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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 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.
- Any false reporting may be referred to the Police for investigation.
- 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

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Date Of Report 23/09/2019 15:17 Date Of Accident 21/09/2019 10:15

Exact Location Of Accident SLIP RD FROM BALMORAL RD TOWARDS STEVENS RD

Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SME1042S

Insured/Policyholder

Name Of Registered Owner GOLDBELL CAR RENTAL PTE LTD

Co Reg No 200710651D Email Address NOEMAIL

Mobile Phone No (LOCAL) +65-90509714 Alternative Phone No OFFICE-90509714

Vehicle Particulars

Manufacturer HONDA

Model ODYSSEY-2.4 EXV-S (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?

REPORTING ONLY

If No, Please state action to be taken Vehicle Category

COMMERCIAL VEHICLE

Insurance Company

AIG ASIA PACIFIC INSURANCE PTE. LTD. Name of Insurance Company

Type Of Coverage COMPREHENSIVE

Fleet Policy YES Policy Number 999994316

Cover Note Number

Driver

Name of Driver ABDUL RAHIM BIN IBRAHIM

NRIC No. S1593488C Date Of Birth 10/08/1963 Occupation OUTDOOR Date Of Driving Pass 04/12/1986

Driving Experience 32 YEARS AND 9 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-90509714

Fax Number

Contact Number OTHERS-90509714

EMail Address NOEMAIL

BLK 854 WOODLANDS STREET 83 Address

#05-76 730854

Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

OTHER - HIRER

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

ambulance?

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

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)

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

SGR1188H

Vehicle Make/Model/Colour

MERCEDES BENZ

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

MR. NG

NRIC/Passport Number

Contact Number

96333900

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process
- This Form must be completed by the Policyholder and/or the Authorised Driver
- 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.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance
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- 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
- By the longment 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.
- 3 Consent under the Personal Data Protection Act (PDPA)

funderstand, 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 vehicless) 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 Tawyers/Taw firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - [4] 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, involces, 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 |
- all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' tawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- thy 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
- 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
- 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, regulations, law enforcement and government agencies as reasonably required for the purposes stated, or

dis requirements under any regulations, laws or court orders

Palicyholder's Signature

Date & Time

Driver's Signature

(It driver is not the palicyholder)

Date & Time

and 2369/2007

STAVENT KOAD

TRUMERRE ROAD

A) SME 10425 B) SGR 11884

SLIP RAFO 9	budges STA	BALMORAL ROAD Whi RO THH CO TIME & 1417 T	TURMINIS R JANTROWN	70
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Picyholder's Signature de & Time	Driver's Signature (If driver is not the p	Dicyholder)	M 2/0	9/200

ACCIDENT STATEMENT

	ĄCC	DENT DATE: 121 09 13019 (DD/MM/Y)	(YY), TIME:(< 2 : 15)(HH:MM	()
	LOCA	TION: 541P CD EXORIBALMERAL	RD TOWARD STRURNED	eren G
		DETAILS OF VEHICLE		
		a) VEHICLE NUMBER: SME 1042 S		
		b)INSURANCE COMPANY:		
		CIPOLICY NUMBER:		
567				
		d)POLICY TYPE: (COMPREHENSIVE / THIRD P	'ARTY / THÌRD PARTY FIRE &THEFT)	
		OMAKE & MODEL: HENDE ODERSY		
201		TITYPE: (SALOON / COUPE / MPV /VAN / LOI	RRY / MOTORCYCLE. / OTHERS)	
ů		g) VEHICLE CATEGORY: (PRIVATE / COMMER	RCIAL / MOTORCYCLE)	
		IT PURPOSE OF USING AT ACCIDENT TIME:	*	
		I) ARE YOU CLAIMING UNDER YOUR OWN IN	SURANCE (YES/NO)	
10	2	IF NO, PLEASE STATE (THIRD PARTY CLAIM /	REPORTING ONLY)	¥
	2.,	INSURED / POLICY HOLDER		
		A)NAME: A	(MALE / FEMALE)	
		b) NRIC/FIN/PASSPORT:	CONTACT:	_
		c) ADDRESS:		Ĺ
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A		* CONTINUE TO 3.d IF DRIVER ALSO POLICY I	HOLDER	
tho of passon	n 03	DRIVER		
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o metading of	iver,)	b NRIC/FIN/PASSPORT: \$1593489-C	CONTACT: 90509314	×
ر ــــ ٢		C) ADDRESS: OLK 854 #05- 76 W/01	2+AN188 87.83	
		(730854)		
		*d) DATE OF BIRTH: (10 1 08 1 1963) (DE)/MM/YYYY) ·	8
		e)OCCUPATION: (INDOOR / OUTDOOR)		
		FIDATE OF DRIVING PASC		
	4,	WAS DRIVER AN EMPLOYEE OF THE INSU	RED'S COMPANY? (YES 'NO)	
		IF NO, RELATIONSHIP OF THE DRIVER WI	TH INSURED!	
	5,	d) WEATHER CONDITION: (CLEAR / RAINING	/ OTHERS	1
		b)ROAD SURFACE: (DRY / WET / OTHERS	, Official	_
	6.	WAS ANYBODY INJURED (YES / NO)		
128	7.	a) REPORTED TO POUCE (YES / NO)	£1. X1.	
		IF YES, PLEASE STATE WHICH POLICE STATIO	NI:	4
0	8.	THIRD PARTY VEHICLE	13	•
He of passing	ger	a) VEHICLE NUMBER: SGR 1188 H	MODEL: MARZ	3
Including del	var)	b) DRIVER'S NAME: MRNG		ē
/ 1	· · · ·	c) NRIC/FIN/PASSPORT:	CONTACT: 9633 3900	3
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No of passon		e) DRIVER'S NAME:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
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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.

999994316

WINDSCREEN EXCESS

S\$100.00

SUM INSURED

INSURING WITH COE/PARF Yes

Market Value

SME1042S

(The below excess is subject to GST)

1) VEHICLE REGISTRATION NO.

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.

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

DBS Bank Ltd

*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

030123-000 Acorn International Network Pte Ltd 48 Changi South St 1 Level 3 SINGAPORE 486130

AIG Asia Pacific Insurance Pte. Ltd.

AUTHORISED REPRESENTATIVE

SSPKWJ

ORIGINAL