

# NATIONAL Assessment Centre Services

(cont. 1 Jan 2018)

Date In: 07/08/2018 16:25	Job description	Date & Time Completed	Done by
Ref No: NAB/18/0388/4	SAS e-filing		
Veh No: GBL 9066	E-mail (within 4hrs, AIC 2hrs)		
D.O.A: 03/08/2018 23:00	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 / HNC Assign Wksp / QW: (

Tel: (

Fax: (

TP Particulars:

Veh No: SHD 2400K

INC ( ) / Non-INC ( )

Owner / Driver: (

Tel: (

Policy No: (

Period: (

Cover Type: (

Consented 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


NAB/18/06027	Invoice Preparation Checklist		AMC (\$)	AMC (\$)
			In Bill	Add Bill
Claimant's Particulars	1) AR: Accident Reporting (\$30)			
	2) DA: Damage Assessment (\$100)	INC (\$80)		
	3) TP: Towing Fee	\$40/\$45		
	4) FT: Follow-Through Survey	\$120		
	5) PT: Follow-Through Survey (Resurvey)	\$30		
	For claiming against INC Only (wef 10 Jan 2018)			
	6) TR: Re-inspection	\$75		
	7) NI: Idm DA + SMRT Survey	\$160		
	8) NTUC Additional Services:			
Driver/Owner:	* N3: Courtesy Car / Tpl Allowance	\$5		
Contact No:	* N6: Repair Co-ordination	\$10		
Damaged Portion:	* N7: Post Repair Inspection	\$25		
QC Checked by (Engr-In-Charge):	* N8: DV / Collect Excess Coordination	\$5		
Additional Comments:	TP (N11): TP (N-in INC) against INC	\$20		
Cal J:	9) N12: Idm Mobile	\$0		
Cal 2/3:	Invoice dated	For Charged		
1/1/18	Invoice dated	For 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	07/08/2019 16:25
Date Of Accident	03/08/2019 23:00
Exact Location Of Accident	EXIT OF SIMS AVENUE TOWARDS HIGHWAY
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH9076G
<b>Insured/Policyholder</b>	
Name Of Registered Owner	GOLDBELL CAR RENTAL PTE LTD
Co Reg No	200710651D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98508425
Alternative Phone No	OFFICE-98508425

### Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE
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	YES
Policy Number	999994313
Cover Note Number	

### Driver

Name of Driver	SYAFIQ BIN ABDUL NAIM
NRIC No	S9027132F
Date Of Birth	05/08/1990
Occupation	OUTDOOR
Date Of Driving Pass	28/07/2017
Driving Experience	2 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98508425
Fax Number	
Contact Number	OTHERS-98508425
Email Address	NOEMAIL

Address	BLK 166A YUNG KUANG ROAD #03-10
Postcode	611166
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	CHAIN COLLISION
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	3
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	SHD2400A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	MR NEO
NRIC/Passport Number	S0881733B
Contact Number	90964571
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SMG3430G
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Vehicle Make/Model/Colour	TOYOTA COROLLA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MS LIU
NRIC/Passport Number	S8186017C
Contact Number	90237368
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.

#### B. 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/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 & Time

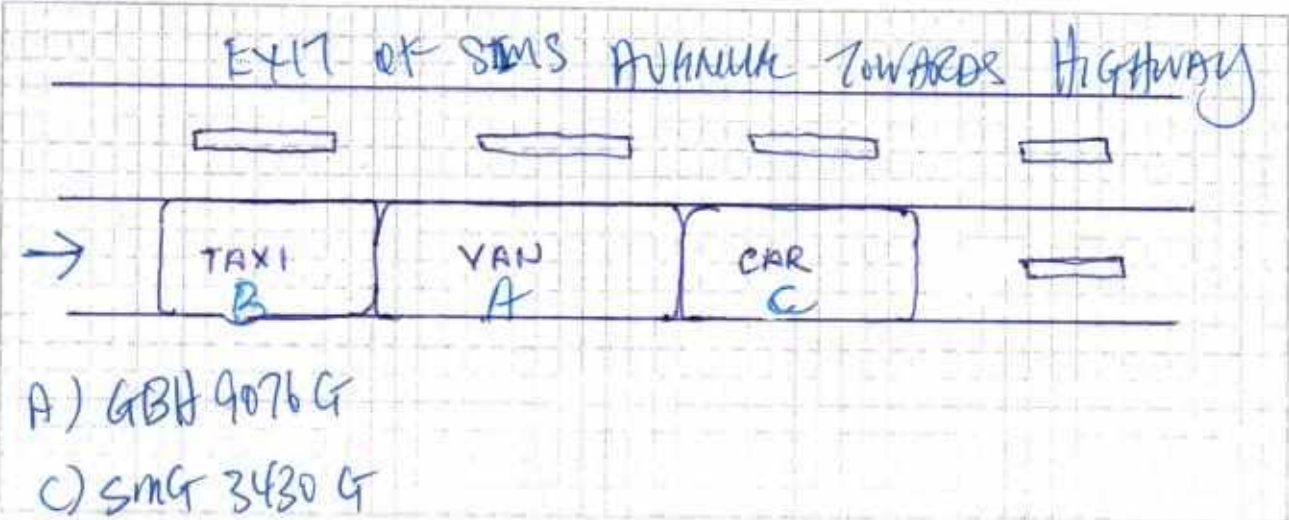


Driver's Signature (if driver is not the policyholder) / Date & Time



Witnessed by Reporting Centre Personnel

#### Sketch Plan



Describe Circumstance of the Accident \*

WHILE EXITING HIGHWAY AT SIM BAUGHNE TOWARD PIE TURNS  
THE FRONT CAR SUDDENLY JAM BRAKE THAT RESULTS IN  
A 3 VEHICAL COLLISION

Declaration

We declare the foregoing particulars are true in every respect.

  
\*  


Witness's Signature

  
\*  
Driver's Signature (if driver is not the authorized person) - Date & Time

  
Witnessed by Registering Centre Person(s)





# 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: 03/08/2019 Time 23:00

Exact Location of Accident \* EXIT OF SIMS TOWARD HIGHWAY

## DETAILS OF OWN VEHICLE

Vehicle Registration Number \* GBH 9076 G

## 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 \*

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

\* SHAHID BIN ABDUL NAIM

Personal Identification - NRIC (Singaporean/PR)

\* 39027132 F

- FIN/Passport Number

\*

Date of Birth

\* 05 dd/ 08 mm/ 1990/yy

Driving Date Pass

\* 28 dd/ 07 mm/ 2017 /yy

Year of Driving Experience

\* 2 Year(s) } Month(s)

Occupation

\* PEST TECHNICIAN ☐ Indoor ☐ Outdoor

Gender

\* ☒ Male ☐ Female

Contact Number / Mobile Phone / Fax No.

\* 98508425



Address of Driver *	166A YUNG KUANG ROAD #03-10 Postcode (61166)
Email Address *	
Was driver an employee of the Insured's Company?	<input 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 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) *	CHAIN COLLISION
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 checked="" 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 *	SM6 34306
Vehicle Make/ Model/ Colour	
Details of Properties	
Name of Driver	MS LIL (C)
Personal Identification - NRIC (Singaporean/PR)	S8186017C
- FIN/Passport Number	
Contact Number	90237368
Address	
Name of Insurance Company	
No. of Passenger (Including Driver)	
(Note - Please use page 6 if you need to add more vehicles)	

**DETAILS OF OTHER VEHICLE / PROPERTY 2**

Vehicle Registration Number	SHD 2400A
Vehicle Make/ Model/ Colour	
Details of Properties	(B)
Name of Driver	MR. NEO
Personal Identification - NRIC (Singaporean/PR)	810881733B
- FIN/Passport Number	
Contact Number	90964571
Address	
Name of Insurance Company	
No. of Passenger (Including Driver)	
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  
IDENTITY CARD NO. S9027132F



Name  
SYAFIQ BIN ABDUL NAIM  
**For LKK/NAC Use Only**

Race  
MALAY

Date of birth: 05-08-1990 Sex: M

Country of birth  
SINGAPORE

REPUBLIC OF SINGAPORE **DRIVING LICENCE**

Licence Number: S9027132F  
Name: SYAFIQ BIN ABDUL NAIM  
**For LKK/NAC Use Only**

Birth Date: 05 Aug 1990  
Issue Date: 28 Jul 2017



002708307B

4286581



NRIC No. S9027132F



**For LKK/NAC Use Only**

Issue  
1-09-2008

APT BLK 186A YONG KUAN ROAD #03-10  
SINGAPORE 611166

NRIC No. S9027132F Date: 21/02/2018

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

	EFFECTIVE DATE
Class 3 Motor cars with unladen weight $\leq 3000\text{kg}$ with $\leq 7$ passengers, exclusive of driver; and other motor vehicles with unladen weight $\leq 2500\text{kg}$	28 Jul 2017

**For LKK/NAC Use Only**

Licence No: S9027132F



NP 428A

**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, 1955 (MALAYSIA)

M.Z.400

Comprehensive Commercial Auto Plus  
CERTIFICATE NO. 999994313

(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  
GBH9076G

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 \$3,000 applies to drivers between below 23 years of age and/or with driving experience of less than 12 months.

Additional excess of \$500 applies to all claims for accident outside Singapore.

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\*

Use only for social, domestic and pleasure purposes and for the Policyholder's business.

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 driving tuition, driving test, racing, pace-making, reliability trial or speed-testing;
- 2) use whilst drawing a trailer except the towing (other than for reward) of anyone disabled using a mechanically propelled vehicle;
- 3) use for the carriage of passengers for hire or reward by any person to whom the Vehicle is hired; and
- 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

AIG Asia Pacific Insurance Pte. Ltd.

030123-000

Acorn International Network Pte Ltd  
48 Changi South St 1 Level 3  
SINGAPORE 486130

ORIGINAL

AUTHORISED REPRESENTATIVE

SSPTKY