

# NATIONAL Assessment Centre Services.

1st Jan 2003

2 MAY 19 11 19 08

Date In: 09/09/2019 11:40	Job description	Date & Time Completed	Done by
Ref No: N/A/HIG 90158874	SAS e-filing		
Veh No: SUB 2654R	E-mail (to John Shaw, AIG 2hrs)		
QSA 06/09/2019 17:00	I-Motor Claim Form		
OID 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/Whan		

Preferred Wkep / INC Assign Wkep / QW: (

Tel:

Fax:

TP Particulars:

Veh No: 588 2321H

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: Action:


N/A 906857

Claims/Assessment/Repair/Insurance:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditor's Comments:

Ref. 1:

2/3

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
6) TR: Re-inspection	\$75
7) NI: Idas DA + SMRT Survey	\$160
8) NTUC Additional Services:	
ON:	
*NS: Courtesy Car / Tpt Allowance	\$5
*N6: Repair Co-ordination	\$10
*N7: Post Repair Inspection	\$25
*N8: DV / Collect Excess Coordination	\$5
TP (Nil) : TP (Non INC) against INC	\$30
9) N12: Idas Mobile	
Invoice dated	Fee Charged
Invoice dated	Fee Charged

Stamp



## 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	09/09/2019 11:40
Date Of Accident	06/09/2019 17:00
Exact Location Of Accident	ALONG TEMASEK AVENUE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLB3654R
<b>Insured/Policyholder</b>	
Name Of Registered Owner	GOLDBELL CAR RENTAL PTE LTD
Co Reg No	200710651D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90043114
Alternative Phone No	OFFICE-90043114

### Vehicle Particulars

Manufacturer	TOYOTA
Model	ALPHARD
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?	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	YES
Policy Number	999994316
Cover Note Number	

### Driver

Name of Driver	SYED DAWOOD S/O SAYAD EBRAHIM
NRIC No	S1300181B
Date Of Birth	29/04/1958
Occupation	OUTDOOR
Date Of Driving Pass	23/02/1979
Driving Experience	40 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90043114
Fax Number	
Contact Number	OFFICE-90043114
Email Address	NOEMAIL

Address	BLK 129 BUKIT MERAH VIEW #06-154
Postcode	105129
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?	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	SJP2321H
Vehicle Make/Model/Colour	TOYOTA HARRIER
Details Of Properties	
Vehicle Category	PRIVATE CAR
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 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.

### ii. 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 firms/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

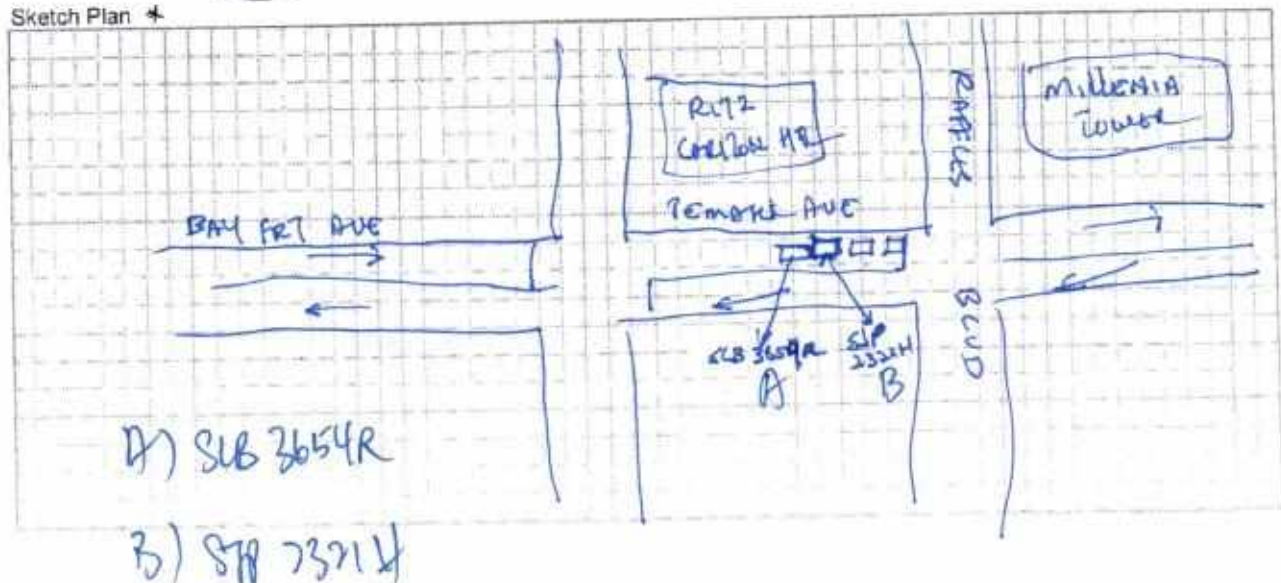


Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstance of the Accident \*

ON 6/9/19 ABOUT 1700Hrs, I WAS DRIVING ALONG BOY FEL AVE  
TOWARDS TEMASEK AVE. TRAFFIC LIGHT IS RED AT TEMASEK AVE AND  
RAFFLES BLD JUNCTION, THERE IS THREE VEH STOP AT JUNCTION.  
I SLOW DOWN BUT SLIP ON BRAKE PEDAL AND KNOCK REAR  
BUMPER AND BODY OF VEH SSP 2321 H.

Declaration

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



Policyholder's Signature

\*

*[Signature]*

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

*[Signature]* 09/09/2019

Witnessed by Reporting Centre Personnel



# SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

1. Complete and submit this Form to 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 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: 6/9/19 Time: 1700

Exact Location of Accident \* TEMASEK AVE

## DETAILS OF OWN VEHICLE

Vehicle Registration Number \* SLB 3654 R

## 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 Toyota Model Allegro

Type of Vehicle\*  
☐ Saloon ☒ MPV ☐ CRV ☐ Van ☐ Lorry  
☐ Bus ☐ M/cycle ☐ Others \_\_\_\_\_

Exact Purpose for which vehicle was being used at time of accident \*

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 ☐ Comprehensive ☐ Third Party Fire & Theft ☐ TP Only

Fleet Policy ☐ Yes ☐ No

Policy Number

Motor CI

**DRIVER** ☐ Same as Insured above

Name of Driver \* SYED DAHOOD

Personal Identification - NRIC (Singaporean/PR) \* S 13001818

- FIN/Passport Number \*

Date of Birth \* dd/ mm/ yy 29 APR 1958

Driving Date Pass \* dd/ mm/ yy 23 FEB 1979

Year of Driving Experience \* 30 Year(s) Month(s)

Occupation \* DRIVER ☐ Indoor ☐ Outdoor

Gender \* ☒ Male ☐ Female

Contact Number / Mobile Phone / Fax No. \* 90043114

Address of Driver	BLK 129 BT MERAH VIEW	
Email Address	#06-154	Postcode (150129)
Was driver an employee of the Insured's Company?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
If No, Relationship of the Driver with the Insured		
Vehicle Registration Number of Driver's Own	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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)	FRONT to REAR	
Weather Conditions	<input checked="" type="checkbox"/> Clear <input type="checkbox"/> Raining <input type="checkbox"/> Others	
Road Surface	<input checked="" type="checkbox"/> Dry <input type="checkbox"/> Wet <input type="checkbox"/> Others	

### OTHER INFORMATION

a. Was anybody injured in the accident?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
b. Was any other vehicle or property damaged? (Including Witness)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

### DETAILS OF POLICE ACTION

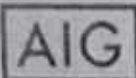
Was the Accident reported to the Police?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If Yes, please state which Police Station.)
Police Station Name	
Police Station Address	
Police Station Contact	Tel No. Fax No.
Was notice of intended Prosecution given?	<input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, against whom?)

### DETAILS OF OTHER VEHICLE / PROPERTY 1

Vehicle Registration Number	53P 2321 H
Vehicle Make/ Model/ Colour	TOYOTA HARBUR (BLACK)
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)





HOTLINE TEL: (65) 6419-3000

**CERTIFICATE OF INSURANCE**

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 199)  
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1966  
ROAD TRANSPORT ACT, 1967 (MALAYSIA)  
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

NR 2/200

Comprehensive Commercial Motor  
CERTIFICATE NO. 999994316

(The below excesses is subject to GST)

POLICY EXCESS S\$1,200.00 \*\* (1)

WINDSCREEN EXCESS S\$100.00

SUM INSURED Market Value

INSURING WITH COE/PAF Yes

SLB3654R

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 \$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 as 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 when the vehicle is hired.

The Policy does not cover:

- 1) Use for racing, pace-making, reliability trial or speed-testing.
- 2) Use whilst driving is under the influence 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 DBS Bank Ltd

\*Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 199) and Section 30 of the Road Transport Act, 1967 (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 199) and Part IV of the Road Transport Act, 1967 (Malaysia).

Issued in Singapore 16 Jan 2019

AIG Asia Pacific Insurance Pte. Ltd.

030123-000

Accom International Network Pte Ltd.

48 Changi South St 1 Level 3

SINGAPORE 486130

*M. Anis*

AUTHORIZED REPRESENTATIVE

SSPKWJ

ORIGINAL