

NATIONAL Assessment Centre Services

Form 1 (Jan 2018)

MAH/6097483

Date In: 24/07/2018 16:13	Job description	Date & Time Completed	Done by
Ref No: MAH/6097483/1	SAS e-filing		
Veh No: SKW 3985	E-mail (within 4hrs, AIC 2hrs)		
D.O.A: 24/07/2018 10:20	I-Motor Claim Form		
OD: TP Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / MNC Assign Wksp / QW: (	Tel: (	Fax: (
TP Particulars:	Veh No: SHD 316Z	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: (\$	Landing: \$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: 678816616)	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

MAH/6097483	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100);	INC (\$80)	
Contact No:	3) TP: Towing Fee	\$40/\$45	
Damaged Portion:	4) FT: Follow-Through Survey	\$120	
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey)	\$30	
Additrs. Comments:	For claiming against INC Only (wef 10 Jan 2009)		
Cal. 1:	6) TR: Re-inspection	\$75	
Cal. 2/3:	7) NI: Idm DA + SMRT Survey	\$160	
1/1/18	8) NTUC Additional Services:		
	1212		
	* N3: Courtesy Car / Tpl 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: Idm Mobile	\$10	
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

07-MAY-2018 16:39

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	25/07/2019 16:13
Date Of Accident	24/07/2019 10:20
Exact Location Of Accident	RACE COURSE ROAD TAXI STAND
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKW3198S
Insured/Policyholder	
Name Of Registered Owner	GOLDBELL CAR RENTAL PTE LTD
Co Reg No	200710651D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-87336216
Alternative Phone No	OFFICE-87336216
Vehicle Particulars	
Manufacturer	MAZDA
Model	3
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	NO
Policy Number	999994316
Cover Note Number	
Driver	
Name of Driver	SIVABALA MURUGAN S/O VINDAN
NRIC No	S9146702Z
Date Of Birth	13/12/1991
Occupation	OUTDOOR
Date Of Driving Pass	21/05/2014
Driving Experience	5 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87336216
Fax Number	
Contact Number	OTHERS-87336216
EMail Address	NOEMAIL

Address	BLK 670A CHOA CHU KANG CRESCENT #05-503
Postcode	681670
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	SHD316Z
Vehicle Make/Model/Colour	RENAULT LATITUDE
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	LEE HUI BOON
NRIC/Passport Number	S8205647E
Contact Number	9825304
Address	BLK 66 HOUGANG AVE 4 #01-311
Postcode	530666
Insurance Company Name	
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.
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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)

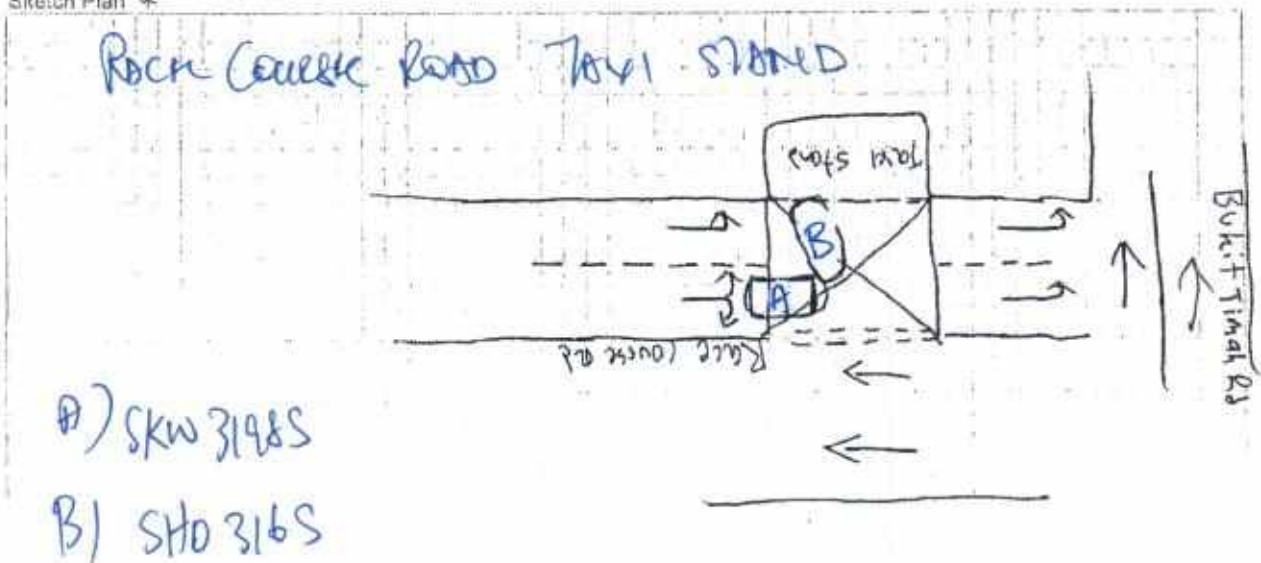
I understand, acknowledge, agree and consent that:

- (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' lawyers/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.




 24 July 2019
 Policyholder's Signature & Time Driver's Signature (if driver is not the policyholder) / Date & Time Witnessed by Reporting Centre Personnel

Sketch Plan *



SKETCH PLAN

AS PER ATTACHMENT 7

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

While driving on Race course Rd at 10.20, A Trans cab Driver ~~at~~ Side
Scratch me on my front left side below my Headlight
The Driver failed to check his right and wanted to make a U-turn. I was
Traveling straight to make a left turn to Bukit Timah Road. As I Realized that
He was not seeing my car Approaching and I quickly Applied my brake BUT
The Driver continue turning and Side Scratch me. I quickly took a photo
and driver apologise to me. When we Reversing the taxi driver hit a bus
Stationary behind him.

DECLARATION

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

Policyholder's Signature
Date & Time:



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

Reporting Centre Personnel's Signature
Name:
NIC/FIN No:

24/July/2019
1525

25/7/2019
Roshan [Signature]

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: 24 July 2019 Time: 10:20

Exact Location of Accident * Race course Road Taxi Stand

DETAILS OF OWN VEHICLE

Vehicle Registration Number * SKW31985

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 MAZDA Model MAZDA3

Type of Vehicle*

☒ Saloon ☐ MPV ☐ CRV ☐ Van ☐ Lorry
☐ Bus ☐ M/cycle ☐ Others

Exact Purpose for which vehicle was being used at time of accident *

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

☐ Comprehensive ☐ Third Party Fire & Theft ☐ TP Only

Fleet Policy

☐ Yes ☐ No

Policy Number

Motor CI

DRIVER

☐ Same as Insured above

Name of Driver

* Sivabala murugan s/o Vindan

Personal Identification - NRIC (Singaporean/PR)

* S9146702Z

- FIN/Passport Number

Date of Birth

* 13 dd/ mm/12 /yy 1991

Driving Date Pass

* 28 dd/ mm/5 /yy 2014

Year of Driving Experience

* 5 Year(s) Month(s)

Occupation

* Driver

☐ Indoor ☐ Outdoor

Gender

* ☒ Male ☐ Female

Contact Number / Mobile Phone / Fax No.

* 87336216

DETAILS OF OTHER VEHICLE / PROPERTY 2

Vehicle Registration Number	SHD 316Z
Vehicle Make/ Model/ Colour	Renault Trans cab
Details of Properties	
Name of Driver	Lee Hui Boon
Personal Identification - NRIC (Singaporean/PR)	S8205647E
- FIN/Passport Number	
Contact Number	98625304
Address	Blk 666 Hougang Ave 4 #01-311
Name of Insurance Company	Singapore 530666
No. of Passenger (Including Driver)	1
Name of Insurance Company	

DETAILS OF OTHER VEHICLE / PROPERTY 3

Vehicle Registration Number	
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)	
Name of Insurance Company	

DETAILS OF OTHER VEHICLE / PROPERTY 4

Vehicle Registration Number	
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)	
Name of Insurance Company	



REPUBLIC OF SINGAPORE **DRIVING LICENCE**

Portrait photo of a man with glasses.

Licence Number: **S91467022**

SIVABALA MURUGAN S/O VINODAN

For LKK/NAC Use Only

Birth Date: **13 Dec 1991**

Valid Until: **28 May 2019**

Barcode: **002938468E**

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES:

		EFFECTIVE DATE
Class 3	Motor cars with unladen weight $\leq 3000\text{kg}$ with ≤ 7 passengers, exclusive of driver; and other motor vehicles with unladen weight $\leq 2500\text{kg}$	21 May 2014
Class 4	Motor vehicles which are constructed to carry load or passengers and the unladen weight $\geq 2500\text{kg}$ Motor vehicles which are not constructed to carry load or passengers and the unladen weight $\leq 7250\text{kg}$	04 Sep 2015

For LKK/NAC Use Only

NP 428A

Barcode: Licence No: **S91467022**

**CERTIFICATE OF INSURANCE**

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1968

ROAD TRANSPORT ACT, 1987 (MALAYSIA)

MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

M.T. 400

Comprehensive Commercial Motor

CERTIFICATE NO. 999994316**POLICY EXCESS**

(The below excess is subject to GST)

S\$800.00 ** (I)

WINDSCREEN EXCESS

S\$100.00

SUM INSURED

Market Value

INSURING WITH COE/PARF

Yes

SKW3198S

Goldbell Car Rental Pte Ltd

1) VEHICLE REGISTRATION NO.**2) NAME OF POLICYHOLDER****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 towing 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

AIG Asia Pacific Insurance Pte. Ltd.

030123-000

Acom International Network Pte Ltd

48 Changi South St 1 Level 3

SINGAPORE 486130

ORIGINAL

AUTHORISED REPRESENTATIVE

SSPKWJ