

NATIONAL Assessment Centre Services. [ver 1 Jan'00]

NA1907028

Date In: 12/09/09 11:06	Job description	Date & Time Completed	Done by
Ref No: NA1907028/61617	SAS e-illing		
Veh No: SLR 1823 J	E-mail (to John Shee, AIC 2hrs)		
DOA: 16/09/2019 16:30	1-Motor Claim Form		
OID TP Reporting Only	1-Motor W/O (With: OD 2hrs, TP 4hrs)		
	1-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whse		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SLR 1823 J	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: ()

Comments:

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

2) QC Check / Post Repair Inspection ()

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

Injury: _____

Date/Time	Assessor	Comments

NA1907028	Driver/Owner:	1) AR: Accident Reporting (\$30)	
Contact No:		2) DA: Damage Assessment (\$100) INC (\$40)	
Damaged Portion:		3) TP: Towing Fee \$40/\$45	
QC Checked by (Engr-In-Charge):		4) FT: Follow-Through Survey \$120	
		5) FT: Follow-Through Survey (Resurvey) \$30	
		For claiming against INC Only (ver 10 Jan 2000)	
		6) TR: Re-inspection \$75	
		7) NI: Ideal DA + SMRT Survey \$160	
		8) NTUC Additional Services:-	
		OR:	
		*N5: Courtesy Car / Tpl Allowance \$5	
		*N6: Repair Coordination \$10	
		*N7: Post Repair Inspection \$25	
		*N8: DV / Collect Excess Coordination \$5	
		TP (NI): TP (Non INC) against INC \$20	
		2) NI: Ideal Mobile \$0	
		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	12/09/2019 11:06
Date Of Accident	06/09/2019 16:30
Exact Location Of Accident	ORCHARD GATEWAY CARPARK ENTRANCE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLP1823J
Insured/Policyholder	
Name Of Registered Owner	GOLDBELL CAR RENTAL PTE LTD
Co Reg No	200710651D
Email Address	SKIP.BOYCE@BOEING.COM
Mobile Phone No	(LOCAL) +65-97216115
Alternative Phone No	OFFICE-97216115

Vehicle Particulars

Manufacturer	LEXUS
Model	NX200T-2.0 (A)
Exact Purpose for which vehicle was being used at time of accident	ENTERING PARKING GARAGE AT ORCHARD GATEWAY
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	BOYCE JR RALPH LEO
Passport No/FIN	F1957195P
Date Of Birth	01/02/1952
Occupation	INDOOR
Date Of Driving Pass	13/08/1970
Driving Experience	49 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97216115
Fax Number	
Contact Number	OTHERS-97216115
Email Address	SKIP.BOYCE@BOEING.COM

Address	491A RIVER VALLEY ROAD #20-03
Postcode	248372
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	SJN5138L
Vehicle Make/Model/Colour	PEUGEOT
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ANN CHUNG
NRIC/Passport Number	S2746703B
Contact Number	96366962
Address	
Postcode	
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.
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 lodging 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.

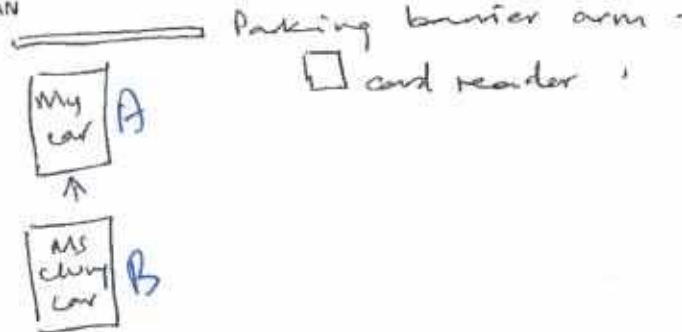

Policyholder's Signature
Date & Time:


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


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

ORCHARD GATEWAY

SKETCH PLAN



A) SUP 1823J
B) SJN 5138L

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was at the entrance to the parking garage at Orchard Gateway, but the card reader was not reading my Smart Card, so I had to back up and get closer to the reader. I got out and asked Ms. Chung, who was right behind me to back up to give me room. She nodded, but didn't put her vehicle in Reverse Gear. Instead she accelerated in Drive and hit the back of my vehicle. She immediately said it was her fault, and we exchanged relevant information.

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:

Reporting Centre Personnel's Signature
Name:
ARIC/FIN No.:



[Signature]

[Signature] 2/09/2019
Name: *[Signature]*
ARIC/FIN No.:

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Complete and submit this form to the Authorized 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 Authorized 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	4	Date: 6 Sept 2019	Time: 4:30 PM
Exact Location of Accident	1		
DETAILS OF OWN VEHICLE			
Vehicle Registration Number	1	SLP 1823 J	
INSURED / POLICYHOLDER (OWN VEHICLE)			
Name of Registered Owner (See Insurance Cert.)	Ralph Boyce		
Personal Identification - NRIC (Singaporean/PR)			
- FIN/Passport Number	F1957195P / 545406458		
- Not Applicable			
VEHICLE PARTICULARS (OWN VEHICLE)			
Vehicle Make / Model	Manufacturer: <u>Lexus</u> Model: _____		
Type of Vehicle	<input type="radio"/> Saloon <input type="radio"/> MPV <input checked="" type="radio"/> CRV <input type="radio"/> Van <input type="radio"/> Lorry <input type="radio"/> Bus <input type="radio"/> M/cycle <input type="radio"/> Others _____		
Exact Purpose for which vehicle was being used at time of accident	Mini SUV		
Are you claiming under own insurance policy for repair to your vehicle?	<input type="radio"/> Yes <input checked="" type="radio"/> No (If No, Pls select <input checked="" type="radio"/> Third Party <input type="radio"/> Reporting)		
INSURANCE COMPANY (OWN VEHICLE)			
Name of Insurance Company			
Type of Policy	<input type="radio"/> Comprehensive <input type="radio"/> Third Party Fire & Theft <input type="radio"/> TP Only		
Fleet Policy	<input type="radio"/> Yes <input type="radio"/> No		
Policy Number			
Motor CI			
DRIVER	<input type="radio"/> Same as Insured above		
Name of Driver	1	Ralph Boyce	
Personal Identification - NRIC (Singaporean/PR)	1		
- FIN/Passport Number	1	F1957195P / 545406458	
Date of Birth	1	01 /dd 02 /mm 1952 /yy	
Driving Date Pass	1	/dd /mm 1970 /yy (USA)	
Year of Driving Experience	1	49 Year(s) Month(s) Month(s)	
Occupation	1	Business <input checked="" type="radio"/> Indoor <input type="radio"/> Outdoor	
Gender	1	<input checked="" type="radio"/> Male <input type="radio"/> Female	
Contact Number / Mobile Phone / Fax No.	1	9721 6115	

Address of Driver	Fraser Suites River valley Singapore
Email Address	491 A River Valley Rd #2003 SIN 248372
Was Driver An Employee of the Insured's Company?	skip. boyce@boeing.com
If No, Relationship of the Driver with the Insured	<input type="radio"/> Yes <input checked="" type="radio"/> No
Vehicle Registration Number of Driver's Own	lessor
Vehicle Registration Number of Driver's Own Vehicle (if applicable)	<input type="radio"/> Yes <input type="radio"/> No N/A
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)	rear-ended by another driver
Weather Conditions	<input checked="" type="radio"/> Clear <input type="radio"/> Raining <input type="radio"/> Others indoors
Road Surface	<input checked="" type="radio"/> Dry <input type="radio"/> Wet <input type="radio"/> Others indoors
OTHER INFORMATION	
a. Was anybody injured in the accident?	<input type="radio"/> Yes <input checked="" type="radio"/> No
b. Was any other vehicle or property damaged? (Including Witness)	<input checked="" type="radio"/> Yes <input type="radio"/> No vehicle that rear-ended me
DETAILS OF POLICE ACTION	
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	
Police Station Address	
Police Station Contact	Tel No. Fax No.
Was notice of intended Prosecution given?	<input type="radio"/> Yes <input checked="" type="radio"/> No (if Yes, against whom?)
DETAILS OF OTHER VEHICLE / PROPERTY 1	
Vehicle Registration Number	SIN 5138 L
Vehicle Make/ Model/ Colour	Peugeot/white
Details of Properties	
Name of Driver	Ann Chung
Personal Identification - NRIC (Singaporean/PR)	License S2746703B
- FIN/Passport Number	
Contact Number	9636 6962
Vehicle Make/ Model/ Colour	
Address of Driver	
Name of Insurance Company	
No. of Passenger (Including Driver)	1
(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, 1968
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\$1,000.00 ** (1)
		WINDSCREEN EXCESS	S\$100.00
		SUM INSURED	Market Value
		INSURING WITH COE/PARF	Yes
1) VEHICLE REGISTRATION NO.		SLP1823J	
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		Maybank	
*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.

030123-000

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

AUTHORISED REPRESENTATIVE

SSPKWJ

ORIGINAL