NATIONAL Assessment Centre Services. (ref: 1 Jan'08) NMA409/17558

Date In: 05/09/2009 10:02	Job description	Date & Time Completed	Done by
Ref No: NBB/AIG/B0158774	SAS e-filling		
Veh No: SJR 6179S	E-mail (Ajoda 8hrs, AIC 2hrs)		
D.O.A 01/09/2009 22:50	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 / INC Assign Wksp / OW: (Tel: Fax:)

TP Particulars: Veh No: PC 9898L 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 / Appointments / Callback	Date & Time	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

NA7906859

Claimant / Particulars of Vehicle

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:

Tel. 1:

2 / 3

INVOICE	Amt ($)	Amt ($) Inclusive
1) AR : Accident Reporting ($30)		
2) DA : Damage Assessment ($100) INC ($80)	$40/$45	
3) TF : Towing Fee	$120	
4) FT : Follow-Through Survey	$30	
5) FT : Follow-Through Survey (Resurvey) For claiming against INC Only (wef 10 Jan 2009)	$75	
6) TR : Re-Inspection	$160	
7) NI : Idas DA + SMRT Survey		
8) NTUC Additional Services:-		
ON:		
*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) N12: Idas Mobile	$0	
Invoice dated	*Fee Charged*	
Invoice dated	*Fee Charged*	

MNA419117528 / National Assessment Centre Services - Bukit Merah
ENTRY DATE & TIME: 05/09/2019 10:02
SUBMITTED BY: ROSLI BIN ABDUL WAHAB

Your NCD will be affected due to late reporting
Actual e-Filling Submission Date & Time: 09/09/2019 09:59

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	05/09/2019 10:02
Date Of Accident	01/09/2019 22:50
Exact Location Of Accident	CHANGI NORTH CRESCENT TOWARDS CHANGI AIRPORT
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLR6179S
Insured/Policyholder	
Name Of Registered Owner	GOLDBELL CAR RENTAL PTE LTD
Co Reg No	200710651D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-84847346
Alternative Phone No	OFFICE-84847346
Vehicle Particulars	
Manufacturer	TOYOTA
Model	VIOS-1.5 E CVT (A)
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	999994316
Cover Note Number	
Driver	
Name of Driver	MUHAMMAD ABDUL GHAFFAR BIN PADILAH
NRIC No	S9543733H
Date Of Birth	28/11/1995
Occupation	OUTDOOR
Date Of Driving Pass	12/10/2017
Driving Experience	1 YEAR AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84847346
Fax Number	
Contact Number	OTHERS-84847346
EMail Address	NOEMAIL

Address	BLK 747 WOODLANDS CIRCLE #05-702
Postcode	730747
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 - U-TURN
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?	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)	2
Passenger 1	NAME: : MUHAMMAD KHAIRULNIZAM BIN ZAINI GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes,Please state which Police Station	
Police Station Name	AIRPORT POLICE DIVISION
Police Station Address	**ROAD**: 35 AIRPORT BOULEVARD , **POSTCODE:** 819645 , **COUNTRY**: SINGAPORE
Police Station Contact	**TEL NO**: 65460000 - **FAX NO**:
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 Witness 1

Name	FOONG KEEN
Phone Number	UNKNOWN
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	PC9898L
Vehicle Make/Model/Colour	
Details Of Properties	

Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	TAN LOKE MENG DENNIS
NRIC/Passport Number	S6841214E
Contact Number	94500225
Address	BLK 272 TAMPINES STREET 22 #08-04
Postcode	520272
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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:
HHIC/FRI No.:

SKETCH PLAN

Refer to attached drawing

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 1 September 2019 @ 2250hrs, I was driving along Changi North Crescent and I noticed a civilian car trying to make an illegal u-turn. At that split of time, there was a gap between the vehicles, hence I continued driving however the civilian car move and hit to my right side of my vehicle. There was scratches on my car and I noticed there was ~~scratches~~ at the left side of the civilian's vehicle front bumper.

Rough Report 1/2250/09/2019

DECLARATION

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

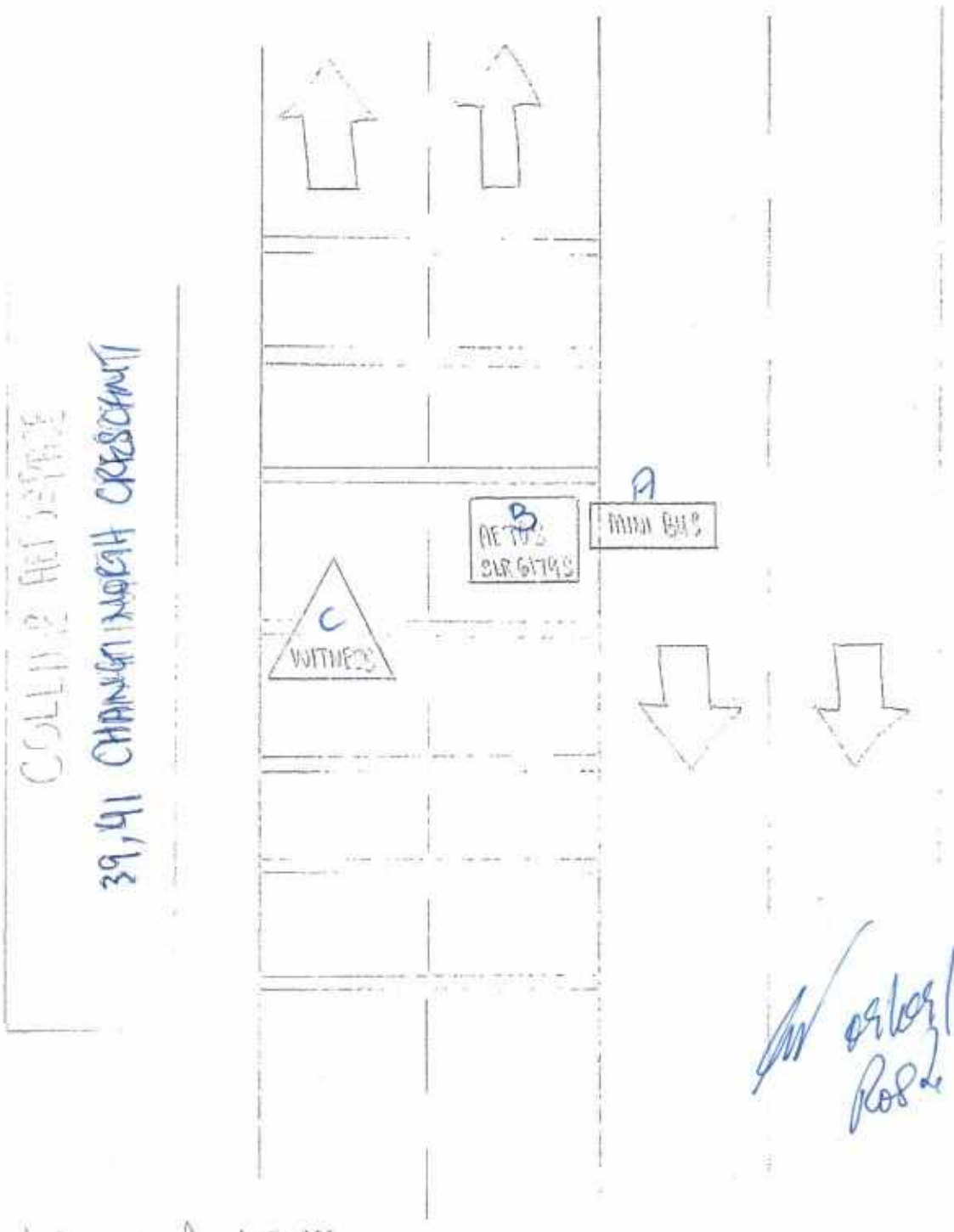
Policyholder's Signature
Date & Time:

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

02/09/2019

Reporting Police Personnel's Signature
Name:
NRIC/M-No.:

TOWARDS CHANGI AIRPORT



LEGEND : C - WITNESS (SMN 7344 J)

A - AETOS (SLR 6179S)

B - MAN BUS (PC 9898L)

SINGAPORE POLICE FORCE

T/20190902/2229

Report No. T/20190902/2229

Police Station Of Origin:
Airport Police
35 Airport Boulevard SINGAPORE 819645
Tel No: 1800-5460000

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:	Vide Report No.:	Station Diary No.:
02/09/2019 23:15		8

Informant's Particulars

Name of Informant:			Address:	
MUHAMMAD ABDUL GHAFFAR BIN PADILAH			APT BLK 747 WOODLANDS CIRCLE #05-702 SINGAPORE 730747	
ID Type / ID No.:			Contact No.:	
NRIC NO / S9543733H			Home/Office:	Mobile: 84847346
Nationality:			Email:	
SINGAPORE CITIZEN				
Sex:	Age:	Date of Birth:	Type of Informant:	
Male	23	28/11/1995	Driver	
Race:			Language:	Institution / School Name:
Malay			English	
Occupation:			Driving Licence Information:	
AETOS SECURITY OFFICER			Class: 3	Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury	Drink Drive:	Date/Time of Accident:	Type of Location:
		No	01/09/2019 22:50	Straight Road

Location:
Along Road 1
CHANGI NORTH CRESCENT

In front of Collins Aerospace
Lamp Post Number: 47

Weather:	Road Surface:	Road Speed Limit:
Clear	Dry	
Traffic Flow:	Traffic Control:	Traffic Volume:
Dual Carriage Way	Not Controlled	No Traffic
Type of Collision:		Anyone conveyed by ambulance:
Between Moving Vehicles - Head To Side		No

Details of Vehicle Involved

Vehicle No	Type	Make	Model	Color	Condition	No of Passenger
PC9898L	Bus/Coach/Minibus				Slightly Damaged	0
SLR6179S	Car				Slightly Damaged	1

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

SINGAPORE POLICE FORCE

T/20190902/2229

Police Station Of Origin:
Airport Police
35 Airport Boulevard SINGAPORE 819645
Tel No 1800-5460000

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report: APD / Sgt 2 HO JIAN HUI	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 02/09/2019 23:15
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No : 65476151	Classification Of Case:

Authentication Stamp
NP168

SINGAPORE POLICE FORCE

SIGNATURE

Police Report

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Complete and submit this form to the Authorised Reporting Centre ("ARC") for editing.
2. Please report correctly the details of the accident to speed up the claims process.
3. The Form must be completed by the Policyholder and/or the Authorised Driver.
4. [illegible] compliance to expedite policy liability.
5. [illegible]
6. [illegible]

ACCIDENT STATEMENT

Date and Time of Accident	:	Date: 01th [illegible] 2019 / Time: [illegible]
Exact Location of Accident	:	[illegible]
DETAILS OF OWN VEHICLE		
Vehicle Registration Number	:	[illegible]
INSURED / POLICYHOLDER (OWN VEHICLE)		
Name of Registered Owner (See Insurance Cert.)		Goldbell Car Rental Pte Ltd
Personal Identification - NRIC (Singaporean/PR)		
- FIN/Passport Number		
- Not Applicable		200710651D
VEHICLE PARTICULARS (OWN VEHICLE)		
Vehicle Make / Model		Manufacturer: TOYOTA / Model: VIOS 1.5E CVT
Type of Vehicle		☑ Saloon ○ MPV ○ SUV ○ Van ○ Lorry ○ Bus ○ M/cycle ○ Others
Exact Purpose for which vehicle was being used at time of accident	:	[illegible]
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		AIG
Type of Policy		☑ Comprehensive ○ Third Party Fire & Theft ○ TP Only
Fleet Policy		☑ Yes ○ No
Policy Number		999994316
Cover Note		-
DRIVER		○ Same as Insured above
Name of Driver	:	[illegible]
Personal Identification - NRIC (Singaporean/PR)	:	[illegible]
- FIN/Passport Number	:	
Date of Birth	:	[illegible] /dd [illegible] /mm [illegible] /yy
Licence Pass Date	:	[illegible] /dd [illegible] /mm [illegible] /yy
Driving Experience	:	03 Year(s) Month(s)
Occupation	:	[illegible] ○ Indoor ☑ Outdoor
Gender	:	☑ Male ○ Female
Contact Number	:	[illegible]

Address of Driver *	[illegible] ([illegible])
Email Address *	
Was Driver An Employee of the Insured's Company?	○ Yes ○ No
If No, Relationship of the Driver with the Insured	
[illegible]	○ Yes ○ No
[illegible]	
[illegible]	

GENERAL INFORMATION OF THE ACCIDENT

Type of Collision (Eg. Cross Collision, Head-On Collision, Side Swipe, 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 Visitors)	☑ 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	[illegible]
Police Station Address	[illegible]
Police Station Contact	Tel No. 1800 - 546 0000 Fax No.
[illegible]	○ Yes ○ No (If Yes, against whom?)

DETAILS OF THIRD VEHICLE / PROPERTY

Vehicle Registration Number *	[illegible]
Vehicle Make/ Model/ Colour	
Details of Properties	
Name of Owner	[illegible]
Personal Identification - NRIC (Singaporean/PR)	[illegible]
FIN/Passport Number	
Contact Number	9450 [illegible] ([illegible])
[illegible]	
Address of Owner	[illegible]
[illegible]	
[illegible]	[illegible]

[illegible]

Details of Witness 1	
Name	[illegible] ([illegible])
Phone	[illegible]
Email Address	NA

Details of Witness 2	
Name	[illegible] ([illegible])
Phone	NA
Email Address	NA

Details of Injured Person 1	
Name	
Phone	
Approximate Age	
Injuries Sustained	
If vehicle occupants, state in which vehicle?	
Were seat belts worn?	◯ Yes ◯ No
Was injured conveyed to hospital by ambulance?	◯ Yes ◯ No

Details of Injured Person 2	
Name	
Phone	
Approximate Age	
Injuries Sustained	
If vehicle occupants, state in which vehicle?	
Were seat belts worn?	◯ Yes ◯ No
Was injured conveyed to hospital by ambulance?	◯ Yes ◯ No

Details of Injured Person 3	
Name	
Phone	
Approximate Age	
Injuries Sustained	
If vehicle occupants, state in which vehicle?	
Were seat belts worn?	◯ Yes ◯ No
Was injured conveyed to hospital by ambulance?	◯ Yes ◯ No

[illegible]

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)

M2 400

Comprehensive Commercial Motor

CERTIFICATE NO. 999994316

(The below excess is subject to GST)

WINDSCREEN EXCESS	S$100.00
SUM INSURED	Market Value
INSURING WITH COE/PARF	Yes

1) VEHICLE REGISTRATION NO. SLR6179S

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*

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	UOB

*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.

AUTHORISED REPRESENTATIVE

ORIGINAL

SSPK/WJ