

NATIONAL Assessment Centre Services

Form 1 Jan 08

NA419000296

| | | | |
|---------------------------|--|-----------------------|---------|
| Date In: 31/07/2019 15:18 | Job description | Date & Time Completed | Done by |
| Ref No: N84/AGU013443/Y | SAS e-filing | | |
| Veh No: SKD 1946M | E-mail (within 8hrs, AIC 2hrs) | | |
| D.O.A: 30/07/2019 14:00 | 1-Motor Claim Form | | |
| OD TP: Reporting Only | 1-Motor W/O (Within: OD 2hrs, TP 4hrs) | | |
| | 1-Photo Uploaded | | |
| | Assessment/Survey Report | | |
| TP Insurer: | Ass't Report by Fax / Hand to Owner/Wksp | | |

Preferred Wksp / HNC Assign Wksp / QW: (

Tel:

Fax:

| | | |
|-------------------------------|---|-----------------------|
| TP Particulars: | Veh No: GBC 5684A | 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 | 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 |
|-----------|---------|
| | |
| | |
| | |
| | |

| | | | | |
|---|---|--|--------------------------------|---------------------------------|
| <p>NA1905679</p> <p>Claimant's Particulars:</p> <p>Driver/Owner:</p> <p>Contact No:</p> <p>Damaged Portion:</p> <p>QC Checked by (Engr-In-Charge):</p> <p>Auditors' Comments:</p> <p>Cal. J:</p> <p>Cal. 2/3:</p> | <p>Invoice Preparation Checklist:</p> <p>1) AR: Accident Reporting (\$30):</p> <p>2) DA: Damage Assessment (\$100): INC (\$80)</p> <p>3) TP: Towing Fee \$40/\$45</p> <p>4) FT: Follow-Through Survey \$120</p> <p>5) FT: Follow-Through Survey (Resurvey) \$30</p> <p>For claiming against INC Only (wef 10 Jan 2008)</p> <p>6) TR: It's Inspection \$75</p> <p>7) N1: Idau DA + SMRT Survey \$160</p> <p>8) NTUC Additional Services:</p> <p>9) N12: Idau Mobile \$30</p> | | <p>Amc (\$)</p> <p>In Bill</p> | <p>Amc (\$)</p> <p>Add Bill</p> |
| | <p>* N3: Courtesy Car / Tpl Allowance \$5</p> <p>* N6: Repair Co-ordination \$10</p> <p>* N7: Post Repair Inspection \$25</p> <p>* N8: DV / Collect Excess Coordination \$5</p> <p>TP (N11): TP (N-in INC) against INC \$20</p> | | | |
| | <p>Invoice dated</p> <p>For Charged</p> <p>For Charged</p> | | | |

07-MAY-2019 16:38

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 | 31/07/2019 15:18 |
| Date Of Accident | 30/07/2019 14:00 |
| Exact Location Of Accident | LANE BETWEEN BLK 515/BLK 517 OPP KD OUT GATE |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|-----------------------------|
| Vehicle Registration Number | SKD1946M |
| Insured/Policyholder | |
| Name Of Registered Owner | GOLDBELL CAR RENTAL PTE LTD |
| Co Reg No | 200710651D |
| Email Address | JIMMYKEM2008@YAHOO.COM.SG |
| Mobile Phone No | (LOCAL) +65-83227133 |
| Alternative Phone No | OFFICE-83227133 |

Vehicle Particulars

| | |
|--|-----------------------------|
| Manufacturer | TOYOTA |
| Model | VIOS |
| Exact Purpose for which vehicle was being used at time of accident | MOVING TOWARDS KD 2ND LEVEL |
| 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 | KONG CHEE MING |
| NRIC No | S7071214H |
| Date Of Birth | 26/06/1970 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 01/09/1992 |
| Driving Experience | 26 YEARS AND 10 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-83227133 |
| Fax Number | |
| Contact Number | OTHERS-83227133 |
| Email Address | JIMMYKEM2008@YAHOO.COM.SG |

| | |
|---|---------------------------------|
| Address | BLK 7 MARSILING DRIVE #11-54 |
| Postcode | 730007 |
| 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 | GBC5694A |
| Vehicle Make/Model/Colour | MITSUBISHI FUSO |
| Details Of Properties | |
| Vehicle Category | COMMERCIAL VEHICLE |
| Name of Driver | SURUKANTI NARAYANA REDDY |
| NRIC/Passport Number | G9012598 |
| Contact Number | 92714001 |
| 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 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 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 to bring about delivery of the same as well as on the external cover of envelopes/emails/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.



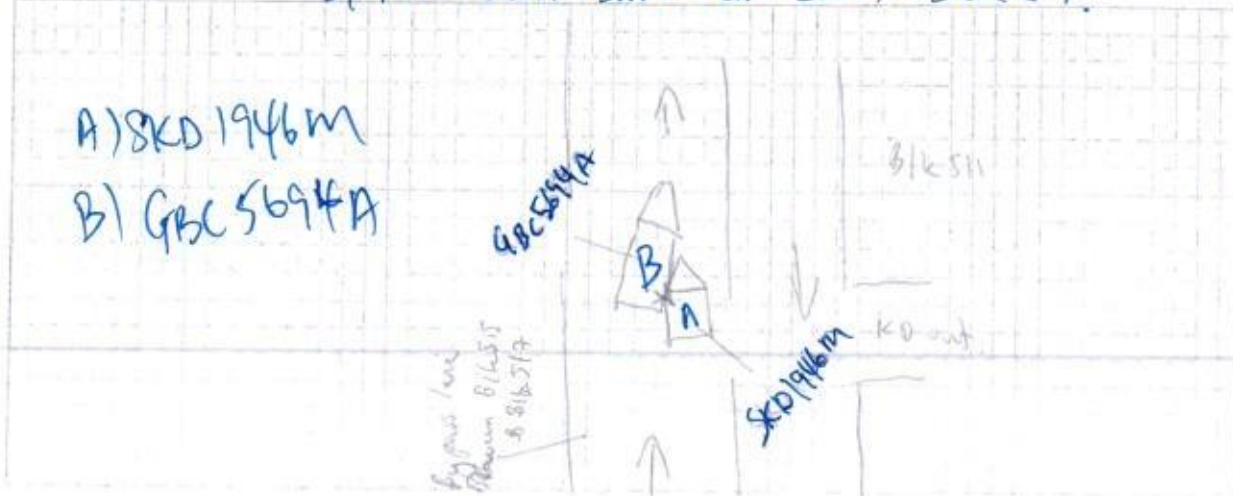
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan *

BY PASS LANCH B1W2 B1K 515 & B1K 517



Describe Circumstance of the Accident *

On 30/7/2019 at about 1400hrs whilst driving vehicle 3ND 1246 M along bypass lane between Blk 515 and Blk 517 of Kopp Park (KOP) opposite KD out lane, a vehicle GBC 5694 A who was driving from my rear overtook my vehicle suddenly from the left side and cutting through my path in front me and cause the rear side of his vehicle hit the left front side my vehicle causing damage left front headlight, dent to left side of the front bumper and dent to the left panel above the left front tyre. There was no visible damage observed on vehicle GBC 5694 A and only white paint mark seen on the right rear tyre. No one was injured and incident witnessed by WSP (APR) Kelly, C who asked went to me.

[Signature]

Declaration

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



Policyholder's Signature /

*

[Signature] 30/7/2019 @ 1900hrs
Driver's Signature (if driver is not the policyholder) / Date & Time

[Signature] 31/07/2019
Witnessed by Reporting Centre Personnel



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AETOS AUXILIARY POLICE FORCE



INCIDENT/ARREST REPORT

Serial No: 2019070167

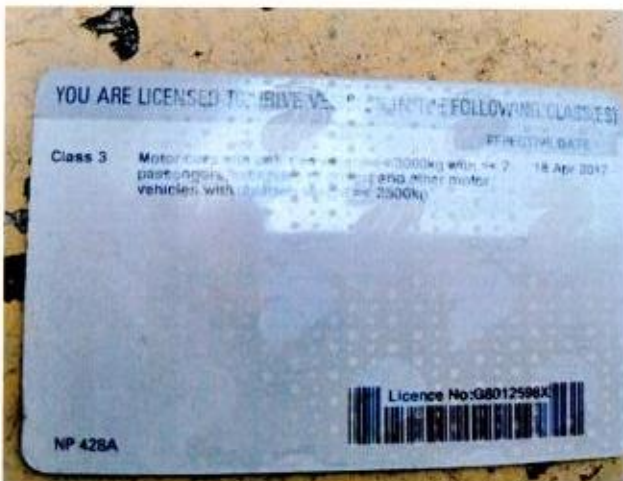
| | | | |
|---|-------------------------------|---|--|
| Nature of Incident: Aetos vehicle involved in an accident at Keppel Distripark | | Location of Incident: KD drive way leading to Blk 517 (Beside KD Exit) | |
| Date: | 30/07/2019 (Tuesday) | Informant: | SSgt (APF) 818 Kong Chee Meng |
| Time: | 1547 hrs | Team: | Sector A1 - Alpha Division – Port unit |
| Particulars of Subject: (Driver of GBC5694C) | | | |
| Name | : SURUKANTI NARAYANA REDDY | | |
| Sex/Age | : Male / (DOB: 28/09/1987) | | |
| NRIC / FIN no: | : G8012598X | | |
| Nationality | : INDIA | | |
| Company | : ORIENT EXPRESS FWDG PTE LTD | | |
| TIME | | FACTS | |
| 1547 hrs | | <p>SSgt (APF) 818 Kong Chee Meng walk in to SCR and narrated an incident happen at about 1400 hrs, where Aetos marked car (SKD1946M), model Toyota Altis that he was driving along KD Drive way leading to Blk 517 beside KD Exit was grazed by a motor lorry GBC5694C who overtook him from the left side of the Drive way. (refer to photo attached for details damaged) WSgt (APF) T05284 Tan Chia Li was with SSgt 818 during the incident. (Witness)</p> <div style="text-align: center; margin: 10px 0;">  </div> <p>The above mention subject (Driver) did not admit that it was his fault and accused SSgt (APF) 818 had knocked into his vehicle. There was no damage to the subject motor lorry but just a grazed mark to the subject's motor lorry right hand side rear tyre. (refer to photo attached) He informed SSgt (APF) 818 that his employer would be calling him after 1730 hrs and gave his details and left location.</p> | |
| Reported by: Sgt (APF) Ravi Balen | | Signature:  | Date: 30/07/2019 |

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| TIME | FACTS |
|---|---|
| |  |
| 1600 hrs | ST 1 TL SSgt (APF) Narayasamy was updated of the above. |
| 1630 hrs | Sector A1 OIC Insp (APF) Muhammad Shahul was updated of the incident. |
| 1823 hrs | Sector A1 ASP (APF) Sky Li was updated of the above incident. |
| 1910 hrs | PFSO (TSED) Brenven Chua was briefed of the above incident and the same inform to update KD management of the above incident. |
| 1913 hrs | KD SOS Bala Subramaniam was briefed of the above incident and the same inform to put KD senior managers in the loop. |
| Reported by: Sgt (APF) Ravi Balen | |
| Signature:  | |
| Date: 30/07/2019 | |

CONFIDENTIAL



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: 30/7/2014 Time: 1400hrs
 Exact Location of Accident * Supra lane between Bldg 515 & 517 opp KD out gate

DETAILS OF OWN VEHICLE

Vehicle Registration Number * SKP 1946m

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 Toyota Model Vios

Type of Vehicle*

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

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

Moving forward to rd level

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

* KONG CHIE MING

Personal Identification - NRIC (Singaporean/PR)

* S7071214 H

- FIN/Passport Number

Date of Birth

* 26 dd/ 06 mm/ 1970 /yy

Driving Date Pass

* 01 dd/ 09 mm/ 1992 /yy

Year of Driving Experience

* 26 Year(s) 11 Month(s)

Occupation

* ☐ Indoor ☐ Outdoor

Gender

* ☒ Male ☐ Female

Contact Number / Mobile Phone / Fax No.

* 83227133

| | |
|---|---|
| Address of Driver | * 81k 7#11-5# Moring Drive |
| Email Address | * Jimmyken2008@yahoo.com.sg |
| Was driver an employee of the Insured's Company? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| If No, Relationship of the Driver with the Insured | |
| Vehicle Registration Number of Driver's Own | <input type="radio"/> Yes <input checked="" type="radio"/> 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) | * S-Swipe |
| Weather Conditions | * <input checked="" type="radio"/> Clear <input type="radio"/> Raining <input type="radio"/> Others |
| Road Surface | * <input checked="" type="radio"/> Dry <input type="radio"/> Wet <input type="radio"/> Others |

OTHER INFORMATION

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

DETAILS OF POLICE ACTION

| | |
|---|---|
| Was the Accident reported to the Police? | * <input type="radio"/> Yes <input type="radio"/> 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="radio"/> Yes <input type="radio"/> No (If Yes, against whom?) |

DETAILS OF OTHER VEHICLE / PROPERTY 1

| | |
|---|-----------------------------------|
| Vehicle Registration Number | * ABC5694A |
| Vehicle Make/ Model/ Colour | Mitsubishi Fuso |
| Details of Properties | |
| Name of Driver | Sankant Narayana Reddy |
| Personal Identification - NRIC (Singaporean/PR) | |
| - FIN/Passport Number | A8012698X |
| Contact Number | 92714001 |
| Address | Orient Express Forwarding Pte Ltd |
| Name of Insurance Company | |
| No. of Passenger (Including Driver) | |

(Note - Please use page 6 if you need to add more vehicles.)

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

Class 2B Motorcycles <= 200 cc
Class 3 Motor cars with unladen weight <= 3800kg with <= 9 passengers exclusive of driver; and other motor vehicles with unladen weight <= 2500kg

EFFECTIVE DATE

01 SEP 1992
01 SEP 1992

For LKK/NAC Use Only



Licence No S7071214H

NF 428A

9388723



NRIC No S7071214H



For LKK/NAC Use Only

Nationality
MALAYSIAN
Date of issue
05-12-2015

Address
APT. BLK 7 MARSILING DRIVE
#11-54
SINGAPORE 730007

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S7071214H

Name

KONG CHEE MING

For LKK/NAC Use Only

Birth Date: 26 Jun 1970

Issue Date: 07 Dec 2015



002500342E

SG
50

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S7071214H

For LKK/NAC Use Only

Name

KONG CHEE MING

江子明

Race

CHINESE

Date of birth

26-06-1970

Sex

M

Country/Place of birth

MALAYSIA



**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

(The below excess is subject to GST)

CERTIFICATE NO. 999994316

POLICY EXCESS S\$800.00 ** (I)

WINDSCREEN EXCESS S\$100.00

SUM INSURED Market Value

INSURING WITH COE/PARF Yes

SKD1946M

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 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