

NATIONAL Assessment Centre Services (905) 477-1000 **MAY 20 09 26 17**

Date In: 15/07/2019 15:00	Job description	Date & Time Completed	Done by
Ref No: NBA/016490124857	SAS e-filing		
Veh No: SKK 4631E	E-mail (within 4hrs, AIG 2hrs)		
D.O.A: 10/07/2019 12:45	i-Motor Claim Form		
OD <input checked="" type="checkbox"/> Reporting Only	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: **SKK 2192.C** 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:	Date & Time Completed	Done by
(INC hotline: 6788/6616)		
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) FT: Follow-Through Survey (Resurvey) \$30		
Est. 1:	For claiming against INC Only (wef 10 Jan 2009)		
Est. 2/3:	6) TR: Re-inspection \$75		
P. 1/1	7) NI: Idm DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	* N5: Courtesy Car / Tpt Allowance \$5		
	* N6: Repair Co-ordination \$10		
	* N7: Post Repair Inspection \$25		
	* N8: DV / Collect Excess Coordination \$3		
	* N11: TP (Non INC) against INC \$20		
	* N12: Idm Mobile \$0		
	Invoice dated: _____ Fee Charged: _____		

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	15/07/2019 18:07
Date Of Accident	10/07/2019 12:40
Exact Location Of Accident	AT PARAGON B2 CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKH4631E
Insured/Policyholder	
Name Of Registered Owner	GOLDBELL CAR RENTAL PTE LTD
Co Reg No	200710651D
Email Address	SEIICHIRO.ISADO@WISMETTAC.COM
Mobile Phone No	(LOCAL) +65-82187633
Alternative Phone No	OFFICE-82187633

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA
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	SEIICHIRO ISODA
Passport No/FIN	F2166195M
Date Of Birth	19/03/1961
Occupation	INDOOR
Date Of Driving Pass	30/11/2015
Driving Experience	3 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82187633
Fax Number	
Contact Number	OTHERS-82187633
EMail Address	SEIICHIRO.ISADO@WISMETTAC.COM

Address	8 ENGGOR STREET #38-02
Postcode	079718
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	SIDE SWIPE
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	SKK2192C
Vehicle Make/Model/Colour	MAZDA 8
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LIU KAR KIT
NRIC/Passport Number	S8572431B
Contact Number	96213315
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 Authorized 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.

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' law yer/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 postages), and/or

(v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")

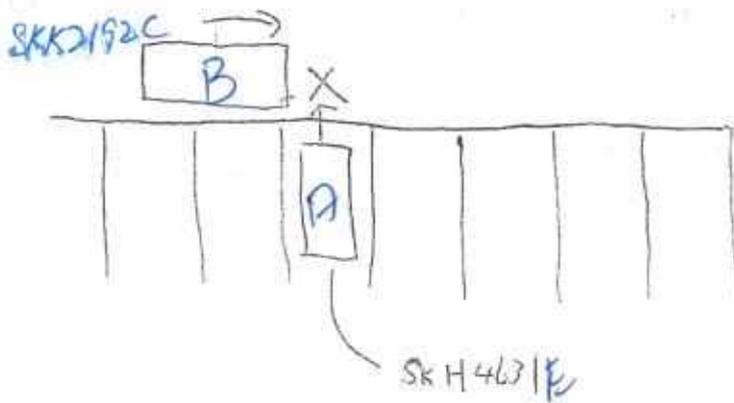
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes, and

(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 ↗

Paragraph B2 CARPARK



A) SKH4631E
B) SKK2192C

Describe Circumstance of the Accident *

I turned on the engine of SKH 4631 E in the car park of PARAGON B2 and was waiting the car coming from the left to pass before SKH 4631 E.

As the car came from left stopped at the left side of SKH 4631 E, I slowly moved forward. But the car suddenly moved forward and hit the front of SKH 4631 E.

Declaration

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


Police Officer's Signature



*

Driver's Signature of driver of the particular car / Date

& To

12:40 10/7/2019

Witnessed by Policing Centre Personnel


15/10/2019

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Complete and submit this Form to Authorized Reporting Centre ("ARC") for claims.
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 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 10/7/2019 Time 12:40
 Exact Location of Accident * PARAGON B2 Car Park

DETAILS OF OWN VEHICLE

Vehicle Registration Number * SKH 4631E

INSURED / POLICYHOLDER (OWN VEHICLE)

Name of Registered Owner (See Insurance Card) Seiichiro Isoda
 Personal Identification - NRIC (Singaporean/PR) F2166195M
 - FIN/Passport Number
 - Not Applicable

VEHICLE PARTICULARS (OWN VEHICLE)

Vehicle Make / Model Manufacturer Toyota Model COROLLA
 Type of Vehicle* Saloon MPV CRV Van Lorry
 Bus Micycle Others _____
 Exact Purpose for which vehicle was being used at time of accident *
 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 Seiichiro Isoda
 Personal Identification - NRIC (Singaporean/PR) F2166195M
 - FIN/Passport Number
 Date of Birth * 19 dd/ 03 mm/ 61 yy
 Driving Date Pass * 30 dd/ 11 mm/ 15 yy
 Year of Driving Experience * 41 Year(s) 4 Month(s)
 Occupation * Management Indoor Outdoor
 Gender * Male Female
 Contact Number / Mobile Phone / Fax No * 8218 - 7633

Address of Driver	4	8 Elyot St #38-02	Postcode (679718)
Email Address	4	seitchito.isoda@wisnettel.com	
Was driver an employee of the Insured's Company?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
If No, Relationship of the Driver with the Insured			
Vehicle Registration Number of Driver's Own		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Vehicle Registration Number of Driver's Own Vehicle (if applicable)			
Insurance Company of Driver's Own Vehicle (if applicable)		SKH 4631 E	

GENERAL INFORMATION OF THE ACCIDENT

Type of Collision (Eg. Chain collision, Head-On collision, Side Swipe, Front to Rear)	4	Scope at front-left side and damaged Plastic Bore of
Weather Conditions	4	<input checked="" type="checkbox"/> Clear <input type="checkbox"/> Raining <input type="checkbox"/> Others, _____ Number-
Road Surface	4	<input checked="" type="checkbox"/> Dry <input type="checkbox"/> Wet <input type="checkbox"/> Others, _____

OTHER INFORMATION

a. Was anybody injured in the accident?	4	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
b. Was any other vehicle or property damaged? (Including Witness)	4	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

DETAILS OF POLICE ACTION

Was the Accident reported to the Police?	4	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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="checkbox"/> Yes <input type="checkbox"/> No (if Yes, against whom?) _____

DETAILS OF OTHER VEHICLE / PROPERTY 1

Vehicle Registration Number	4	SKR 4129 L SKK 2192C
Vehicle Make/ Model/ Colour		Mazda 3
Details of Properties		
Name of Driver		Mr. Liu Kai Kit
Personal Identification - NRIC (Singaporean/PR)		S 8572431 D
- FIN/Passport Number		
Contact Number		9621 - 3315
Address		
Name of Insurance Company		
No. of Passenger (Including Driver)		

(Note - Please use page 5 if you need to add more vehicles.)

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS/ES

Class	Vehicle Description	Effective Date
Class 3	Motor cars with unladen weight \leq 3000kg with \leq 7 passengers, excluding of drivers, and other motor vehicles with unladen weight \leq 2500kg	30 Nov 2015

For LKK/NAC Use Only

NP 425A

License No: F2166195M



REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: F 2166195M

SEIICHIRO ISODA

For LKK/NAC Use Only

Birth Date: 19 Mar 1961

Issue Date: 30 Nov 2015

Valid Till: 29/11/2020

UC24691230







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, 1999 (MALAYSIA)

M Z 400

Comprehensive Commercial Motor (The below excess is subject to GST)
CERTIFICATE NO. 999994316 **POLICY EXCESS** S\$800.00 ** (I)
1) VEHICLE REGISTRATION NO. **WINDSCREEN EXCESS** S\$100.00
2) NAME OF POLICYHOLDER **SUM INSURED** Market Value
3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE **INSURING WITH COE/PARF** Yes
 FOR THE PURPOSES OF THE ACT SKH4631E
4) DATE OF EXPIRY OF INSURANCE Goldbell Car Rental Pte Ltd
 01 January 2019
5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE* 31 March 2020

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

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



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
 8 Raffles Quay #18-00 Singapore 048510
 Tel (65) 6224 0050 Fax (65) 6224 0030
 Operating Hours: Monday to Friday, 09:00 - 17:00
 UEN: S665500200 / GST No. S665500200

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

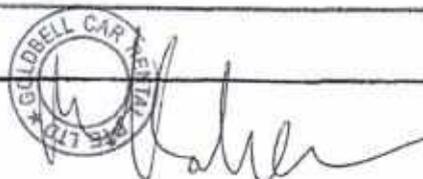
(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

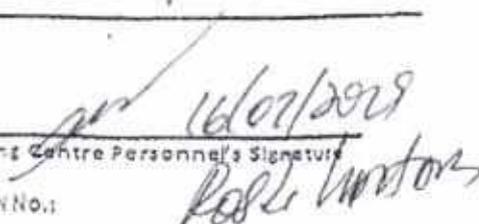
Original Report No : MW419092617 Vehicle Registration No: SKH 4651E
 Name (as shown in NRIC) : SKELCHRO ISODA NRIC/FIN/Passport No : F2166195M1
 (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
 Address : _____ Singapore ()
 Contact (Tel) : _____ Mobile No. : 8218.7633
 Email Address : _____
 Date of Accident : 10/07/2019 Time of Accident : 12:40
 Place of Accident : A7 PRAGON B2 CARPARK
 Insurance Company : ALL

(B) ADDITIONAL INFORMATION / AMENDMENTS

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Third Party Vehicle Number : SKK 2192C


 Policyholder / Driver's Signature
 Date: _____


 Reporting Centre Personnel's Signature
 Name: _____
 NRIC/FIN No.: _____
 Date: 16/07/2019



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
 6 Raffles Quay #18-00 Singapore 048320
 Tel (65) 6324 0010 Fax (65) 6324 0030
 Operating Hours: Monday to Friday, 09:00 - 17:00
 UEN: S989300200 / 017 Ave. No. M45001773

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

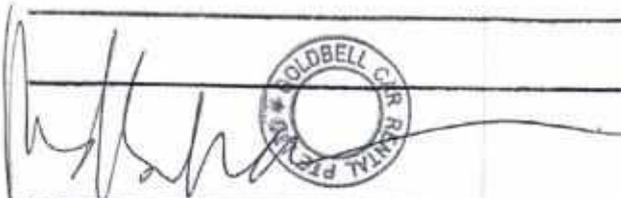
(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No. : MA419092617-01 Vehicle Registration No. : SKH 4631E
 Name (as shown on NAIC) : Sellectro 1800S NRIC/FIN/Passport No. : F2166195M
 (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
 Address : _____ Singapore ()
 Contact (Tel) : _____ Mobile No. : 82187623
 Email Address : _____
 Date of Accident : 10/07/2007 Time of Accident : 12.40
 Place of Accident : A7 Prangon B2 Carpark
 Insurance Company : ALG

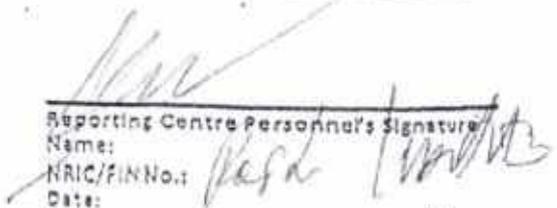
(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Transfer from T/Party to Repolmer only



Policyholder / Driver's Signature
 Date:



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