

NATIONAL Assessment Centre Services.

[ref: JAR001]

NA/906296

Date In: 19/08/2019 16:00	Job description	Date & Time Completed	Done by
Ref No: NA/906296/4471/4	SAS e-filing		
Veh No: 9BF5944D	E-mail (within 4hrs, AIC 2hrs)		
D.O.A: 15/08/2019 15:30	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/Witness		

Preferred Wkep / INC Assign Wkep / QW: (

Tel:

Fax:

TP Particulars:

Veh No:

NA/906296/4471/4

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%. P: 80-100%]

Year of Registration: (

Warranty: YES () / NO ()

Excess: (\$

) Loading: \$1,000 () / \$2,000 ()

() Walk-In Customer: Customer's Information strictly Confidential & Strictly NO refer of repolar.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In (); Invoice: YES () / NO (); Towing Co: ()

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury:

Date:

NA/906296

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Architect's Comments:

Ref: 1:

1) AR: Accident Reporting (\$30)

2) DA: Damage Assessment (\$100) INC (\$10)

3) TP: Towing Fee \$40/\$45

4) PT: Follow-Through Survey \$120

5) PT: Follow-Through Survey (Resurvey) \$30

For claiming against INC Only (over 10 Jan 2005)

6) TR: Re-inspection \$75

7) NI: Ideal DA + SMRT Survey \$160

8) NTUC Additional Services:

ON:

*N5: Courtesy Car / Tpt Allowance \$3

*N6: Repair Coordination \$10

*N7: Post Repair Inspection \$25

*N8: DV / Collect Excess Coordination \$3

TP (NI): TP (NI) INC against INC \$20

9) NI2: Ideal Mobile \$30

Invoice dated

Invoice dated

Fee Charged

Fee Charged

GRAND TOTAL

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	19/08/2019 16:00
Date Of Accident	15/08/2019 15:30
Exact Location Of Accident	ALONG TAO CHING ROAD TOWARDS CORPORATION ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF5904D
Insured/Policyholder	
Name Of Registered Owner	GOLDBELL CAR RENTAL PTE LTD
Co Reg No	200710651D
Email Address	NITEZSHAZ_85@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-98491285
Alternative Phone No	OFFICE-98491285

Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	T6 VAN TDI NWB DSG
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	REPORTING ONLY
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	NG CHOON HWA (WU JUNHUA)
NRIC No	S8541231J
Date Of Birth	28/11/1985
Occupation	OUTDOOR
Date Of Driving Pass	12/12/2006
Driving Experience	12 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98491285
Fax Number	
Contact Number	OTHERS-98491285
Email Address	NITEZSHAZ_85@HOTMAIL.COM

Address	BLK 602 CLEMENTI WEST STREET 1 #07-14
Postcode	120602
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	COLLIDED INTO PEDESTRIAN
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	1
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	NO
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?	YES
If Yes, Please state which Police Station	
Police Station Name	CLEMENTI NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: NO. 20 CLEMENTI AVENUE 5 , POSTCODE: 129858 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8729999 - FAX NO: 67748639
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190816/2006 (1) VEHICLE AND DRIVING LICENCE AT THE POLICE CUSTODY)

Attachment(s)

Are accident photos available for attachment?	NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

rsbm

From: Alphonsus Tan <alphonsus_t@yahoo.com>
Sent: Monday, 19 August, 2019 6:30 PM
To: rsbm@lkkauto.com
Subject: Fw: Renewal Notification

Hi Rosli,

Attached is the email which state my renewal till 20/12/2019.

Thank you very much
Alphonsus

Sent from Yahoo Mail for iPhone

Begin forwarded message:

On Friday, December 28, 2018, 1:10 PM, acra_bizfile@acra.gov.sg <acra_bizfile@acra.gov.sg> wrote:

Dear Sir/Mdm,

Entity Name: ALPHONSUS
UEN: 53352627B
Transaction Name: Renewal of Business Registration
Transaction No.: B180138886

Your Business registration of ALPHONSUS has been successfully renewed for 1 years and will expire on 20/12/2019.

You will receive a free Business Profile of this entity via email the next day.

For your added business convenience, our mobile app offers mServices such as business registration renewal, change of address for business entities, purchase of business information products and a free search function for entities registered with ACRA. Download ACRA ON THE GO on [Apple App Store](#) or [Google Play](#).

Thank you.

Regards,
Accounting and Corporate Regulatory Authority (ACRA)

This is a system-generated email. Please do not reply to this email.
If you have any enquiries, please visit our interactive web service at www.acra.gov.sg/askacra for more information.

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 Police for investigation.
6. The 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 lodgment 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' 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.


Policyholder's Signature
Date & Time:


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


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

19/08/2019


SKETCH PLAN

REFER to VIOLO

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As attach Police REPORT 7/20190816/2006

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:
NRIC/FIN No.:



**SINGAPORE
POLICE FORCE**



T/20190816/2006

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

1 of 3

Report No. T/20190816/2006

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/08/2019 01:17		Vide Report No.: J/20190815/0094		Station Diary No.: 15	
Informant's Particulars					
Name of Informant: NG CHOON HWA			Address: APT BLK 602 CLEMENTI WEST STREET 1 #07-14 SINGAPORE 120602		
ID Type / ID No.: NRIC NO / S8541231J			Contact No.: Home/Office: Mobile: 94891285		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 33	Date of Birth: 28/11/1985	Type of Informant: Driver		
Race: Chinese		Language: English		Institution / School Name:	
Occupation: Other commercial and marketing sales representatives		Driving Licence Information: Class: 3		Date of Expiry:	

General Information of the Accident

Type of Accident:	Fatal Attended by Police	Drink Drive: No	Date/Time of Accident: 15/08/2019 15:30	Type of Location: T-Junction
Location: Along Road 1 Traveling Toward Road 2 TAO CHING ROAD CORPORATION DRIVE				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Moving Vehicle Against - Pedestrian				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBF5904D	Van				No Damage	0

Details of Person Involved

Any Pedestrian Involved: Yes	
No. of Pedestrians Injured: 1	Use of Pedestrian Crossing: Not Available



**SINGAPORE
POLICE FORCE**



T/20190816/2006

2 of 3

Police Station Of Origin:

Clementi N.P.C

20 Clementi Avenue 5 SINGAPORE 129858

Tel No: 1800-8729999

Report No. T/20190816/2006

CONTINUATION OF REPORT

Driver			
Name	NG CHOON HWA	ID No.	S8541231J
Related Vehicle	GBF5904D (Van)	Contact No.	94891285
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

Reference to incident: J/20190815/0094.

On 15.08.2019 at about 0700hrs, I started to drive my company van GBF5904D and I was detail to send the company goods at western side of Singapore.

At about 1530hrs, I was driving along Tao Ching Rd towards Corporation Drive. At the cross junction of the said road, I observed that there is no vehicle along Corporation Drive. I then slowly turn left to towards Corporation Drive.

At that time, I did not notice any pedestrian crossing the road. Out of sudden, I collided with one female Chinese pedestrian, who is jay-walking. I stop my van and came out to assist the pedestrian. I also called for ambulance and Police assistance.

Upon arrival of the paramedic, they pronounced the pedestrian dead. The Traffic Police officer arrived at scene and arrested me for road traffic offence. My company van was also towed by the officer at scene.

I wish to state that this is the first time it happened to me and there is in-car camera installed inside my van. The memory card was also seized by the officer at scene. I am lodging this report for Traffic Police follow up.



NRIC No. S8541231J

5628581

For LKK/NAC Use Only



Date of Issue

29-07-2016

1#07-14

APT BLK 602 CLEMENTI WEST STREET

SINGAPORE 120602

Date: 09/05/2019

NRIC No. S8541231J

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Complete and submit this form to the Authorised Reporting Centre ("ARC") for e-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 insurance and acceptance of this Form by insurance companies is not an admission of the 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 15/8/19 1530 Hrs Date: 15/8/19 Time: 1530 Hrs
 Exact Location of Accident Cooperation drive

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBI-5904D

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 work

Are you claiming under own insurance policy for repair to your vehicle? ☐ Yes ☐ No (If No, Pls select ☐ Third Party ☒ Reporting)

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 Ng Chuan Hua

Personal Identification - NRIC (Singaporean/PR) S8541231

- FIN/Passport Number

Date of Birth 28 /dd 11 /mm 1985 /yy

Driving Date Pass 12 /dd 12 /mm 2006 /yy

Year of Driving Experience 12 Year(s) 4 Month(s)

Occupation ☐ Indoor ☒ Outdoor

Gender ☒ Male ☐ Female

Contact Number / Mobile Phone / Fax No.

Address of Driver	↓	4th 601 Clementi West St 1 #07-14 S'pore 120604	
Email Address	✉	rite2shiz85@hotmail.com	
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)	↓	Head-On 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 type="radio"/> No
b. Was any other vehicle or property damaged? (Including Witness)		<input type="radio"/> Yes	<input type="radio"/> No
DETAILS OF POLICE ACTION			
Was the Accident reported to the Police?	↓	<input checked="" 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	↓	6BRT/9490	
Vehicle Make/ Model/ Colour			
Details of Properties			
Name of Driver			
Personal Identification - NRIC (Singaporean/PR)			
- FIN/Passport Number			
Contact Number			
Vehicle Make/ Model/ Colour			
Address of Driver			
Name of Insurance Company			
No. of Passenger (Including Driver)			
(Note - Please use page 6 if you need to add more vehicles)			

**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 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

GBF5904D

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 Hong Leong Finance Ltd

*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

AUTHORISED REPRESENTATIVE

ORIGINAL

SSPTKY