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Vels No. (364, 524)	E-mail (Ajuda ther, AIC the	n)	Ti Ti
001 22 09 20 15:30	I-Motor Claim Form		
	I-Motor W/O (Within: OD	2hrs, TP 4hrs)	
OD THE Reporting Only	i-Photo Uploaded		
	Assessment/Survey Repu	rt	
TP Insurer:	Ass't Report by Pax/Ha		
Profurred Wkep / INC Assign Wksp / QW: (Tolt	Fax:
TP Panticulars: Veh Nor SY	7 6936 V IN),
Owner / Driver: (0 71307	Tel:	,)
Policy No; () Per	iod: () Cover Type: (),
Confirmed by : (· Datet,	Times)
	Note-Est. Status (WO): N:	0-20%; P: 21-79%.	P: 80-100%]
	Varranty: YES ()/NO ()	
Excess: (\$) Londing: \$1,00	00()/\$2,000()		THE PERSON NAMED IN THE PERSON NAMED IN
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() Total Loss Case : to e-mail Insure			
Drive-In ()/ Towed-In (); Invoice	YES()/NO()	; Towing Co: (7
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1) Apply for Transport Allowance ()/C	ourtesy Car ()		•
2) QC Check / Post Repair Inspection	(·)		
 Upload Resurvey Photo [Repair Cost>\$3 	000] () ;		
Injury :			
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L1;	(9) N121 lda	Mobile	Chinesed Salville
1 2/3;	Involce date		Charged MANIE

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Mobile Number

Fax Number Contact Number

EMail Address

- 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.
- 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.
- 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.

aroresaru.			
	ACCIDENT STATEMENT		
Date Of Report	25/09/2019 17:11		
Date Of Accident	23/09/2019 15:30		
Exact Location Of Accident	ALONG HOLLAND ROAD		
Country/State of Loss	SINGAPORE		
D. S. Carlotte and C. Carlotte	DETAILS OF OWN VEHICLE		
Vehicle Registration Number	GBH5341S		
Insured/Policyholder			
Name Of Registered Owner	GOLDBELL CAR RENTAL PTE LTD		
Co Reg No	200710651D		
Email Address	NOEMAIL		
Mobile Phone No	(LOCAL) +65-84683172		
Alternative Phone No	OFFICE-66039761		
Vehicle Particulars			
Manufacturer	ТОУОТА		
Model	HIACE		
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	999994313		
Cover Note Number			
Driver			
Name of Driver	MOKSIN BIN MOKTI		
NRIC No	S1740756B		
Date Of Birth	20/01/1966		
Occupation	OUTDOOR		
Date Of Driving Pass	24/07/2000		
Driving Experience	19 YEARS AND 1 MONTH		
Gender	MALE		

(LOCAL) +65-84683172

OFFICE-66039761

NOEMAIL

Address

BLK 224 PENDING ROAD

#03-87

Postcode

670224

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

SIDE SWIPE

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

AN ASSESSED OF CASE SECURITION OF CASE OF CASE

0.000

Was any injured conveyed to hospital by

NO

ambulance?

-

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:

: COLLEGUE

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 OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SLJ5936Y

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

WONG WAI MUN

NRIC/Passport Number

Contact Number

97521023

Address

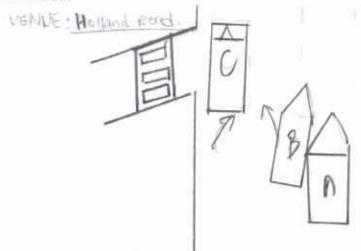
Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN



VEHB SLD 5936Y VEHC BUS

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

UNCE the tro	he mention reallic turn green getner. Itowever	Vey & man	Junction my vert as on a merging Net 13. So
Yell B	cut into my 1	tal without	Theckins blind 300
injured and i	my vert front to	was made.	NI ONE Wall
DECLARATION (SELL CA)			
We deflare the Service con	The same your in every heapper		an octos 2018
Policyholder's Sgnature	Driver's Signature	Masset	g Contro Personne a Suprature D

Date & Tyrre

(if theree, is not the policyhphder) Date & Time:

CHINA ROLL M

Coll Simil

ACCIDENT'STATEMENT

	1.	DETAILS OF VEHICLE	1/
		a) VEHICLE NUMBER: GBH 634 S	(i) := 174
		DINSURANCE COMPANY:	
		CIPOLICY NUMBER:	
ii.			
		d)POLICY TYPE: (COMPREHENSIVE / THIRD P/ e)MAKE & MODEL:	ARIY / THIRD PARTY FIRE &THEFT
.8			Arter and a second
g.		()TYPE: (SALOON / COUPE / MPV /VAN/LOR	MOTORCYCLE, OTHERS)
(M)		D) VEHICLE CATEGORY: (PRIVATE / COMMERCE) PURPOSE OF USING AT ACCIDENT TIME:	COMMOTORCYCLE)
		I ARE YOU CLAIMING UNDER YOUR OWN INS	
1981		IF NO, PLEASE STATE (THIRD PARTY CLAIMY	PEPORTING ONLY
	2.,	INSURED / POLICY HOLDER	NELIONIINO ONCI)
		AINAME: GONDELL car rental PIEL	H [MALE / FEMALE]
		b)NRIC/FIN/PASSPORT:	CONTACT: 6603 9761
		CIADDRESS: 10 Raeburn Rark #	202-01 signapore 08870
93		Wester Co. 1	
a		* CONTINUE TO 3.d IF DRIVER ALSO POLICY H	OLDER .
440 of busco	n 0/23	DRIVER	
Clududing d	river)	alname: maksin Bin mokti	(MALE DEMALE)
(2)	onto mena	bINRIC/FIN/PASSPORTI SIT407565	CONTACT: 84683112
110.0		CIADDRESS: BIF 224 Perding Road #03	-87 Singaporp
lleuga		"d) DATE OF BIRTH: (20 /01 / 1966 1(DD	2/11/1 00/20/1
		e OCCUPATION: (INDOOR OUTDOOR)	(mm/1111)
		DATE OF DRIVING PASS	
	4.	WAS DRIVER AN EMPLOYEE OF THE INSUI	BED'S COMPANYS (VEST NO)
		IF NO, RELATIONSHIP OF THE DRIVER WI	
	5.	D) WEATHER CONDITION (CLEAR) RAINING	
		b) ROAD SURFACE (DRY) WET LOTHERS_	1 1
	6.	WAS ANYBODY INJURED (YES (NO)	
	7.	a) REPORTED TO POUCE (YEST NO)	
	1920 0	IF YES, PLEASE STATE WHICH POLICE STATION	Nt
He of w	8.	THIRD PARTY VEHICLE	111111111111111111111111111111111111111
He of passon	3 Fr	O) VEHICLE NUMBER: SLJ 59364	MODEL:
Industing dr	iver.)	b) DRIVER'S NAME: 1, 1840 WQ N	2017:07 07521023
()	0	C) NRIC/FIN/PASSPORT:	CONTACT: 9762102
		d) VEHICLE NUMBER:	MODEL:
A	day-	현대에 그 시대 유료를 맞는데 하면 하다 를 만큼 살아 있습니다.	MOUEL:
No of passo		e ORIVER'S NAME	AND THE RESERVE OF THE PARTY OF
No of passe Including d		e) DRIVER'S NAME:	CONTACT:

email =

M.Z.400



CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189) MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960 RDAD TRANSPORT ACT, 1987 (MALAYSIA)

MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

(The below excess is subject to GST)

Comprehensive Commercial Auto Plus CERTIFICATE NO. 999994313

POLICY EXCESS

S\$1,000.00 (I)

WINDSCREEN EXCESS

\$\$100.00

SUM INSURED

Market Value

INSURING WITH COE/PARF

1) VEHICLE REGISTRATION NO.

GBH5341S

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 \$3,000 applies to drivers between below 23 years of age and/or with driving experience of 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 requiation in that behalf from driving the Motor Vehicle.

6) LIMITATION AS TO USE*

Use only for social, domestic and pleasure purposes and for the Policyholder's business.

Use for social, domestic, pleasure purposes and business purposes of any person whom the vehicle is hired.

The Policy does not cover

- Use for driving tuition, driving test, racing, pace-making, reliability trial or speed-testing;
- 2)) use whilst drawing a trailer except the towing (other than for reward) of anyone disabled using a mechanically propelled vehicle.
- 3) use for the carriage of passengers for hire or reward by any person to whom the Vehicle is hired; and
- 4) Use for any purpose in connection with Motor Trade.

LOSS OF USE

Not Included

HIRE PURCHASE COMPANY

DBS Bank Ltd

ORIGINAL

*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.

1 / 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

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

AIG Asia Pacific Insurance Pte. Ltd.

AUTHORISED REPRESENTATIVE

SSPTKY