NATIONAL Assessment Centre Services (wef 1 Jan'08) MNA4909596T

Date In: 22/07/2019 18:31	Job description	Date & Time Completed	Done by
Ref No: MNA/1907/2915/4	SAS e-filing		
Veh No: SKK2120F	E-mail (w/in 8hrs, AIC 2hrs)		
D.O.A: 19/07/2019 08:40	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 /NNC Assign Wksp / QW: ( ) Tel: Fax:)

TP Particulars: Veh No: SCU8256K 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's 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

NNA1905520

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) AS : Accident Reporting ($30);			
2) DA : Damage Assessment ($100);	INC ($80)		
3) TP : Towing Fee	$40/$45		
4) FT : Follow-Through Survey	$120		
5) FT : Follow-Through Survey (Resurvey)	$30		
For claims against INC Only (wef 10 Jan 2005)			
6) TR : Re-Inspection	$75		
7) N1 : Idac DA + SMRT Survey	$100		
8) NTUC Additional Services:-			
QII*			
* 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: Idac Mobile	30		
Invoice dated	*Fee Charged*		
Invoice dated	*Fee Charged*		

1 / 1 'd

07-MAY-2019 18:39

MNA419095967 / National Assessment Centre Services - Bukit Merah
ENTRY DATE & TIME: 22/07/2019 18:51
SUBMITTED BY: ROSLI BIN ABDUL WAHAB

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	22/07/2019 18:51
Date Of Accident	19/07/2019 08:40
Exact Location Of Accident	SUNTEC TOWER FIVE BASEMENT 2 CARPARK PARKING LOT
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKK2120K
Insured/Policyholder	
Name Of Registered Owner	GOLDBELL CAR RENTAL PTE LTD
Co Reg No	200710651D
Email Address	PAULLEE@GSENERGY.CO.KR
Mobile Phone No	(LOCAL) +65-93838742
Alternative Phone No	OFFICE-93838742
Vehicle Particulars	
Manufacturer	TOYOTA
Model	LEXUS ES250 EXECUTIVE A/T S/R
Exact Purpose for which vehicle was being used at time of accident	PARKING AT OFFICE BUILDING TO ATTEND FOR 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	LEE PAUL SUNGHOON
NRIC No	G3268386Q
Date Of Birth	24/09/1972
Occupation	INDOOR
Date Of Driving Pass	09/03/2017
Driving Experience	2 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93838742
Fax Number	
Contact Number	OTHERS-93838742
EMail Address	PAULLEE@GSENERGY.CO.KR

Address	21 NATHAN ROAD #20-02
Postcode	248743
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	SLN8256K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
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 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, 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 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 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.

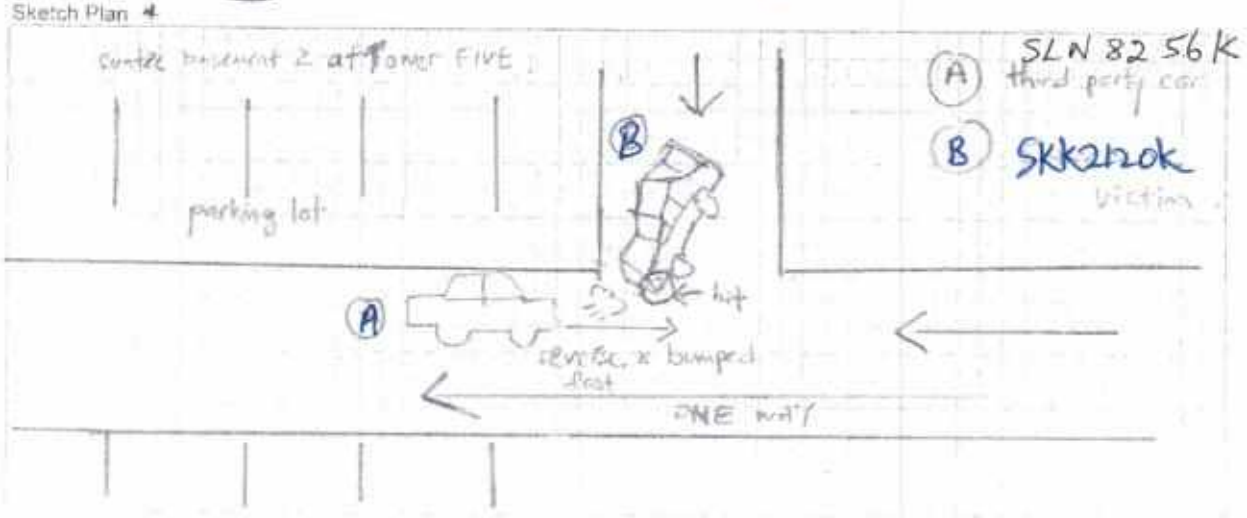
Policyholder's Signature / Date & Time

GOLDBELL CAR RENTAL PTE LTD

Driver's Signature (if driver is not the policyholder) / Date & Time 19 JUL 2019 10:07AM

Witnessed by Reporting Centre Personnel 22/07/2019

Sketch Plan



Describe Circumstance of the Accident *

THE COLLISION HAPPEN WHEN OUR CAR ABOUT TO TURN INTO ONE WAY PARTHWAY AT T-JUCTION.

THE THIRD PARTY REVERSE HER CAR AT HIGH SPEED AND BUMPED TO OUR CAR FRONT WHICH RESULT BASIC SKETCHES ON FRONT PART OF THE CAR.

Declaration

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

Policyholder's Signature / Company Chop

* Driver's Signature (if driver is not the policyholder) / Date & Time 19 JUL 2019 10:07AM

23/07/2019

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: 19 JUL 2019 Time: 8.40AM
Exact Location of Accident *	SUNTEC TOWER FIVE BASEMENT 2 PARKING LOT

DETAILS OF OWN VEHICLE

Vehicle Registration Number *	SKK2120K

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 ◯ M/cycle ◯ Others,_____
Exact Purpose for which vehicle was being used at time of accident *	PARKING AT OFFICE BUILDING TO ATTEND FOR WORK
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 *	LEE PAUL SUNGHOON
Personal Identification - NRIC (Singaporean/PR) *	NIL
- FIN/Passport Number *	G3268386Q
Date of Birth *	24 dd/ 09 mm/ 1972 /yy
Driving Date Pass *	09 dd/ 03 mm/ 2017 /yy
Year of Driving Experience *	30 Year(s) 10 Month(s)
Occupation *	DIRECTOR ◯ Indoor ◯ Outdoor
Gender *	✓ Male ◯ Female
Contact Number / Mobile Phone / Fax No *	9383 8742

Address of Driver *	21 NATHAN ROAD #20-02 Postcode (248743)
Email Address *	PAULLEE@GSENERGY.CO.KR
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) *	REAR TO FRONT
Weather Conditions *	( ) Clear ( ) Raining ( ) Others INDOOR
Road Surface *	(V) Dry ( ) Wet ( ) Others

OTHER INFORMATION

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

DETAILS OF POLICE ACTION

Was the Accident reported to the Police? *	( ) Yes (V) 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 *	~~SKK2120K~~ SLN 8256 K
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.)

EMPLOYMENT PASS

Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore

Employer
GS ENERGY TRADING SINGAPORE PTE. LTD.

For LKK/NAC Use Only

Name
LEE PAUL SUNGHOON

Occupation
MANAGING DIRECTOR

FIN
G3268386Q

Date of Application
08-01-2018

Date of Issue
16-01-2018

Date of Expiry
15-04-2021

L8573242

VISIT PASS

Immigration Regulations

Name
LEE PAUL SUNGHOON

For LKK/NAC Use Only

Date of Birth
24-09-1972

Sex
M

Nationality
AMERICAN

FIN
G3268386Q

Date of Issue
16-01-2018

Date of Expiry
15-04-2021

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.


REPUBLIC OF SINGAPORE DRIVING LICENCE
G3268386Q
LEE PAUL SUNGHOON
For LKK/NAC Use Only
Birth Date: 24 Sep 1972
Issue Date: 09 Mar 2017
Valid Till 08/03/2022
002664186K


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
09 Mar 2017
For LKK/NAC Use Only
Licence No:G3268386Q
NP 426A


2종보통
자동차운전면허증 (Driver's License)
서울 02-096554-51
LEE PAUL SUNGHOON
720924-5100177
경기 성남 분당 정자 7
두산위브파밀리온 B-3001
면 허 증 2022.01.01.
갱신기간 : ~ 2022.12.31.
For LKK/NAC Use Only
2012.02.07. 서울지방경찰


년 월 일
기재사항 변경
확인 인
For LKK/NAC Use Only
- 1종 운전면허 소지자로 70세 이상인 2종 운전면허 소지자의 경우 양면의 정기적성검사기간 내에 적성검사를 받지 아니하면 과태료(5만원)가 부과됩니다.
- 2종 운전면허 소지자(정기적성검사 대상자 제외)의 경우 양면의 면허증 갱신기간 내에 운전면허증을 갱신하지 아니하면 과태료(2만원)가 부과됩니다.
- 정기적성검사와 면허증 갱신 신청은 가까운 경찰서 또는 운전면허시험장에서 하실 수 있습니다.
- 도로교통공단 : http://www.koroad.or.kr ☎ 1577-1120

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 403

Comprehensive Commercial Motor
CERTIFICATE NO. 999994316

(The below excess is subject to GST)

POLICY EXCESS	
WINDSCREEN EXCESS	S$100.00
SUM INSURED	Market Value
INSURING WITH COE/PARF	Yes
1) VEHICLE REGISTRATION NO.	SKK2120K
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*

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	UOB

*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