NATIONAL Assessment Centre Services (ref: 1 Jan'05)	MNC/19098123		
Date In: 16/07/2019 16:23	Job description	Date & Time Completed	Done by
Ref No: NA/B0/B19190125681/	SAS e-filing		
Veh No: SLJ 9286M	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 10/07/2019 08:25	I-Motor Claim Form		
OD / TP / 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 /MNC Assign Wksp / QW: (Tel: Fax:)

TP Particulars: Veh No: BARRIER 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: 67886616)	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

NA1905266

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 ($) 1st Bill	Amt ($) 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:-			
OD:			
*N5: Courtesy Car / Tpt Allowance	$5		
*N6: Repair Co-ordination	$10		
*N7: Post Repair Inspection	$25		
*N8: DY / 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]	

07-MAY-2019 18:39

P. 1/1

MNA419093123 / National Assessment Centre Services - Bukit Merah
ENTRY DATE & TIME: 16/07/2019 16:23
SUBMITTED BY: ROSLI BIN ABDUL WAHAB

Your NCD will be affected due to late reporting
Actual e-Filling Submission Date & Time: 16/07/2019 17:39

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	16/07/2019 16:23
Date Of Accident	10/07/2019 08:25
Exact Location Of Accident	HIGHLINE RESIDENCES EXIT BARRIER
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLJ9286M
Insured/Policyholder	
Name Of Registered Owner	GOLDBELL CAR RENTAL PTE LTD
Co Reg No	200710651D
Email Address	SOPHIEDENNIS_UK@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-85062345
Alternative Phone No	OFFICE-85062345
Vehicle Particulars	
Manufacturer	TOYOTA
Model	COROLLA ALTIS-1.6 (A)
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	STEPHENS SOPHIE HARRIET
Passport No/FIN	G3410444T
Date Of Birth	08/11/1988
Occupation	INDOOR
Date Of Driving Pass	25/01/2019
Driving Experience	0 YEAR AND 5 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-85062345
Fax Number	
Contact Number	OTHERS-85062345
EMail Address	SOPHIEDENNIS_UK@HOTMAIL.COM

Address	9 KIM TIAN ROAD #31-17 HIGHLINE RESIDENCES
Postcode	168593
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 PROPERTY
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	1
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	
Vehicle Make/Model/Colour	
Details Of Properties	BARRIER
Vehicle Category	NA/UNKNOWN
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.
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 accessed 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 the accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "**Insurers**"), the Insurers' law firms/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 by being visible on the 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

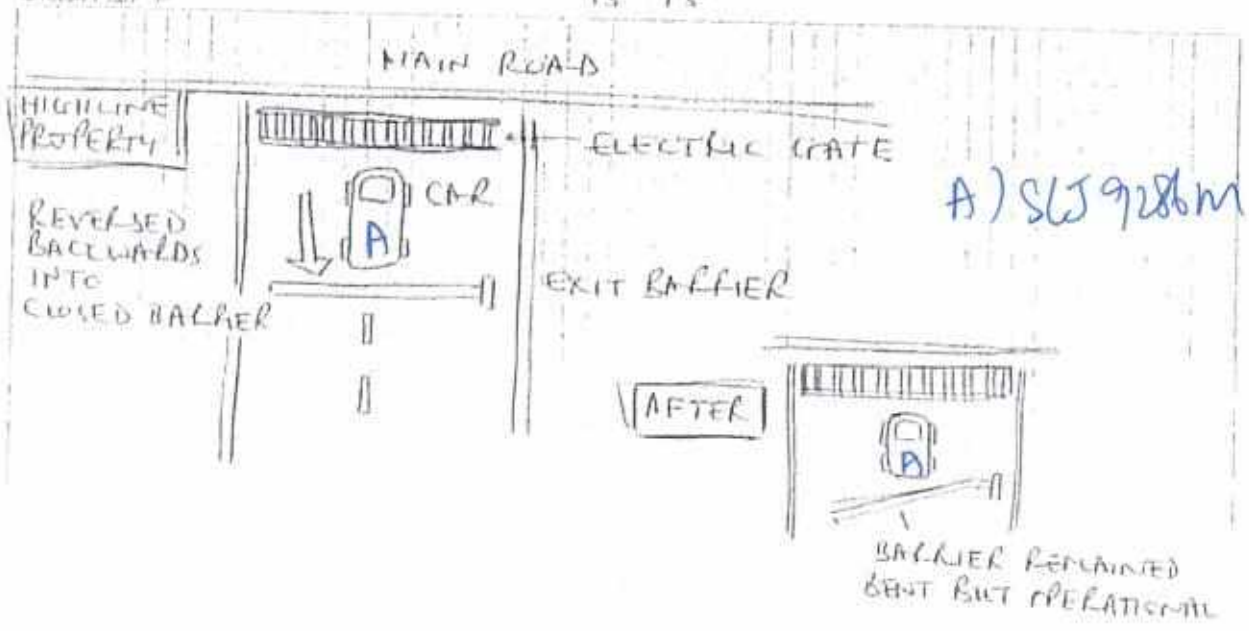
Driver's Signature (if driver is not the policyholder) / Date & Time

15 07 19
15 15

16/07/2019

Processed by Reporting Centre Personnel

Sketch Plan 4



A) SLJ9286M

Describe Circumstance of the Accident *

WEDNESDAY 10TH OF JULY, WAS DRIVING OUR 7 MONTH OLD TO PLAYGROUP EXITED THROUGH THE RESIDENTS BARRIER AND WAITING FOR ELECTRIC GATE TO OPEN, REALISED I HAD FORGOTTEN SOMETHING.
LOOKED BEHIND TO REVERSE BUT DID NOT SEE THE THE EXIT BARRIER HAD COME DOWN
NNARE HAD REVERSED INTO THE BARRIER, WENT FORWARD AGAIN
IMMEDIATELY INSPECTED THE BARRIER WHICH REMAINED BENT. NO DAMAGE TO THE CAR OR ANY OTHER PROPERTY
WENT DIRECTLY TO THE SECURITY GUARDHOUSE AND REPORTED THE INCIDENT
DISCUSSED WITH THE MANAGEMENT OFFICE ON PRIVATE PROPERTY AND NO NEED TO FILE POLICE REPORT

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

Policyholder's Signature

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

16/07/2019
Accepted by Pepanang Centre Personnel

15 07 2019
15 15

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 10 07 19 Time 08 25
Exact Location of Accident	*	HIGHLINE RESIDENCES RESIDENT EXIT BARRIER

DETAILS OF OWN VEHICLE

Vehicle Registration Number	*	SLJ9256M

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 ( ) Mcycle ( ) Others _____
Exact Purpose for which Vehicle was being used at time of accident	*	TRANSPORTING SON TO PLAYGROUP
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	*	SOPHIE STEPHENS
Personal Identification - NRIC (Singaporean/PR)	*	
- FIN/Passport Number	*	G3410444F / 556935369
Date of Birth	*	05 dd 11 mm 58 yy
Driving Date Pass	*	18 dd 02 mm 06 yy
Year of Driving Experience	*	13 Year(s) 5 Month(s)
Occupation	*	DOCTOR ( ) Indoor ( ) Outdoor
Gender	*	( ) Male (✓) Female
Contact Number / Mobile Phone / Fax No	*	(65 8506 2345

Address of Driver	*	9 KIM TIAN ROAD #31-17 HIGHLINE RESIDENCES Postcode 166595
Email Address	*	sophiedennis_tech@hotmail.com
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 collision, Head-On collision,Side Swipe, Front to Rear)	*	REVERSED INTO EXIT BARRIER ONCE CLOSED
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 (n/a)	*	HIGHLINE RESIDENCES EXIT BARRIER
Vehicle Make/ Model/ Colour (N/A)		THE BARRIER WAS BENT, STILL
Details of Properties		OPERATING
Name of Driver (N/A)		HIGHLINE RESIDENCE 9
Personal Identification - NRIC (Singaporean/PR)		9 KIM TIAN ROAD
- FIN/Passport Number		166593
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 G3410444T

Name
STEPHENS SOPHIE HARRIET

For LKK/NAC Use Only

Date of Birth
08-11-1988

Sex
F

Nationality
BRITISH

GA0112319

15-04-2019

DEPENDANT'S PASS

Immigration Regulations

Download SGWorkPass
App to check status

FIN G3410444T

For LKK/NAC Use Only

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


REPUBLIC OF SINGAPORE DRIVING LICENCE
G3410444T
SOPHIE HARRIET DENNIS
For LKK/NAC Use Only
08 Nov 1988
25 Jan 2019
Valid Till 24/01/2024
002896405C

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

		EFFECTIVE DATE
Class 3	Motor cars with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg	26 Jan 2019

For LKK/NAC Use Only

NP 428A

Licence No:G3410444T

AIG

HOTLINE TEL: (65) 6419-3000

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. SLJ9286M

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