

NATIONAL Assessment Centre Services. [ver 1 Jan'05]. MAIA 09/21243

Date In: 25/09/2019 17:56	Job description	Date & Time Completed	Done by
Ref No: N8A1907259	SAS e-filing		
Veh No: SMC 3730L	E-mail (Vehile 3hrs, A/C 2hrs)		
D.O.A: 17/09/2019 07:35	I-Motor Claims Form		
OD: TP / Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whse		

Preferred Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars: Vch No: () 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: ()

General Instructions of Repairer:

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

2) QC Check / Post Repair Inspection ()

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

Injury: ()

Date of Injury: ()

Location: ()

Weather: ()

Time of Day: ()

Witness: ()

Police: ()

Insurance: ()

Repairer: ()

Customer: ()

Other: ()

N8A1907259

Driver/Owner:	1) AR: Accident Reporting (\$30)	
Contact No:	2) DA: Damage Assessment (\$100) INC (\$10)	
Damaged Portion:	3) TP: Towing Fee (\$40/\$45)	
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey (\$120)	
	5) PT: Follow-Through Survey (Resurvey) (\$30)	
	6) TR: Re-inspection (\$75)	
	7) NI: Ideal DA + SMRT Survey (\$160)	
	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 (N11 INC) against INC (\$30)	
	2) N12: Ideal Mobile (\$30)	
	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	25/09/2019 17:56
Date Of Accident	17/09/2019 07:35
Exact Location Of Accident	BASEMENT CARPARK ENTRANCE OF D'LEEDON
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMC3730L
Insured/Policyholder	
Name Of Registered Owner	GOLDBELL CAR RENTAL PTE LTD
Co Reg No	200710651D
Email Address	KIYAHARU.HIRUTA.PV@HITACHI.COM
Mobile Phone No	(LOCAL) +65-90883170
Alternative Phone No	OFFICE-90883170

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS-1.6 (A)
Exact Purpose for which vehicle was being used at time of accident	COMMUTE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
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	HIRUTA KIYOHARU
NRIC No	G3454276M
Date Of Birth	03/01/1977
Occupation	INDOOR
Date Of Driving Pass	21/02/2019
Driving Experience	0 YEAR AND 6 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-90883170
Fax Number	
Contact Number	OTHERS-90883170
EMail Address	KIYAHARU.HIRUTA.PV@HITACHI.COM

Address	LEEDON 2 #03-05, LEEDON ROAD
Postcode	267829
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	COLLIDED INTO PROPERTY
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	1
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	NO
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

SKETCH PLAN

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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 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.

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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

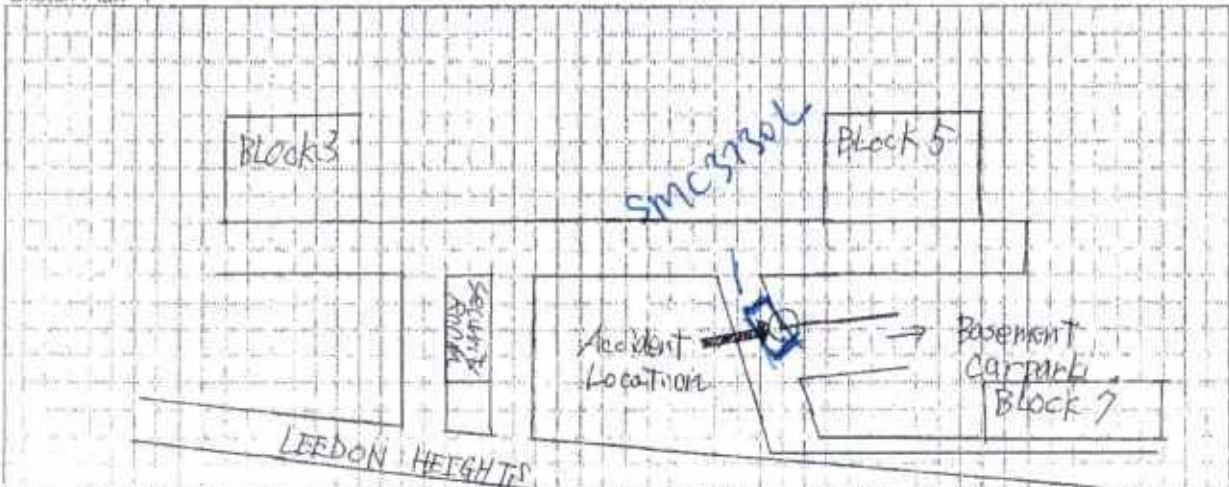


Policyholder's Signature & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan *



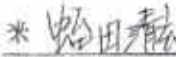
Describe Circumstance of the Accident *

Accident place is in D'Leedon (259275).
 The left curve in front of underground parking entrance near the 5 Leedon Heights.
 The car in the opposite lane came out of basement was relatively fast
 near the center line, so I cut the handle too much to avoid contact.

Declaration

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature / 

*  19.09.2019 3pm
 Driver's Signature (if driver is not the policyholder) / Date
 & Time

 19/09/2019
 Witnessed by Reporting Centre Personnel

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Complete and submit this Form to 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 issue and acceptance of this Form by insurance companies is not an admission of 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: 17 Sep, 2019 Time: 7:35
 Exact Location of Accident * Curve in front of underground parking entrance in D'Leban

DETAILS OF OWN VEHICLE

Vehicle Registration Number * SMC 3730L

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 ☐ Motorcycle ☐ Others _____
 Exact Purpose for which vehicle was being used at time of accident * Commute
 Are you claiming under your own insurance policy for repair to your vehicle? ☐ Yes ☐ No (If No, Please select: ☐ Third Party ☒ Reporting)
 Vehicle Category* ☐ Private ☐ Commercial ☐ Motorcycle

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 * HIRUTA KIYOHARU
 Personal Identification - NRIC (Singaporean/PR) *
 - FIN/Passport Number * G3454276M
 Date of Birth * 03 dd / 01 mm / 1977 yy
 Driving Date Pass * 21 dd / 02 mm / 2019 yy
 Year of Driving Experience * 20 Year(s) 0 Month(s)
 Occupation * Engineer ☒ Indoor ☐ Outdoor
 Gender * ☒ Male ☐ Female
 Contact Number / Mobile Phone / Fax No. * 9088-3170

Address of Driver *	Leedon 2 #03-05 2 Leedon Road	
Email Address *	Postcode 1267829 kiyoharu.hirata.pr@hitachi.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
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) *	Side Scratched	
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 *		
Vehicle Make/ Model/ Colour		
Details of Properties		
Name of Driver		
Personal Identification - NRIC (Singaporean/PR)		
- FIN/Passport Number		
Contact Number		
Address		
Name of Insurance Company		
No. of Passenger (Including Driver)		
(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, 1990
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1999 (MALAYSIA)

M2400

Comprehensive Commercial Motor

(The below excess is subject to GST)

CERTIFICATE NO. 999994316

WINDSCREEN EXCESS S\$100.00

SUM INSURED Market Value

INSURING WITH COE/PARF Yes

SMC3730L

Goldbell Car Rental Pte Ltd

1) VEHICLE REGISTRATION NO.

2) NAME OF POLICYHOLDER

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*

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

AIG Asia Pacific Insurance Pte. Ltd.

030123-000

ORIGINAL

AUTHORISED REPRESENTATIVE

5SPKWJ