NATIONAL Assessment Centre Services. [wef 1 Jan'09] . NMA/8/19/13858

	Job description	Date &Time Completed	Done by
Date In: 28/08/2019 18:13	SAS e-filing		
Ref No: NBA/A1G190/5228/Y	E-mail (…, AIC 2hrs)		
Veh No: SGP 9487D	I-Motor Claim Form		
D.O.A 28/08/2019 11:00	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: SDP 89M. 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: ( )

Remarks		Actions by
1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo [Repair Cost > $3000] ( )		

Injury :

Damage

NA1906572

Claimant Particulars

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditor's Comments

Invoicing (Fees)			
1) AR : Accident Reporting ($30)			
2) DA : Damage Assessment ($100) INC ($40)	$40/$45		
3) TF : Towing Fee			
4) FT : Follow-Through Survey	$120		
5) FT : Follow-Through Survey (Resurvey)	$30		
For claiming against INC Only (wef 10 Jan 2009)	$75		
6) TR : Re-inspection	$160		
7) NI : Idea DA + SMRT Survey			
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		
9) N13: Idea Mobile	30		
Invoice dated	*Fee Charged*		
Invoice dated	*Fee Charged*		

1 / 2

MNA419113858-01 / National Assessment Centre Services - Bukit Merah
ENTRY DATE & TIME: 28/08/2019 18:13
SUBMITTED BY: ROSLI BIN ABDUL WAHAB

Your NCD will be affected due to late reporting
Actual e-Filling Submission Date & Time: 04/09/2019 12:27

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 18:13
Date Of Accident	25/08/2019 11:00
Exact Location Of Accident	INTERSECTION OF LORONG 4/LORONG 1 TOA PAYOH
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKP4187D
Insured/Policyholder	
Name Of Registered Owner	GOLDBELL CAR RENTAL PTE LTD
Co Reg No	200710651D
Email Address	SEIICHIRO.ISODA@WISMETTAC.COM
Mobile Phone No	(LOCAL) +65-82187633
Alternative Phone No	OFFICE-82187633
Vehicle Particulars	
Manufacturer	MAZDA
Model	6
Exact Purpose for which vehicle was being used at time of accident	ON THE WAY TO LUNCH
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	SEIICHIRO ISODA
NRIC No	F2166195M
Date Of Birth	19/03/1961
Occupation	INDOOR
Date Of Driving Pass	30/11/2015
Driving Experience	3 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82187633
Fax Number	
Contact Number	OTHERS-82187633
EMail Address	SEIICHIRO.ISODA@WISMETTAC.COM

Address	8 ENGGOR STREET #38-02
Postcode	079718
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	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?	YES
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?	YES
If Yes,Please state which Police Station	
Police Station Name	JURONG WEST NEIGHBOURHOOD POLICE CENTRE
Police Station Address	**ROAD**: 700 CORPORATION ROAD , **POSTCODE**: 649818 , **COUNTRY**: SINGAPORE
Police Station Contact	**TEL NO**: 1800-2689999 - **FAX NO**: 62672438
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	SDP89M
Vehicle Make/Model/Colour	AUDI A3
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MS YEO HUI YIAN, VIVIEN
NRIC/Passport Number	
Contact Number	81277387
Address	
Postcode	
Insurance Company Name	

Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	SEIICHIRO ISODA
Approximate Age	
Injuries Sustain	NECK PAIN
Injured person in which vehicle?	SKP4187D
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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' 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

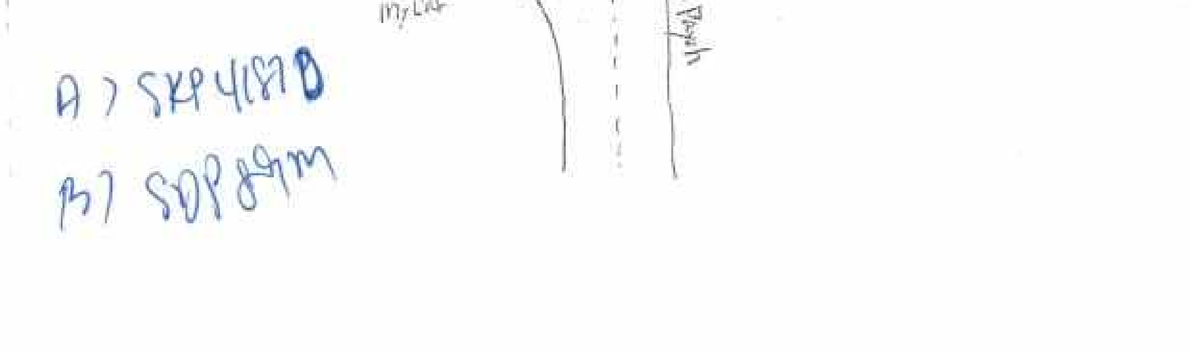
(collectively the "Purposes")

(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.

Policyholder's Signature / Date & Time | Driver's Signature (if driver is not the policyholder) / Date & Time | Witnessed by Reporting Centre Personnel 28/08/2019

Sketch Plan



Describe Circumstance of the Accident

1) I entered the left turning roadway of Lor 4 Toa Payoh.

2) As a vehicle is stationary in front of me on the turning roadway, I stopped my vehicle behind the vehicle.

3) After I stopped my vehicle the other vehicle hit my vehicle without braking.

POLICE REPORT J/20190903/3042

Declaration

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

Policyholder's Signature

Driver's Signature (if different from the policyholder) / Date & Time

Received by Reporting Centre Personnel

28/08/2019

SINGAPORE POLICE FORCE

J/20190903/2042

POLICE REPORT (NP299)

Report No. J/20190903/2042

Police Station Of Origin
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

Date/Time Report Made	Vide Report No.	Station Diary No.
03/09/2019 11:20		52

Name Of Informant	Address
SEIICHIRO ISODA	8 ENGGOR STREET #38-02 SKYSUITES@ANSON SINGAPORE 079718
ID Type / ID No. FIN NO / F2166195M	Contact No. Home/Office: Mobile: 82187633
Nationality JAPANESE	Email Address

Occupation	Sex	Age	Date of Birth	Race
Managing director/Chief executive officer	Male	58	19/03/1961	Japanese

Institution/School Name	Language

Date/Time Of Incident	Location Of Incident
25/08/2019 11:00	93 LORONG 4 TOA PAYOH MKT/HAWKER (93 TOA PAYOH LOR 4)* SINGAPORE 310093

Brief details.

On 25.08.2019 at about 1100hrs I was driving my Car bearing the plate number SKP 4187D. I was at the filter lane travelling towards Toa PaYoh Lor 1 as my vehicle is stationary on the turning roadway I stopped my vehicle behind a Vehicle. After I have stopped my vehicle the other vehicle bearing the plate number SDP 89M the driver is namely Yeo Hui Yian Vivien S8823395F, collided on to my rear driver side bumper. I am lodging this report for insurance claimant purposes.

Signature Of Officer Recording The Report:	Signature Of Informant:
J / SC2 LINUS LEOK YI QUAN	
Signature Of Interpreter: Not applicable	Date/Time: 03/09/2019 11:20
Officer In-Charge Of Case: J / Bukit Batok N.P.C / Staff Sgt S VIKNESHVARAN S/O SUBRAMANIAM Contact No.: 67910000	Classification Of Case:

Authentication Stamp

SN 126
Signature :
Police Force

Address of Driver	3	8 Enggor St #38-02 Postcode (079718)
Email Address	4	seichin0.isaac@wismettac.com
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)	1	Rear
Weather Conditions	1	(✓) Clear ( ) Raining ( ) Others:_____
Road Surface	2	(✓) Dry ( ) Wet ( ) Others:_____

OTHER INFORMATION

a Was anybody injured in the accident?	3	( ) Yes (✓) No But feel something wrong on my neck
b Was any other vehicle or property damaged? (Including Witness)	4	( ) Yes (✓) No

DETAILS OF POLICE ACTION

Was the Accident reported to the Police?	5	( ) 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	1	SDP 89M
Vehicle Make/ Model/ Colour		Audi A3 Red Wine Colour
Details of Properties		
Name of Driver		Ms Yee Hui Tian, Vivien
Personal Identification - NRIC (Singaporean/PR)		S8823395A
- FIN/Passport Number		
Contact Number		9127 7787
Address		
Name of Insurance Company		
No. of Passenger (Including Driver)		

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

Police Report

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: 25/08/2015 Time: 11:00
Exact Location of Accident	*	at the intersection of Lor 4 and Lor Tai Payoh

DETAILS OF OWN VEHICLE

Vehicle Registration Number	*	SKP 4187D

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 *	Saloon / on the way to lunch
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		Seiichiro Isoda
Personal Identification - NRIC (Singaporean/PR)		
- FIN/Passport Number	*	F2166185M
Date of Birth	*	dd/ mm/ yy 19/03/61
Driving Date Pass	*	dd/ mm/ yy 30/11/15
Year of Driving Experience	*	36 Year(s) 5 Month(s)
Occupation	*	(✓) Indoor ( ) Outdoor
Gender	*	(✓) Male ( ) Female
Contact Number / Mobile Phone / Fax No	*	82187633

For LKK/NAC Use Only

For LKK/NAC Use Only

日 本 国 JAPAN

PASSPORT P JPN TZ1239972

ISODA

SEIICHIRO

JAPAN 19 MAR 1961

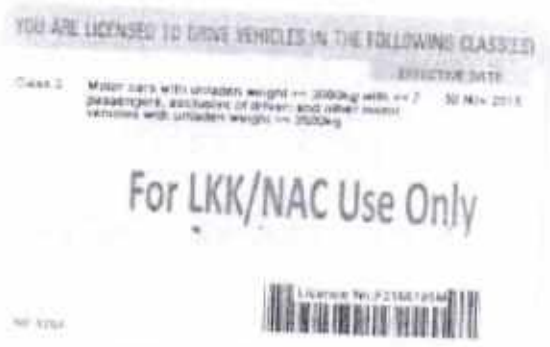
M TOKYO

10 NOV 2017

10 NOV 2027

P<JPNISODA<<SEIICHIRO<<<<<<<<<<<<<<<<<<<<<<<<

TZ1239972JPN6103198M2711106<<<<<<<<<<<<<<<<


YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)
For LKK/NAC Use Only


REPUBLIC OF SINGAPORE
DRIVING LICENCE
F2166195M
SEIICHIRO GODA
For LKK/NAC Use Only
Valid Till 28/11/2020

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, 1999 (MALAYSIA)

M.Z.489

Comprehensive Commercial Motor
CERTIFICATE NO. 999994316

(The below excess is subject to GST)

POLICY EXCESS	S$1,200.00 ** (I)
WINDSCREEN EXCESS	S$100.00
SUM INSURED	Market Value
INSURING WITH COE/PARF	Yes

1) VEHICLE REGISTRATION NO. SKP4187D

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 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

S5PKWJ

GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09.00 – 17.00
UEN: 196500020G / GST Reg. No.: M40001773S

IMPORTANT NOTE: Please submit the completed Addendum form to the **same** Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : JNAA4G9113858 Vehicle Registration No: SKP 4187D

Name (as shown in NRIC) : SEICHI00 1800A NRIC/FIN/Passport No : F3166195M

(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate

Address : Singapore( )

Contact (Tel) : Mobile No. : 82187633

Email Address :

Date of Accident : 25/08/2019 Time of Accident : 11.00

Place of Accident : INTERSECTION OF LORONG 4/LORONG 1 TOA PAYOH AIC

Insurance Company :

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

① THERE IS INJURY

② UPLOAD POLICE REPORT J/20190903/2042

Policyholder / Driver's Signature
Date:

04/09/2019

Reporting Centre Personnel's Signature
Name: Paul Thomas
NRIC/FIN No.:
Date: