

# NATIONAL Assessment Centre Services.

[ver 1 Jan 2005]

NA/1906628

Date In: 01/08/2009 15:44	Job description	Date & Time Completed	Done by
Ref No: NA/1906628/508114	SAS e-filing		
Veh No: SKW 49867	E-mail (Adjuster, AIG 2hrs)		
DOA: 27/08/2009 10:55	I-Motor Claim Form		
OD: TP Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whse		

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:

Veh No: SUB 70815

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 ( )

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:

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

2) QC Check / Post Repair Inspection ( )

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

Injury:

Date/Time:

Actions:

NA/1906628

Claimant's Address:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:

Ref:

1/2/3

NATIONAL Assessment Centre Services		Ref:	Mod/Blk
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 (ver 10 Jan 2005)			
6) TR: Re-inspection	\$75		
7) NI: Idao DA + SMRT Survey	\$160		
8) NTUC Additional Services:			
OD:			
*NS: Courtesy Car / Tpl Allowance	\$3		
*NG: Repair Co-ordination	\$10		
*NT: Post Repair Inspection	\$25		
*NB: DV / Collect Excess Co-ordination	\$3		
TP (NI): TP (N+INC) against INC	\$30		
9) NI: Idao Mobile			
Invoice dated		Fee Charged	
Invoice dated		Fee Charged	



## 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	02/09/2019 15:44
Date Of Accident	27/08/2019 10:55
Exact Location Of Accident	BELOW WEST COAST HIGHWAY ON TELOK BLANGAH ROAD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKW4946T
<b>Insured/Policyholder</b>	
Name Of Registered Owner	GOLDBELL CAR RENTAL PTE LTD
Co Reg No	200710651D
Email Address	DUNKEL.MARTIN@HERRENKNECHT.DE
Mobile Phone No	(LOCAL) +65-96639862
Alternative Phone No	OFFICE-96639862
<b>Vehicle Particulars</b>	
Manufacturer	MAZDA
Model	MAZDA3 4-DOOR SEDAN 1.5L SP.6EAT
Exact Purpose for which vehicle was being used at time of accident	ON THE WAY HOME
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
<b>Insurance Company</b>	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	999994316
Cover Note Number	
<b>Driver</b>	
Name of Driver	DUNKEL MARTIN
Passport No/FIN	G5142547U
Date Of Birth	09/12/1976
Occupation	INDOOR
Date Of Driving Pass	07/08/2018
Driving Experience	1 YEAR AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96639862
Fax Number	
Contact Number	OTHERS-96639862
EMail Address	DUNKEL.MARTIN@HERRENKNECHT.DE

Address	-
Postcode	
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	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	SLB7081S
Vehicle Make/Model/Colour	HONDA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MR LIN KWENG KIA
NRIC/Passport Number	S2010940H
Contact Number	98508085
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 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.

### 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.
- (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:

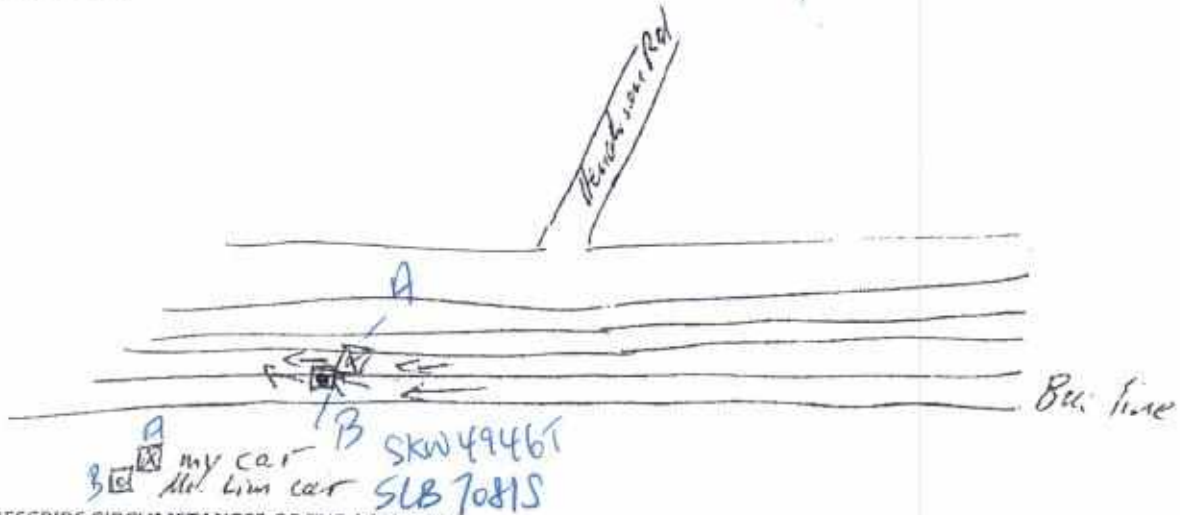
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No:

02/09/2019  
Keshi Luthas



SKETCH PLAN

BELOW WEST COAST HIGHWAY ON TELUK BLANGAH ROAD



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving on Teluk Blangah Rd from Vivo City to Jurong, driving on 2nd line from left side when suddenly the blue Honda driver came out of the BUS line and hit me with rear right side of his car on my left front side. I felt very soft impact, was wondering what happened and saw Honda driver appearing in front of me. I was normal driving and maintaining in speed limit. Honda driver was driving in front of me and continue his journey. I thought he do hit and run and follow him, use head light and horn + indicate left to get attention and want to stop him. It took me from position MRT station Teluk Blangah CC28 to Labrador Park CC27 to stop him. Incident happened after junction Henderson Rd. After I stopped him Mr. Lim was asking why I stopped him, after I explained to him that he hit me ~~when~~ when he came out of left line, he said he did not notice that he hit me and he apologized for that. We inspected our damage and exchanged contact details. He also asked me if he can pay and we not make a insurance claim. I told him because rental car and company used I can't do that way and we have to go official way. Mr. Lim told me we don't have to call police and he will do a police report. Further question get in touch with me.

DECLARATION

I/We declare the 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:

28.08.2019

08/09/2019

Keshi

# SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

1. Complete and submit this form to the 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 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 ☒ Date: 27.08.2017 Time: 10:55  
 Exact Location of Accident ☒ Interchange W Coast Hwy on Telok Blangah Rd

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ☒ SKW 4946T

## 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: Mazda 3 Model: 3-Door  
 Type of Vehicle ☐ Saloon ☐ MPV ☐ CRV ☐ Van ☐ Lorry  
☐ Bus ☐ M/cycle ☐ Others

Exact Purpose for which vehicle was being used at time of accident ☒ bus. trip jobsite kept at home  
 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 ☒ Martin Dunkel  
 Personal Identification - NRIC (Singaporean/PR) ☒ G15142547A  
 - FIN/Passport Number ☒  
 Date of Birth ☒ 07 /dd 12 /mm 1976 /yy  
 Driving Date Pass Singapore driver licence 07 /dd 08 /mm 2018 /yy  
 Year of Driving Experience ☒ 24 Year(s) Month(s) 8 Month(s)  
 Occupation 2 ☐ Indoor ☐ Outdoor  
 Gender ☒ Male ☐ Female  
 Contact Number / Mobile Phone / Fax No. ☒ +6596639862



Address of Driver	
Email Address	<i>dunkel.martin@herrenknecht.de</i>
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)	
<b>GENERAL INFORMATION OF THE ACCIDENT</b>	
Type of Collision (Eg. Chain Collision, Head-On Collision, Side Swipe, Front to Rear)	<i>Side swipe</i>
Weather Conditions	<input type="radio"/> Clear <input checked="" type="radio"/> Raining <input type="radio"/> Others
Road Surface	<input type="radio"/> Dry <input checked="" type="radio"/> Wet <input type="radio"/> Others
<b>OTHER INFORMATION</b>	
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
<b>DETAILS OF POLICE ACTION</b>	
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:	<i>Mr. LIM KWENG KIA mentioned he will</i>
Police Station Address	<i>do police report</i>
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?)
<b>DETAILS OF OTHER VEHICLE / PROPERTY 1</b>	
Vehicle Registration Number	<i>SLB 7081 S</i>
Vehicle Make/ Model/ Colour	<i>Honda blue</i>
Details of Properties	
Name of Driver	<i>Mr LIM KWENG KIA</i>
Personal Identification - NRIC (Singaporean/PR)	<i>S20A094014</i>
FIN/Passport Number	
Contact Number	<i>+65 98508085</i>
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 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
1) VEHICLE REGISTRATION NO.		SKW4946T	
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

AIG Asia Pacific Insurance Pte. Ltd.

020123-000

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

AUTHORISED REPRESENTATIVE

ORIGINAL

SSPKWJ