postcode ( <u>151121</u> )
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)		
<b>GENERAL INFORMATION OF THE ACCIDENT</b>		
Type of Collision (Eg. Chain collision, Head-On collision, Side Swipe, Front to Rear)	+	
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, _____	
<b>OTHER INFORMATION</b>		
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	
<b>DETAILS OF POLICE ACTION</b>		
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?)	
<b>DETAILS OF OTHER VEHICLE / PROPERTY 1</b>		
Vehicle Registration Number	+ <u>SHL 7120E</u>	
Vehicle Make/ Model/ Colour	<u>Hyundai i30 / YELLOW / TAXI</u>	
Details of Properties		
Name of Driver	<u>CHUA LONG HAI</u>	
Personal Identification - NRIC (Singaporean/PR)		
- FIN/Passport Number	<u>D</u>	
Contact Number	<u>94872842</u>	
Address		
Name of Insurance Company		
No. of Passenger (Including Driver)		
(Note - Please use page 6 if you need to add more vehicles )		



#### DETAILS OF OTHER VEHICLE / PROPERTY 2

Vehicle Registration Number	SIXS196S
Vehicle Make/ Model/ Colour	SHIMADA SUBARU BLACK / Hatch
Details of Properties	
Name of Driver	MR LOH CHIN GUAN, BOBBY
Personal Identification - NRIC (Singaporean/PR)	
- FIN/Passport Number	
Contact Number	92388524 C
Address	
Name of Insurance Company	
No. of Passenger (Including Driver)	
Name of Insurance Company	

#### DETAILS OF OTHER VEHICLE / PROPERTY 3

Vehicle Registration Number	SEF26502
Vehicle Make/ Model/ Colour	KIA FORTE BLUE SEDAN B
Details of Properties	
Name of Driver	MR NOOR HAFIZ BIN AS ADZ
Personal Identification - NRIC (Singaporean/PR)	
- FIN/Passport Number	
Contact Number	9379075
Address	
Name of Insurance Company	
No. of Passenger (Including Driver)	
Name of Insurance Company	

#### DETAILS OF OTHER VEHICLE / PROPERTY 4

Vehicle Registration Number	
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)	
Name of Insurance Company	





# CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1969

ROAD TRANSPORT ACT, 1987 (MALAYSIA)

MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1958 (MALAYSIA)

M 2 400

Comprehensive Commercial Motor

CERTIFICATE NO. 999994316

(The below excess is subject to GST)

POLICY EXCESS S\$1,200.00 \*\* (1)

WINDSCREEN EXCESS S\$100.00

SUM INSURED Market Value

INSURING WITH COE/PARF Yes

SKN9403H

Goldbell Car Rental Pte Ltd

1) VEHICLE REGISTRATION NO.

2) NAME OF POLICYHOLDER

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

Acom International Network Pte Ltd

48 Changi South St 1 Level 3

SINGAPORE 486130

ORIGINAL

AUTHORISED REPRESENTATIVE

SSPKWJ