NATIONAL Assessment Centre Services. [wef 1 Jan'05]. ~~NAA~~ 19/1883?

	Job description	Date & Time Completed	Done by
Date In: 28/08/2019 17:45	SAS e-filing		
Ref No: NA/19/190/522???	E-mail (Hybrid 8hrs, AIC 2hrs)		
Veh No: SKY 9207 R	I-Motor Claim Form		
D.O.A: 26/08/2019 19:40	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
OD / TP / Reporting Only	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel: Fax:)

TP Particulars: Veh No: SMM 8443E 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: ( )

Follow-up Action		Done by
1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo [Repair Cost > $3000] ( )		

Injury :

Outstanding Action:

NB1906568

Claimant Particulars

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:

Ref. 1:

Billing			Done by
1) AR: Accident Reporting ($30);			
2) DA: Damage Assessment ($100);	INC ($10)		
3) TF: Towing Fee	$40/$45		
4) FT: Follow-Through Survey	$120		
5) FT: Follow-Through Survey (Resurvey)	$30		
For claiming against INC Only (wef 10 Jan 2005)	$75		
6) TR: Re-Inspection			
7) NI: Idea DA + SMRT Survey	$160		
8) NTUC Additional Services:-			
OD:			
*N5: 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		
	30		
9) N12: Idea Mobile			
Invoice dated	*Fee Charged*		
Invoice dated	*Fee Charged*		

MNA419113837 / National Assessment Centre Services - Bukit Merah
ENTRY DATE & TIME: 28/08/2019 17:45
SUBMITTED BY: ROSLI BIN ABDUL WAHAB

Your NCD will be affected due to late reporting
Actual e-Filling Submission Date & Time: 28/08/2019 18:01

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 witholding 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	28/08/2019 17:45
Date Of Accident	26/08/2019 19:40
Exact Location Of Accident	AYE TOWARDS JURONG (NEAR SPEED CAMERA)
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKV9207R
Insured/Policyholder	
Name Of Registered Owner	GOLDBELL CAR RENTAL PTE LTD
Co Reg No	200710651D
Email Address	ERICSEMKY@GBCR.COM.SG
Mobile Phone No	(LOCAL) +65-96301164
Alternative Phone No	OFFICE-96301164
Vehicle Particulars	
Manufacturer	MAZDA
Model	MAZDA6 4-DOOR SEDAN 2.0L SP.6EAT
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
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	SEM KUE YU
NRIC No	S8078317E
Date Of Birth	26/04/1980
Occupation	OUTDOOR
Date Of Driving Pass	11/02/2010
Driving Experience	9 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96301164
Fax Number	
Contact Number	OTHERS-96301164
EMail Address	ERICSEMKY@GBCR.COM.SG

Address	1 JURONG EAST STREET 32 #02-05
Postcode	609477
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	COLLISION - HEAD TO REAR
Weather Conditions	RAINING
Road Surface	WET

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	SMM8443E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE HIRE
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 d isclosure 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.

GOLDBELL CAR RENTAL PTE LTD

Policyholder's Signature / Date & Time

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

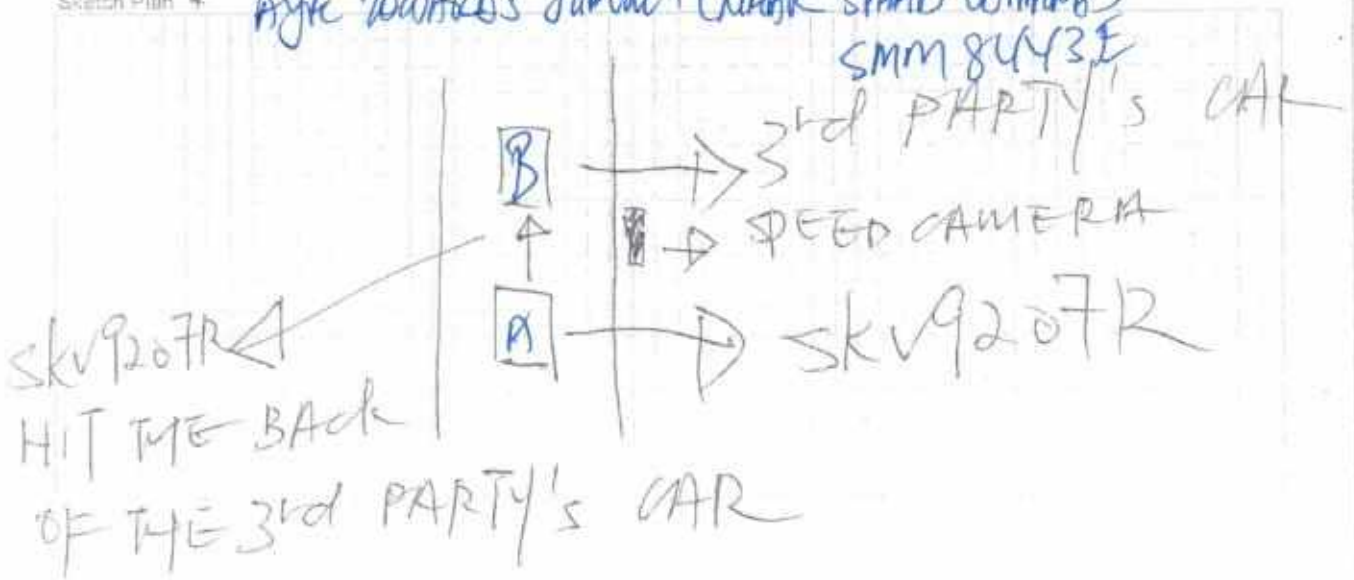
28/08/2018

Witnessed by Reporting Centre Personnel

Sketch Plan 4

AFTER TOWARDS JURONG (NEAR SAND COMPANY)

SMM 8443E



Describe Circumstance of the Accident *

ON 26/8/19 AT AROUND 7:40PM, I WAS DRIVING HOME AT AYE. I WAS ON THE RIGHT LANE AT A SPEED OF AROUND 80KM/HR. THE CAR IN FRONT SUDDENLY JAMMED BRAKE AND I ALSO STEPPED ON MY BRAKE VERY HARD BUT MY CAR COULDN'T STOP IN TIME AND HIT THE CAR IN FRONT AT THE BACK. NO ONE WAS INJURED. THE CAR THAT WAS HIT BY ME IS A PHD CAR. WE ENSURED THAT NO ONE WAS INJURED BEFORE PROCEEDING TO DRIVE TO A BUS STOP ON THE LEFT TO EXCHANGE PARTICULARS.

Declaration

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

GOLDBELL GROUP PTE LTD

Policyholder's Signature

*

27/8/19

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

28/08/2019

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: 26/8/19 Time: 1940 HRS
Exact Location of Accident	*	AYE TOWARDS JURONG (NEAR SPEED CAMERA)
DETAILS OF OWN VEHICLE		
Vehicle Registration Number	*	SKV9287R
INSURED / POLICYHOLDER (OWN VEHICLE)		
Name of Registered Owner *(See Insurance Cert.)*		~~Ott~~ GOLDBALL CAR
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	*	PERSONAL
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	*	SEM KUE YU
Personal Identification - NRIC (Singaporean/PR)	*	S8078317E
- FIN/Passport Number	*	
Date of Birth	*	26 dd/ 04 mm/ 1980 yy
Driving Date Pass	*	11 dd/ 02 mm/ 2010 yy
Year of Driving Experience	*	09 Year(s) 07 Month(s)
Occupation	*	◯ Indoor ✓ Outdoor
Gender	*	✓ Male ◯ Female
Contact Number / Mobile Phone / Fax No	*	96301164

Address of Driver	*	1 JURONG EAST STREET 32 #02-05 Postcode : 609477
Email Address	*	ERICSEMKY@GRCR.COM.SG
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)	*	FRONT TO REAR
Weather Conditions	*	◯ Clear ✓ Raining ◯ Others_____
Road Surface	*	◯ Dry ✓ Wet ◯ Others_____

OTHER INFORMATION

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

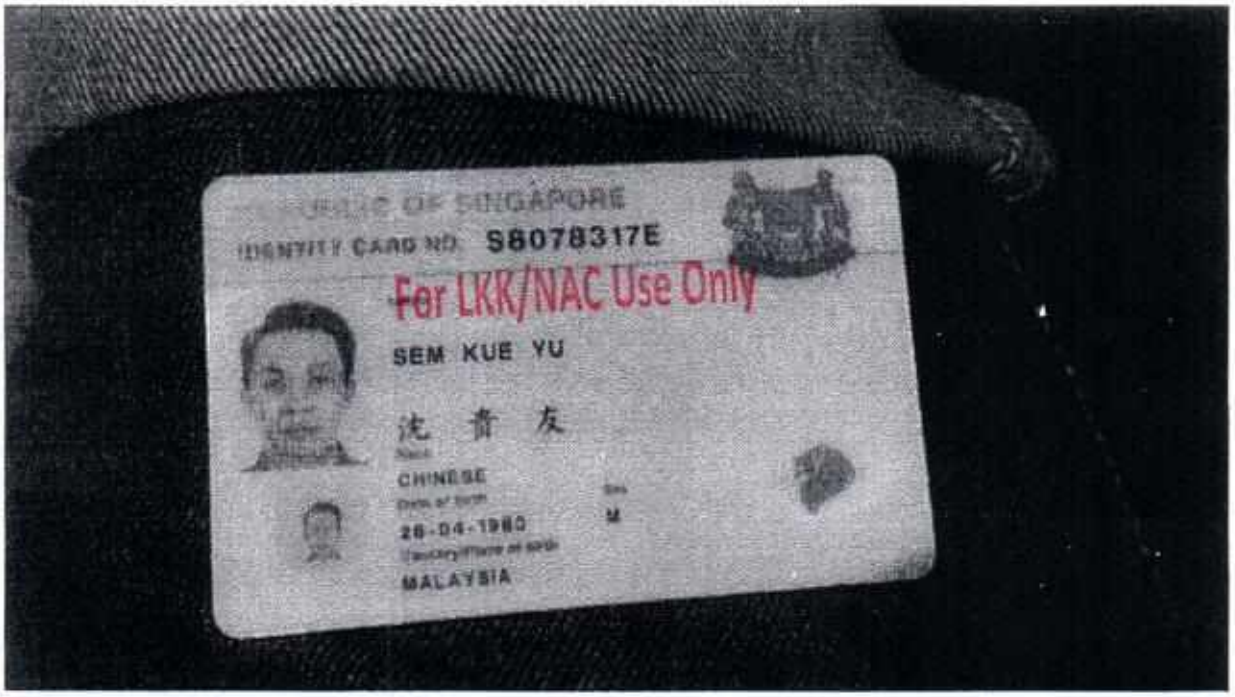
DETAILS OF POLICE ACTION

Was the Accident reported to the Police?	*	◯ Yes ✓ 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	*	SMM8443E
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)


REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8078317E
For LKK/NAC Use Only
SEM KUE YU
沈 貴 友
CHINESE
26-04-1980
M
MALAYSIA


S8078317E
For LKK/NAC Use Only
1 JURONG EAST STREET 32 #02-06
SINGAPORE 609427
S8078317E


REPUBLIC OF SINGAPORE
DRIVING LICENCE
SB0783 17E
SEM KOE YU
For LTA/NAC Use Only
Birth Date 25 Apr 1980
Issue Date 01 Oct 2018
002854449K


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
11 Feb 2010
For LKK/NAC Use Only
Licence No:S8078317E
NP 428A

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.400

Comprehensive Commercial Motor
CERTIFICATE NO. 999994316

(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

1) VEHICLE REGISTRATION NO. SKV9207R

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*

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 96 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