NATIONAL Assessment Centre Services. [wef 1 Jan'08] . X9UAY19122921

	Job description	Date &Time Completed	Done by
Date In: 16/09/2019 19:10	SAS e-filling		
Ref No: NBA/BIG190/6341/Y	E-mail (Within 8hrs, AIC 2hrs)		
Veh No: SLR 8065Z	I-Motor Claim Form		
DOA: 13/09/2019 13:25	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: GBH 5664K 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 Action		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 | Action

NH1907045

Claimant Particulars

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors Comments

Sal. I:

Invoicing		Status / Verified
1) AR : Accident Reporting ($30);		
2) DA : Damage Assessment ($100); INC ($40)	$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 2008)	$75	
6) TR : Re-Inspection	$160	
7) NI : Idea DA + SMRT Survey		
8) NTUC Additional Services:-		
OR:		
* 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: Idea Mobile	30	
Invoice dated	Fee Charged	
Invoice dated	Fee Charged	

2/3

MNA419122921 / National Assessment Centre Services - Bukit Merah
ENTRY DATE & TIME: 16/09/2019 19:10
SUBMITTED BY: ROSLI BIN ABDUL WAHAB

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	16/09/2019 19:10
Date Of Accident	13/09/2019 13:25
Exact Location Of Accident	JALAN KAYU OPEN CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLR8065Z
Insured/Policyholder	
Name Of Registered Owner	GOLDBELL CAR RENTAL PTE LTD
Co Reg No	200710651D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-86125311
Alternative Phone No	OFFICE-86125311
Vehicle Particulars	
Manufacturer	TOYOTA
Model	VIOS
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	NUSURUDIN BIN RAMLEE
NRIC No	S7804573F
Date Of Birth	17/02/1978
Occupation	OUTDOOR
Date Of Driving Pass	01/04/2016
Driving Experience	3 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86125311
Fax Number	
Contact Number	OFFICE-86125311
EMail Address	NOEMAIL

Address	BLK 518 JELAPANG ROAD #01-275
Postcode	670518
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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: : MOHAMED AL-AFIQQULAH BIN MOHAMED IBRAHIM GENDER: : MALE

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 Witness 1

Name	MOHAMED AL-AFIQQULAH BIN MOHAMED IBRAHIM
Phone Number	87487894
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBH5664K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	TAN WEE KIAT, TERENCE
NRIC/Passport Number	S9544678G
Contact Number	96425964

Address	1, SUNVIEW ROAD #03-35 ECO-TECH @ SUNVIEW
Postcode	627615
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 submission/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 lodgment of this report to the insurers, you hereby consent to the scanning of this report at the centre and to copies of the report being made available thereafter.
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 this accident and/or my claims;

(iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;

(iv) administering any 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, analyse, process any Personal Information for one or more of the above Purposes; and

(c) any 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 sited outside of Singapore, for one or more of the above Purposes;

(d) any Personal Information will even 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 to 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 listed; or

(ii) for complying with requirements under any regulations, laws or court orders.

13/09/19

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

16/09/2019

Policyholder's Signature
Date & Time

SKETCH PLAN

REFER TO ATTACHMENT

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 13th Sept 2019 at about 1300hrs, I parked Actos marked car at JALAN KAYU open carpark. At 1325hrs while walking back to our vehicle, we noticed a lorry parked very closely behind our vehicle. We took a closer look and found that the rear side of the lorry had hit our rear side of the vehicle.

The driver of the lorry came out and told us that he did not realised that he had hit our vehicle. He apologised and we exchanged particulars.

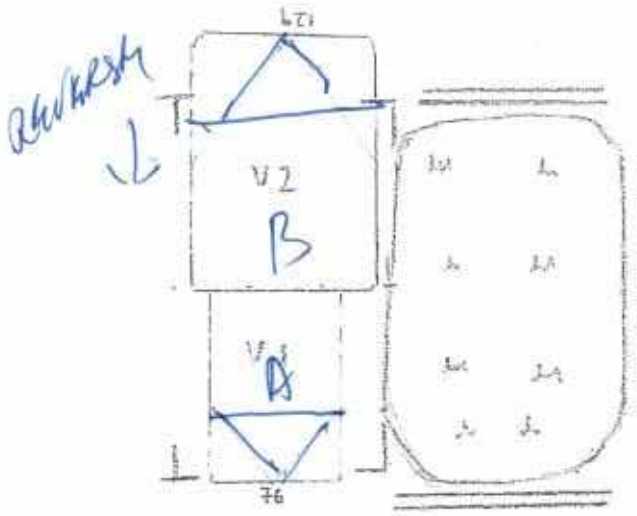
DECLARATION

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
Stamp
Date & Time



A) LOCATION - JLN KAYU OPEN CARPARK

A) V1 - SLR 8065 Z (LOT 76)

B) V2 - GBH 5654 K (LOT 129)

15/09/2019

AFIQ
LCP(APF)110708

16/09/2019
Rosli

AETOS

FONG SHENG LOGISTICS PTE LTD
1 SUNVIEW RD #03-35
ECO-TECH @ SUNVIEW S627615
CO REG NO : 201333192Z FAX : 02

16/09/2019

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 issuance and acceptance of this Form by insurance companies or its appointees of the policy holding on the part of the insurance companies.
6. Any inquiry/queries may be referred to the Traffic Police Department for investigations.

ACCIDENT STATEMENT

Date and Time of Accident	a	Date: 13th September 2019	Time: 1315 hrs
Exact Location of Accident	b	Jalan Kayu, Opp Carpark	
PARTICULARS OF OWN VEHICLE			
Vehicle Registration Number	c	SJB 9365Z	
PARTICULARS OF 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: _____ Model: _____	
Type of Vehicle		○ Saloon ○ MPV ○ CRV ○ Van ○ Lorry ○ Bus ○ M/cycle ○ Others: _____	
State Purpose for which vehicle was being used at time of accident	g	WORKING ENFORCEMENT DUTY	
Are you claiming under your 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	
Taxi Policy		⊘ Yes ○ No	
Policy Number		9919994316	
Motor ID			
DRIVER		○ Same as insured above	
Name of Driver	h	MUHAMMAD BIN ISMAIL	
Personal Identification - NRIC (Singaporean/PR)	i	S7804513F	
- FIN/Passport Number	j	-	
Date of Birth	k	17 /dd 07 /mm 1978 /yy	
Driving Date Pass	l	01 /dd 04 /mm 2018 /yy	
Year of Driving Experience	m	03 Year(s) /Month(s) 05 Month(s)	
Occupation	n	○ Indoor ⊘ Outdoor	
Gender	o	⊘ Male ○ Female	
Residence Number / Mobile Phone / Fax No.	p	8611 5311	

Address of Driver	Blk 5?? [illegible] #01-235 S(610515)
Email Address	-
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
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)	REAR 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	
Police Station Address	
Police Station Contact	Tel No. Fax No.
Was notice of intended Prosecution given?	○ Yes ○ No (If Yes, against whom?)
DETAILS OF OTHER VEHICLE / PROPERTY 1	
Vehicle Registration Number	GEH 5669 K
Vehicle Make/ Model/ Colour	
Details of Properties	
Name of Driver	[illegible]
Personal Identification - NRIC (Singaporean/PR)	S 9594612 E H
- FIN/Passport Number	
Contact Number	9692 5944
Vehicle Make/ Model/ Colour	
Address of Driver	1 [illegible] #02-35 [illegible] S(617094) [illegible] PTE LTD
Name of Insurance Company	
No. of Passenger (Including Driver)	

(Note: Please use page 6 if you need to add more vehicles)

Details of Witness 1	
Name	
Phone	
Email Address	

Details of Witness 2	
Name	
Phone	
Email Address	

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

(Note - Please use page 7 if you need to add more injured persons)

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, 1959 (MALAYSIA)

M.2.400

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. — SLR8065Z

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*

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

SSPKWJ