NATIONAL Assessment Centre Services. (wef 1 Jan'09). NMA/19/20762

	Job description	Date & Time Completed	Done by
Date In: 11/09/2009 16:24	SAS e-filing		
Ref No: NBA/01/0950/614274	E-mail (within 8hrs, AIC 2hrs)		
Veh No: SMH 8724X	I-Motor Claim Form		
DOA: 08/09/2009 05:45	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: SLZ 5317E 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: ( )

Further Assessment Action	Completed	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

NA/907019

Claimant Particulars

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditor's Comments:

Invoice Billing Particulars		Amount	Attached
1) AR : Accident Reporting ($30);			
2) DA : Damage Assessment ($100);	INC ($30)		
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 2003)			
6) TR : Re-inspection	$75		
7) N1 : 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	$30		
9) N12: Idea Mobile	30		
Invoice dated	Fee Charged		
Invoice dated	Fee Charged		

Cal...R

2/2

MNA419120762 / National Assessment Centre Services - Bukit Merah
ENTRY DATE & TIME: 11/09/2019 16:24
SUBMITTED BY: ROSLI BIN ABDUL WAHAB

Your NCD will be affected due to late reporting
Actual e-Filling Submission Date & Time: 11/09/2019 16:55

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	11/09/2019 16:24
Date Of Accident	08/09/2019 05:45
Exact Location Of Accident	ALONG PIE TOWARDS TUAS AT 22.1KM
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SMH8724X
Insured/Policyholder	
Name Of Registered Owner	GOLDBELL CAR RENTAL PTE LTD
Co Reg No	200710651D
Email Address	KBJI@SSYCNC.COM
Mobile Phone No	(LOCAL) +65-91351009
Alternative Phone No	OFFICE-91351009
Vehicle Particulars	
Manufacturer	TOYOTA
Model	CAMRY-2.0 (A)
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?	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	NO
Policy Number	999994188/100871092
Cover Note Number	
Driver	
Name of Driver	JI KWANGBAE
NRIC No	G3848085K
Date Of Birth	30/01/1986
Occupation	INDOOR
Date Of Driving Pass	19/07/2019
Driving Experience	0 YEAR AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-91351009
Fax Number	
Contact Number	OTHERS-91351009
EMail Address	KBJI@SSYCNC.COM

Address	180 BENCOOLEN STREET #18-07
Postcode	189646
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)	3
Passenger 1	NAME: : PASSENGER GENDER: : MALE
Passenger 2	NAME: : PASSENGER GENDER: : MALE
Details of Police Action	
Was the accident reported to the police?	YES
If Yes,Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	**ROAD**: 10 UBI AVENUE 3 , **POSTCODE:** 408865 , **COUNTRY**: SINGAPORE
Police Station Contact	**TEL NO**: 65470000 - **FAX NO**:
Was notice of intended Prosecution given?	NO
If Yes,against whom?	
Circumstances of Accident	
PLEASE REFER TO POLICE REPORT T/20190908/2020	
Attachment(s)	
Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH OWNER
Was there any audio recorded?	NO
DETAILS OF OTHER VEHICLE PROPERTY 1	
Vehicle Registration Number	SLZ5315E
Vehicle Make/Model/Colour	
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 PLAN

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 the copies of this report will be a fee be made available upon available upon application by interested parties.
7. By the lodgement of this report to the insurers, I/we hereby consent to the archiving of this report at the centre and the 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, workshop and General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process by means (collectively the "**Personal Information**") and any other personal information provided by me or who have insured vehicle(s) involved in the accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "**Insurers**"), the insurer 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 the 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 Insurer's lawyer/law firm 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/will 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 situated outside of Singapore, for one or more of the above Purposes.

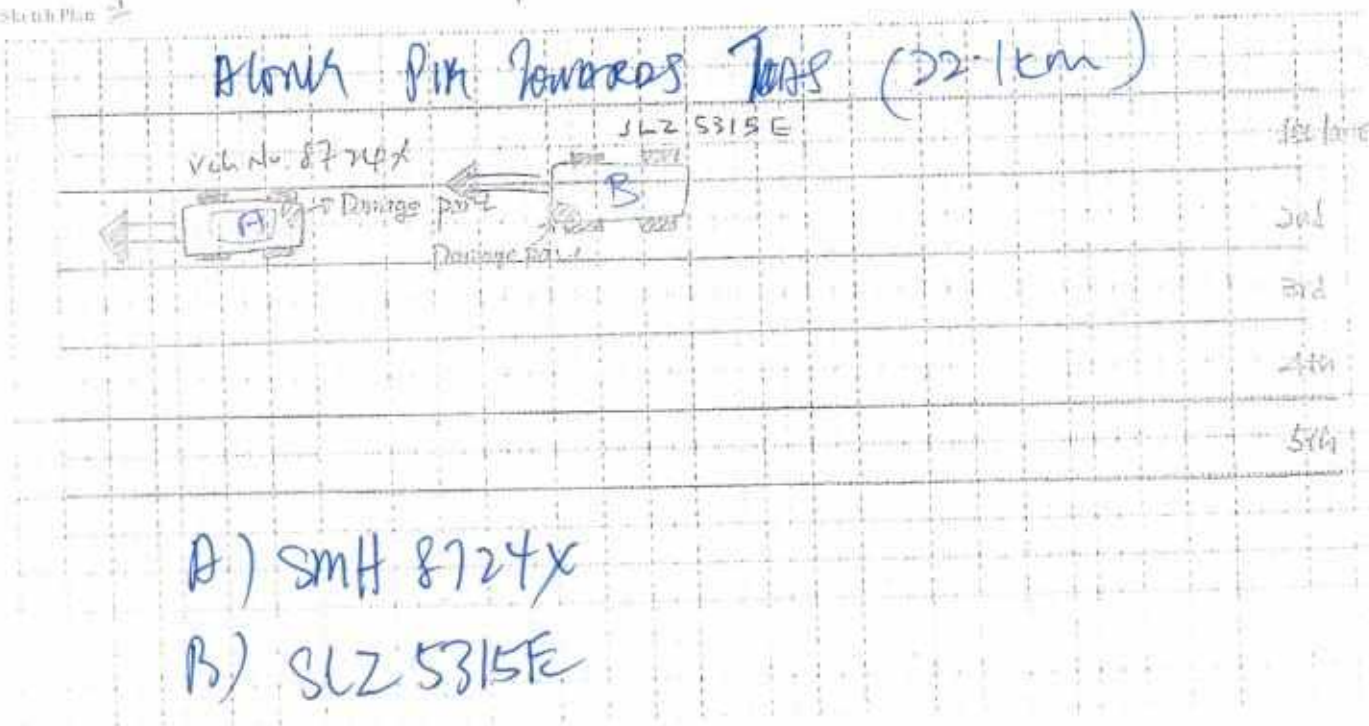
Policyholder's Signature / Company Stamp

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

11/09/2019

Witnessed by Reporting Officer (Name)

Sketch Plan



A) SMH 8724X

B) SLZ 5315E

Circumstances of the Accident :-

Kindly refer to Report No. T/2019090/2020 dtd 05/09/2019 at 09:35 hrs. (2 pages)

Declaration

I/We ...

11/09/2019

SINGAPORE
POLICE FORCE

T/20190908/2020

Report No. T/20190908/2020

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:	Vide Report No.:	Station Diary No.:
08/09/2019 09:35	E/20190908/0061	

Informant's Particulars

Name of Informant: JI KWANGBAE			Address: 180 BENCOOLEN STREET #18-07 THE BENCOOLEN SINGAPORE 189646	
ID Type / ID No.: FIN NO / G3848085K			Contact No.: Home/Office: 90666110	Mobile: 91351009
Nationality: KOREAN, SOUTH			Email:	
Sex: Male	Age: 33	Date of Birth: 08/09/1986	Type of Informant: Driver	
Race: Korean			Language: English	Institution / School Name:
Occupation: CONSTRUCTION			Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 08/09/2019 05:45	Type of Location:
Location: Along Road 1 PAN ISLAND EXPRESSWAY PIE(TUAS) 22.1KM				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume: Moderate
Type of Collision:				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLZ5315E	Car					0
SMH8724X	Car					0

Details of Person Involved

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

SINGAPORE
POLICE FORCE

T/20190908/2020

Report No. T/20190908/2020

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

CONTINUATION OF REPORT

Driver			
Name	JI KWANGBAE	ID No.	G3848085K
Related Vehicle	SMH8724X (Car)	Contact No.	91351009
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

ON THE ABOVE MENTIONED DATE TIME AND LOCATION,
I WAS TRAVELLING ALONG PIE TOWARDS TUAS, ON THE EXTREME RIGHT LANE. OUT OF A SUDDEN, A VEHICLE COLLIDED INTO ME ON MY REAR RIGHT SIDE. BOTH OF US STOPPED THE VEHICLE AND BEGIN TO SETTLE THINGS OUT. THE OTHER DRIVER ADMITTED THAT HE WAS DRUNK AND TOLD ME NOT TO CALL THE POLICE. MY PASSANGER, CALLED THE POLICE FOR ME. WHEN THE POLICE WERE APPROACHING, HE QUICKLY DROVE AWAY. NO ONE WAS INJURED.
I HAVE AN IN-CAM CAMERA FOOTAGE THAT I WOULD LIKE TO PROVIDE TO AID WITH THE INVESTIGATION. THAT'S ALL.

SINGAPORE
POLICE FORCE

T/20190908/2020

Report No. T/20190908/2020

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

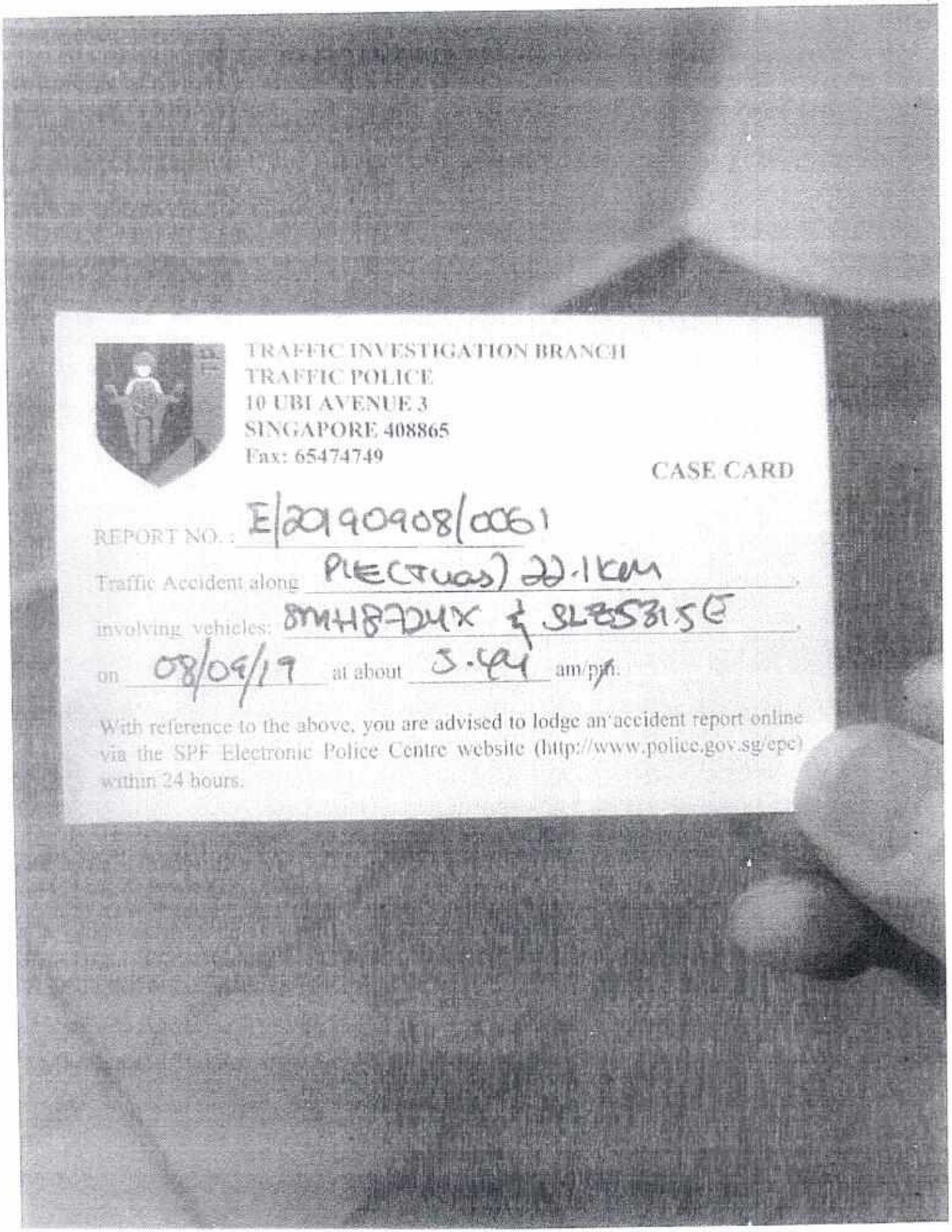
CONTINUATION OF REPORT

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: TP / MOHAMED ZULKIFLI BIN MUHAMMAD HAIRI	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 08/09/2019 09:35
Officer In Charge Of Case: TP / GIT / Sr Staff Sgt CHONG GUAN FATT Contact No.: 65476083	Classification Of Case:
Authentication Stamp NP168	SINGAPORE POLICE FORCE Signature:



TRAFFIC INVESTIGATION BRANCH
TRAFFIC POLICE
10 UBI AVENUE 3
SINGAPORE 408865
Fax: 65474749

CASE CARD

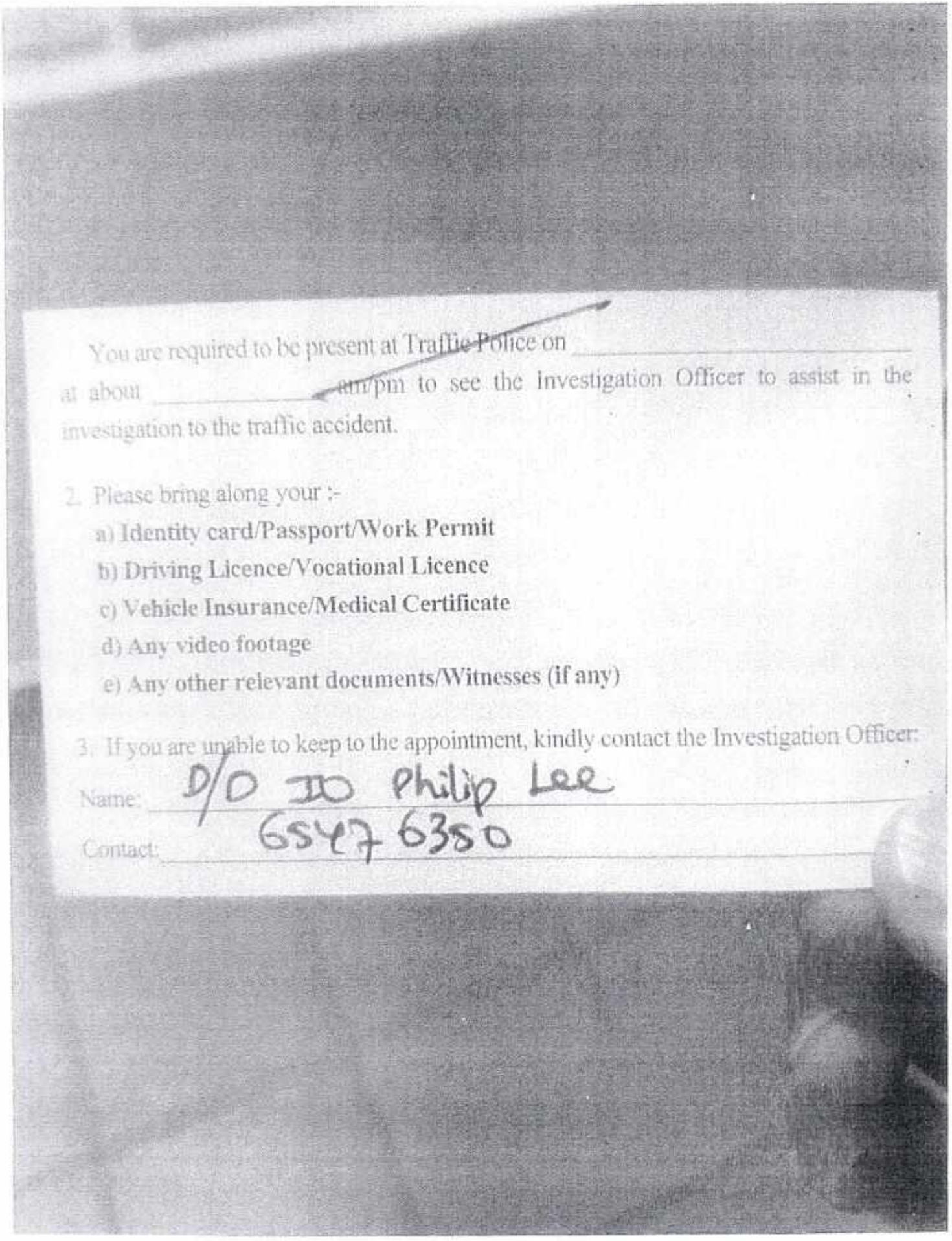
REPORT NO. : E/20190908/0061

Traffic Accident along PIE(Tuas) 22.1KM,

involving vehicles: SMH8704X & SLB5315E,

on 08/09/19 at about 3.44 am/pm.

With reference to the above, you are advised to lodge an accident report online via the SPF Electronic Police Centre website (http://www.police.gov.sg/epc) within 24 hours.



You are required to be present at Traffic Police on _____

at about _____ am/pm to see the Investigation Officer to assist in the investigation to the traffic accident.

2. Please bring along your :-

a) **Identity card/Passport/Work Permit**

b) **Driving Licence/Vocational Licence**

c) **Vehicle Insurance/Medical Certificate**

d) **Any video footage**

e) **Any other relevant documents/Witnesses (if any)**

3. If you are unable to keep to the appointment, kindly contact the Investigation Officer:

Name: D/O IO Philip Lee

Contact: 6547 6380

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Complete and submit this form to the 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 issuance 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: 08/09/2019	Time: 05:45 AM
Exact Location of Accident *	Along Road 1 Pan Island Expressway (PIE) Tuas	
DETAILS OF OWN VEHICLE		
Vehicle Registration Number *	SMH 8724X	
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 *	Leisure	
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 *	Jr Kwong Bee	
Personal Identification - ~~NRIC (Singaporean/PR)~~ *	G3844085K	
- FIN/Passport Number *	G3844085K	
Date of Birth *	30 /dd 01 /mm 1956 /yy	
Driving Date Pass *	/dd /mm /yy	
Year of Driving Experience *	10 Year(s) Month(s)	Month(s)
Occupation *	Costing Manager ○ Indoor ○ Outdoor	
Gender *	✓ Male ○ Female	
Contact Number / Mobile Phone / Fax No. *	91351009	

Address of Driver *	180 Bencoolen Street #18-07 The Bencoolen (S) 189646
Email Address *	Kbji@ssyne.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
Vehicel 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 *	⊘ 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	Traffic Police
Police Station Address	10 Ubi Ave 3 (408865) Jn phil.p Lee
Police Station Contact	Tel No. 65476350 Fax No.
Was notice of intended Prosecution given?	○ Yes ○ No (If Yes, against whom?)

DETAILS OF OTHER VEHICLE / PROPERTY 1

Vehicle Registration Number *	SLZ 5315 E
Vehicle Make/ Model/ Colour	
Details of Properties	
Name of Driver	
Personal Identification - NRIC (Singaporean/PR)	
- FIN/Passport Number	
Contact Number	
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)

AIG

HOTLINE TEL (65) 6419 3999

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. 999994188/100871092

OWN DAMAGE EXCESS S$1,000.00 (I)
WINDSCREEN EXCESS S$100.00
(for policies with effect from 1st November 2002)

SUM INSURED S$1.00
INSURING WITH COE/PARF Yes

1) VEHICLE REGISTRATION NO. SMH8724X

2) NAME OF INSURED Goldbell Car Rental Pte Ltd

3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE PURPOSES OF THE ACT 13 Feb 2019

4) DATE OF EXPIRY OF INSURANCE 31 Mar 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

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 trailor 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 to whom the Vehicle is hired; or 4) Use for any purpose in connection with Motor Trade.
In the event of accident claim, the repairs to the Vehicle must be carried out by one of our AIG Authorized Repairers or Esteem Performance Pte Ltd or Sng Ah Tee Motor & Panel Service Pte Ltd or Mega City.

LOSS OF USE NOT INCLUDED

* NAMED DRIVER N/A

HIRE PURCHASE COMPANY UNITED OVERSEAS BANK LTD

** Limitations rendered inoperative by Section 6 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 this 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 26 Apr 2019

AIG ASIA PACIFIC INSURANCE PTE. LTD

030123-870

ACORN INTERNATIONAL NETWORK
48 CHANGI SOUTH STREET 1 #04-01 SINGAPORE 486130

Authorised Representative

ORIGINAL

SSCA/A