

NATIONAL Assessment Centre Services [Print & Attach] 1908489086109			
Date In: 07/01/2019 15:44	Job description	Date & Time Completed	Done by
Ref No: 1908489086109	SAS e-filing		
Veh No: SLA 9530E	E-mail (within 8hrs, AIG 2hrs)		
D.O.A: 22/06/2019 01:35	i-Motor Claim Form		
<input checked="" type="radio"/> OD <input type="radio"/> TP / Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by <u>Fax / Hand</u> to <u>Owner/Wksp</u>		

Preferred Wksp / INC Assign Wksp / QW: ()	Tel: ()	Fax: ()
TP Particulars:	Veh No: SLX 574R	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

1908489086109	Invoice Preparation Checklist		Am't (\$) In Bill	Am't (\$) 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			
Auditors' Comments:	For claiming against INC Only (wef 10 Jan 2019)			
Cal. 1:	6) TR: Re-inspection \$75			
Cal. 2/3:	7) NI: Idem DA + SMRT Survey \$160			
1/1/1	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-1a INC) against INC \$20			
	• N12: Idem Mobile \$0			
	Invoice dated	Pen Charged		
	Invoice dated	Fee 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	02/07/2019 15:44
Date Of Accident	23/06/2019 01:35
Exact Location Of Accident	ALONG SEMBAWANG ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLA9530E
Insured/Policyholder	
Name Of Registered Owner	GOLDBELL CAR RENTAL PTE LTD
Co Reg No	200710651D
Email Address	AETOSFLEETOFFICER@AETOS.COM.SG
Mobile Phone No	(LOCAL) +65-85464802
Alternative Phone No	OFFICE-85464802

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	ATTRAGE-1.2 CVT (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?	YES

If No, Please state action to be taken

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	DAVINDRAN A/L MOHAN
NRIC No	G6675704N
Date Of Birth	15/06/1991
Occupation	OUTDOOR
Date Of Driving Pass	24/11/2016
Driving Experience	2 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-85464802
Fax Number	
Contact Number	OTHERS-85464802
Email Address	AETOSFLEETOFFICER@AETOS.COM.SG

Address	33 JALAN PERMAS 14 BANDAR BARU PERMAS JAYA
Postcode	JOHOR
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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	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?	YES
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 AND ATTACHMENT

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	SLX5742R
Vehicle Make/Model/Colour	HYUNDAI ELANTRA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LOH MOON KIAN
NRIC/Passport Number	S9012479Z
Contact Number	90050692
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	DAVINDRAN A/L MOHAN
------	---------------------

Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	SLA9530E
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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. 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 interested parties.
7. 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) 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.
- (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.

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 28/06/19 @ 1905hrs

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN



A) SLA 9530E

B) SLX5742R

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to incident Report

DECLARATION

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

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time: 28/06/19 @ 19.05hrs

Reporting Centre Personnel's Signature

Name:

NRIC/TIN No.:

28/06/2019
Roshan Kumar



AETOS AUXILIARY POLICE FORCE

INCIDENT REPORT

Nature of Incident/Arrest			Location of Incident/Arrest	
SSB vehicle SLA 9530 E Accident with third party vehicle			Sembawang Road	
Date/Day:	23.06.2019 (Sunday)	Informant:	CPL(APF)T06993 Davindran	
Time:	0138 hrs	Team:	NIL	
Particulars of Ops Driver				
Name	:	Davindran	Loh Moon Kian	
Sex	:	Male	Male	
NRIC/FIN No:	:	G6675704N	S9012479Z	
Nationality	:	Malaysian	Singaporean	
Vehicle No	:	SLA 9530 E	SLX 5742 R	
Contact No	:	85464802	90050692	

- On the mentioned date, informant CPL(APF)T06993 Davindran together with Assistant Team Leader (ATL), LCP(APF)T11232 Lim Kwok Siong conducting supervisory round. After conducted supervisory round for CRN team SW 23 at SPC Yishun Ring Rd, CPL(APF) Davindran and ATL proceed to West Coast Plaza to conduct supervisory round for SW 21.
- At around 0138 hrs, while CPL Davindran drive along at Sembawang Road, one third party vehicle (SLX 5742 R) drive in front of SSB vehicle (SLA 9530 E). While reached a cross junction, the third party vehicle's driver suddenly apply emergency brake when the traffic light turn to amber (third party already reached stop line when the traffic light turn to amber). During that time, SSB Patrol Car was travelling with around 60km/h and the road condition was dry. CPL Davindran immediately apply an emergency brake and slightly moved to left in order to avoid. However, SSB vehicle unable to stop in time and hit the left rear side of third party vehicle.
- While taking the particulars with the third party driver, the third party driver said he knew that was his fault and he actually saw from the rear view mirror that SSB vehicle is coming from behind but he unable to move forward.
- Third party vehicle's driver was no injured. CPL Davindran was having minor injuries on his right leg ankle due to the accident.
- ACC Insp. Zuraiman was informed regarding the incident. SSB OIC Sgt Raja was informed and he advised CPL Davindran to consult doctor and revert medical status. OIC Sgt Raja advised to raise incident report and update the incident in the SD.
- After CPL Davindran consulted doctor at Central 24-HR Clinic (Clementi), he was given 2 days MC on 23rd June 2019 and 24th June 2019.

oxlor/pols
Paul WADAR

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Complete and submit this form to the Authorised Reporting Centre ("ARC") for e-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 insurance and acceptance of this Form by insurance companies is not an admission of the 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: 23.06.2019	Time: 0138 hrs
Exact Location of Accident	Sembawang Road	

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLA 9530 E
-----------------------------	------------

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: <u>MITSUBISHI</u>		Model: <u>ATTRAGE</u>		
Type of Vehicle	<input checked="" 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	Work				
Are you claiming under own insurance policy for repair to your vehicle?	<input checked="" type="radio"/> Yes	<input type="radio"/> No (If No, Pls select	<input type="radio"/> Third Party	<input 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	Davindran
Personal Identification - NRIC (Singaporean/PR)	
- FIN/Passport Number	G6675704N
Date of Birth	15 /dd 06 /mm 1991 /yy
Driving Date Pass	/dd /mm /yy
Year of Driving Experience	Year(s) Month(s) Month(s)
Occupation	AETOS AUXILIARY POLICE OFFICER <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.	85464802

Address of Driver	33,JALAN PERMAS 14 BANDAR BARU PERMAS JAYA JOHOR MALAYSIA
Email Address	AETOSFLEETOFFICER@AETOS.COM.SG
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)	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
OTHER INFORMATION	
a. Was anybody injured in the accident?	<input type="radio"/> Yes <input type="radio"/> No
b. Was any other vehicle or property damaged? (Including Witness)	<input 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	SLX 5742 R
Vehicle Make/ Model/ Colour	
Details of Properties	
Name of Driver	Loh Moon Klan
Personal Identification - NRIC (Singaporean/PR)	S9012479Z
- FIN/Passport Number	
Contact Number	90050692
Vehicle Make/ Model/ Colour	HYUNDAI ELANTRA
Address of Driver	
Name of Insurance Company	
No. of Passenger (Including Driver)	
(Note - Please use page 6 if you need to add more vehicles)	

Details of Witness 1

Name	
Phone	
Email Address	

Details of Witness 2

Name	
Phone	
Email Address	

Details of Injured Person 1

Name	: Davindran
Phone	85464802
Approximate Age	28
Injuries Sustained	minor injuries on his right leg ankle
If vehicle occupants, state in which vehicle?	SLA 9530 E
Were seat belts worn?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Was injured conveyed to hospital by ambulance?	<input type="radio"/> Yes <input checked="" type="radio"/> No

Details of Injured Person 2

Name	
Phone	
Approximate Age	
Injuries Sustained	
If vehicle occupants, state in which vehicle?	
Were seat belts worn?	<input type="radio"/> Yes <input type="radio"/> No
Was injured conveyed to hospital by ambulance?	<input type="radio"/> Yes <input type="radio"/> No

Details of Injured Person 3

Name	
Phone	
Approximate Age	
Injuries Sustained	
If vehicle occupants, state in which vehicle?	
Were seat belts worn?	<input type="radio"/> Yes <input type="radio"/> No
Was injured conveyed to hospital by ambulance?	<input type="radio"/> Yes <input type="radio"/> No

[Note - Please use page 7 if you need to add more injured person]

966757044


WORK PERMIT
Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore
Employer:
AETOS SECURITY MANAGEMENT PTE. LTD.



Name
DAVINDRAN AL MOHAN
Work Permit No
4 03341983

Sector
SERVICE

For LKK/NAC Use Only



K1283257



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



Download SCWorPass
App to check status

For LKK/NAC Use Only

Malaysian
Date of Birth
15-06-1991
FIN
066757044



Name
DAVINDRAN AL MOHAN

Immigration Regulations

VISIT PASS

26-03-2019

REPUBLIC OF SINGAPORE DRIVING LICENCE

G6675704N


DAYINDRAN AL MOHAN

For LKK/NAC Use Only

05 Oct 2015

Valid till 04/10/2020

002480150C



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

	EFFECTIVE DATE
Class 2B Class 2	05 Oct 2015
Motorcycles < 250 CC Motor cars < 2000 kg with < 7 passengers, exclusive of the driver, and motor structures/vehicles < 2000 kg	24 Nov 2016

For LKK/NAC Use Only

G6675704N

S / No. 0000264094

Licence No. G6675704N



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.Z.400

Comprehensive Commercial Motor

CERTIFICATE NO. 999994316

(The below excess is subject to GST)

POLICY EXCESS**WINDSCREEN EXCESS**

SUM INSURED Market Value

INSURING WITH COE/PARF Yes

SLA9530E

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.

** 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

DBS Bank 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.

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

030123-000

Acorn International Network Pte Ltd

48 Changi South St 1 Level 3

SINGAPORE 486130

AIG Asia Pacific Insurance Pte. Ltd.

AUTHORISED REPRESENTATIVE

SSPKWJ

ORIGINAL