NATIONAL Assessment Centre Services (Jalan Jurong)   MNA4190983?9

Date In: 17/01/2019 W/06	Job description	Date & Time Completed	Done by
Ref No: NB8/A19/190/2596/4	SAS e-filing		
Veh No: SMF 8637A	E-mail (within 3hrs, AIC 2hrs)		
D.O.A : 11/01/2019 08:30	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 /INC Assign Wksp / QW: (Tel: Fax:)

TP Particulars: Veh No: FBD 6103C   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

MB1905281

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:-			
QIL*			
* 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 (Non INC) against INC	$20		
9) N12: Idau Mobile	30		
Invoice dated	Fee Charged		[redacted]
Invoice dated	Fee Charged	[redacted]	

P. 1/1

07-MAY-2018 18:39

MNA419093379 / National Assessment Centre Services - Bukit Merah
ENTRY DATE & TIME: 17/07/2019 11:06
SUBMITTED BY: ROSLI BIN ABDUL WAHAB

Your NCD will be affected due to late reporting
Actual e-Filling Submission Date & Time: 17/07/2019 11:39

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 witholding 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	17/07/2019 11:06
Date Of Accident	11/07/2019 08:30
Exact Location Of Accident	FARRER ROAD, NEAR HOLLAND ROAD EXIT
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SMF8637A
Insured/Policyholder	
Name Of Registered Owner	GOLDBELL CAR RENTAL PTE LTD
Co Reg No	200710651D
Email Address	NIHARA.FERNANDO@APMEA.MCD.COM
Mobile Phone No	(LOCAL) +65-96532908
Alternative Phone No	OFFICE-96532908
Vehicle Particulars	
Manufacturer	SUBARU
Model	XV-2.0 I-S EYESIGHT AWD CVT (A)
Exact Purpose for which vehicle was being used at time of accident	DRIVING TO WORK
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
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	NIHARA AMALA FERNANDO
NRIC No	S7486587I
Date Of Birth	08/12/1974
Occupation	INDOOR
Date Of Driving Pass	11/11/2016
Driving Experience	2 YEARS AND 8 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96532908
Fax Number	
Contact Number	OTHERS-96532908
EMail Address	NIHARA.FERNANDO@APMEA.MCD.COM

Address	39 GILSTEAD ROAD #01-19 GILSTEAD BROOKS
Postcode	309083
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	FBD6103C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	BAHRUM BIN TIRAN
NRIC/Passport Number	
Contact Number	88770812
Address	
Postcode	
Insurance Company Name	DIRECT ASIA INSURANCE (SINGAPORE) PTE LTD
Nature Of Damage	
No. Of Passenger (Including Driver)	1

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 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

(i) processing, handling and/or dealing w ith 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, statuments, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as w ell as on the external cover of envelopes/mail packages), and/or

(v) complying w ith applicable law in administering, processing, handling and/or dealing w ith my claims.

(collectively the "**Purposes**")

(b) all insurer(s) who have insured vehicle(s) involved in the 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

17/07/2019

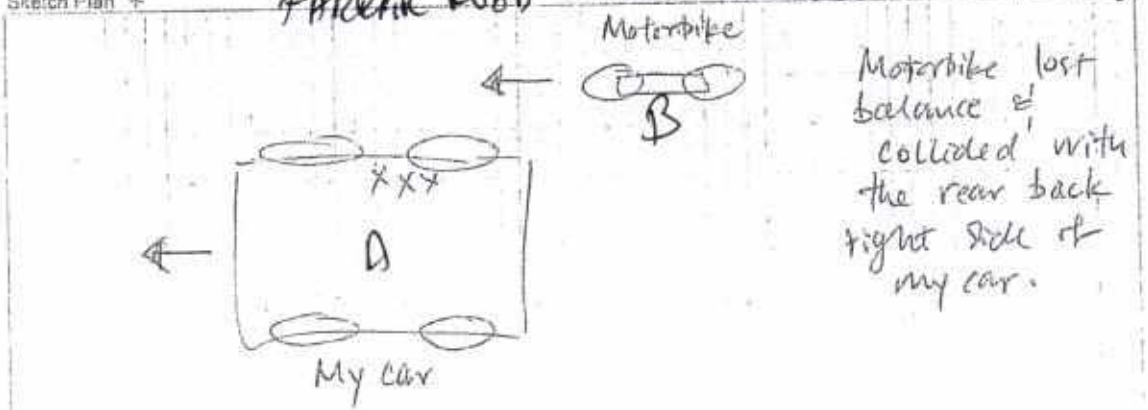
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan *

FARRER ROAD NEAR HOLLAND RD BY 07.



Motorbike lost balance & collided with the rear back right side of my car.

A) SMF 8637A

B) FBD 6603C

Describe Circumstance of the Accident *

I was driving along Farrer Road in heavy traffic. I Suddenly felt & heard something bump into the rear right Side of my car. I was moving at about 30-40 km/h. I looked in my rearview mirror & saw a motorcycle & the rider on the road. He had fallen off his bike.
I Stopped &, then moved to the left lane & into a small lane where I could get out of my car.
Other drivers helped the rider up & he came &, joined me & we exchanged details.
His bike was rideable but there was some liquid leaking out.
My car had Scratches & dents on the rear right &, the plastic wheel arch was loose.
See attached photos.
The car is drivable so I continued to work.

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

GOLDSELL GAS GELIEAS PTE LTD

Policyholder's Signature / Date & Time

* [signature]

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

17/07/2019

Witnessed by Reporting Crime 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: 11/07/2019 Time: 8.30am
Exact Location of Accident	*	Farrer Rd, near Holland Rd exit

DETAILS OF OWN VEHICLE

Vehicle Registration Number	*	SMF8637A

INSURED / POLICYHOLDER (OWN VEHICLE)

Name of Registered Owner *(See Insurance Cert.)*	Nihara Fernando
Personal Identification - NRIC (Singaporean/PR)	S7486587I
- FIN/Passport Number	E4121064
- Not Applicable	

VEHICLE PARTICULARS (OWN VEHICLE)

Vehicle Make / Model		Manufacturer Subaru Model XV Eyesight
Type of Vehicle*		( ) Saloon (✓) MPV ( ) CRV ( ) Van ( ) Lorry ( ) Bus ( ) M/cycle ( ) Others, ____
Exact Purpose for which vehicle was being used at time of accident	*	Driving to work/office
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		( ) Comphensive ( ) Third Party Fire & Theft ( ) TP Only
Fleet Policy		( ) Yes ( ) No
Policy Number		
Motor CI		

DRIVER

(✓) Same as Insured above

Name of Driver	*	Nihara Fernando
Personal Identification - NRIC (Singaporean/PR)	*	S7486587I
- FIN/Passport Number	*	E4121064
Date of Birth	*	08 dd/ 12 mm/ 74 /yy
Driving Date Pass	*	dd/ mm/ /yy
Year of Driving Experience	*	27 Year(s) Month(s)
Occupation	*	Technology Strategy (✓) Indoor ( ) Outdoor
Gender	*	( ) Male (✓) Female
Contact Number / Mobile Phone / Fax No	*	96532908

Address of Driver *	39 Gilstead Rd #01-19 Gilstead Brooks Postcode (309083
Email Address *	nihara.fernando@apmea.mcd.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 collison, Head-On collision, Side Swipe, Front to Rear) *	Side Swife
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 *	FBD 6103C
Vehicle Make/ Model/ Colour	
Details of Properties	Motorbike
Name of Driver	Bahrum Bin Tiran
Personal Identification - NRIC (Singaporean/PR) - FIN/Passport Number	
Contact Number	8877 0812
Address	
Name of Insurance Company	Direct Asia Insurance
No. of Passenger (Including Driver)	1

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

OBSERVATIONS

This document is valid for all countries unless otherwise endorsed
subject to the visa, permit or other entry requirements of each country.
Ce document est valable pour tous pays sauf mention contraire
sous réserve des conditions de délivrance de visa, de permis ou
autres conditions d'entrée de chaque pays.

For LKK/NAC Use Only

PASSPORT

AUSTRALIA

P

AUS

DOCUMENT No.
E4121064

FERNANDO
NIHARA AMALA

AUSTRALIAN

08 DEC 1974

F

COLOMBO

07 JAN 2014

07 JAN 2024

AUSTRALIA

P<AUSFERNANDO<<NIHARA<AMALA<<<<<<<<<<<<<<<<<<<<

E4121064<2AUS7412084F2401070<35159844D<<<<80

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S7486587I

Name

NIHARA AMALA FERNANDO

For LKK/NAC Use Only

Race

SINHALESE

Date of birth

08-12-1974

Sex

F

Country/Place of birth

SRI LANKA

9424235

NRIC No. S7486587I

For LKK/NAC Use Only

Nationality

AUSTRALIAN

Date of Issue

04-11-2016

39 GILSTEAD ROAD #01-19
SINGAPORE 309083

NRIC No: S7486587I Date: 20/10/2018

SINGAPORE 238590


Driver Licence
New South Wales, Australia
Nihara Amala FERNANDO
For LKK/NAC Use Only
61 ELLERSLIE DR
WEST PENNANT HILLS NSW 2125
Licence No.
11587816
Licence Class
C
Card Number
2 037 610 562
Date of Birth
08 DEC 1974
Expiry Date
02 MAR 2021


REPUBLIC OF SINGAPORE DRIVING LICENCE
Licence Number: S7486587I
Name:
NIHARA AMALA FERNANDO
For LKK/NAC Use Only
Birth Date: 08 Dec 1974
Issue Date: 11 Nov 2016


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

EFFECTIVE DATE

Class 3A Motor cars without clutch pedals (Auto) with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles without clutch pedals with unladen weight =< 2500kg — 11 Nov 2016

For LKK/NAC Use Only

Licence No:S7486587(

NP 428A


26 587 930

Licence Fee $174.00

While licence is valid, you may drive vehicles of the classes below subject to conditions listed.

Class C=Vehicle seating up to 12 adults, to 4.5 tonnes GVM; Tractor; Implement

Conds

For LKK/NAC Use Only

Attach official change of address label here

Change of address must be advised within 14 days online at www.myRTA.com or by calling 13 22 13

Issued by Roads and Maritime Services, Locked Bag 928 North Sydney NSW 2059

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, 1990 (MALAYSIA)

M Z 400

Comprehensive Commercial Motor
CERTIFICATE NO. 999994316

(The below excess is subject to GST)

POLICY EXCESS	S$1,000.00 ** (I)
WINDSCREEN EXCESS	S$100.00
SUM INSURED	Market Value
INSURING WITH COE/PARF	Yes

1) VEHICLE REGISTRATION NO. SMF8637A

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	Maybank

*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