

NATIONAL Assessment Centre Services

[wsf 1 Jan 2003]

MMMA 119133876

Date In	9/10/19 14:05	Job description	Date & Time Completed	Done by
Ref No	MAI AIG 190 17822164	SAS e-filing		
Veh No	SGS 1733 D	E-mail (within 2hrs, AIC 2hrs)		
TPFA	P110/19 07:30.	I-Motor Claim Form		
QD	TP? Repairing 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/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SLG 9331 G.	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: ()

Remarks:	(INC Hotline: 6788 6616)	Date Claim Completed	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

1141907590	Invoice Itemization Checklist	Amo (\$)	Ass't (\$)
Client's Particulars:	1) AR: Accident Reporting (\$30);	30.00	
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) PT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:	For claiming at INC Only (wsf 10 Jan 2003)		
	6) TR: Re-inspection \$75		
	7) NI: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	QD:		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repairs Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (Nil): TP (Non INC) against INC \$20		
	9) N12: Idao 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	09/10/2019 14:05
Date Of Accident	08/10/2019 07:30
Exact Location Of Accident	SLE TWDS BKE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGS1733D
Insured/Policyholder	
Name Of Registered Owner	BIZLINK RENT-A-CAR PTE LTD
Co Reg No	200402911Z
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-96907548

Vehicle Particulars

Manufacturer	TOYOTA
Model	ALTIS
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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	PRIVATE CAR

Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	999994073/100736438-00000
Cover Note Number	

Driver

Name of Driver	MATHIAS JOHNSON ARUN
NRIC No	G3069268W
Date Of Birth	28/02/1970
Occupation	INDOOR
Date Of Driving Pass	01/12/2014
Driving Experience	4 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83683190
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	18A CANBERRA DR #14-44
Postcode	768099
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?	
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

REFER TO STATEMENT.

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	SLG9331G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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 lodgment 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.

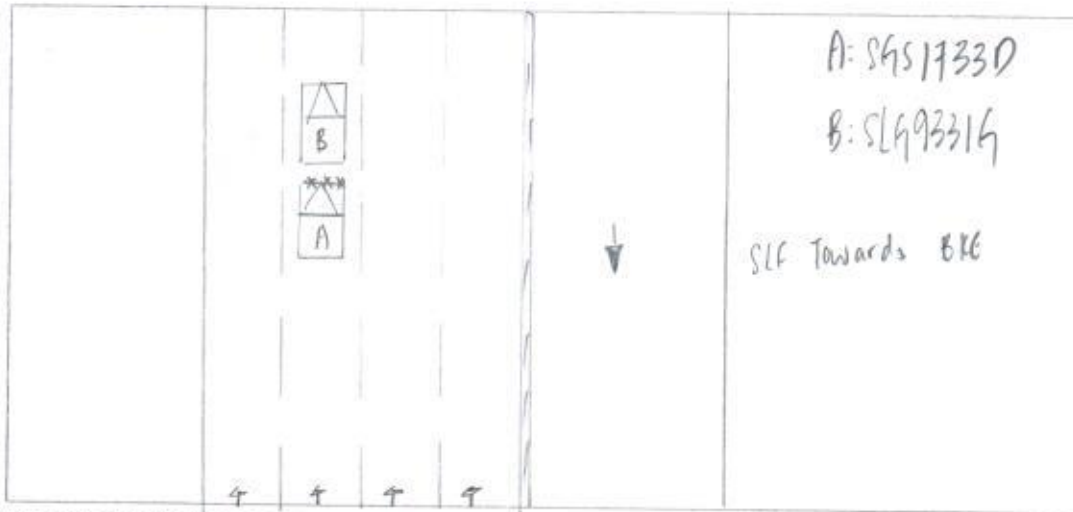

Policyholder's Signature
Date & Time:




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


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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving straight along SLF towards BKE on 3rd lane of 4 lane.
 Heavy traffic, all vehicles in front of me moved slowly, I followed suite.
 Suddenly, veh "B" jammed brake, I unable stopped in time and
 collided onto veh "B" rear position.

John Rottum

DECLARATION

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

[Signature]
 Policyholder's Signature
 Date & Time:



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

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

VEHICLE NO: SGS1733D

MAKE & MODEL: Toyota Altis

DATE OF ACCIDENT	<u>08 / 10 / 19</u>
TIME OF ACCIDENT	<u>0730</u> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM
LOCATION OF ACCIDENT	<u>SLE Towards BKE</u>
EXACT PURPOSE USE DURING ACCIDENT	
NAME OF OWNER	<u>Bizlink Rent-A-Car Pte Ltd</u>
TEL NO	<u>9690-7548</u>
NRIC	<u>2004029112</u>
CLAIM TYPE	<input type="checkbox"/> CD <input type="checkbox"/> THIRD PARTY <input checked="" type="checkbox"/> <u>REPORTING ONLY</u>
INSURANCE CO	<u>AIK</u>
TYPE OF COVERAGE	<input checked="" type="checkbox"/> Comprehensive <input type="checkbox"/> Third Party <input type="checkbox"/> Third Party Fire & Theft
POLICY NO.	<u>999994073/100736438-00000</u>
NAME OF DRIVER	<u>As Above</u> If No: <u>Mathias Johnson Arun</u>
NRIC	<u>G3069768W</u> Any Passengers: <u>AIL</u>
DATE OF BIRTH	<u>28 / 02 / 1970</u>
OCCUPATION	<input type="checkbox"/> Outdoor <input checked="" type="checkbox"/> Indoor
DATE OF DRIVING PASS	<u>01 / 12 / 2014</u>
GENDER	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female
CONTACT NO.	<u>8368-3190</u> Office: Home:
ADDRESS	<u>18A Canberra Drive #14-44 Singapore 768099</u>
DRIVER HAVE ANY OWN VEHICLE	<input type="checkbox"/> NO / If yes: Reg No:
RELATIONSHIP	Employee / If No: <u>Leasee</u> (<u>8 carA yard (condo)</u>)
WEATHER CONDITION	<input checked="" type="checkbox"/> Clear <input type="checkbox"/> Raining <input type="checkbox"/> Other:
ROAD SURFACE	<input checked="" type="checkbox"/> Dry <input type="checkbox"/> Wet <input type="checkbox"/> Other:
ANY INJURIES	<input checked="" type="checkbox"/> No <input type="checkbox"/> If yes: Who?
CONTACT NO.	
POLICE REPORT	<input checked="" type="checkbox"/> No <input type="checkbox"/> If yes: Where?
VEHICLE B NO.	<u>SL99331G</u> Any Passenger: <u>01</u>
NAME	
CONTACT NO.	
VEHICLE C NO.	Any Passenger:
VEHICLE D NO.	Any Passenger:
VEHICLE E NO.	Any Passenger:
VEHICLE F NO.	Any Passenger:
ANY WITNESS	
WITNESS CONTACT NO.	
OWNER/DRIVER EMAIL	
PARTICULAR WORKSHOP	NEW HOCK TECK MOTOR PTE. LTD. 1 Kaki Bukit Ave 5, Blk C #01-43 Autobay@Kaki Bukit Singapore 417883 TEL: 6747 9241 Reena / Sukyl FAX: 6741 7276 reena@nhtmotor.com admin@nhtmotor.com
TEL NO	
CONTACT PERSON	
FAX NO.	
EMAIL	

Pls email this, thanks.



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	OWN DAMAGE EXCESS	S\$1,200.00 (1)
CERTIFICATE NO. 999994073/100736438-00000	WINDSCREEN EXCESS	S\$100.00
	(for policies with effect from 1st November 2002)	
	SUM INSURED	S\$1.00
1) VEHICLE REGISTRATION NO.	INSURING WITH COE/PARF	YES
2) NAME OF INSURED	SGS1733D	
3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE PURPOSES OF THE ACT	BIZLINK RENT-A-CAR PTE LTD	
4) DATE OF EXPIRY OF INSURANCE	1 Jul 2019	
5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE *	30 Jun 2020	

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 *

Use for the carriage of passengers or goods in connection with the Insured's business.

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.

LOSS OF USE NOT INCLUDED

* NAMED DRIVER N/A

HIRE PURCHASE COMPANY HONG LEONG FINANCE 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 At Singapore 15 Jul 2019

AIG ASIA PACIFIC INSURANCE PTE. LTD.

502806-000
LIEW OOI LIN MAY
AIG BUILDING
78 SHENTON WAY #07-16
SINGAPORE 079120


Authorised Representative

ORIGINAL

SSCD5K