NATIONAL Assessment Centre Services X9NA4190893 25

Date In: 09/07/2019 1157	Job description	Date & Time Completed	Done by
Ref No: NCA/A19190120854	SAS e-filing		
Veh No: SMD 6246J	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 08/07/2019 20:30	i-Motor Claim Form		
OD / TIC Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

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

TP Particulars: Veh No: UNKNOWN BIKE 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

X4190518

Claimant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:

Cat. 1:

Cat. 2 / 3:

Invoice Preparation Checklist		Amt ($) In Bill	Amt ($) Add Bill
1) AR : Accident Reporting ($30);			
2) DA : Damage Assessment ($100);	INC ($80)		
3) TF : Towing Fee	$40/$45		
4) FT : Follow-Through Survey	$120		
5) FT : Follow-Through Survey (Resurvey)	$30		
For claiming against INC Only (wef 10 Jan 2005)			
6) TR : Re-inspection	$75		
7) N1 : Idau DA + SMRT Survey	$160		
8) NTUC Additional Services:-			
QIP			
* N5: 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		
9) N12: Idau Mobile	30		
Invoice dated	*Fee Charged*		[redacted]
Invoice dated	*Fee Charged*	[redacted]	

MNA419089325 / National Assessment Centre Services - Bukit Merah
ENTRY DATE & TIME: 09/07/2019 11:57
SUBMITTED BY: ROSLI BIN ABDUL WAHAB

Your NCD will be affected due to late reporting
Actual e-Filling Submission Date & Time: 09/07/2019 12:31

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	09/07/2019 11:57
Date Of Accident	02/07/2019 20:00
Exact Location Of Accident	JUNCTION OF TUAS SOUTH AVENUE 5/TUAS SOUTH DRIVE
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SMD6240J
Insured/Policyholder	
Name Of Registered Owner	GOLDBELL CAR RENTAL PTE LTD
Co Reg No	200710651D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-85155851
Alternative Phone No	OFFICE-85155851
Vehicle Particulars	
Manufacturer	HYUNDAI
Model	ELANTRA
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	YES
Policy Number	999994316
Cover Note Number	
Driver	
Name of Driver	VERGOTE THOMAS ALEXANDER
Passport No/FIN	G3130254X
Date Of Birth	20/12/1989
Occupation	INDOOR
Date Of Driving Pass	17/10/2015
Driving Experience	3 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-85155851
Fax Number	
Contact Number	OTHERS-85155851
EMail Address	NOEMAIL

Address	3 RIDGEWOOD CLOSE #18-01
Postcode	276654
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	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	UNKNOWN
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. 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 Mangement 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 assessed 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 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.

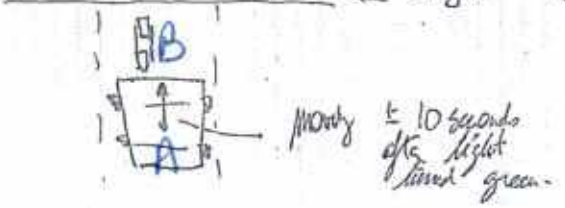
GOLDBELL CAR RENTAL PTE LTD

31/07/2019 15:00

09/07/2019

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

Sketch Plan : ~~CAR~~ TWO SOUTH AVE & JUNCTION OF TWO SOUTH AVE CROSS



A) SMD 6240J

B) UNKNOWN MOTOR C4/CLK

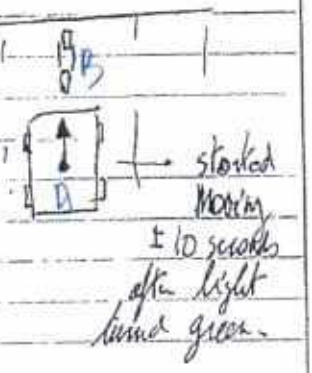
Describe Circumstance of the Accident *

Car was stationary in front of red light. A motorcycle was stationary in front of the car.

The light turned green but the motorcycle was not moving. After +/- 10 seconds, the driver of the car thought the motorcycle started moving. In response, the car started moving as well. This was a misinterpretation: The motorcycle did not move yet and the car hit the back of the motorcycle.

I stepped out of the car to check if there was any damage or injury to the motorcycle and driver. After finding that all was ok, the motorcycle left.

Due to the impact of the bumper of the car on the tire of the motorcycle, the bumper has damaged lightly.



Declaration

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

Policyholder's Signature / Company Chop

3/07/2019, 15:00

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

09/07/2019

Witnessed by Reporting Centre Personnel

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Complete and submit this Form to Authorised Reporting Centre ("ARC") for efiling.
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: 2/07/2019 Time: 20:01
Exact Location of Accident	*	Tuas South Ave 5, nearing with Tuas South Dr.

DETAILS OF OWN VEHICLE

Vehicle Registration Number	*	SMD 6240J

INSURED / POLICYHOLDER (OWN VEHICLE)

Name of Registered Owner *(See Insurance Cert.)*	
Personal Identification - NRIC (Singaporean/PR)	
- FIN/Passport Number	[redacted]
- Not Applicable	

VEHICLE PARTICULARS (OWN VEHICLE)

Vehicle Make / Model		Manufacturer Hyundai Model Elantra
Type of Vehicle*		(X) Saloon ( ) MPV ( ) CRV ( ) Van ( ) Lorry ( ) Bus ( ) Mocycle ( ) Others:
Exact Purpose for which vehicle was being used at time of accident	*	Work - Home to/fro
Are you claiming under your own insurance policy for repair to your vehicle?		(X) 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		( ) Comphensive ( ) Third Party Fire & Theft ( ) TP Only
Fleet Policy		( ) Yes ( ) No
Policy Number		
Motor CI		

DRIVER

( ) Same as Insured above

Name of Driver	*	THOMAS ALEXANDER VERKOOTE
Personal Identification - NRIC (Singaporean/PR)		
- FIN/Passport Number	*	G3130654X
Date of Birth	*	20 dd/ 12 mm/1989 yy
Driving Date Pass	*	dd/ mm/ yy
Year of Driving Experience	*	11 Year(s) 7 Month(s)
Occupation	*	(X) Indoor ( ) Outdoor
Gender	*	(X) Male ( ) Female
Contact Number / Mobile Phone / Fax No	*	+65 9518 5951

Address of Driver	*	3 Ridgewood Close #18-01 Postcode (276654)
Email Address	*	
Was driver an employee of the Insured's Company?		◯ Yes ◯ No
If No, Relationship of the Driver with the Insured		
Vehicle Registration Number of Driver's Own		◯ Yes ◯ 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 collison, Head-On collision, Side Swipe, Front to Rear)	*	Front to rear
Weather Conditions	*	☒ Clear ◯ Raining ◯ Others
Road Surface	*	☒ Dry ◯ Wet ◯ Others

OTHER INFORMATION		
a. Was anybody injured in the accident?	*	◯ Yes ☒ No
b. Was any other vehicle or property damaged? (Including Witness)	*	◯ Yes ☒ No

DETAILS OF POLICE ACTION		
Was the Accident reported to the Police?	*	◯ Yes ☒ 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?		◯ Yes ◯ No (If Yes, against whom?)

DETAILS OF OTHER VEHICLE / PROPERTY 1		
Vehicle Registration Number	*	UNKNOWN MOTORCYCLE
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 DRIVING LICENCE
G3130254X
VERGOTE THOMAS ALEXANDER
For LKK/NAC Use Only
Birth Date 20 Dec 1989
Issue Date 17 Oct 2015
Valid Till 16/10/2020
0024843B3F
SG 50


EMPLOYMENT PASS
Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore
Employer
DREDGING INTERNATIONAL ASIA PACIFIC PTE LTD
For LKK/NAC Use Only
Name
VERGOTE THOMAS ALEXANDER
Occupation
PROJECT ENGINEER
FIN
G3130254X
Date of Application
02-11-2016
Date of Issue
08-11-2016
Date of Expiry
21-01-2020
L7368428


B
RIJBEWIJS • PERMIS DE CONDUIRE • FÜHRERSCHEIN • DRIVING LICENCE
1. Vergote
2. Thomas A.
3. 20.12.1989 Kortrijk
4a. 27.08.2013 4c. Moorsledo
4b. 27.08.2023
5. 1035556459
7.
For LKK/NAC Use Only
9. AM B

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

		EFFECTIVE DATE
Class 3	Motor Cars =< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg	17 Oct 2015

Licence No:G3130254X

NP 428A

	9.	10.	11.	12.
AM		28.07.08	----------	
A1		----------	----------	
A2		----------	----------	
A		----------	----------	
B		28.07.08	----------	
C1		----------	----------	
C		----------	----------	
D1		----------	----------	
D		----------	----------	
BE		----------	----------	
C1E		----------	----------	
CE		----------	----------	
D1E		----------	----------	
DE		----------	----------	
G		----------	----------	

VISIT PASS
Immigration Regulations

VERGOTE THOMAS ALEXANDER

Date of Birth	Sex	Nationality
20-12-1989	M	BELGIAN
File	Date of Issue	Date of Expiry
G3130254X	08-11-2015	21-01-2020

MULTIPLE JOURNEY VISA ISSUED

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

HOTLINE TEL: (65) 6419-3000

AIG

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	S$800.00 ** (I)
WINDSCREEN EXCESS	S$100.00
SUM INSURED	Market Value
INSURING WITH COE/PARF	Yes

1) VEHICLE REGISTRATION NO. SMD6240J

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	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

ORIGINAL

SSPKWJ